New West Sports Medicine & Orthopaedic Surgery, Kearney, Neb., is a seven-surgeon practice with seven physician assistants (PAs) and four athletic trainers (ATs). It’s also ready to face the challenges presented by the transition to the International Classification of Diseases, 10th edition (ICD-10) in October. The success is based on one word: TEAMWORK. Their ICD-10 transition team is a tour de force for leading and motivating the entire practice.
ICD-10: The Documentation Is in the Details

Margaret Maley, BSN, MS

ICD-10: The Documentation Is in the Details – March 2014
by Margaret M. Maley, BSN, MS

The format and structure of ICD-9 and ICD-10 codes (Fig. 1) are so completely different that it is difficult to believe that in just a few months they will be used for the same purpose. When educating AAOS members about the transition to ICD-10, I and others have found that is it best to start with something familiar.

Then and now
In ICD-9, many orthopaedic codes began with the number 7 or 8. These numbers correspond with the chapters in ICD-9 that include diagnosis codes of a particular kind or category. In ICD-9, codes beginning with the number 7 are found in chapter 13: Diseases of the Musculoskeletal System and Connective Tissue and range from 710 to 739.

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Coding Boards or Confessionals? Use Online Coding Discussion Tools With Caution

The American Journal of Orthopedics – March 2014
by Cheryl Toth, MBA

Author’s Note: The content of the e-mail examples presented in this article is from actual online discussions. Practice and participant names and contact information have been changed.

Thanks to Arlene’s question, posted to an orthopedic listserv group, Surgical Specialists has just sent an open invitation to any auditor or whistleblower who knows how to perform a simple Google search. The invitation reads, You Are Cordially Invited to … Audit Our Practice!

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Recently, an orthopaedic surgeon remarked that he was thinking about outsourcing his billing so he could avoid learning ICD-10 and make ICD-10 “the billing service’s problem.”

But hastily outsourcing billing and collections without carefully evaluating the company can lead to problems. Choosing the wrong billing service or outsourcing for the wrong reason can quickly become a nightmare of risk and lost revenue. Performing due diligence before signing the contract can mitigate risk and performance issues before they become acute.

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ICD-10 Coding of Osteoarthritis

Margaret Maley, BSN, MS

ICD-10 Coding of Osteoarthritis – January 2014
by Margaret M. Maley, BSN, MS

Start with the common things

With just a few months left before the International Classification of Diseases, 10th Edition (ICD-10) goes into effect, it is time to begin focused, orthopaedic-specific training in earnest.

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“The billing office is handling that,” an orthopedic surgeon at a recent reimbursement workshop said. Like many physicians, he was unaware that asking the billing office to handle ICD-10, the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), is like trying to do a crossword puzzle using only the “Down” clues. It is impossible, because half of the information is missing.

Read Full Article
With less than 1 year to go before implementation of the International Classification of Diseases, 10th revision (ICD–10), the American Health Information Management Association (AHIMA) suggests that practitioners focus on their documentation to identify gaps that need filling before the “go live” date of Oct. 1, 2014. This article drills down on deficiencies that could prove problematic when reporting the diagnoses for traumatic fractures using ICD–10.

Faced with the challenge of making these documentation requirements manageable and memorable for orthopaedic practices, the clever cats at Karen Zupko & Associates felt the need to unleash their feline creativity. To tame traumatic fracture documentation and make the process eminently memorable, meet LEO C. FAR, king of the fracture documentation jungle.

Read Full Article
“It seems like coding spine cases is as complicated as doing the surgery,” said a spine surgeon at his first coding training session with me.

Spine procedure coding can make even the most confident coder squirm. But spine procedure coding doesn’t have to be difficult. In fact, it’s quite formulaic. Follow these five principles and spine procedure coding will go from scary to simple.

Read Full Article
Sample Prior Authorization, Cover Letter, or Appeal Letter for the Otolaryngologist’s Use of an Unlisted CPT Code for Endoscopic/Endonasal Skull Base Surgery

Sample Prior Authorization, Cover Letter, or Appeal Letter for the Otolaryngologist’s Use of an Unlisted CPT Code for Endoscopic/Endonasal Skull Base Surgery – April 2013

Download Letter
The American Medical Association’s Current Procedural Terminology® (CPT) codes for reporting medical services and procedures performed by physicians must be used to bill services to third party payers. The contemporary practice of medicine is occasionally ahead of the CPT code system and an accurate code may not always exist for the procedure performed; this is true for reporting most endoscopic/endonasal skull base surgery procedures.

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