

ICD 10 Getting out of our Documentation Ruts

- I. Basis
 - a. We have all been trained by the “SOAP” note documentation. We naturally return to that. Over time, we develop habits of saying the same or similar phrases when we describe a patient encounter. They become our “ruts.” ICD 10, more than E and M coding, more than pre-authorization requirements, and more than liability cya, will force us to give up our ruts. We have to think and document differently with ICD 10. We will have to describe history, symptoms, and findings with much greater detail. If we do not document, we do not get paid. The payers are looking to ICD 10 as a way to decrease or delay their pay outs. We cannot let that happen.
 - b. Some of the ways we can become more detailed coders is via education (which we are going to work on), EMR templates (careful here, as ICD 10 requires a fairly high degree of customization from patient to patient), and via assistive devices, such as guidelines similar to what we have for pre authorization requirements. We can work together on all of these techniques.

- II. Education Strategy
 - a. Learn what historical and clinical criteria are needed for documentation in general
 - b. Learn what specific criteria are needed in general diagnoses (e.g. arthritis, fractures, ankle sprains)
 - c. Each of us learn what specific documentation required in the top diagnoses we each use
 - d. Learn the general organization of the ICD 10 coding book
 - e. Learn the unique language that exists in ICD 10 (e.g. subluxation of hip is described as “partial dislocation of hip”).
 - f. Continuing feedback and education. KeyMed does our charge entry for our office visits. At this time, they apply the appropriate E and M level for our dictations. They will take on the primary responsibility for learning ICD 10 coding. We will ask them to assist us in educating ourselves with compliance to ICD 10 documentation. Steph Posey and Cathy Gingrich, with their unique combination of knowledge and experience, will be spearheading this education effort.

- III. EMR Templates
 - a. We can share ideas on how to make life easier

- IV. Guidelines
 - a. We will create guidelines similar to what we have made for pre-authorization requirements.