

For Podiatrists Billing Under ICD-10, the DocuForms UniversalEncounter Is Their Optimal Tool

By August Steurer

Podiatrists have a variety of optional tools available to assist them in doing their billing after October 1st. However, the choices podiatrists and their staff make will greatly affect their success in surviving the changeover from ICD-9-CM to ICD-10-CM which requires a successful submission and reimbursement of claims.

The spectrum of physical tools available to them ranges from the complete official printed list of ICD-10-CM codes bound in a thick book, to simple cheat sheets offered by billing services with very limited numbers of codes.

Options at these extremes naturally have their drawbacks. Extreme comprehensiveness can severely slow down or overwhelm users searching for codes by constant flipping through pages and it's not always easy to recognize the critical distinctions between codes presented in sequential listings. At the other extreme, offered in the desire for speed and simplicity, there are lists that are severely limited to the point of using non-specific codes and possibly suggesting code substitutes, which usually results in misleading documentation on claims.

There are also the electronic tools ranging from online software services to offline software provided on CD, some of which also go to these extremes. However, using the internet has limitations and problems too. Code searching on computer software or internet browser screens is often slow requiring the clicking through numerous cumbersome screens to reach the desired code.

The good news is that in the quest to do successful billing podiatrists need not just choose between speed and accuracy. They actually need both, and an optimal compromise is possible. The UniversalEncounter easily provides the best mix of accuracy and speed of use. It conveniently provides an optimal number of relevant and expected codes that are used everyday in podiatry.

What Is the Secret Sauce?

Ease-of-use and speed in finding codes with the UniversalEncounter is accomplished through

its unique design that uses organization, color and symbols in a schema to guide users to easily and quickly build the codes they need by following the sequence of structured details within the base code group.

For example, consider coding a chronic non-pressure ulcer to the fat layer on the left heel. The first step is going to the "L" diagnoses section (see the section image provided) for "Skin and Subcutaneous Tissue." L97 is the base code needed. Also shown are also some colored symbols that represent additional digits for the complete code.

The first symbol is a reversed orange star. As there are no red square brackets surrounding it, the legend for it is the "Multi-use Symbol Legend" (found at the top of image). This symbol represents different locations on a lower limb. Its definition says 4 is the digit for heel/midfoot. The code has now evolved to L97.4 but there are still more digits.

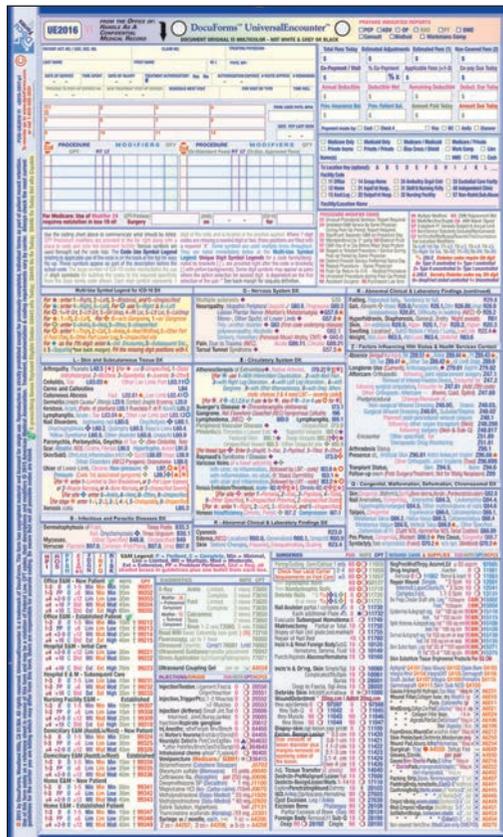
A plain orange star represents the next digit. This is found again in the same legend. Its definition says 2 is the digit signifying left. The code now refines to L97.42 with one more digit to be specified.

The fluorescent-pink "daisy" symbol is surrounded by red square brackets. This means the legend will follow below the code where it is repeated against a yellow background with a definition. In this case, it says that 2 is the digit for fat layer exposed. The final code has resolved to L97.422 indicating location, laterality and severity.

This schema method allows for having more codes than conventional printed lists on a form. Some codes are straightforward while some are a bit more complex. Users get to the most specific codes available for their use without being overwhelmed.

An Added Benefit: Fewer Rejections Using the UniversalEncounter

The specificity provided in the ICD-10-CM codes actually supports the clinical documentation. This diagnostic specificity was previously often found only in patient charts. Providing ICD-10-CM codes to the most specific levels should reduce audit requests for chart notes because the new information encoded within the new codes provides



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to insurance carriers a clearer representation of the health status of the patient (medical necessity) allowing for faster evaluation coverage and reimbursements.

Under ICD-10 Podiatrists Should Code the Billing

A podiatrist should remember to provide all of the necessary detailed observations in a chart note as the foundation for coding. Conceivably a podiatrist could have another person, who is responsible for doing the billing, apply necessary diagnoses codes. But, as one billing service operator has commented, "I have yet to meet a medical practitioner that will satisfactorily provide charts sufficient for me to code correctly under ICD-10."

To minimize rejected claims, podiatrists must complete the superbill themselves for each patient, as they are the first-hand observers of the medical conditions of the patients. Their personal review of the ICD-10-CM codes helps to get to the most specific and appropriate code. Because they need to do coding quickly for purposes of office efficiency, the UniversalEncounter is a great tool for them to use.

7 Great Reasons to Purchase ICD-10 Superbills from DocuForms

1) The UniversalEncounter focuses on ease of use and saves time.

The form is portable, easily scanable, lightweight, travels well and easily attached to or placed in charts. No electricity or hardware needed, just a pen and writing surface. The design and organization of codes avoids cumbersome searches through long lists of code descriptions that take up time unnecessarily.

2) More than ICD-10-CM codes, it's a complete billing sheet with the CPT and HCPCS codes, modifiers and billing information that podiatrists need.

The UniversalEncounter is a complete worksheet for doing billing. While ICD-10-CM codes are critical to the justification for services provided, using the best CPT procedures codes in a proper manner is equally critical for billing. The superbill also makes it easy to bill for supplies by providing the HCPCS codes. Having the right information all in one place is much easier than consulting multiple sources, providing more efficiency for the podiatrist.

3) Users get crosswalk-independent ICD-10-CM Codes.

Unlike past changes, there is no simple mapping or translation between the approximately 14,000 codes of

ICD-9-CM and the five-fold increase to almost 70,000 codes in ICD-10-CM. While there are some one-to-one relationships, more often there are one-to-many, many-to-one and many-to-many relationships.

A danger is that many crosswalk services provide just the codes for "unspecified" severity, "unspecified" laterality, and/or "unspecified" location. Users must then investigate the whole code family to reach a more "specified" code that adequately reflects their medical finding to support the treatment procedures taken. Many inexperienced users don't know they need to do that. The UniversalEncounter provides this specificity.

4) Users are guided through a process that systematically builds specific ICD-10-CM codes quickly.

The UniversalEncounter utilizes a schema of symbols as placeholders within code groups to represent multiple code possibilities. Users use the defined options associated with the specific symbol to select the appropriate alphanumeric character for each digit occupied by that symbol. Users find this schema both instructional and easy to understand.

5) Users quickly adapt and become comfortable with the new codes.

Once a user becomes familiar after using symbols several times, they memorize the meaning of most symbols, the code structure of the ICD-10-CM presents itself and they "navigate" the form more easily. Compared to using other tools, the UniversalEncounter is faster and easier to use.

6) Diagnostic data encoded in the code specificity serves as backup documentation to clinical findings.

Documentation of the clinical findings with the right specific code provides the to carriers the conditions present in the patient. When done by the treating podiatrist and placed in the patient chart or scanned into the EHR, the UniversalEncounter provides the diagnostic information that should but may not be in chart notes to establish medical necessity.

7) Most importantly, it leads users to lower claims rejection.

Customers can expect that they will experience fewer claim rejections by virtue of providing the diagnoses that present the medical necessity for treatments performed and show quality of care over the long term.

To see more or get your supply of UniversalEncounter 2016 forms, go to www.dpmforms.com. To contact DocuForms, call 1-800-995-2001 or click here.



The Multi-use Symbol Legend and Section L image referenced in the accompanying profile to demonstrate ease-of-code-use.