

ICD-10 FAQ's

Q When do coding using ICD-10 codes start?

A October 1, 2015 is the implementation date for the use of ICD-10 codes.

Q How descriptive does a medic have to be to help satisfy the requirement of ICD-10 coding?

Q The key word to us is "specificity". I CD-10 codes are very granular they can drill down quite a bit to the heart of a patient's condition.

Q When do we need to start documenting for ICD-10 coding?

A Ideally now! The sooner the medics start getting used to being more descriptive in their reporting the better.

Q We have a copy of the American Ambulance Association ICD-10 Crosswalk; do you think it would be helpful to give this to our EMS providers?

A No not really. A better tool would be examples of detailed documentation.

Q Is there a crosswalk from the Medicare Guidelines?

A No, Medicare did not develop a crosswalk.

Q PWW has also produced a guideline do you believe that will be helpful?

A PWW does a really good job of outlining and giving examples of good documentation so their guidelines would be helpful.

Q Most of the assessment of a patient is documented in the primary and secondary area of the ePCR that goes through each body system, additionally things like the AMA and treatment are also documented in areas other than the narrative therefore putting in narrative is redundant. Is the expectation that paramedics responding to a 911 call should now take the time to put all this in the narrative if it documented in the secondary?

A No, the expectation is not to have the medics put all the information that they gather in the narrative. We look at the entire PCR; the narrative is the place to add additional details that can be placed elsewhere in the PCR.

Q So the way you will be able to use the more detailed coding is if we provide better narratives?

A A more detailed narrative will allow us to choose the appropriate ICD10 code.

Q Otherwise you will only be able to use the more generic codes?

A We can use an unspecified ICD10 code. Medicare has announced they will allow one year before they start to deny claims for more specificity.

Q So does less detail mean potentially less reimbursement?

A Less detail would mean using an unspecified code, which could lead to Medicare requesting for the documentation to review. If the documentation is insufficient or shows that services were not medically necessary, it will be denied for payment.

Q Would that mean that we should use the Medicare ABN form more frequently?

A No, an ABN is not required for 911 Emergency Calls.

Q An ABN is not necessary even if Medicare thinks the transport is not medically necessary?

A We will review the PCR to determine if it meets Medicare's definition of medical necessity prior to submitting the claim. If the documentation is lacking the necessary information, we will bring it to your attention.

If the complete documentation does not meet the medical necessity, we will add a modifier that will alert Medicare of our findings and will allow Medicare to deny the claim. This will also allow us to either bill to the secondary insurance or to the patient.

Q Would Wittman Enterprises consider doing a Webinar for our Crew Members?

A This can be arranged. Please contact one of the Client Liaisons listed for more detail.

Q Does all this information need to be in the narrative or can it be provided in the descriptive area of the EPCR which is a picture of the body broke down by areas extremities, etc.

A Our staff will look at the entire PCR to determine the correct ICD10 to use.

Q About the stages of pressure ulcers...medics are not trained in stages. So most would be unspecified stage...will that be a problem?

A As long as they document where the ulcer is located and if there is hemorrhaging, this is still useful in using an unspecified ICD10 code. A Physician Certification Statement from the doctor should have more detailed information as to the stage of the ulcer.

Q What if the medics are good at describing the description of the injury, but not the mechanism of injury, will the claim be denied?

A At this time there is no national requirement for mandatory ICD10 to report external cause or mechanism of injury, unless you are in a Medicare jurisdiction that mandates it. Having the mechanism of injury to report does give a more complete picture of what is going on with the patient's condition.