

May 2015

May Newsflash

Items mentioned in this newsletter may require the latest version of PowerSoftMD. If you would like any help installing the latest version from our website, please give us a call.

ICD-10: “D-Day” - Conversion Date Set for Oct. 1, 2015 1) We will be conducting a FREE webinar concentrating ICD-10 features and tasks on May 27, 2015. Register from our website.

2) We have a new report to help you re-design your paper or e-Superbill for ICD10. This report analyzes the ledger items posted, then lists the diagnoses in order of usage, showing both the ICD9 codes and their ICD-10 equivalent code(s).

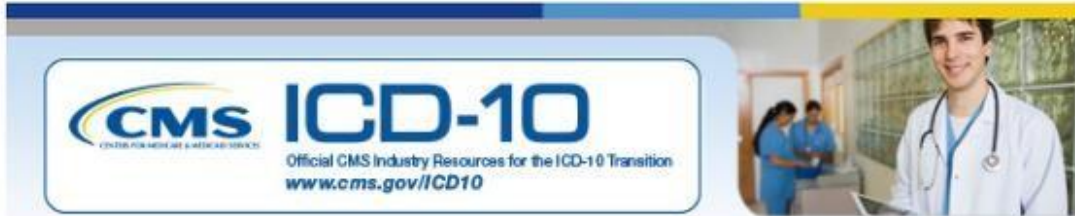
Here is an example:

				DERM CARE CENTER		Page 1
				Diagnosis Analysis Statistics		
				Dates: 04282014<--->04282015		
				Doctor:00 ICD9 Codes Only with ICD10 GEM		
04-28-2015 12:48PM						
	Percent	Accum. Percent	Number	Code	Description	
1.	16.657%	16.657%	5273	702.0	ACTINIC KERATOSIS	
				L57.0	Actinic keratosis	
3.	15.933%	32.590%	5044	238.0	FIBROTIC PROLIFERATION	
				D48.5	Neoplasm of uncertain behavior of skin	
5.	7.869%	40.459%	2491	706.1	ACNE VULGARIS	
				L70.0	Acne vulgaris	
				L70.1	Acne conglobata	
				L70.8	Other acne	
9.	6.605%	47.064%	2091	V10.83	PERSONAL HX OF MALIG. NEOPLASM	
				Z85.828	Personal history of other malignant neoplasm of skin	
11.	4.779%	51.843%	1513	692.9	CONTACT DERMATITIS UNSP. CAUSE	
				L25.9	Unspecified contact dermatitis, unspecified cause	
13.	4.577%	56.420%	1449	078.10	VIRAL WARTS UNSPECIFIED	
				B07.9	Viral wart, unspecified	
15.	4.369%	60.789%	1383	702.11	SEB KER INFLAMED	
				L82.0	Inflamed seborrheic keratosis	
17.	3.860%	64.649%	1222	702.19	SEBORRHEIC KERATOSIS	
				L82.1	Other seborrheic keratosis	
19.	3.345%	67.994%	1059	216.5	BENIGN NEOPLASM BACK	
				D23.5	Other benign neoplasm of skin of trunk	

From the Reports Menu, select “Management Reports”, then select the right-side “Diagnosis Analysis Statistics” button. Be sure to click the “ICD9 Only” option!

3) For more ICD-10 information select the “ICD-10” tab on our website.

4) Read Five Facts about ICD-10 from CMS on the next page:



Five Facts about ICD-10 (From CMS.gov)

To help dispel some of the myths surrounding ICD-10, the Centers for Medicare & Medicaid Services (CMS) recently talked with providers to identify common misperceptions about the transition to ICD-10. These five facts address some of the common questions and concerns CMS has heard about ICD-10:

- 1. The ICD-10 transition date is October 1, 2015.**

The government, payers, and large providers alike have made a substantial investment in ICD-10. This cost will rise if the transition is delayed, and further ICD-10 delays will lead to an unnecessary rise in health care costs. Get ready now for ICD-10.
- 2. You don't have to use 68,000 codes.**

Your practice does not use all 13,000 diagnosis codes available in ICD-9. Nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.
- 3. You will use a similar process to look up ICD-10 codes that you use with ICD-9.**

Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.
- 4. Outpatient and office procedure codes aren't changing.**

The transition to ICD-10 for diagnosis coding and inpatient procedure coding does not affect the use of CHARGE CODES for outpatient and office coding. Your practice will continue to use CHARGE CODES.
- 5. All Medicare fee-for-service providers have the opportunity to conduct testing with CMS before the ICD-10 transition.**

Your practice or clearinghouse can conduct acknowledgement testing at any time with your Medicare Administrative Contractor (MAC). Testing will ensure you can submit claims with ICD-10 codes. During a special "acknowledgement testing"

week to be held in June 2015, you will have access to real-time help desk support. Contact your MAC for details about testing plans and opportunities.

Taken from www.cms.gov

Meaningful Use: Stage 2

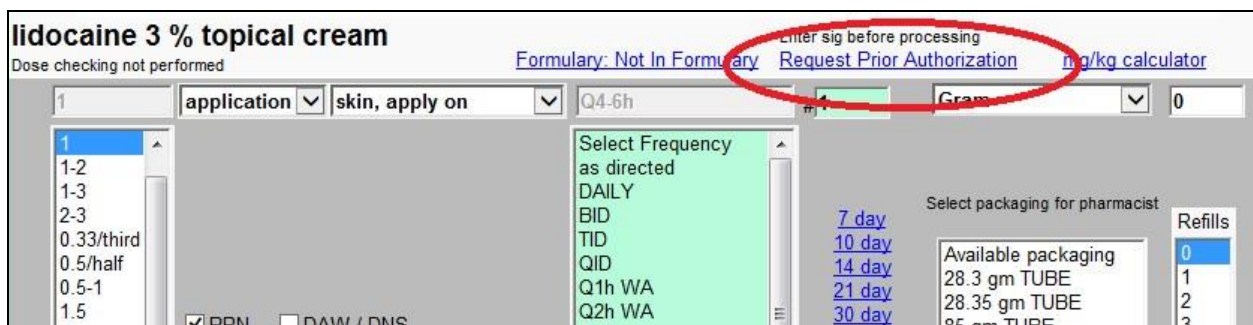
“Smoking Status” Enhancement

There is a new Utility function you should run to save your time by converting all your “Smoking Status” records to the latest “Stage 2” format. From the “Advanced Utilities” Menu, select “Meaningful Use Settings”, select “Convert Smoking Records from Stage 1 to Stage 2” button, then click the red “Run” button.

Rx Formularies Now in eScripts!

You can now check for on-formulary and off-formulary medications from directly in eScripts. If an e-script is not on a patient’s formulary, you can immediately request a prior authorization from right inside eScripts!

See picture below:



The screenshot shows the eScripts interface for a prescription of lidocaine 3% topical cream. The medication name is "lidocaine 3 % topical cream" and the dose checking status is "Dose checking not performed". The formulary status is "Formulary: Not In Formulary", which is circled in red. Other visible elements include the application type "skin, apply on", frequency "Q4-6h", and packaging options like "28.3 gm TUBE", "28.35 gm TUBE", and "85 gm TUBE". There are also links for "Request Prior Authorization" and "mg/kg calculator".

Back-Up



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As you know, backup is one of the most important things you can do to prevent disaster and protect your office. If you have any questions about back-up please call us, we would be glad to review your procedures with you.

Phone (636) 256-7401

Cordially,

Peter Goodall