ICD10 Code Selection in CROWN

ICD-10 Code Selection in CROWN

The transition to ICD-10 brings a substantial increase in the number of available diagnosis codes. This change allows providers to capture the true complexity of our patient's conditions, and the treatment given.

In this era of "do more with less," how much less is tied directly to when and how much you are reimbursed for the services you provide.

The two keys to successful, timely reimbursement are to:

- Choose the most specific diagnosis codes that are applicable for the patient, and
- Make sure that the codes in your note and charges match.

In other words, if your patient has an open femur fracture, then both your note and bill should say *open* femur fracture, not just femur fracture.

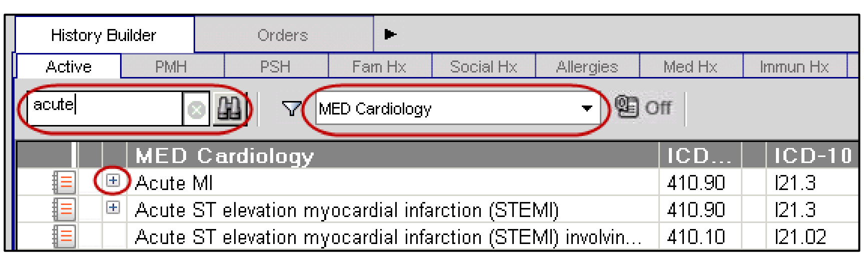
Document a Specific Diagnosis

1. Click the **P** on the clinical toolbar to open the Add Clinical Item (**ACI**) search box to the Active problems tab. You can complete this step from the chart before starting your note, or while writing it. In either case, the clinical toolbar is available at the top of the screen.

2. Optional: change the view from My Favorites to your specialty favorites using the dropdown to the right of the search box. Personal favorites lists for this tab are being updated to match the specialty lists, which were built in collaboration with your department.

3. Enter a diagnosis in the search box. If the correct diagnosis does not display from the selected list (MED Cardiology, in this example), then click the **binoculars** or press Enter on your keyboard.

4. Click the expander (**+**) for the appropriate diagnosis category.



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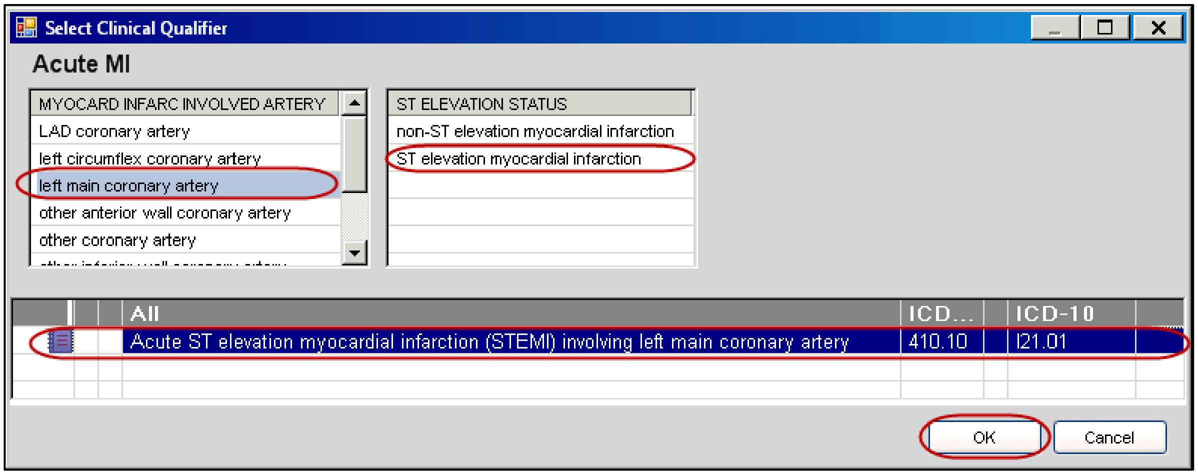
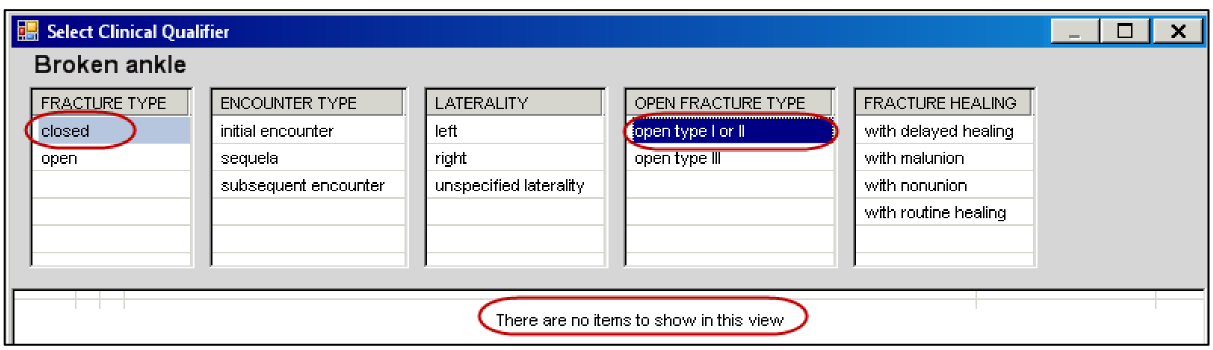
5. Use the filters at the top of the Select Clinical Qualifier dialog box to drill down to the most specific code applicable for this patient.

6. Select the correct diagnosis.

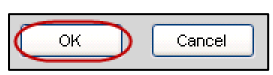
7. Click **OK**.



Note that you can filter your way out of any available selections. If that happens, click the filter again to de-select it.



8. Click **OK** to close the ACI.



9. Click **Commit** on the clinical toolbar.

10. Click **Save and continue** on the Encounter Summary.

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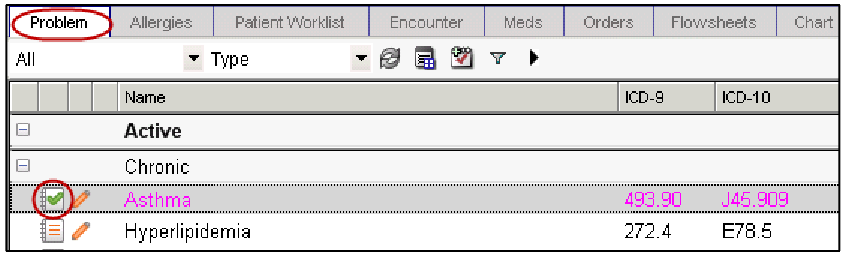
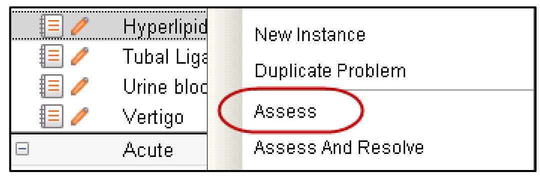
Assess an Existing Diagnosis

1. In the Problem tab of the chart, click the Assess Problem icon for the applicable diagnosis.



Troubleshooting: if you notice that your assessed problems do not autopopulate in the charge screen, right-click on the problem and choose **Assess**.



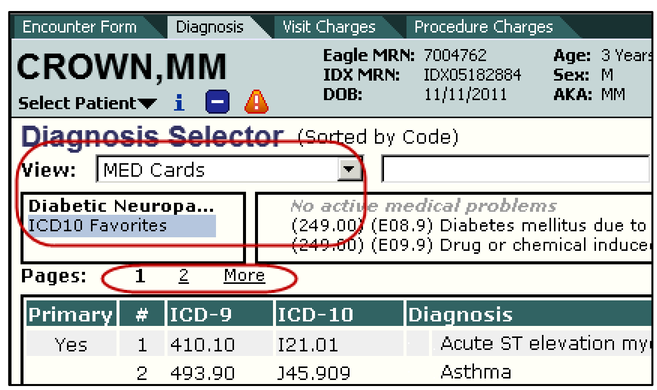
2. **Commit** your changes as shown above.

Add Diagnoses to the Charges

The problems you add or assess during the visit should flow directly into the charge screen. You may see duplicates during the transition from ICD9 to ICD-10. If that happens, leave both codes on the charge.

1. Within your specialty View (MED Cards, in this example), click the **ICD10 Favorites** link, if available.

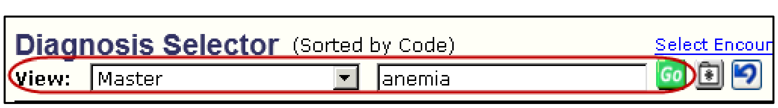
2. If necessary, click the hyperlinks to page through additional codes (2, More, etc.) to find the correct code.



3. If the code you need is not in your ICD10 Favorites list, change the View to **Master**.

4. Enter the diagnosis in the search box. You can use text, or the actual numeric code, if you know it.

5. Click **Go**.



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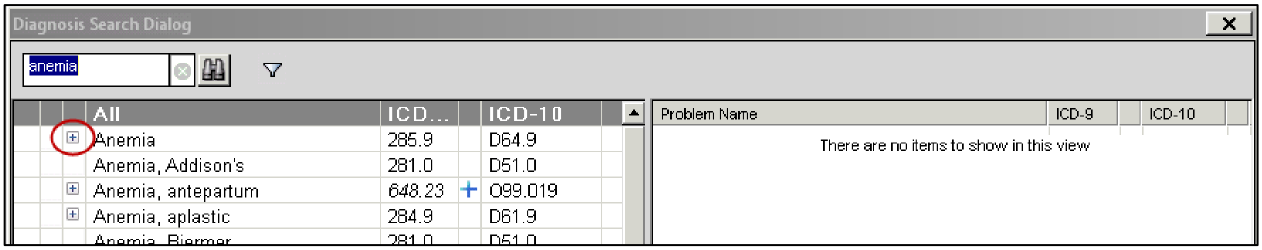
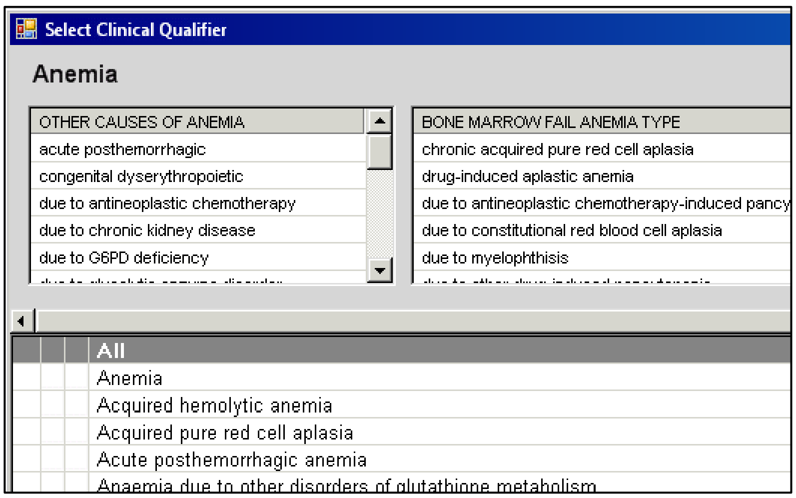
6. When the Diagnosis Search Dialog window opens, click the plus sign next to desired diagnosis category.



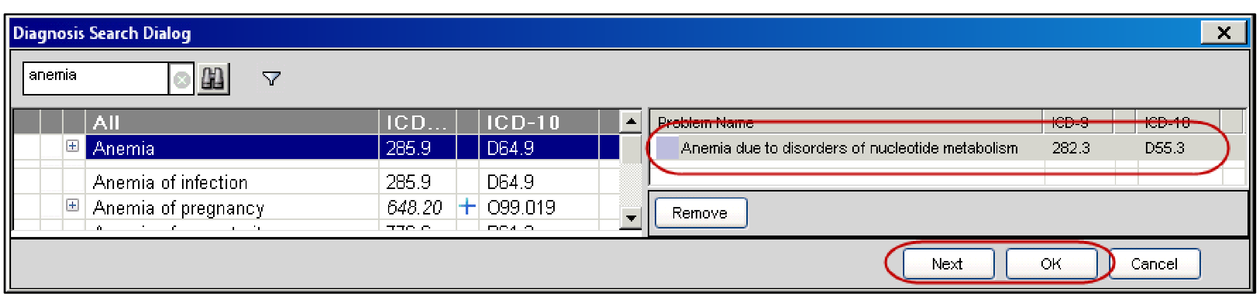
7. Use the Select Clinical Qualifier window to choose the most specific, appropriate code to match your note.



8. Once you have selected the correct code, either:

   A. Click **OK** – Adds the code and returns you to the Diagnosis tab, or

   B. Click **Next** – Adds the code and moves you forward to the Visit Charges tab.



9. Complete and Submit your charges following the normal workflow.