ICD-10 Myths and Facts

What have you heard about ICD-10? Have you wondered what's true and what's not? Read below for information from CMS that will help you distinguish between ICD-10 myths and facts.

Myth: Planning for the implementation of ICD-10 should be undertaken with the assumption that the Department of Health and Human Services (HHS) will grant an extension beyond the Oct. 1, 2015, compliance date.

Fact: This is not true. All Health Insurance Portability and Accountability Act (HIPAA)-covered entities, which include all Medicare-certified home health agencies, must implement ICD-10 with dates of service that occur on or after Oct. 1, 2015. There are no plans to extend the compliance date for implementation of ICD-10. Therefore, covered entities should plan to complete the steps required to implement ICD-10 on Oct. 1, 2015.

Myth: The increased number of codes in ICD-10 will make the new coding system impossible to use.

Fact: This is a myth. Because ICD-10 is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9.. In fact, the greater number of codes in ICD-10 makes it easier for you to find the right code. In addition, just as you don't have to search the entire list of ICD-9 codes for the proper code, you also don't have to conduct searches of the entire list of ICD-10 codes. The Alphabetic Index and electronic coding tools are available to help you select the proper code. The improved structure and specificity of ICD-10 will likely assist in developing increasingly sophisticated electronic coding tools that will help you more quickly select codes.

Myth: ICD-10 was developed without clinical input.

Fact: Actually, the development of ICD-10 involved significant clinical input. A number of medical specialty societies contributed to the development of the coding systems.

Myth: ICD-10 was developed a number of years ago, so it is probably already out of date.

Fact: Prior to the implementation of the partial code freeze, ICD-10 codes had been updated annually since their original development to keep pace with advances in medicine and technology and changes in the health care environment. The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze where only codes capturing new technologies and new diseases would be added to ICD-9 and ICD-10. The code freeze resulted in the following updates:

- On Oct.1, 2011, the last regular, annual updates were made to both code sets;
- On Oct. 1, 2012, Oct. 1, 2013, and Oct. 1, 2014, only limited code updates for new technologies and new diseases were made to both code sets;
- On Oct. 1, 2015, only limited code updates for new technologies and new diseases will be made to the ICD-10 code sets to capture new technologies and diseases. No further updates will be made to ICD-9 on or after Oct. 1, 2015, as it will no longer be used for reporting; and
- On Oct. 1, 2016, regular updates to ICD-10 will resume.

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Myth: Unnecessarily detailed medical record documentation will be required when ICD-10 is implemented.

Fact: As with ICD-9, ICD-10 codes should be based on medical record documentation. While documentation supporting accurate and specific codes will result in higher-quality data, nonspecific codes are still available for use when documentation doesn't support a higher level of specificity.

Myth: The General Equivalence Mappings (GEMs) were developed to provide help in coding medical records.

Fact: No, the GEMs were not developed to provide help in coding medical records. Code books are used for this purpose. Mapping is not the same as coding because:

- Mapping links concepts in two code sets without consideration of patient medical record information; and
- Coding involves the assignment of the most appropriate code based on medical record documentation and applicable coding rules/guidelines.

Myth: It will be mandatory to report external cause codes (such as W10.0- (Fall (on)(from) escalator)) in ICD-10.

Fact: No, reporting external cause codes will not be mandatory in ICD-10. Similar to ICD-9, there is no national requirement for mandatory ICD-10 external cause code reporting. Unless you are subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, you are not required to report ICD-10 codes found in Chapter 20 (External Causes of Morbidity).

However, you are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies. Additionally, including an external cause code can help support the use of other codes, such as trauma wounds.

Source: "ICD-10-CM/PCS MYTHS AND FACTS," CMS, ICN 902143 August 2014. To view the fact sheet, go to *http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10MythsandFacts.pdf.*