

The purpose of this fact sheet is to present correct information in response to some myths regarding the ICD-10-Clinical Modification/Procedure Coding System (ICD-10-CM/PCS).

**MYTH**

The October 1, 2013 compliance date for implementation of ICD-10-CM/PCS should be considered a flexible date.

**FACT**

All Health Insurance Portability and Accountability Act (HIPAA) of 1996 covered entities MUST implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after October 1, 2013.

**MYTH**

Implementation planning should be undertaken with the assumption that the Department of Health and Human Services (HHS) will grant an extension beyond the October 1, 2013 compliance date.

**FACT**

HHS has no plans to extend the compliance date for implementation of ICD-10-CM/PCS; therefore, covered entities should plan to complete the steps required in order to implement ICD-10-CM/PCS on October 1, 2013.

**MYTH**

Noncovered entities, which are not covered by HIPAA such as Workers' Compensation and auto insurance companies, that use ICD-9-CM may choose not to implement ICD-10-CM/PCS.

**FACT**

Because ICD-9-CM will no longer be maintained after ICD-10-CM/PCS is implemented, it is in noncovered entities' best interest to use the new coding system. The increased detail in ICD-10-CM/PCS is of significant value to noncovered entities. The Centers for Medicare & Medicaid Services (CMS) will work with noncovered entities to encourage their use of ICD-10-CM/PCS.

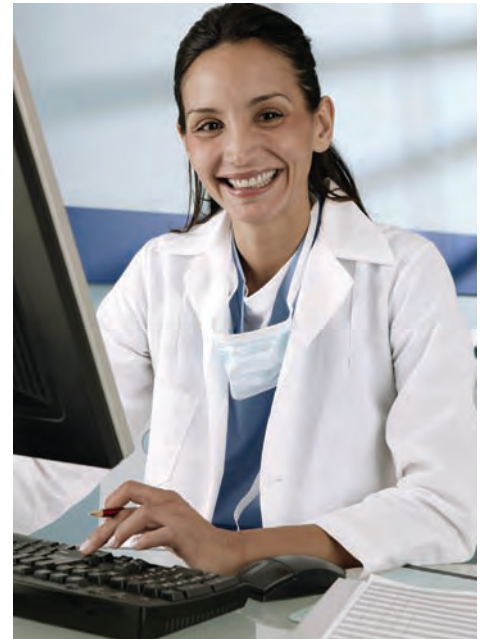


**MYTH**

State Medicaid Programs will not be required to update their systems in order to utilize ICD-10-CM/PCS codes.

**FACT**

HIPAA requires the development of one official list of national medical code sets. CMS will work with State Medicaid Programs to ensure that ICD-10-CM/PCS is implemented on time.



**MYTH**

The increased number of codes in ICD-10-CM/PCS will make the new coding system impossible to use.

**FACT**

Just as an increase in the number of words in a dictionary doesn't make it more difficult to use, the greater number of codes in ICD-10-CM/PCS doesn't necessarily make it more complex to use. In fact, the greater number of codes in ICD-10-CM/PCS make it easier to find the right code. In addition, just as it isn't necessary to search the entire list of ICD-9-CM codes for the proper code, it is also not necessary to conduct searches of the entire list of ICD-10-CM/PCS codes. The Alphabetic Index and electronic coding tools will continue to facilitate proper code selection. It is anticipated that the improved structure and specificity of ICD-10-CM/PCS will facilitate the development of increasingly sophisticated electronic coding tools that will assist in faster code selection. Because ICD-10-CM/PCS is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9-CM. Most physician practices use a relatively small number of diagnosis codes that are generally related to a specific type of specialty.

**MYTH**

ICD-10-CM/PCS was developed without clinical input.

**FACT**

The development of ICD-10-CM/PCS involved significant clinical input. A number of medical specialty societies contributed to the development of the coding systems.

**MYTH**

There will be no hard copy ICD-10-CM and ICD-10-PCS code books. When ICD-10-CM/PCS is implemented, all coding will need to be performed electronically.

**FACT**

ICD-10-CM and ICD-10-PCS code books are already available and are a manageable size (one publisher's book is two inches thick). The use of ICD-10-CM/PCS is not predicated on the use of electronic hardware and software.

MYTH

ICD-10-CM/PCS was developed a number of years ago, so it is probably already out of date.

FACT

ICD-10-CM/PCS codes have been updated annually since their original development in order to keep pace with advances in medicine and technology and changes in the health care environment. The coding systems will continue to be updated until such time that a decision is made to “freeze” the code sets prior to implementation. For instance, the health care community may request that ICD-9-CM and ICD-10-CM/PCS codes not be updated on October 1, 2012 and be frozen with the October 1, 2011 updates. If the freeze is approved through formal rulemaking, it would provide a year or more of stability and an opportunity to develop coding products and training materials. ICD-10-CM/PCS could then be updated again on October 1, 2014, after providers have had a year of experience under the new coding system.

MYTH

Unnecessarily detailed medical record documentation will be required when ICD-10-CM/PCS is implemented.

FACT

As with ICD-9-CM, ICD-10-CM/PCS 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. As demonstrated by the American Hospital Association/American Health Information Management Association field testing study, much of the detail contained in ICD-10-CM is already in medical record documentation but is not currently needed for ICD-9-CM coding.

MYTH

Implementation of ICD-10-CM/PCS can wait until after electronic health records and other health care initiatives have been established.

FACT

Implementation of ICD-10-CM/PCS cannot wait for the implementation of other health care initiatives. As management of health information becomes increasingly electronic, the cost of implementing a new coding system will increase due to required systems and applications upgrades.

MYTH

ICD-10-CM-based super bills will be too long or too complex to be of much use.

FACT

Practices may continue to create super bills that contain the most common diagnosis codes used in their practice. ICD-10-CM-based super bills will not necessarily be longer or more complex than ICD-9-CM-based super bills. Neither currently-used super bills nor ICD-10-CM-based super bills provide all possible code options for many conditions. The super bill conversion process includes:

- Conducting a review that includes removing rarely used codes; and
- Crosswalking common codes from ICD-9-CM to ICD-10-CM, which can be accomplished by looking up codes in the ICD-10-CM code book or using the General Equivalence Mappings (GEM).



MYTH

The GEMs are intended to facilitate the process of coding medical records.

FACT

Mapping is not the same as coding:

- 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.

The GEMs can be used to convert the following databases from ICD-9-CM to ICD-10-CM/PCS:

- Payment systems;
- Payment and coverage edits;
- Risk adjustment logic;
- Quality measures; and
- A variety of research applications involving trend data.



FACT

Each payer will be required to develop their own mappings between ICD-9-CM and ICD-10-CM/PCS, as the GEMs that have been developed by CMS and the Centers for Disease Control and Prevention (CDC) are for Medicare use only.

The GEMs are a crosswalk tool developed by CMS and CDC for use by ALL providers, payers, and data users. The mappings are free of charge and are in the public domain.



MYTH

Medically unnecessary diagnostic tests will need to be performed in order to assign an ICD-10-CM code.

FACT

As with ICD-9-CM, ICD-10-CM codes are derived from documentation in the medical record. Therefore, if a diagnosis has not yet been established, the condition should be coded to its highest degree of certainty (which may be a sign or symptom) when using both coding systems. In fact, ICD-10-CM contains many more codes for signs and symptoms than ICD-9-CM, and it is better designed for use in ambulatory encounters when definitive diagnoses are often not yet known. Nonspecific codes are still available in ICD-10-CM/PCS for use when more detailed clinical information is not known.



MYTH

Current Procedural Terminology (CPT) will be replaced by ICD-10-PCS.

FACT

ICD-10-PCS will only be used for facility reporting of hospital inpatient procedures and will NOT affect the use of CPT.

To find additional ICD-10-CM/PCS information, including the GEMs and educational resources, visit <http://www.cms.gov/ICD10> on the CMS website.