Dermatology Coding Alert

ICD-10 Update: Don't Get Sidelined By These 3 ICD-10 Myths

Don't assume that ICD-10 will allow you to use the same code twice.

With the healthcare industry on edge and ready to jump into the ICD-10 transition, now is a critical time for your family practice to start the education process. Make certain your training is on target, so you aren't caught up in any surprises when ICD-10 becomes effective.

Check the Timeline

Fact: The transition to ICD-10 is already underway, with a "set in stone" implementation date of Oct. 1, 2014, points out Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O, AHIMA Approved ICD-10 Trainer/Ambassador.

And according to the timeline recommended by the Centers for Medicare & Medicaid Services, coders should have already initiated early training on the ICD-10 code set and transition, she says. Make sure your trainer isn't spinning one of these ICD-10 myths.

Myth #1: You don't need to purchase an ICD-10 coding manual.

"The truth is that coders planning to learn the ICD-10 code set must purchase an ICD-10 coding manual in order to properly complete training," Whitemyer says.

"Don't let someone fool you into thinking that the GEMs (General Equivalence Mappings) noted in the current ICD-9 Manual are an acceptable method for learning," Whitemyer says.

CMS states, "The GEMs are not a substitute for learning how to use ICD-10-CM and ICD-10-PCS. Providers' coding staff will assign codes describing the patients' encounters from the ICD-10-CM and ICD-10-PCS code books..." (CMS ICD-9-CM Notice, General Equivalence Mappings, April 2010, pg1).

"Not only is trying to use the GEMs for learning likely to mislead your ICD-10 coding experience, but without the use of a current ICD-10-CM manual, you will not have access to coding guidance," Whitemyer cautions.

Why? Just as is true in your current ICD-9 coding manual, the ICD-10 manual includes guidance such as when to use an additional code, and Excludes 1 and 2 notes, Whitemyer says. "These features are essential for the training process and any attempt to learn the ICD-10 code set without access to this information is incomplete."

"The manual may be in hard copy or electronic, but either way, an ICD-10-CM manual is an important reference tool for family medicine coders," adds Kent Moore, senior strategist for physician payment at the American Academy of Family Physicians. The same is true for dermatology practices.

Myth #2: Everyone will use the same codes in ICD-10, so you can code the same regardless of the provider setting.

Wrong again, says Whitemyer. The implementation and use of the ICD-10-CM code set is tied to HIPAA regulation, so all providers will be required to make the transition and use the same code set beginning Oct. 1, 2014. But coders will continue to utilize provider-specific guidance in assigning diagnoses codes, Whitemyer says.

Myth #3: In ICD-10-CM, you can use the same code twice.

Absolutely not, Whitemyer says. Listing the exact same code twice in ICD-10-CM is no different than it is now a mistake. It would be redundant and violate coding guidelines.

Yet some coders have leapt to this conclusion when reviewing the ICD-10 code set. "Coders, this is where you must be cautiously diligent to involve yourself in ICD-10 education and assure your complete understanding," Whitemyer says.

Have a Transition Plan

As you move from a code set of only 13,000 ICD-9-CM codes compared to ICD-10-CM's 68,000, dermatology coders need to assure that they have a plan for a smooth and structured transition to the ICD-10 system.

"A good transition plan starts now," adds Moore. "The first steps are to select an internal Champion and/or transition committee to manage the process and to set a schedule for getting everything done between now and October 1, 2014.

The American Academy of Dermatology has some great resources in this regard for dermatology coders at www.aad.org/members/practice-management-resources/coding-and-reimbursement/icd-10.

Gold standard: Be sure that an AHIMA Approved ICD-10-CM Trainer provides any ICD-10 training, and verify any information that sounds suspect, Whitemyer advises. "Coders need to keep in mind that just one course in ICD-10 won't do, and that training and practice will be necessary to become comfortable working in the new code set prior to Oct. 1, 2014."