Part B Insider (Multispecialty) Coding Alert

ICD-10: Debunk These 3 ICD-10 Myths and Mysteries

Aftercare codes won't be a thing of the past in ICD-10.

With the healthcare industry on edge and ready to jump into the ICD-10 transition, now is a critical time for coders to start the education process. Make certain your training is on-target, so you aren't caught up in any ICD-10 myths once the new coding system takes effect next year.

Myth #1: Everyone will use the same codes in ICD-10, so you can code the same regardless of the provider setting.

Not so fast. 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 October 1, 2014. But coders will continue to utilize provider-specific guidance in assigning diagnoses codes.

And the codes themselves cannot directly transfer for use from one provider setting to the next. For example, fracture codes will include a seventh character specifying the episode of care; such as in ICD-10 code S72.8X1D- (Other fracture of right femur; subsequent encounter for closed fracture with routine healing). The seventh character "D" in this code indicates subsequent episode, closed fracture, and routine healing.

In ICD-10-CM, fracture codes such as S72.8X1D- include as many as sixteen possible seventh characters. And three of those seventh characters aren't applicable to all coders, for instance, because they indicate an initial encounter.

Myth #2: In ICD-10-CM, you can use the same code twice.

This is absolutely not the case. 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.

Truth: The ICD-10-CM code set does provide specificity in codes to allow for laterality. Considering this, it might be appropriate to code, for example, a stage one decubitus ulcer of the right elbow (L89.011), followed by a stage 1 decubitus ulcer of the left elbow (L89.021).

In a case such as the one described above, the coder is reporting a stage one decubitus ulcer of the elbow twice, because the patient has bilateral ulcers. But the coder isn't reporting the same ulcer twice.

On the other hand: If the ulcers were both located on one side, the coder would not duplicate the code. "One of the great benefits of the ICD-10-CM code set it is specificity. Coders need to keep in mind that specificity should not be confused with duplicity."

Myth #3: Coders won't have to use any aftercare codes in ICD-10.

This couldn't be further from the truthbut there are definite changes in the use of aftercare codes within the ICD-10-CM code set.

This will mean no longer coding aftercare for fractures, but instead using the seventh character modifier to specify episode of care and healing status. You will continue to use other aftercare codes such as Z47.1 (Aftercare following joint

replacement surgery) when appropriate.

Tip: Aftercare codes in ICD-10-CM can be located in Chapter 21, "Factors influencing health status and contact with other health services" of the ICD-10-CM code set.