

## Outpatient Facility Coding Alert

### ICD-10 Update: Avoid 3 Myths to Help Your Facility Make a Smooth Transition

#### **Bear in mind the new timeline and be educated.**

With the healthcare industry on edge and ready to jump into the transition to ICD-10, now is "the time" to start the education process. Ensure your training is on target  and that you're separating myth from fact  so you aren't caught up in any surprises when ICD-10 becomes effective.

#### **Choose Your ICD-10 Coding Manual**

**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," says **Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10 Trainer/Ambassador.

"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 coders," adds **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians.

#### **Pay Attention to Site of Service**

**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 regulations, so all providers will be required to make the transition and use the same code set. But coders will continue to utilize provider-specific guidance in assigning diagnoses codes, Whitemyer says.

#### **Steer Clear of Repeated Diagnoses**

**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 ensure 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, every facility needs to 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, 2015."

**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."