OASIS Alert

ICD-10: Get the Truth About ICD-10 Myths

You won't be seeing double in ICD-10.

As the ICD-10 transition deadline draws nearer, it's time to ramp up your education plans. Make certain you don't fall for any ICD-10 myths as you prepare for the new code set.

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 stories.

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, pg 1).

"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."

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, she says.

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 fracture with routine healing). The seventh character "D" in this code indicates subsequent episode, closed fracture, and routine healing, Whitemyer points out.

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 home health coding scenarios because they indicate an initial encounter, 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.

Truth: The ICD-10-CM code set does provide specificity in codes to allow for laterality, Whitemyer says. 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), she says.

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, Whitemyer says. But the coder isn't reporting the same ulcer twice, she says.

On the other hand: If the ulcers were both located on one side, the coder would not duplicate the code, Whitemyer says. "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 #4: We won't have to use any aftercare codes in ICD-10.

This couldn't be further from the truth, Whitemyer says. But there are definite changes in the use of aftercare codes within the ICD-10-CM code set, especially for home health coders, she says.

Most significantly for the home health coding community, this means no longer coding aftercare for fractures, but instead using the seventh character modifier to specify episode of care and healing status, Whitemyer says.

But home health coders will continue to use other aftercare codes such as Z47.1 (Aftercare following joint replacement surgery) when appropriate, Whitemyer says.

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