

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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ICD-10-CM/PCS MYTHS AND FACTS



This fact sheet provides the following information on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS):

- ICD-10-CM/PCS compliance date;
- Use of external cause and unspecified codes in ICD-10-CM;
- Responses to myths on ICD-10-CM/PCS; and
- Resources.

When “you” is used in this publication, we are referring to health care providers.

ICD-10-CM/PCS COMPLIANCE DATE

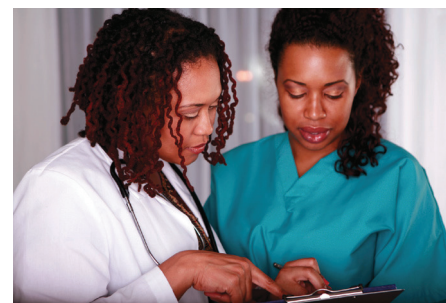
The compliance date for implementation of ICD-10-CM/PCS is October 1, 2015, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities. ICD-10-CM, including the “ICD-10-CM Official Guidelines for Coding and Reporting,” will replace International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) diagnosis codes in all health care settings for diagnosis reporting with dates of service, or dates of discharge for inpatients, that occur on or after October 1, 2015. ICD-10-PCS, including the “ICD-10-PCS Official Guidelines for Coding and Reporting,” will replace ICD-9-CM procedure codes.

USE OF EXTERNAL CAUSE AND UNSPECIFIED CODES IN ICD-10-CM

Similar to ICD-9-CM, there is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless you are subject to a State-based external cause code reporting mandate or these codes are required by a particular payer, you are not required to report ICD-10-CM codes found in Chapter 20 of the ICD-10-CM, External Causes of Morbidity. If you have not been reporting ICD-9-CM external cause codes, you will not be required to report ICD-10-CM codes found in Chapter 20 unless a new State or payer-based requirement about the reporting of these codes is instituted. If such a requirement is instituted, it would be independent of ICD-10-CM implementation. In the absence of a mandatory reporting requirement, you are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses. While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each health care encounter to the level of certainty known for that encounter.

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined). In fact, you should report unspecified codes when such codes most accurately reflect what is known about the patient’s condition at the time of that particular encounter. It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code.



RESPONSES TO MYTHS ON ICD-10-CM/PCS

MYTH

ICD-10-CM/PCS 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, 2015, compliance date.

FACT

All HIPAA-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, 2015. 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 to implement ICD-10-CM/PCS on October 1, 2015.

MYTH

Non-covered 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 non-covered entities' best interest to use the new coding system. The increased detail in ICD-10-CM/PCS is of significant value to non-covered entities. The Centers for Medicare & Medicaid Services (CMS) will work with non-covered entities to encourage them to use ICD-10-CM/PCS.

MYTH

State Medicaid Programs will not be required to update their systems to use 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 for you to find the right code. In addition, just as you don't have to search the entire list of ICD-9-CM codes for the proper code, you also don't have to conduct searches of the entire list of ICD-10-CM/PCS codes. The Alphabetic Index and electronic coding tools are available to help you select the proper code. The improved structure and specificity of ICD-10-CM/PCS will likely assist in developing increasingly sophisticated electronic coding tools that will help you more quickly select codes. 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

No hard copy ICD-10-CM and ICD-10-PCS code books will be available. When ICD-10-CM/PCS is implemented on October 1, 2015, 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

Prior to the implementation of the partial code freeze, ICD-10-CM/PCS codes had been updated annually since their original development to keep pace with advances in medicine and technology and changes in the health care environment. The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze where only codes capturing new technologies and new diseases would be added to ICD-9-CM and ICD-10. The code freeze resulted in the following updates:

- On October 1, 2011, the last regular, annual updates were made to both code sets;
- On October 1, 2012, October 1, 2013, and October 1, 2014, only limited code updates for new technologies and new diseases were made to both code sets as required by Section 503(a) of Public Law 108-173;
- On October 1, 2015, only limited code updates for new technologies and new diseases will be made to the ICD-10 code sets to capture new technologies and diseases. No further updates will be made to ICD-9-CM on or after October 1, 2015, as it will no longer be used for reporting; and
- On October 1, 2016, regular updates to ICD-10 will resume.

MYTH

Unnecessarily detailed medical record documentation will be required when ICD-10-CM/PCS is implemented on October 1, 2015.

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

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 (GEMs).

MYTH

The GEMs were developed to provide help in coding medical records.

FACT

The GEMs were not developed to provide help in coding medical records. Code books are used for this purpose. Mapping is not the same as coding because:

- 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.

MYTH

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

FACT

The GEMs are a crosswalk tool that was developed by CMS and CDC for the use of **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 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, you should code the condition 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 on October 1, 2015.

FACT

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

MYTH

When ICD-10-CM codes replace ICD-9-CM codes on October 1, 2015, it will impact how I report CPT and Healthcare Common Procedure Coding System (HCPCS) codes.


FACT

When ICD-10-CM codes replace ICD-9-CM codes on October 1, 2015, it will not impact how you report CPT and HCPCS codes, including CPT/HCPCS modifiers for physician services. While ICD-10-CM codes have expanded detail, including specification of laterality for some conditions, you should continue to follow CPT and CMS guidance when you report CPT/HCPCS modifiers for laterality.



RESOURCES

The chart below provides resources for ICD-10-CM/PCS.

For More Information About...	Resource
ICD-10-CM/PCS	http://www.cms.gov/Medicare/Coding/ICD10/index.html on the CMS website
ICD-10-CM/PCS Information for Medicare Fee-For-Service Providers	http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html on the CMS website
ICD-10-CM/PCS Provider Resources	http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html on the CMS website
ICD-10-CM/PCS Statute and Regulations	http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html on the CMS website
All Available Medicare Learning Network® (MLN) Products	<div> “MLN Catalog” located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf on the CMS website or scan the Quick Response (QR) code on the right </div> 
Provider-Specific Medicare Information	MLN publication titled “MLN Guided Pathways: Provider Specific Medicare Resources” booklet located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website
Medicare Information for Patients	http://www.medicare.gov on the CMS website



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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