Beware of ICD-10 Misconceptions

In order to successfully transition to ICD-10, it is important that providers begin planning for this change and assess their readiness as soon as possible. A number of industry organizations including the Blue Cross and Blue Shield Association (BCBSA) and American Health Information Management Association (AHIMA) have raised the concern that providers may not have the level of ICD-10 awareness needed to begin effectively planning. Industry leaders have been surveying providers about their ICD-10 readiness over the last year and have identified several misconceptions regarding this transition and its impact on provider offices. Several of the most common misconceptions are discussed below.

**ICD-10 Misconception #1: 2013 is too far away to worry about ICD-10 right now.**

While October 1, 2013 may seem a long way down the road, all industry sources agree that given the amount of work needed to transition from ICD-9 to ICD-10, it is critical for professional providers to begin their evaluations now to determine what is needed for implementing ICD-10 in their organizations.

**ICD-10 Misconception #2: ICD-10 is just another code update that the office staff will handle.**

While the office staff is probably more aware than others of the impact of ICD-10, professional providers must grasp the need to greatly improve their documentation of services rendered in order to realize the rich detail that ICD-10 can supply.

During a summit held by AHIMA, health information management (HIM) professionals expressed lack of proper physician documentation as a large concern, stating that poor documentation will not provide codes with the necessary data for the more detailed ICD-10 code set.

**ICD-10 Misconception #3: CMS has provided General Equivalency Mappings (GEMs). We’ll just use this to map our codes.**

The GEMs are tools designed to assist with the translation from ICD-9-CM codes to ICD-10-CM and ICD-10-PCS codes, but they should not be considered tools for automatically recoding all code lists or references in your office. It is critical that your coding staff learns how to use and assign codes using the new code sets.

**ICD-10 Misconception #4: Physicians and other professional providers must learn the entire ICD-10 code set.**

It is important to remember that, for services rendered in an outpatient setting only the diagnosis codes will be changing. Current Procedural Terminology (CPT) codes will continue to be used for filing office visits and related services as well as outpatient procedures.

It would be beneficial for you to focus on the codes that have the largest impact to your practice, for example; the diagnosis codes common for your specialty or area of practice. Have your staff identify the codes that represent the majority of the services the practice bills for, ensure that these codes are transitioned to ICD-10 first, and then focus on additional codes. This will make the transition easier, while providing the most benefit for your practice.
It is important to pay attention to ICD-10. If you haven’t started planning, now is the time! Be aware, be informed and start moving towards a successful transition to ICD-10.

Below are links to several organizations that provide excellent resources to assist you in your ICD-10 implementation.

- Blue Cross and Blue Shield Association (BCBSA) – [www.bcbsa.com/issues/icd-10](http://www.bcbsa.com/issues/icd-10)