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):

• Responses to myths about ICD-10-CM/PCS; and
• Resources.

RESPONSES TO MYTHS ABOUT ICD-10-CM/PCS

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<td>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, 2014, compliance date.</td>
<td>All Health Insurance Portability and Accountability Act (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, 2014. 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, 2014.</td>
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<td>Non-covered entities, which are not covered by HIPAA such as Workers’ Compensation and auto insurance companies, that use International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) may choose not to implement ICD-10-CM/PCS.</td>
<td>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 &amp; Medicaid Services (CMS) will work with non-covered entities to encourage their use of ICD-10-CM/PCS.</td>
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<td>State Medicaid Programs will not be required to update their systems to use ICD-10-CM/PCS codes.</td>
<td>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.</td>
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The increased number of codes in ICD-10-CM/PCS will make the new coding system impossible to use.

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. It is anticipated that the improved structure and specificity of ICD-10-CM/PCS will 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.

ICD-10-CM/PCS was developed without clinical input.

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.

No hard copy ICD-10-CM and ICD-10-PCS code books will be available. When ICD-10-CM/PCS is implemented, all coding will need to be performed electronically.

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.

ICD-10-CM/PCS was developed a number of years ago, so it is probably already out of date.

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, and October 1, 2013, only limited code updates for new technologies and new diseases will be made to both code sets as required by Section 503(a) of Public Law 108-173;
- On October 1, 2014, 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, 2014, as it will no longer be used for reporting; and
- On October 1, 2015, regular updates to ICD-10 will resume.
Unnecessarily detailed medical record documentation will be required when ICD-10-CM/PCS is implemented.

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.

ICD-10-CM-based super bills will be too long or too complex to be of much use.

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).

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

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 as:

- 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.

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.

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.

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

RESOURCES
The chart below provides ICD-10-CM/PCS resource information.

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<td>Medicare Information for Patients</td>
<td><a href="http://www.medicare.gov">http://www.medicare.gov</a> on the CMS website</td>
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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.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to http://go.cms.gov/MLNProducts and click on the link called ‘MLN Opinion Page’ in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

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