

Myths & Facts about ICD-10

There is a lot of misunderstanding about the implementation of ICD-10. Some vendors are using scare tactics and misinformation to get you to buy products or services you don't yet need.

MYTH You don't need to update ICD-9-CM for 2012 and 2013.

FACT There WILL be revisions to ICD-9-CM for both 2012 and 2013. ICD-9-CM is required for all health insurance claims filed up to and including September 30, 2013. Using the most current codes maximizes your reimbursement and protects you from audit liability.

MYTH ICD-10 coding is much more difficult than ICD-9 coding.

FACT If you know how to code using ICD-9 then you already know how to code using ICD-10. The process is the same...the codes are different. There ARE many more codes in ICD-10 than ICD-9, but that only means that you have more choices, not that the coding process is more difficult. AHIMA and the AAPC have stated that most coders will be able to grasp ICD-10 coding with little difficulty.

MYTH The October 1, 2013 compliance date for implementation of ICD-10-CM/PCS should be considered a flexible date.

FACT All HIPAA covered entities MUST report ICD-10 codes on all health insurance claims filed on or after October 1, 2013.

MYTH You can use ICD-10 on your health insurance claim forms now.

FACT The first usable edition of ICD-10-CM and ICD-10-PCS will be the 2014 edition, released in August/September 2013. Until then, you must continue to use ICD-9 codes on your health insurance claim forms.

MYTH You need to buy ICD-10 coding materials now.

FACT Other than looking at the codes, there is nothing you can do with ICD-10 code books at this time. They can't be used on health insurance claims. Plus, each year NCHS makes a lot of additions and revisions, none of which are effective until October 1, 2013. We suggest that you don't waste your time or money on coding materials that expire each year and can't be used for anything other than training.

MYTH You need to start ICD-10 training now.

FACT CMS, AHIMA and the AAPC all recommended in March 2010 that health care organizations should start training during the year of implementation, which means the first quarter of 2013, or perhaps the last quarter of 2012. While two of these organizations are now actively marketing training programs, we believe that taking training courses or seminars two and one half years before you can use the training makes no sense, and is a waste of your time and money.

Institutional and Provider Planning for ICD-10

Clinics, hospitals and insurance companies will require more planning and preparation than physicians, allied health professionals and other providers. The larger organizations will require a greater investment of time, effort and money to convert computer programs for claims reporting and claims processing as well as creating training programs for hundreds or thousands of employees.

For most physicians and other providers, the conversion will be handled by an upgrade or replacement of the current reporting and billing system. Billing services and electronic claims processors will make the necessary changes to their systems in order to provide seamless services when the conversion occurs. Training for coders should be deferred until early 2013 so the information is fresh when the conversion takes place.

You Can Count on PMIC for the Best ICD-10 Products When the Time Comes

PMIC already has all of the information and data needed to produce the highest quality ICD-10 products available. We will offer print, data file, e-Book, private label, and electronic versions of ICD-10-CM and ICD-10-PCS as well as cross-walks and training materials. Our ICD-10 products will include the superior features and benefits that our customers have come to expect.