

## ICD-10 ALERT

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### ICD-10 Conversion Myths and Facts for Physicians

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**MYTH: My EMR will automate the conversion of ICD-10 for me.**

**FACT: The use of an electronic medical record will not automate the conversion of ICD-9 to ICD-10.** Many organizations and physicians are implementing electronic medical records (EMR) with the belief that the EMR will take care of their transition to ICD-10. Although the implementation or use of an EMR can help with the documentation challenges providers will confront in the new ICD-10 world, the use of an EMR alone is not a magic bullet.\*

**MYTH: Implementing ICD-10 won't change my current work flow.**

**FACT: Some experts predict ICD-10 could increase physician documentation time by 15 percent. Challenges will exist for physicians with the assigning and ranking of diagnoses for the patient's encounter.** In the current EMR environment, many providers are completing data elements and selecting diagnosis codes from drop-down lists. In many cases, the number of codes from which to select a diagnosis will increase exponentially. Medicare also has indicated it may no longer reimburse for claims submitted using unspecified codes.\*

**MYTH: The General Equivalence Mappings (GEMs) created by CMS will automate the conversion of ICD-9 data to ICD-10 for my practice.**

**FACT: Many EMRs plan to use the CMS General Equivalence Mappings to crosswalk the existing diagnosis codes to new ICD-10 codes. The GEM crosswalks are not an automatic solution because the level of detail required in the ICD-10 codes does not provide a one-to-one match.** Providers who have EMRs that have mapped ICD-9 codes to ICD-10 codes should ask to review the mapping created by their EMR vendors. Often the crosswalks from ICD-9 to ICD-10 codes translate to unspecified codes and Medicare has indicated it may no longer reimburse for unspecified codes.\*

\*Excerpts from 'My ICD-10 CM Plan? My EMR is Taking Care of That,' The Healthcare Information & Management Systems Society