ICD-10 Conversion Myths and Facts for Physicians

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