

## MYTH BUSTERS!

There's a lot of concern and confusion about ICD-10. Regional Medical Imaging is your partner in making the transition to the new system. We are all in this together! RMI will send information over in the upcoming weeks to get you ready for the ICD-10 launch on October 1, 2015. ***First off, let's bust some "urban myths" about ICD-10.***

***My staff and I have to know 168,000 codes!***

**BUSTED:** For many primary care practices 50% of diagnoses will come from less than ten codes. This isn't as big an issue as it seems. The number of diagnosis codes related to imaging orders may also be less than twenty.

***This is all about coding – I can just put a (larger) number on the order form.***

**BUSTED:** The diagnosis is assigned from your clinical statement and may not communicate the complete problem to the radiologist. To provide the most complete interpretation, we need the signs and symptoms or confirmed condition(s) that relate it to the exam performed.

***An order can never include the phrase "rule out," "suspected," and/or "evaluate for"***

**BUSTED:** This information is very useful by providing the context for the presenting signs/symptoms. For example, abdominal pain rule out appendicitis is different than abdominal pain rule out disease progression, if the patient has pancreatic cancer. The order must include the signs/symptoms with the clinical question to be answered by the imaging.

***ICD-10 is Meaningful Use or Obamacare or government intrusion.***

**BUSTED:** It's about ***getting and giving good data***. This helps the healthcare industry as a whole, and has significant effects on public policy, research, and other national or international healthcare efforts.

*For more information visit [rmipc.net/for-physicians](http://rmipc.net/for-physicians) and look for the ICD-10 page.*

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