Transcript for Morning Session – Procedure Topics

ICD-9-CM Coordination and Maintenance Committee Meeting

September 19, 2012

Pat Brooks: Good morning. I'd like to welcome everyone in the audience and those participating by conference call to the ICD-9-CM Coordination and Maintenance Committee. The purpose of this meeting is to discuss code updates to ICD-9 and ICD-10 coding systems. The public is encouraged to make comments on the proposals at the meeting and to send written comments after the meeting. No final decisions are made on code updates at this meeting. We will describe the nature of any code request, describe and maybe give options. CMS, as will CDC, evaluate the comments from the meeting and subsequent written comments prior to finalizing any code updates. We provided phone lines on a first come, first serve basis so that others can listen to the presentation. We encourage those on the phone particularly to send in their written comments after the meeting. And the Agenda and Handouts were posted on CMS' and CDC's website in advance of the meeting so you can follow along. This is a one day meeting and the procedure codes will be discussed beginning this morning and then I'll turn it over to Donna Pickett from CDC who will take off with diagnosis issues. There are a very small number of code requests on the agenda because of the implementation of the Partial Code Freeze. The code updates that will go into effect on October 1, 2011 were the last regular updates to ICD-9-CM prior to the implementation of ICD-10. And if you'll turn to page 8 I'll just go over this Partial Code Freeze document that is also posted on our website and it just summarizes something that Denise Buenning is going to talk about in a moment, the implementation date of October 1, 2014. Our last regular updates to ICD-9 and ICD-10 will be made on October 1, 2011. Then on October 1, 2012 and 2013 there will be only limited code updates to both I-9 and I-10 code sets to capture new technologies and new diseases. On October 1, 2014 there will be only limited updates to ICD-10 codes for new technology and new diseases and no updates to ICD-9-CM as it will no longer be used. October 1, 2015 we'll begin regular updates to ICD-10 again.

I would now like to introduce a speaker who you should all be very grateful to, Denise Buenning, who is the Deputy Director of OESS. At our March meeting as you recall we talked about the Secretary's announcement that there would be a delay in ICD-10 implementation. And Denise and her staff had the extremely challenging job of writing up options about how long or short the delay should be, the benefits of all those options, getting a proposal out in unbelievable time. And then they had to carefully review many, many comments that came in and I think those of you who read the final rule know how thorough and conscientious that her staff were. So all of you can thank Denise and her staff that we did not have to wait a long time to end this

uncertainty and so we're very fortunate. I'm going to have Denise come up now and talk about the ICD-10 implementation date. Denise.

Applause.

Denise Buenning: Thanks Pat and you're welcome. I am Denise Buenning, I'm the Acting Deputy Director of the Office of E-Health Standards and Services and would like to welcome everybody here in the room as well as those on the phone to the meeting this morning. I am just here to offer some brief comments about the new implementation date, the new compliance date for ICD-10 which after we spent so many years banging into everybody's head the 2013 date now we have to turn around and say whoops one more year. But as I think you all know back in February when the Secretary made the announcement that she was going to consider delaying ICD-10 it was as a result of our feedback from the industry on the 5010 implementation, as well as, just information that we were getting from the industry about provider readiness and as I think we all know reaching the provider community and getting them ready for a major implementation like this is an ongoing challenge. We were faced with the task of not just coming up with another date but getting feedback and input from the industry, analyzing it and trying to come up with a compromise date that recognized all of the hard work that everybody here and throughout the industry has undergone to try and get ICD-10 implemented by the 2013 date. And yet give those other entities that weren't just quite going to be ready the opportunity to have more time. So between February and the end of July our team put together as Pat mentioned not only a proposed rule but also a final rule that took into consideration the feedback of almost six or seven hundred commenters who as with the original proposed rule back in 2008 and 2009 was all over the spectrum - stick with 2013, delay to 2014, 2015, 2020, skip ICD-10 altogether, etc. You know, it's always the moving target. As I often say, you get 10 people in a room you get 11 different opinions. So we really looked long and hard at this. We consulted with many, many industry representatives, individual providers, again looking at all the comments and decided that the 2014 date was the one to go with just based on - not penalizing those people that were early adopters and moving towards a 2013 date and giving those others a chance to catch up . So basically what does that mean now? Well it means number one that CMS didn't spend all that time just sitting around waiting for the date. We knew and I think we all knew that the intention was to delay. The Secretary was pretty clear about that I think back in February when she made the announcement of her intent to look at delaying the 2013 date. So, predicated on a delay and knowing that it had to be at least a year delay, because of the beginning of the federal fiscal year, it couldn't be a six month delay, couldn't be an eight month delay. So we knew that we were looking for at least a one year delay. So predicated on that, we kept moving. The extra time gave us and hopefully the rest of the industry some time to maybe dig a little deeper, take a look at things that maybe weren't going to be implemented by 2013 date and include them in plans. I can tell you from a CMS perspective our ICD-10 steering committee continued to meet during that period and continued on the work. I can tell you today that from a CMS implementation standpoint we are about forty-six percent completed through

our ICD-10 implementation. We have a number of areas that are way ahead of that- some at seventy-five percent completion, some at eighty-five percent completion and others at lesser completion rates and that's because other areas are dependent on other areas to get their work done first. As an example, I can tell you that our manuals, all of our manuals have to be changed over to ICD-10. And it's not just a matter of doing a "find and replace". It's a matter of somebody sitting down, reading through them, and seeing what makes sense. That's almost fifty-percent done. So, given that we are continuing to make progress, and our goal is to use this next year until October 2013 to keep obviously working on our implementation, make sure it's as complete as possible and to spend this next year really pushing out tools – practical tools that the industry and most particularly small providers to use to become compliant with ICD-10 by the October 1, 2014 date. And when I say practical I mean checklists, I mean decision trees, things that the small providers, the small medical offices can use to make decisions about their ICD-10 compliance. So, that is what we're going to be concentrating on and then from October of 2013 to the remainder of that year, we're really looking at testing. One of the things that we did learn from our 5010 implementation was that there wasn't enough time for testing. A lot of the industry interpreted the words end to end testing very differently. So we're going to have to try and come up with some definitions as to what readiness means, what end to end testing constitutes, and make sure that when we talk to each other we're all talking the same language. So that's what our plans are right now and I'd be happy to answer anybody's questions with regard to either here or on the phone, with regard to the 2014 date.

Well, then I guess we're all in agreement that 2014 is the date that we're all going to be ready and when we hit that button it's going to go like clockwork. Great, thank you all very much.

Pat Brooks: Thank you Denise. We'll move back to just a few more announcements. I will mention there's a detailed timeline that Mady spends a lot of time working on, on page 3-7 of the handouts that give important dates. One you should notice is the next committee meeting for March 4-5, 2013. And if you want to have a topic discussed at that meeting then you need to have a request into CMS or CDC by January 4, 2013. On the agenda today you'll notice that there were no requests for ICD-9-CM procedure codes so we don't have any ICD-9-CM procedure code topics on the agenda. I think that's the first time since the committee started in 1985. We do have two ICD-10-PCS code issues we'll discuss. Since we have no ICD-9-CM issues to discuss, there will be no new ICD-9 procedure codes on April 1, 2013. For those of you who listened to the topics this morning, we do encourage you to make written comments. Your comments on the two ICD-10-PCS topics and on the diagnosis topics later today is November 16, 2012. Now we really prefer that you send e-mail, electronic comments and not paper comments because Donna and I both have a problem – it could take weeks sometimes for us to get things through the mail- I don't know what goes on, but they're very slow. So if you would just send us an electronic copy we'd appreciate that. The information is on the timeline, for me it's Patricia.Brooks2@cms.gov and for Donna, for diagnosis, it's dfp4@cdc.gov. Look at the timeline for very detailed information about when things are available and when decisions are

made. Once again I need to say this is a public forum, to discuss proposed revisions to ICD-9 and ICD-10. You can comment or ask questions today, and you should make comments later in writing. Some of you may make comments now and then you'll write later and say you know, I've given this some more thought and I've changed my mind. I think here's another issue and we think that's really good because maybe we catch you off-guard with these discussions and you give it some thought and you send in your written comments. So therefore, we don't make any decisions today, we'll review all those comments before we do make a decision.

We'll move on to the next part of the meeting. On page 9, I'd like to point out that we hold CMS National Provider Calls. These calls have been extremely well attended, they're free, people can get CEUs from them. We've had a series of ICD-10 calls, we've had some people here in the audience, starring roles like those Sue Bowman and Nelly Leon-Chisen. We bring in outside experts sometimes. We have thousands of people that register for these calls. The next one should be extremely interesting; it's going to be on October 25, 2012. And in your handouts I give you the site where you can go and start registering. Once we reach our registration limit, we will stop registering people and only those who get the information back would be able to listen in on the call. If that date is not good for you or you don't register quick enough, then we do post the slides and audio tapes later. So you can always listen to these calls later and learn information and also get your CEUs that you want for free. Some of the prior calls if you've never participated in these before, I list three on page 9 that I think would be real good. There's the one November 17, 2011 on implementation strategies that discuss some very good information. Another one on March 23, 2010 actually is one of my favorite of all times. Sue Bowman gave a basic introduction to ICD-10-CM and it was like coding for dummies approach. It is so good and easy to follow and covers all of the highlights beautifully. So if you have people on your staff, or others who want to have a good understanding of ICD-10-CM and whether they're coders or not, I highly recommend that call. Then for those of you who will hear our brief announcements today on the works we're doing converting the MS-DRGs from ICD-9 to ICD-10 and you wonder what all that's about and you kind of want a history of that effort, the call from 2009 gives a very good overview of the work, the effort put into that. At the bottom of page 9 we give our standard language about AAPC and AHIMA and others who give CEUs for these calls. We encourage you to work with those organizations if you want to participate.

We'll now move on to the regular part of our agenda. The topic, this is page 2 in your agenda, the topic Expansion of Thoracic Aorta Body Part under Heart and Great Vessels System, the speaker's not yet here so we are going to defer that until sometime during the diagnosis part of the meeting when Dr. Roddy arrives. But if you'll turn to page 3, we have one addenda issue for ICD-10-PCS and it's a fairly simple issue. At a prior meeting we discussed the creation of ICD-9-CM code 39.77, Temporary partial therapeutic endovascular occlusion of vessel. And that code is going into effect October 1, 2012. Well, when we create new ICD-9 codes, we make mirror copies of them in ICD-10-PCS so that we can continue capturing the information. And we put a qualifier, a "J Temporary", under our PCS table 02V and if you'll look at the bottom of

page 13 I think it'll be a little easier to follow. You'll see a table that Rhonda Butler made for us in the handout where we put this new "J Temporary". But the problem, as someone wrote into us, is that we put it in a table for thoracic aorta and this device is really put into the abdominal aorta and I'll just mention briefly this is for treatment, potential treatment for victims of ischemic stroke. So there are balloons inserted just above and below the renal arteries and the suggestion was made that we really should have put this under 04V and if you'll turn to page 14 I think you'll see what we're trying to say. So we should have put that qualifier J for the abdominal aorta and delete it from thoracic aorta which seems like a very good point. And so an option would be not to make the change. Option 2 would be to make the change shown on page 14 and CMS thinks we should modify it and capture this under the abdominal aorta. Does anyone have any comments on this?

Sue Bowman: Sue Bowman from AHIMA. I agree with the change obviously, my only comment would be I noticed in your recommendation you're suggesting that a change would not be made until after the freeze ends. And since this sounds like it is an error, I was wondering if consideration can be made to make the change before that only because I assume for a year people would have to code it wrong, because there would be no other options. So, rather than having them code it wrong between October 2014 and October 2015 it seems like this is an error that should be corrected before people start using PCS.

Pat Brooks: That's an excellent comment. How do the rest of you feel on something like this that is an error understanding the impact it might be to people doing conversions. Nelly.

Nelly Leon-Chisen: Nelly Leon-Chisen, American Hospital Association. I agree with Sue's comment. I also have more of a process question. In the past when we had the proposals coming through we would give the different options and we would also have like an interim code - what people should do especially during a partial code set freeze. If we have situations where we definitely know it's not new technology, it's not going to meet the exception, what do we tell people-what should they be doing in the meantime? And you know, I don't know if you've given it some thought but I think it would be helpful to have an interim answer in these proposals so it. So, two comments, one was specifically related to this code where it obviously is an error and the other one a more kind of global, broad issue.

Pat Brooks: That's an excellent point that we'll have to consider for our future handouts and I guess there's two points there. Your point about why don't you just fix it from the start then you don't have to give interim advice so the day ICD-10 goes into effect it will be fixed. Another would be that if you don't fix it and you wait a year then you have to give interim advice and unfortunately we don't change the system, interim advice is the way it's set up under the Thoracic aorta. But does anybody else have some feelings of support for just making the small movement of this thing or is anybody opposed to it? Okay then we will very seriously consider

this proposal to correcting this small thing effective October 1, 2014. But we would encourage those on the phone or those who didn't comment to send in comments so that we can evaluate the issue more carefully.

Okay, we're now going to move to page 15. This is something where some people saw our handouts and I think we've made people very, very happy with this announcement on page 15. And it's under the ICD-10 MS-DRG Conversion Project Updates. We have a small update this year and we'll get more extensive in March but I think the news will be extremely welcome. We've just finished developing and finalizing version 30 of the ICD-9 MS-DRGs that go into effect October 1st. And so we're following behind that converting those, updating that to give an ICD-10 MS-DRG. What we plan to do and I think we're being very aggressive and I think you'll be pleased is that November 2012 we plan to post version 30 of the ICD-10 MS-DRG Definitions Manual on our website and put a summary of changes. Here's the more exciting news. Early 2013 we've made a commitment that we will make both mainframe and PC versions of version 30 of the ICD-10 MS-DRGs software available through NTIS. I can't give you a more firm [date] than the early 2013 but we will be as aggressive as we can and it definitely won't be before the end of this year but early next year we will have both of those available for people to test. And when they're available you can watch th4 link that I've posted here that ICD-10 MS-DRG Conversion Project. But also, if you're interested, Mady Hue provides a list serve for people that sign up that are interested in various things going on with the Coordination and Maintenance Committee. I don't know how many you are up to it may be hundreds now. But if you don't feel like checking it every day, she'll send out alerts that we posted new files and what they are so you can look at them. So, if you go to the website under the Coordination and Maintenance Committee and you'll see the link find it for the ICD-9-CM Coordination and Maintenance and sign up to let her let you know. And during our summary report Mady, maybe you can put in a little blurb about how to find the link. I won't read it out because it's so long. One other piece of news is that we've recently posted the 2013 ICD-10-PCS Reference Manual. That didn't get posted with all the other files that went out earlier this summer because there were issues getting clearance the way it was formatted – there were 508 compliance issues. So 3M had to undertake an enormous task of reformatting the whole thing so when we update it each year, we can get it cleared and posted rapidly. And we really appreciate their efforts in this undertaking and so having this one out now will pave the way in the future.

Does anybody have any comments or questions on the v30 mainframe and Definitions Manual or the most recent posting. No celebration? I know I had some vendors that called and were happy – they write me nice little notes. Okay, great. Then we'll move on to the next issue and page 16 just briefly, and I'll let you look at this later but obviously version 30 of the MS-DRG will have changes that were in the ICD-9 version we'll have new changed codes with ICD-10 and also the one small point you should be aware of – those of you who've written to us that you think we haven't quite mapped the ICD-10 MS-DRGs correctly using ICD-10 codes, it doesn't map well with I-9- we consider all those and we really appreciate those and for that and for the MCE, and

some of the changes will we based on your review and comments. So what I would encourage you to do when we put up version 30, you should all look at the Definitions Manual, you should look at the software and if you have any issues or concerns you should write to us because we want to get all that done in advance in finalizing the Grouper. The final ICD-10 MS-DRG Grouper will be subject to formal rulemaking. So what we're doing now, is we're just working in a cooperative fashion with the industry to make sure that we're getting it pretty close to being as accurate and perfect.

Okay, we'll move to the next topic number 17. And this one is a brief announcement that we will have a lot more information at the March meeting. As you know, we have provided computer generated addenda files that describe ICD-10-PCS changes –the addenda each year. These were in PDF and XML formats and we responded to an industry request we had XML files so that people who were developing products can look for changes and reformat things and do the detailed analysis. We had a recent request that said you haven't provided detailed specific addenda like you did with ICD-9-CM it would be helpful to us if you did an Addendum thing that had more detail. So we have now made a commitment and you're hearing me say this, that we're going to look at a process for providing more detailed addenda to you. And we will have Rhonda Butler come in March and describe what we plan to do and see if that's the kind of thing that would be helpful to you. In the meantime, and I'll let you if you have any suggestions for us to consider in that process you can do so now or you can write to us afterwards if you want to help us understand what we need to do. And we have some explanation of the ICD-10-PCS content on page 17 where we talk about how the vendors use these XML format. Most of us here in the audience I bet, myself I know I only use the PDF version because it's real easy for me to search it's probably the most popular use. But vendors definitely use the other XML. And Rhonda has also put down here that – a point you should realize when we put out tables each year- sometimes they're formatted slightly different, like they're on a different line and those aren't really addenda changes. If it's the way it runs over and she'll explain that in more detail when we get to through March whenever we're planning to try to do. But does anybody have any comments about our plan to provide more detailed addenda for next year? Oh, thank you – we get applause. You'll all have to wish us luck on that.

We're moving on very quickly this morning. I'd now like to introduce Celeste Beauregard who wants to talk about the HAC translations.

Celeste Beauregard: Thank you Pat, good morning. First of all refer to page 18 and before I start I want to just point out that we do appreciate all the feedback we've been getting for the ICD- 10 HAC translations and we look forward to more of your continued feedback on our HAC I-9 to I-10 Feedback Mailbox. First of all, the information on the version 29 HAC conversion to ICD-10 is part of the ICD-10 MS-DRG Conversion Project. It can be found at the conversion project website mentioned before in Appendix I and that's titled Hospital Acquired Conditions List. And as discussed previously, we will have the version 30 HAC conversion to ICD-10 which will include the FY 2013 new HACs. And that's also located at the CMS webpage for the

ICD-10 MS-DRG Conversion Project. And again in Appendix I titled Hospital Acquired Condition (HAC) List. We do encourage the public to review these translations and to submit comments on the translations as you have been. We take them all into consideration and a CMS ICD-10 Translation Feedback Mailbox has been set up for the HACs for this purpose and it's entitled CMS HAC Feedback and it's located on the HAC website under ICD-10 HACs link on the left side of the screen. Again, we welcome all your input on these translations into ICD-10-CM/PCS. We also continue to encourage the public to review the educational materials and draft code sets currently available for ICD-10 at the CMS website. And the coding/procedure guidelines can be found on the CDC – the coding guidelines can be found on the CDC website as well. So thank you very much. Does anyone have any comments on the phone or in the audience? Thank you.

Pat Brooks: We'll now have Mady Hue to talk about ICD-10 MCE translations. Mady's our MCE guru.

Mady Hue: Thanks Pat. I actually took over for Ann who is in the audience today. Welcome Ann. Ann retired for those of you that don't know, recently. We're on page 19 and just very briefly, continuing in the ICD-10 translation conversion topics, just to let you know, as Pat indicated earlier we're moving to version 30 effective October 1, 2012 so the MCE has been translated to the ICD-10 codes. So you'll want to check that out- again on the MS-DRG Conversion website. And for those of you that may not have been aware, or haven't checked it out, version 29 of the ICD-10 MCE has been posted since June 2012. So we want you to go ahead and take a look, as you're looking at the MS-DRGs and the HAC list, take a look at the MCEs – don't leave them out. And go ahead and submit your comments and let us know if you have any suggestions or if you don't agree with some things. So we want you to go ahead and write in and you can send your comments to me, my e-mail address is listed on the page and that's all I have. Are there any questions or comments? No, okay, I'll turn it back over to Pat.

Pat Brooks: As I mentioned earlier we'll have the one regular- I'll call it ICD-10-PCS topic – will be later this morning. But the comments on the one Addenda thing, including the new issue of whether we should just go ahead and fix the one issue October 1, 2014 instead of 2015, we welcome your comments on that. And we would like to have them by November 16, 2012.

I'll now turn the meeting over to Donna Pickett. And Donna I'll let you decide if you want to let the crowd have a ten minute break or – and yes, Donna is going to be kind to you and give you a ten minute break. If you want to go down and get a cup of coffee or use the facilities and then we will start back up at 9:40. Thank you.