

**Centers for Medicare & Medicaid Services**  
**ICD-10-CM/PCS Implementation and General Equivalence**  
**Mappings (Crosswalks) National Provider Conference Call**

**Moderator: Ann Palmer**

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Part 1 of 4 Audio Recordings

Welcome and ICD-10 Overview

**Christine:** Good afternoon and welcome to the ICD-10-CM/PCS Implementation and General Equivalence Mappings (Crosswalks) National Provider Conference Call. All lines will remain in a listen-only mode until the question and answer session. Today's conference call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the conference call over Ms. Palmer. Ma'am, you may begin.

**Ann Palmer:** Thank you and, as Christine said, I'm Ann Palmer and I'll be moderating today's conference call. The written and oral transcripts of this call will be posted in a few weeks on our website. You can find call transcripts and discussion materials for this conference call by selecting 2009 CMS Sponsored Calls on the left side of the ICD-10 Web page, which is located at [www.cms.hhs.gov/icd10](http://www.cms.hhs.gov/icd10). Our speaker today is Pat Brooks who is Senior Technical Advisor at CMS. Go ahead, Pat.

**Pat Brooks:** Thank you very much, Ann. Today we're going to be talking about ICD-10 and this is the latest in a series of outreach calls we've had on ICD-10. We'll be doing - I'll be providing - a brief overview of the ICD-10 Final Rule and some of the requirements of that final rule. I'll be discussing differences between the ICD-9-CM coding system and ICD-10. And then I'll be turning most of the presentation - I'll be focusing on the mapping overviews - the General Equivalence Mappings, the tools that we've developed to help convert data from ICD-9 to ICD-10. Hopefully, after I finish this you'll understand what the GEMs are, who should use them, where you can find the GEMs in the User Guide, and how to use the GEMs. There was a great deal of interest in this topic today. I understand we had about 6,000 people registered. So, hopefully, after this call you will all better understand how to use the GEMs.

If you'll turn to your third slide we'll discuss the ICD-10 Final Rule. The final rule was published on January 16, 2009. The rule gave an implementation date for ICD-10 of October 1, 2013 - and that's the date at which providers will be using and coding with ICD-10-CM for diagnosis and ICD-10-PCS for procedures for inpatient systems. One important point to mention is that this final rule implementing ICD-10 has no effect at all on reporting with CPT and HCPCS codes. Providers who use CPT and HCPCS codes now will continue to use them even after the implementation of ICD-10. For those of you who would like to read the final rule - and it's not that long, it's only about 33 pages - we've provided on slide 3 a link to the full ICD-10 Final Rule.

Slide 4 goes through some major issues discussed in the final rule. And a very important one is that there's going to be a single implementation date for all users - as mentioned earlier - that's October 1, 2013. And that will be for date of services - in other words - any patient that walks into an ambulatory care or physician office on October 1, 2013, beginning with that date for those encounters, you will begin coding and reporting ICD-10-CM Diagnosis Codes. For discharges for inpatients - beginning on October 1, 2013 discharges - hospitals will begin using ICD-10-CM for diagnosis and ICD-10 Procedure Coding System, PCS, for procedure reporting. We anticipate - and - there will be no delays in this implementation date. Unfortunately, I believe some speakers in the industry talk about maybe this being delayed, or postponed, or double coding but let me make very, very clear to you that HIPAA Final Rule states that this is a firm implementation date of October 1, 2013 for implementing ICD-10. As a matter of fact, with the edit setup for Medicare and other insurers, too, I imagine ICD-9 codes will not be accepted for services provided on or after October 1, 2013. So if you were to choose the wrong coding system after that time, these claims could be returned so that you would have to put down the correct code. So now is the time to prepare and think about this implementation date. Obviously, after the implementation date, we'll have claims that will continue to flow through various payer systems. As with today, there'll be ICD-9 claims we're processing that are for services occurring before the implementation date. So we know that there will be a period of time where dual codes will be received. However, you need to use the next four and one-half years to get ready to make a switch in your facility to use the ICD-10 codes.

Slide 5 discusses some issues that we discussed in our final rule. CMS said that we would be doing outreach and education, and we've been very busy with that. This is one of the continuing

series of outreach calls that we've had. CMS has also worked collaboratively with some of the other Cooperating Parties for ICD-9 and ICD-10 and that includes the American Hospital Association, the American Health Information Management Association, and CDC. We've worked together to develop some of the products that you'll find on our web pages, and also to do some of the prior educational outreach calls. I've provided two web links for you. The first one - for Educational Resources - if you click on that you can see some very basic and good overviews of ICD-10 itself - a fact sheet. We also have some fact sheets on use of the GEMs - the mappings that we're discussing today. After this if you want to look at those in more detail and perhaps use some of those outreach documents to educate other people on your staff - that would be very good. Others have mentioned they were not able to participate in earlier calls. If you click on that link on the bottom of page 5 for Sponsored Calls, you'll see that we have calls from 2008. We have now posted the audios of those calls, written transcripts, and slides. The information presented in those 2008 outreach calls are still relevant. So those of you who missed them, who want to listen to them - you can do that at your convenience. You can open those up and listen to them. And as Ann Palmer stated earlier, after today's call we will be preparing an audio tape, a written transcript, and posting the slides so that others in your facility who were not able to listen today can do that at a later time and still have the information.

Moving on to slide 6, we'll mention that we plan to have additional outreach and educational efforts and we'll be working with the Cooperating Parties on some of these. One thing that we're trying to develop for you is a list of common myths. Some of the things that we're hearing out at meetings and early educational things that aren't quite right. And we hope to get some documents to correct these common myths so that we make sure that everybody understands exactly what's

involved in moving to ICD-10. In addition to CMS doing this outreach, others are doing their own outreach efforts and sometimes in greater detail. AHA and AHIMA have started their outreach effort and they're planning some detailed, train the trainer type activities. AHIMA's obviously going to be doing some training - detailed coding initiatives to train coders. And we will, at CMS, be deferring to professional organizations such as AHIMA for the detailed coding and learning to use ICD-10.

Moving on to slide 7, another issue discussed in the ICD-10 Final Rule was how we update and maintain both ICD-9-CM as well as ICD-10. We have a public meeting - that - committee that meets twice a year called the ICD-9 Coordination and Maintenance Committee. This committee usually meets in March and September of each year and discusses proposed updates to ICD-9-CM as well as ICD-10-CM and ICD-10-PCS. We use this avenue of the public meeting to get industry input before we make changes to these coding systems. Obviously, after ICD-10 is implemented in 2013, we would rename the committee to the ICD-10 Coordination and Maintenance Committee. Some people have noticed that the number of codes we have in today's slides and reading the proposed versus the final rule, mentioned that the number of codes seems to have changed over time and that's true. We update ICD-9 codes each year so the code numbers change. And we've also been maintaining and updating ICD-10-CM Diagnosis and ICD-10-PCS Procedure Codes. So in any given year the code numbers change as we update these coding systems. To read detailed information about what's discussed at the Coordination and Maintenance Committee, I've provided a website link on the bottom of slide 7. And in mid-August you'll be able to see an agenda posted for the September Coordination and Maintenance Committee.

Moving on to slide 8, I discuss this next meeting - the Coordination and Maintenance Committee. There's a very important item on this agenda. And if you haven't heard about it you really should, if you can, attend the meeting. If not, read the Summary Report afterwards and submit your comments on a very important issue we're going to discuss.

In the proposed rule - the final rule comments people wrote in and said they felt like it was important that CMS and CDC consider freezing updates to the ICD-9-CM coding system and the ICD-10 coding system prior to the October 1, 2013 implementation. They stated that - this, by freezing the code - it would be a little easier to develop educational materials for the implementation without worrying about updating them each year. They felt that vendors could develop products if they had a stable coding system for more than one year. And they stated a number of reasons why they felt like it would be good to consider having a freeze in advance of the implementation. In the ICD-10 Final Rule we said that we would take this issue to the ICD-9 Coordination and Maintenance Committee and seek input from various providers, and vendors, and others on what they thought about this suggestion. We'll ask them: Should there be a freeze? And, if so, should it be of both ICD-9 and ICD-10? One or the other? When should the freeze begin? For instance, should the last time ICD-9-CM codes and ICD-10-CM and PCS codes be updated be October 1, 2012? Or should a freeze be established as early as 2011? Do we need one or two years prior to the update and not update the codes on the date of implementation? These were the kind of things that we need from the industry. We'll be actively soliciting input from you to think about if there should be a freeze. And if so, when should the freeze be? Those of you who can come to the meeting and discuss this, we'd be happy to have you there. You can

register for the meeting starting about August 14. I've given you the website to register. We will have a small number of phone lines available for people to participate and listen by phone. And many of you who can't come or participate, we would urge you to write to us after the meeting and give your own input. And we'll consider those just as much. But do consider in your organization how important you think the issue of the freeze is, and if there should be one, and when it should be.

Moving on to slide 9, I'll discuss some of the resources that we have available right now on CMS and CDC's websites. We have the complete coding systems for ICD-10-CM and PCS, including the guidelines. We have the General Equivalency - Equivalence - Mappings, the GEMs, that we'll be discussing today. We have those that go both ways between ICD-9 and ICD-10. We have a User's Guide that explains how to use these GEMs in great detail. We also have a custom map that I'll be discussing later today called the Reimbursement Mappings. And lastly, we have something else that I've discussed - I'll be discussing today - and that's the conversion of our inpatient Medicare coding system, the Medicare Severity Diagnosis Related Group, MS-DRG - the conversion of that system to ICD-10.

Slide 10 simply gives you a quick way to click and find the ICD-10-CM Diagnosis Coding System. It looks very similar to a coding book. When you click - open that - you can see a tabular part and an index part along with the GEMs, and a User Guide, and full title code titles also. The ICD-10-PCS procedure files - you'll note that that's interactive. You can click on the table in the index and get to the table. We also have the GEMs for this coding system and full titles of the ICD-10-PCS codes.

Moving on to slide 11, I'll tell you - who we think of - who the ICD-9-CM users are and what they'll be replaced with. Right now, all providers use ICD-9-CM diagnoses to report Diagnosis Codes. The ICD-9-CM Diagnosis Codes will be replaced by ICD-10-CM, which are the Diagnosis Codes. The ICD-9-CM Procedure Codes are only used by inpatient hospitals. And those inpatient hospitals will stop using ICD-9-CM for discharges right before October 1, 2013, and they will begin using ICD-10-PCS codes. Once more, those using CPT and HCPCS will not be impacted by this move to ICD-10 - you'll continue using those in their current setting.

Slide 12 talks about why we made the decision to move away from ICD-9. And I think most of you on phone know the coding system's 30 years old, much technology has changed, many of the categories are full - and by that I mean that when some of you have asked us to update the coding system with ICD-9-CM, we've had increasing difficulty trying to find space to put these new codes. Also, ICD-9-CM is really not descriptive enough and it's particularly a problem on the Procedure Coding System. So many of the codes from this 30-year-old system don't tell the approach used and some of the newer devices and techniques. We've had a very difficult time trying to get those into ICD-9-CM.

Slide 13 talks about the worldwide experience with ICD-10. While this seems like a big deal to us and we're moving very rapidly, the rest of the world for the most part has already moved to ICD-10 - many of them you'll notice for over a decade - and they didn't have that difficult of a time doing it. On slide 13, we showed some countries that not only are reporting - coding and reporting - ICD-10, but they are using them for more advanced things such as reimbursement and case mix. And we give you an example of some of those countries on slide 13.



On slide 14, we'll discuss some of the differences between the ICD-9/ICD-10, beginning with diagnoses. As you know, ICD-9-CM has from 3 to 5 digits. For most of the book, Chapters 1 through 17 - the codes are - the characters - are all numeric; they're all number codes. We have two supplemental chapters where the first digit is an alpha character - an E for external causes of injuries and a V code, which is some codes for factors influencing health status. But all the rest of the codes in ICD-9-CM diagnosis are numeric. And at the bottom of slide 14, I just show you an example of a 3, 4, and a 5 digit ICD-9-CM code. And one of these is an alpha character and includes a V code.

Slide 15 shows how different ICD-10-CM is. ICD-10 can have digits as few as 3 and as many as 7, so it is 2 digits longer than the longest ICD-9 code. The first digit is an alpha character, A through Z, and it's not case sensitive. So - you - it can either be capital or small. Digit 2 is always numeric. Digit 3 is either alpha or numeric. And the alpha characters, once again, not case sensitive. Digits 4 through 7 are also alpha or numeric. And at the bottom of the slide - 15 - you'll see some examples of codes ranging from 3 to 5, up to 7 digits long. You'll notice - that - the introduction of more alpha characters and you'll notice - the - up to 4 digits beyond the decimal on the right.

We'll now discuss slide 16, which is about the Procedure Coding System used by inpatient hospitals patients. ICD-9-CM has 3 to 4 digits. All 4 digits are numeric. And I show you an example of one of the few 3 digit codes - 43.5. And another 4 digit code - 44.42. When you think about 4 digits and all being numeric, you can understand how we've had difficulty expanding this

coding system to capture the wide range of procedures we're performing today - it's just not possible with this limited number of digits.

Slide 17 shows how we've extended our ability to catch a lot more detail in a single code. ICD-10-PCS has 7 digits. And each of those digits can be either an alpha - and again not case sensitive - or they can be numeric. We used the numbers 0 through 9; however, we decided not to use the letters O and I. And we did this to avoid confusion with the numbers 0 and 1. So in an example you see below, those are beginning with an 0 and then we're not using the letter O and I, once again. And you see these 7 digit code numbers that intermix between numeric and alpha characters. And you'll see how much information can be captured in one code, such as what you're repairing and the approach you're using.

Moving on to slide 18, we'll discuss the number of codes that are available in this year's 2009 version of both ICD-9 and ICD-10. The ICD-9-CM Diagnosis Codes - there are 14,025 codes. Look at how that expands into ICD-10-CM where we move up to 68,069 codes. And under the ICD-9 procedures, we go from just a little under 4,000 Procedure Codes all the way up to 72,589 codes. So there's a whole lot more detail and more codes. Looking at this increase and having explained to you how the codes are made up different, you can see how it would be helpful to have a tool to understand how to convert ICD-9 codes to ICD-10.

And slide 19 discusses just that tool, the General Equivalence Mappings. Since the codes ICD-9 and ICD-10 are so different, we realize that people that are converting large data sets would need some assistance. One could simply open up a book, and look up every code you wanted, and to figure out the code in ICD-10. We've basically done a lot of that for you - by looking up ICD-9

codes, considering the code titles, the index, other rules about the book - and we've tried to find all the general equivalence meanings there might be to similar codes in ICD-10. We've also done that in the other direction - bi-directional from ICD-10 codes - to get them back to the general equivalent meaning of the ICD-9 codes. Having these lists of similar codes, we hope that the list would be useful in finding and replacing lists of codes so that you could replace the list of ICD-9 codes with the general equivalent codes in ICD-10. Now, I'll mention that these GEMs - these mappings - are a useful tool, and they'll help you convert large data sets. However, they won't be a substitute for learning how to code with ICD-10. Starting about six months ahead of implementation or a little shorter, you should have a plan to begin learning seriously how to use ICD-10. And training to use either the code books or the encoders that will be widely available on the market and learning how to use those. If you're using the GEMs to convert data, you'll also find that you'll want to pick up that coding book or encoder to check which of the applicable similar codes in ICD-10 you'd want to select for your own use. So when using the GEMs, you'll still be going back to that source tool of the code system. Today, as I mentioned earlier, we're going to discuss an overview of the GEMs - the mappings - what are in the GEMs, where can you find them. I'll tell you how to use the User Guide for more information. And after the call today, I hope that each of you will be comfortable enough that you'll go to our ICD-10 website and actually find the GEM files, open them up, look at them; open up the User Guide and the fact sheets. You can sort of look at this as job security. You'll be the ones - the people in the industry - who will understand how to convert codes with ICD-9 to 10 or back. You'll know where the tools are. And if it's appropriate for your institution, you can tell others how to do this. And those of you who work in a facility now who don't need them, perhaps within four years if you're in another institution, you'll maybe have a need to use these. And I hope we can explain

and make all this information available so if you do have a future need, you'll know how to use this information.

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