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 3 of 4 Audio Recordings

General Equivalence Mappings Continued

Pat Brooks: Let's move on to slide 39 where we'll get down into - the - a little bit more of this issue. We'll discuss the flags. The flags, as I've told you before, are the far right corner - the far right column - the third of the three columns. This particular case, I've used an illustration of the ICD-10-PCS code as the source code. The target code we're trying to convert these to are the ICD-9-CM Procedure Codes, so then we have the flags that modify them. Well, if we just look at this first - the first 2 columns - you can probably figure out some of this yourself. You see that same ICD-10-PCS code listed six times and in the right column you see six separate ICD-9-CM Procedure Codes. And what that's trying to say is that it, you know, the equivalent mapping takes you to six ICD-9-CM Procedure Codes. This is example of backward mapping taking you back from ICD-10-PCS back to ICD-9-CM. Well, the flags will tell you some of the same information and we'll discuss them. The flags - if it's a 1 it means that we've turned the flag on. 0 means it's off. There's three different, main kinds of flags. The first flag - the first one in that set of five

numbers - is an Approximate Flag. The second flag is the No Map Flag. Flag 3 is a Combination Flag - meaning it takes more than one code. And then Flags 4 and 5 give more details that have to do with that Combination Flag.

Let's move on to slide 40 and we'll discuss that first flag - the first number in that column of the flags for the Approximate Flag. If there's a 1 - and you see that the bottom of the page of slide 40 I've bolded 1 and underlined it - it's the first flag. A 1 means that the translation of these codes is an Approximate match - it's not identical. Now, obviously, you would expect to find many Approximate matches - if every ICD-9-CM code had an identical match with ICD-10 codes, then there really wouldn't be much purpose in moving forward because all the codes in the concept are identical. Since there's more details and more specificity in these codes, then you'll expect to find more Approximate - not exact matches. And that's true. So the majority of entries you'll see in that flag - the first Approximate Flag - will have a 1 and that's because they're Approximate matches, not identical. When you see a 0 in that first column of flags, that means the translation is an Identical match - it's a perfect match from ICD-9 to ICD-10. It's very rare in the procedure GEMs to have an Identical match. And we see a little more common cases of that in the diagnosis GEMs. At the bottom of slide 40, I show you an example of an Approximate match - they're not identical. And you'll see that code T1500xA takes two codes for equivalent meaning and they're Approximate. And some of the reasons that they're Approximate is some of these codes describe the initial encounter, which is in those ICD-9 codes. So if it's not a perfect match even with those two, it's going to be an Approximate match.

Slide 41 also discusses the Approximate Flag - that first flag. And in this one I show you an example where the flag is a 0 and that means the translation is an Identical match. In other words, the ICD-9 code 414.11 - for aneurism of coronary vessels - if you were to look that up in your forward mapping of the GEMs, you would find that the target code 414.11 - the middle code I2542 for the ICD-10-CM code. And that 0 says that they're Identical matches - there's one code and they actually happen to be identical in this rare case - so the 0 is an Identical match.

Moving on to slide 42, we'll discuss the No Map Flag. This is the second column of the flags. You'll notice in the middle of slide 42 - I have bolded the 1, underlined the second flag in that series of five. Where there's a 1 in the No Map Flag, that means that there are no plausible translations between the source code and the target code. In other words - if you're - in the example here, below, where we have an ICD-10-CM Diagnosis Code - we don't have an exact match in ICD-9-CM. If there's a 0 in the second flag, that means there's at least one plausible translation from the coding system. So I've showed for you in the middle an example - T15x6A, 6D, and 6S - where there is a NODX entry, in addition to saying the 1 is the second flag - the 1 meaning there's No map. And I've reaffirmed it with a NODX in the middle - spelling those out with full code titles below. You see that this has to do with the issue we discussed earlier, which is underdosing - is a new concept in ICD-10 which we did not have in ICD-9-CM. So, obviously, you would not be able to map back. This also illustrates the critical importance of using the forward and backward mappings. Using the ICD-9 to ICD-10 mapping, you wouldn't be aware of these. But if you go to a payment system - like we are - or quality measures, make sure that all of the codes in ICD-10 are analyzed and classified, you would see these. NODX is the 1 Flag in the No Map. And you would know that you've got a new concept that you need to handle in

whatever data system or whatever you're working with. You expect it to be easy to find these terms and spot them.

Moving on to slide 43, we have the Combination Flag. And - that's - this is Flag 3 and also further clarified by Flags 4 and 5. I have a picture once again in that left block where you see part of the GEMs and you see the third flag over. If the third flag over is a 1 - it means the codes mapped to more than one code. And let's see if that was true. Looking at T1500xA - that's listed twice - and we have two codes beside it. And, yes, the third mapping code says it takes more than one code to be equivalent to that one code. So if you will look at these by line-by-line basis and you saw that 1 in the third column, then you need to scan further to see all the combinations that go with the code and the source code file. Looking at the next one in that list - T15xD - it's listed twice. There are two codes beside it. And let's look at the flag - the third flag over is in fact a 1 and it means that the code mapped to more than one code. I've spelled out for you the complete code titles - what they mean - on the right. And if you're doing your analysis I think, once again, using the User Guide, you may find it helpful to input the full code titles in for your own analysis. Now, Flags 4 and 5 give more information that clarify these combination entries. But we're not going to go through all that today. I would urge all of you who are going to be doing these and getting down to this level of detail to read the User Guides and further understand more detail about using these combination equivalencies in the GEMs files. But one thing you can see based on all that we've learned so far, is how much time this could save you by using the GEM files and grouping together the codes that are generally equivalent for an existing code. Then based on whatever you're using this translation for and the information, then you can make decisions about how to use the translations and which codes are appropriate for your use.

Now, we're going to move on to another topic that I want to go over briefly and that has to do with a custom map that we've created. We call it the Reimbursement Mappings. When we created the GEMs mappings and published it on the web page, people were very appreciative. And they were very interested in using them, but some payers found this level of detail in the GEMs daunting. And they asked us specifically to develop a more streamlined mapping system for their own reimbursement purposes. This could be used if ICD-10 codes were submitted on a certain day and the payer wanted to decide how to pay them. This Reimbursement Mapping - the goal would be to look at each ICD-10 code that came in the door, analyze it, and decide what ICD-9 code would have been used in prior times. And they could pay them the same. So this is streamlined thing used for payers who choose to use it for an interim time period where they're trying to convert their legacy systems to pay based on ICD-10. So it still would accept ICD-10 codes but their own internal logic might convert it to an ICD-9 for payment purposes. It gives the one-to-one best map and it occasionally gives a cluster of codes when required. Now, the Reimbursement Mappings simply provide a simpler way of conversion of codes for reimbursement purposes for use in legacy systems. Now, CMS is not going to be using the Reimbursement Mappings. We are actually - if you heard earlier - we're using the GEMs to convert our payment system logic itself. We're converting the system so when they come in, we'll pay on payment system based on ICD-10 logic. But we did develop these Reimbursement Mappings at the request of other payers. And if people find them useful, then they are free to use them.

Slide 45 talks about how we developed these Reimbursement Mappings. We started with the ICD-10 to ICD-9 GEMs - the backward mappings for both ICD-10-CM and PCS. When an ICD-9 code is translated to one code - only one code - then we didn't have to do anything else. No review was necessary because we knew the predecessor code. Ninety-five percent of the ICD-10 codes are translated back to a single ICD-9 code. So for payment purposes, you can look at these codes and see exactly how they used to be handled. Now, many of these ICD-10 codes that translate back to the same code - they - actually many of the codes will go to the same code. So there's a lot of repetition with the details.

Slide 46 shows that where one ICD-9 code - I'm sorry - where one ICD-10 code is translated to more than one ICD-9 code, then we use historical ICD-9 code frequency data to determine the most commonly used ICD-9 code. We saw that earlier when we talked about that rheumatic valve disease - where we had two codes with the mappings were back to two, and we picked the one that had the higher frequency. To make these decisions for the Reimbursement Mapping, we used our own MedPAR database, and we used California database for newborn and obstetrical codes. In the vast majority of cases, there was a clear dominant case for us in case of frequency. In some rare cases, we had to use clinical review to decide - to make a final choice. Now, for those of you who would choose to use the Reimbursement Mappings - and perhaps maybe don't want to use Reimbursement Mapping based on Medicare data - you have your own data, then certainly you could do the same task. You could use the GEMs and use your own data to maybe arrive at some different codes occasionally.

Slide 47, I'll just show you how to read the mappings if you decide to open and use them. There's three columns: on the left side we have the ICD-10 codes, in the middle column there's the digit that tells how many ICD-9 codes are required for the complete translation, and then the right column shows the ICD-9 code or codes. So for the example for the ICD-10 code of S72032G, we see on the mappings there'll be a letter - a number - 1 that means only one code's required to map it back to ICD-9 and that code is 82002. Now, I found for you in the ICD-10-PCS Reimbursement Mapping example where that's not the case - where it takes more than one. And we have this other code - 02733D6 - has a digit in the middle that says 5, meaning that it takes five ICD-9 codes to be equivalent to it. And then I show you the ICD-9 code cluster there that takes the equivalent. Now, remember that in using the Reimbursement Mappings, these are only backward mappings because they are only taking you back from ICD-10 back to the ICD-9 code for reimbursement purposes.

Slide 48 discusses the use of mappings. We designed the GEMs and the Reimbursement Mappings for use by all providers, payers, and data users. You are free to use them. You do not have to go out and create your own. We paid for these - the development of them. We believe that they are good tools that will assist you in converting data. We make them publicly available on the CMS and CDC websites for you to download and use. We plan to continue updating and maintaining the mappings so each year that we update ICD-9 or 10, we have to update the mappings. And we will once a year continue to update these maps and post them. Vendors who choose to take these mappings and use them in their products - you can feel free to do that. These are public documents for your use.

Slide 49 discusses some of the use of the mappings. The first one - you can use them to convert payment systems and edits. And you see that we have done just that. We have used the GEMs to convert the inpatient payment system - the MS-DRG - to ICD-10 version. Other payers may use them to convert their payment system. You could use them to convert national or local coverage decisions. Also, quality measures that are being developed with long lists of codes - these GEMs would help begin that process of converting them, risk adjustment, or for analyzing trend data pre-and post-ICD-10. So they are greatly helpful with large amounts of data. I'll stress once again, they aren't something that you would just use and begin coding with them October 1, 2013 - it's quicker, easier, and more accurate coding routine cases to simply open your book or encoder and code. But in the meantime, as you're converting data and you want some assistance honing in on the right area, please use the GEMs. And then I would encourage you to open the ICD-10 book at the same time and review the decisions made. And depending on your application, select the codes that you feel appropriate. Before you begin deeply into the process, you'll want to review the GEMs and definitely read the User Guide. And what I would like you to do maybe next week sometime is when you open up the GEMs, just try converting a few codes. Take a couple of your favorite ICD-9 codes - so maybe if you're in a physician's office - that you see all the time. Use the GEMs so that you can get in the right part of the book and see all the code or codes that it would convert to. Then open our ICD-10-CM file on our web page or the code book itself - look at those codes and start analyzing what the codes look like. And start learning about the system so that you'll know how to use this - the conversion tools - and you'll become familiar with where the GEMs are. And you'll also see the coding system.

Slide 50 talks about the updates that we have routinely. I've gone over these before but I want to mention again - on our ICD-10 Web page we have the GEMs for 2009, diagnosis and procedures in the User Guide. We have the Reimbursement Mappings. We have the ICD-10 Digestive System MS-DRGs. And we have the complete version of the ICD-10-CM and PCS codes, the tabular and index, and the coding guidelines. All of that's ready for you to use for free.

In addition, on slide 51, we have general information on our ICD-10 Web page. We talked about the educational resources - some of them I know Ann Palmer sent out in advance of this meeting. But you can click on Educational Resources and find now and additional products later, such as helpful documents that answer the top questions about using the GEMs - a document explains how the GEMs work. There's documents that explain generally what ICD-10 is all about and how that will be used. And we plan to continue working on additional educational resources for you. Should you want to take these documents and mimic them for your own internal use and put your own logo on them, then you can feel free to do that. These are educational resources that you can use to train your own staff. We also have the Sponsored Calls from 2008 which - are - you heard mentioned. If you haven't heard the 2008 calls and want to listen to them - listen to the audio, review the slides. If some of your friends missed the 2009 session today and they want to listen to it - within - in the future, we'll have this audio tape up, the transcript, and slides so you can listen to this again. Once again, if you want to know why we made decisions about ICD-10 and what the comments were, you can read the final rule.

Slide 52 shows some information on CDC's Web page, particularly focused on ICD-10-CM - the diagnosis part.

Slide 53 shows some information that we discussed in our 2008 calls when we had AHA and AHIMA on. They have a number of documents of ICD-10 on their websites that you can access freely. You can use it to educate yourself and you can learn a great deal about ICD-10. And I would urge you to look at those slides and try to get better accustomed.

I want to thank everyone for their patience listening today. And I'm going to turn it back over to Ann Palmer in case there are any questions that I can try to answer for you. And I look forward to talking to you on future outreach calls.

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