

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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1:00 pm ET

Part 4 of 4 Audio Recordings

Question and Answer Session

Operator: Okay, our next question comes from the line of Karen Clark. Your line is open.

Karen Clark: Hi, this is Karen Clark with Christian Health. Side 47, you referred to the middle digit - and just - and how many ICD-9 codes would be used - to - for the equivalency. And on my slide I did not see that - so would you clarify that?

Pat Brooks: Yes. And, you know, I have to apologize. Some of the earlier versions of the slides were missing those two digits. And if so, then if you don't mind taking a moment now to write right after S72032G - put a number 1 for those of you who have an earlier version. And put a 5 - between - after the ICD-10-PCS code 02733D6. Since this time we have updated the - I - 2009 calls and that slide has been corrected. And thank you for pointing that out.

Karen Clark: Thank you.

Operator: Our next question comes from the line of Pam Brogan. Your line is open.

Richard Williams: Hi, thank you. This is Richard Williams, actually, instead of Pam. I had a quick question regarding the final conversion - this is a reimbursement question. Has any discussion been done to this point in time as to what FY year - like for instance - are you going to use 2009, 2010, 2011 data for determining the reimbursement? Because I know when they went live with the OPPS system many years ago, the data was several years old that they used. And I didn't know if there had been any discussion as to what final year data they're going to use for coming up with the MS-DRG payments under the new ICD-10 system.

Pat Brooks: That's a very good question. We anticipate the same time schedule that we have now. So - we on - if we update our DRGs, which we will propose in a proposed rule in advance of the FY 2014 year - so it would be for October 1, 2013. We use data that's about two years prior right now. And at that point in time, we'll still be the same. So to look at that - look at that DRG - if it's a heart failure DRG or if it's a bypass DRG with ICD-10 codes, we'll look at two years' prior data for those patients to make our analysis and to create our relative weight. So we anticipate the same timeframe that we do now. And all of this would be part of the routine IPPS update.

Richard Williams: Okay, well, as a follow-up to that then. If you're looking at, you know, typically two years prior which would kind of go on course with what MedPAR data, you know, is typically - it's 12 to 18 months old by the time you have all your final cost reports filed and the

way that people's years - file - fall on different dates. Do you feel that that will play or weight into the decision to freeze the ICD-9 or ICD-10 systems?

Pat Brooks: You know, that's what I would urge you, as people on this phone, to tell us. We very firmly believe that there's pros and cons to updating the coding system every year to keep up with technology. There's also benefits in freezing them so that we can analyze the data and update, you know, our system's going to get 10 codes. We will listen in September at the Coordination and Maintenance Committee on what the public feels are the most important criteria. And if they believe there should be a date - what date they believe. So it may vary by commenter, and we would urge people to think about that. And if you can't come to the Coordination and Maintenance Committee, you can look at that slide in the Summary Report - you can write to us, and tell us: "I have these thoughts. Here's things that you should consider." We don't have any preconceived notions about the freeze - we just feel like it's an important issue that we want the public's input on.

Richard Williams: Thank you.

Pat Brooks: You're welcome.

Operator: Our next question comes from the line of Thomas Moore. Your line is open.

Thomas Moore: Hi, my name is Tom from Hands On Physical Therapy. And on slide 41, you're using the example of an exact match, which is a 0 in the first column. And on slide 43, you have that T1500xS, which has an exact match of 9085 but it has a 1 in the first column.

Pat Brooks: You know - that is - I'm glad you raised that question because let me answer that for you. There's a difference between an exact match and only one approximate code. So sometimes there can be only one code. Oh, you know, did we or is that a typo? If there's only one code that converts between I-9 and I-10, then there's only one equivalent to it. That code can either be an exact match or not - that's two separate things.

Thomas Moore: Okay, thank you.

Pat Brooks: Yes, and I know this is difficult to understand that exact match but the good news - or the bad news - depending on how you feel about it, there are going to be very few exact matches where the content of it is totally the same. Most of them are going to be maybe one code that's an approximate or several codes that are an approximate.

Operator: Okay, our next question comes from the line of Debbie Nash. Your line is open.

Amy Choo: Yes, this is Amy Choo, First Coast Health. I have a question on slide 39 - and then you're talking about the Approximate Flag. Oh, actually, the Combo Flags - shouldn't the third indicator or the third part there on that last code, the 3609, the ICD-9 3609 - shouldn't that be a 101?

Pat Brooks: Yes, thank you so much. You know, we've a had a time getting all these things retyped. Very good. And those of you who are looking at these examples in here, it would be good for you - when you go to the GEMs - to look at the greater detail and catch the things I've missed.

Operator: And our next question comes from the line of Laura Frenzel. Your line is open.

Laura Frenzel: Yes, thank you. I'm wondering if there will be the option of having the mappings on a Palm type. We have nurses who have Palm systems that they take data out with them. Do you know if there will be any kind of conversion to a system that they can take out in the field with them? We are a Home Health Agency.

Pat Brooks: You know, all I can tell you is what we've developed and posted on our website is this application. It wouldn't surprise me if vendors created additional applications. Although, I should tell you, once again, these GEMs aren't something you would carry around and just routinely code from - you would want the code from the actual codebook itself - but an additional tool and another document. It may be that vendors will use this for their tools and make some kind of large conversion easier. I hope that answers your question.

Laura Frenzel: Yes, thank you.

Operator: Our next question comes from the line of Tom Hood. Your line is open.

Tom Hood: Yes, on slide 33 - under what circumstances might a physician use an underdosing code?

Pat Brooks: You know, I don't know that I can tell you. And this may be something that came from the World Health Organization to describe that they deliberately underdosed for whatever reason. ICD-10 has this new concept, and the only time a coder would code is if a physician chose to write down that language - that "I did underdosing of whatever." And it is that

documentation's presence, for the first time, we could actually code it. When a physician would decide to do that, I don't know.

Tom Hood: Fair answer. Thank you.

Operator: Our next question comes from the line of Denise Pullen. Your line is open.

Denise Pullen: Yes, my question is - how big of a part is our software going to have in this converting the ICD-9 to the ICD-10?

Pat Brooks: Okay, if you're talking about that you have a project where you want to convert a lot of data - say you have quality measures that you do in your hospital and you want to convert them - then you would probably use our User Guide if it's a large set. And maybe you would want to automate that yourself, and you could look at our suggestions. If you had a smaller project - a list of only say 20 or 30 codes that you personally wanted to convert and make sure you were doing it accurately - then you probably manually could use the GEMs and make that conversion, and check those in your books also. So as far as how you automate it, we think that's something that consumers like yourself would do, or perhaps vendors will automate this to make it easier. We're not sort of into developing software packages to sell it - we're only giving you the logic and the information on our web page so that you can make these decisions.

Denise Pullen: Okay, thank you.

Operator: Our next... Ann Palmer: Christine?

Christine: Yes, ma'am?

Ann Palmer: We'll just do one more caller, please.

Operator: Okay. Our final question comes from the line of Sheila Lucas. Your line is open.

Sheila Lucas: Hello.

Ann Palmer: Hello?

Operator: Okay, we'll go on to a different one. Your last question comes from Kay Stanley.
Your line is open.

Kay Stanley: Hi, there. By the way, I think you've done a great job. The...

Ann Palmer: Thank you.

Kay Stanley: When can we actually start using these codes?

Pat Brooks: Well, ICD-10-CM codes - you can only report them with services that occur on or after October 1, 2013. So in advance of that, you should use the time to get your systems updated

to accept the longer codes. Or if you have something that you want to convert for your use like some large data set - you want to see what it looks like in ICD-10 - then you could start converting that now. But as far as reporting, since this is a HIPAA standard, no one can report until services occurring on or after October 1, 2013. Kay Stanley: Thank you much.

Pat Brooks: Thank you.

Ann Palmer: Thank you for your participation. Bye.

Operator: This concludes our conference call for today. You may now disconnect your line.

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