

Transition to Use of ICD-10-CM Coding for Birth Defects, Part 1

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NBDPN Schedule of Webinars on ICD-10-CM

❑ Webinar #1 – February 11, 2014

- Reasons for the change to ICD-10-CM coding
- Differences between ICD-9-CM and ICD-10-CM for birth defects
- How the transition to ICD-10-CM will affect surveillance programs
- Steps that programs should take to prepare for the transition
- Tips, tools, and resources for achieving a successful transition

❑ Webinar #2 – April, 2014

- Review of ICD-10-CM codes for birth defects, issues and problems
- Use of the code translations from ICD-9-CM to ICD-10-CM and back developed for NBDPN

❑ Webinar #3 – Summer, 2014

- Review of the CDC expansion of ICD-10-CM for birth defects coding

Transition to Use of ICD-10-CM

- ❑ The Department of Health & Human Services has mandated a transition to use of the International Classification of Diseases, Clinical Modification, version 10 (ICD-10-CM) on October 1, 2014 (Fiscal Year 2015)**
- ❑ This transition represents a huge shift not only for the health care industry but for many public health entities that rely on the receipt of ICD-9-CM coded data to conduct regular surveillance activities**
- ❑ There is a single implementation date for all users**
 - ICD-9-CM codes will not be accepted for claims for services provided on or after October 1, 2014**

Who Is Affected by the Transition to ICD-10-CM?

- ❑ **The mandate affects all entities covered by the Health Insurance Portability and Accountability Act (HIPAA)**
 - Programs covered by HIPAA
 - Programs that currently receive ICD-9-CM coded data from HIPAA-covered entities
 - Programs that receive verbatim diagnosis and procedure information which they code themselves
 - Persons who analyze public-use data files derived from or including ICD-9-CM codes
 - Programs that support systems that consume ICD-9-CM data

Why the Transition to ICD-10-CM?*

- ❑ **U.S. has been using ICD-9-CM since 1979**
 - Not sufficiently robust to serve the health care needs of the future
 - No longer clinically accurate
 - Number of available codes is limited
 - Coding structure has become restrictive
- ❑ **U.S. cannot directly compare morbidity diagnosis data to state and national mortality data that have already transitioned to ICD-10**
- ❑ **Most developed countries have already made the transition to ICD-10**
 - U.S. cannot compare morbidity diagnosis data at the international level

* CDC ICD-10 Transition Workgroup. The ICD-10 Transition and Public Health Surveillance – What You Need to Know. December 2013. Available from: http://www.cdc.gov/nchs/icd/data/CDC_ICD-10_Transition_FactSheet_12_2013.pdf

Advantages of the Transition to ICD-10-CM

- ❑ **ICD-10-CM code sets have updated medical terminology and classification of diseases and procedures**
 - Allow comparison of morbidity diagnoses and mortality data
- ❑ **Provide better data for:**
 - Measuring care provided to patients
 - Tracking health conditions
 - Making clinical decisions
 - Identifying fraud and abuse
 - Conducting epidemiological research
 - Designing payment systems
 - Processing health care claims

Development of ICD-10 for Morbidity Data

❑ **Clinical Modification (ICD-10-CM)**

- Used for medical diagnoses
- Developed by the National Center for Health Statistics, CDC
- Replaces ICD-9-CM volumes 1 and 2 for all health care settings

❑ **Procedure Coding System (ICD-10-PCS)**

- Used for inpatient procedures
- Developed by the Centers for Medicare and Medicaid Services (CMS)
- Replaces ICD-9-CM volume 3 for inpatient settings

❑ **Current Procedural Terminology (CPT codes)**

- Used for outpatient procedures
- Maintained by the American Medical Association
- CPT codes will not change

Summary of Differences: ICD-9-CM and ICD-10 Code Sets

Differences in the Number of Codes		
	Diagnoses	Procedures
ICD-9-CM	14,025 codes	3,824 codes
ICD-10-CM	68,069 codes	-----
ICD-10-PCS	-----	72,589 codes

Differences in the Structure of Codes (selected details)		
Diagnosis Structure	ICD-9-CM	ICD-10-CM
	<ul style="list-style-type: none"> • 3 -5 characters • Character 1 is numeric or alphabetic • Characters 2-5 are numeric 	<ul style="list-style-type: none"> • 3 -7 characters • Character 1 is alphabetic • Character 2 is numeric • Characters 3 – 7 can be alpha or numeric • Use of dummy placeholder "X" for characters without values
	ICD-9-CM	ICD-10-PCS
Procedure Structure	<ul style="list-style-type: none"> • 3-4 charcters • All characters are numeric • All codes have at least 3 characters 	<ul style="list-style-type: none"> • 7 characters • Each can be either alpha or numeric • Numbers 0-9; letters A-H, J-N, P-Z

Chapter 17. Congenital Malformations, Deformations and Chromosomal Abnormalities

- Q00-Q07 Congenital malformations of the nervous system
- Q10-Q18 Congenital malformations of eye, ear, face and neck
- Q20-Q28 Congenital malformations of the circulatory system
- Q30-Q34 Congenital malformations of the respiratory system
- Q35-Q37 Cleft lip and cleft palate
- Q38-Q45 Other congenital malformations of the digestive system
- Q50-Q56 Congenital malformations of genital organs
- Q60-Q64 Congenital malformations of the urinary system
- Q65-Q79 Congenital malformations and deformations of the musculoskeletal system
- Q80-Q89 Other congenital malformations
- Q90-Q99 Chromosomal abnormalities, not elsewhere classified

Changes in Birth Defect Coding in ICD-10-CM

❑ Increased specificity

- Single ICD-9-CM code 750.3 - Tracheoesophageal fistula, esophageal atresia and stenosis
- Multiple corresponding codes in ICD-10-CM
 - Q39.0 – Atresia of esophagus without fistula
 - Q39.1 – Atresia of esophagus with tracheo-esophageal fistula
 - Q39.2 – Congenital tracheo-esophageal fistula without atresia
 - Q39.3 – Congenital stenosis and stricture of esophagus
 - Q39.4 – Esophageal web

❑ Laterality incorporated into defect codes

- Q65.00 Congenital dislocation of unspecified hip, unilateral
- Q65.01 Congenital dislocation of right hip, unilateral
- Q65.02 Congenital dislocation of left hip, unilateral
- Q65.1 Congenital dislocation of hip, bilateral

Changes in ICD-10-CM Coding

- ❑ **Trimester of pregnancy incorporated into maternal codes**
 - O09.00 – Supervision of pregnancy with history of infertility, unspecified trimester
 - O09.01 – Supervision of pregnancy with history of infertility, first trimester
 - O09.02 – Supervision of pregnancy with history of infertility, second trimester
 - O09.03 – Supervision of pregnancy with history of infertility, third trimester

Examples of Use of the 7th Character in ICD-10-CM

❑ To indicate the type of encounter (code R40.212)

- R40.2120 – Coma scale, eyes open to pain, unspecified time
- R40.2121 – Coma scale, eyes open to pain, in the field
- R40.2122 – Coma scale, eyes open to pain, at arrival to emergency department
- R40.2123 – Coma scale, eyes open to pain, at hospital admission
- R40.2124 – Coma scale, eyes open to pain, 24 hours or more after hospital admission

❑ Use of placeholder X (code O32.1)

- O32.1XX0 – Maternal care for breech presentation, single gestation
- O32.1XX1 – Maternal care for breech presentation, fetus 1
- O32.1XX2 – Maternal care for breech presentation, fetus 2

Implications of the Transition Systems

- ❑ **Modify or redesign systems to accommodate the new codes**
 - Structural changes to allow alphanumeric codes that are longer and have longer code titles
 - Consider the ability to simultaneously accept both ICD-9-CM and ICD-10-CM coded data
 - Need increased storage capacity to accommodate new larger files, historical files, and back-up files
 - Need increased messaging capacity
 - Update system documentation

Implications of the Transition Processes

- ❑ **May need to write new programs or rewrite old ones to modify public health business practices**
 - Make changes to the system logic, data edits, consistency checks, etc., to incorporate the new codes
 - Modify programs for data extraction or analyses
 - Modify statistical analysis programs
 - May need to redesign data tables, publications, and reports
 - Modify existing linkages to other systems to allow use of the new coding

Implications of the Transition Processes

- ❑ **May need to alter the definition of some health conditions**
 - Potential changes in the way conditions are defined in ICD-10-CM compared with ICD-9-CM
 - Potential for loss of information or a new need for data aggregation in ICD-10-CM
- ❑ **Changes in assessment and reporting of trends as a result of ICD-10-CM coding practices**
 - Transition will take place in October, 2014
 - 9 months of data from calendar year 2014 coded in ICD-9-CM
 - 3 months of data from calendar year 2014 coded in ICD-10-CM
 - Statistical assessment of changes in disease prevalence before and after the coding transition to ICD-10-CM

Implications of the Transition People

- ❑ **Training of staff in ICD-10-CM coding will be critical to a smooth transition for all programs**
- ❑ **The level of familiarity with ICD-10-CM needed will depend on the role**
 - Staff that assign diagnosis codes will need thorough training in the use of ICD-10-CM and how hospital coders will be using it
 - Those who use data that is already coded in ICD-10-CM will need to be familiar with the codes that apply to their data

How to Prepare for the Transition to ICD-10-CM Birth Defects Programs

- ❑ **Begin planning NOW**
- ❑ **Develop an ICD-10-CM transition plan and integrate it into regular programmatic activities**
 - Identify the areas within your organization that will be affected by the change to ICD-10-CM coding
 - Data collection (forms and procedures)
 - Data processing (programs, edits, alphanumeric coding)
 - Data analyses (tables, reports, trends)
 - Identify the resources needed to implement the plan
 - Staff training (e.g., abstractors)
 - Programmers, IT specialists, statisticians, epidemiologists

How to Prepare for the Transition to ICD-10-CM Birth Defects Programs

- ❑ **Put together a multidisciplinary team to manage the issues that will arise from transition to ICD-10-CM**
 - Plan for special procedures and analyses that will be needed to ensure a smooth transition to ICD-10-CM
 - Simultaneous coding of defects in ICD-9-CM and ICD-10-CM for a period
 - Translation of codes in ICD-10-CM (4th quarter, 2014) back to ICD-9-CM (1st-3rd quarters, 2014)
 - Comparison of defect prevalences from data coded in ICD-9-CM with those from data coded in ICD-10-CM for quality control
 - Assess the time frame for when data coded in ICD-10-CM will first be received, collected, and used by the birth defects program
 - Plan the implementation of changes to coincide with these processes

How to Prepare for the Transition to ICD-10-CM Birth Defects Programs

- ❑ **Seek leadership support for the plan and needed resources**
 - Be prepared to describe the impact that the change to ICD-10-CM will have on your program
 - Advocate for the resources needed to implement the transition plan as soon as possible
 - Leverage existing communications network in your organization to spread the message that ICD-10-CM is coming
 - Ensure inclusiveness
 - Prevent siloed efforts

How to Prepare for the Transition to ICD-10-CM Birth Defects Programs

- ❑ **Contact data sources early to coordinate implementation of ICD-10-CM activities**
 - Schedule meetings with key staff (e.g., Health Information Management director, coding manager)
 - Identify the steps they are taking to implement ICD-10-CM
 - Explain your program's needs in transitioning to ICD-10-CM
 - Become familiar with how the staff at data sources will be trained in ICD-10-CM coding to identify discrepancies with program needs
 - Offer to conduct seminars or training sessions for personnel at data sources about program needs and procedures
 - Offer to help pilot their ICD-10-CM system as it pertains to reporting birth defects data

What If Your Program Isn't Ready by October 1?

- ❑ **This may be an unavoidable reality**
 - Programs have competing priorities (e.g., staff involved with Meaningful Use activities)
 - Declining budgets and resources
 - Implementation may be particularly difficult for smaller programs
- ❑ **Delayed readiness for ICD-10-CM will affect programs' ability to function**
 - Delayed incorporation of new data into existing databases
 - Delayed analysis of defect prevalences, trends, risk factors, and subpopulations
 - Delays in referral of children with birth defects for services
 - Delayed participation in research studies
 - Delayed response to cluster investigations

What If Your Program Isn't Ready by October 1?

- ❑ **The actual effect may vary depending on:**
 - The nature of the data collection (passive reporting vs. active medical record review)
 - Whether you receive data already coded or do your own coding
 - The program's relationships with its data sources
 - The frequency with which data are provided to the program or with which access to records at data sources is allowed
 - The timeliness of programmatic needs for data for different uses (e.g., referral to services vs. annual prevalence reports)

What If Your Program Isn't Ready by October 1?

- ❑ **Data sources that are transitioning to ICD-10-CM will have their own priorities**
 - The first priority of data sources will be their own record-keeping, processing of medical claims, and billing procedures
 - Provision of data to public health programs, and access of program staff to records, may be delayed as they implement changes
 - In particular, data access for birth defects programs may not be an immediate priority
- ❑ **Birth defects programs must plan for these delays and their potential effect on the timeliness of data for their uses**

Tools and Resources

- ❑ **Code Translation from ICD-9-CM to ICD-10-CM for Birth Defects Surveillance (Excel file) – Developed for NBDPN:**
http://www.nbdpn.org/icd9_icd10_code_translation.php
- ❑ **NBDPN Coding Tools Work Group Message Board - NBDPN members can post questions about ICD-10-CM coding, share experiences and tips, discuss common concerns, etc. Check it regularly!**
http://www.viethconsulting.com/members/forum/board_list.php
- ❑ **ICD-10-CM Code, Guidelines, Addenda, and General Equivalence Mapping files:** <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- ❑ **ICD-10-PCS Code, Guidelines, Addendum, and General Equivalence Mapping files:** <http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>
- ❑ **CDC Website on Public Health Transition to ICD-10-CM/PCS – Transition Planning, Trainings, Resources, FAQs:**
http://www.cdc.gov/nchs/icd/icd10cm_pcs.htm

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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