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

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NBDPN Guidelines and Standards Committee
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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
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

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

  - 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

<table>
<thead>
<tr>
<th></th>
<th>Diagnoses</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>14,025 codes</td>
<td>3,824 codes</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td>68,069 codes</td>
<td>------------</td>
</tr>
<tr>
<td>ICD-10-PCS</td>
<td>72,589 codes</td>
<td>72,589 codes</td>
</tr>
</tbody>
</table>

## Differences in the Structure of Codes (selected details)

<table>
<thead>
<tr>
<th>Diagnosis Structure</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 3-5 characters</td>
<td>• 3-7 characters</td>
</tr>
<tr>
<td></td>
<td>• Character 1 is numeric or alphabetic</td>
<td>• Character 1 is alphabetic</td>
</tr>
<tr>
<td></td>
<td>• Characters 2-5 are numeric</td>
<td>• Character 2 is numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Characters 3 – 7 can be alpha or numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use of dummy placeholder “X” for characters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>without values</td>
</tr>
<tr>
<td>Procedure Structure</td>
<td>ICD-9-CM</td>
<td>ICD-10-PCS</td>
</tr>
<tr>
<td></td>
<td>• 3-4 characters</td>
<td>• 7 characters</td>
</tr>
<tr>
<td></td>
<td>• All characters are numeric</td>
<td>• Each can be either alpha or numeric</td>
</tr>
<tr>
<td></td>
<td>• All codes have at least 3 characters</td>
<td>• Numbers 0-9; letters A-H, J-N, P-Z</td>
</tr>
</tbody>
</table>
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 alphanumerical 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


Acknowledgements

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CDC ICD-10 Transition Work Group

NBDPN Abstractors Work Group

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