

# **ICD-10-CM and ICD-10-PCS: October 1, 2015 Implementation and Beyond**

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# Development of ICD-10-CM and Adoption Process

- ❑ **Evaluation of ICD-10 for U.S. purposes (1994 - 1997)**

Summary document available at <http://www.ncvhs.hhs.gov/031105a1.htm>

- ❑ **NCVHS Hearings (1997-2003)**

Summary document available at <http://www.ncvhs.hhs.gov/031105a2.htm>

- ❑ **NPRM (2008)**

- ❑ **Final Rule (2009)**

- ❑ **NPRM (2012)**

- ❑ **Final Rule (2012)**

- ❑ **Final Rule (2014)**

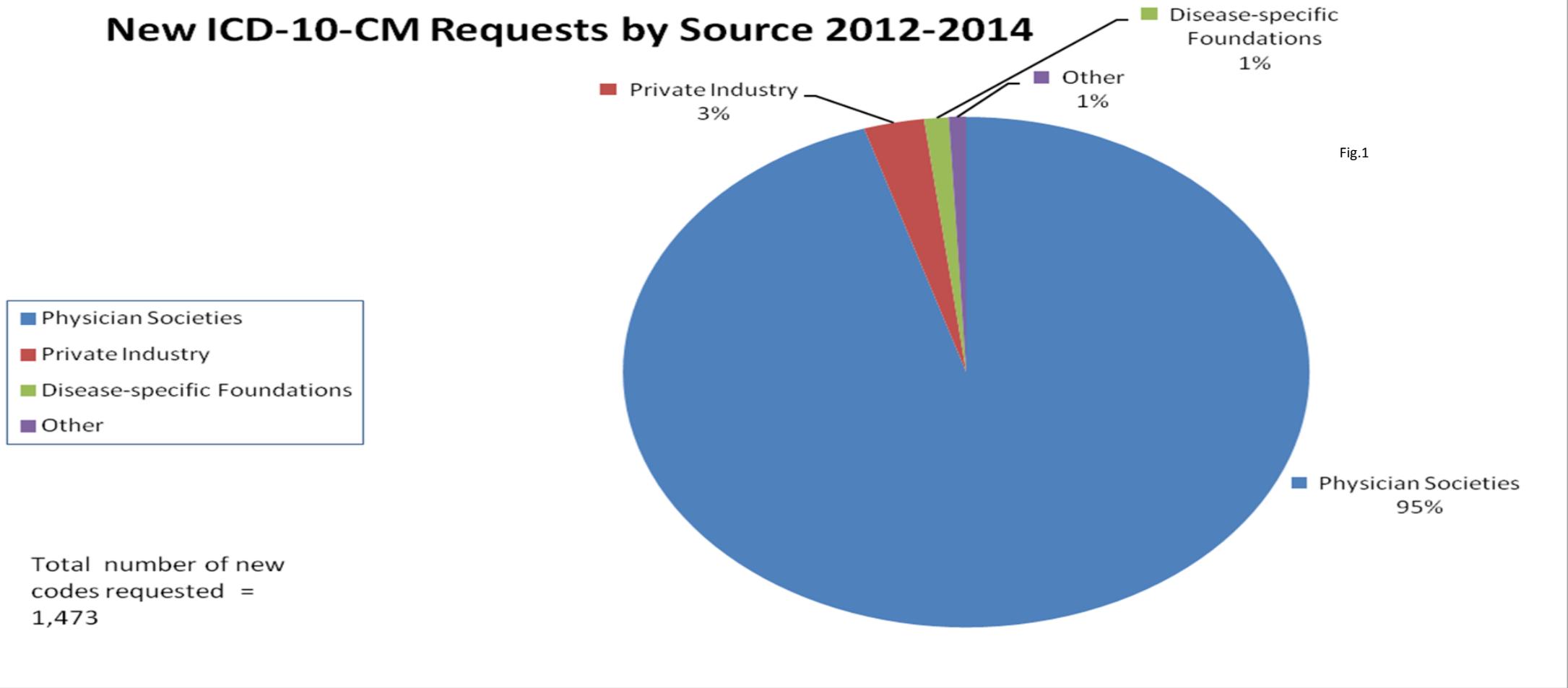
## **HIPAA Administrative Simplification: Modifications to Medical Data Code Set Standards**

- October 1, 2015 – Compliance date for implementation of ICD-10-CM and ICD-10-PCS
- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient and other settings

# Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

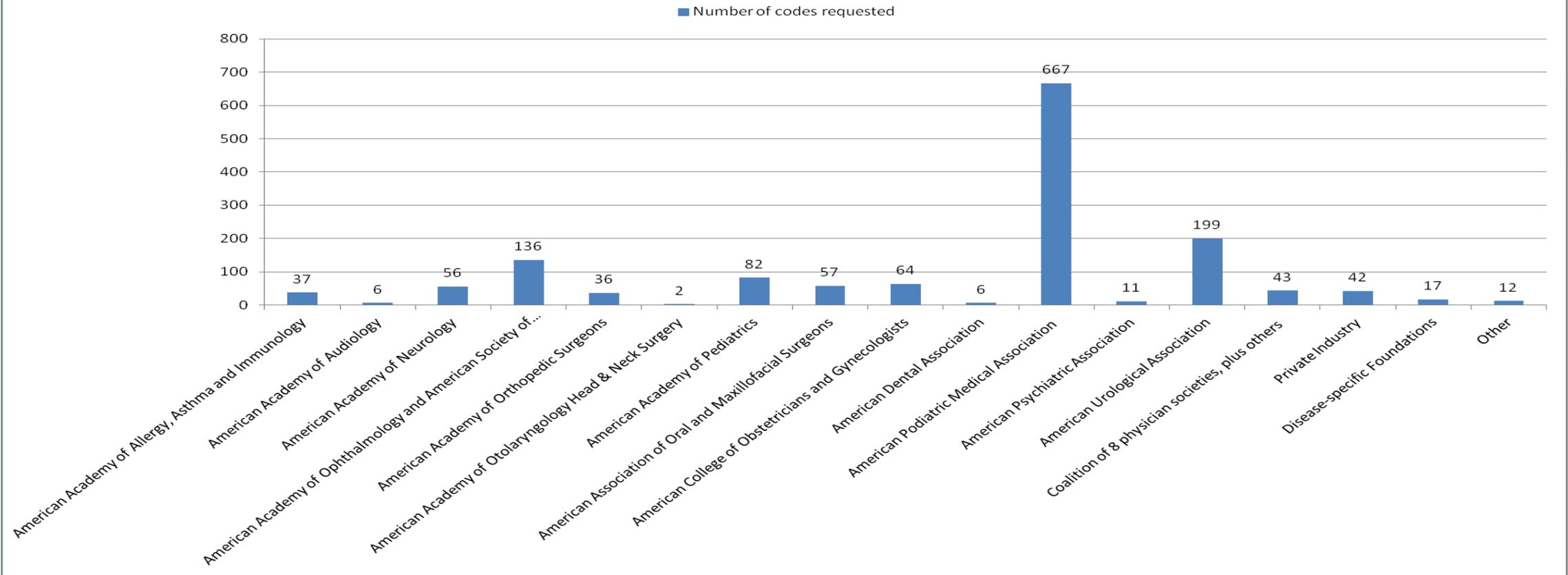
- Partial freeze implemented for ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 on October 1, 2015. The partial freeze will be implemented as follows:
- The last regular annual updates to both ICD-9-CM and ICD-10 code sets occurred October 1, 2011.
- October 1, 2012 through October 2014, there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and new diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2015, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2016 regular updates to ICD-10 code sets will begin.

## New ICD-10-CM Requests by Source 2012-2014



## ICD-10-CM New Code Requests 2012-2014 by Specific Physician Specialties

Fig.2



# ICD-9-CM vs ICD-10-CM (Diagnosis Codes)

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## ICD-9-CM Diagnosis Codes

## ICD-10-CM Diagnosis Codes

3 to 5 digits	➡	7 digits
Alpha "E" and "V" on 1 <sup>st</sup> character	➡	Alpha for 1 <sup>st</sup> character
No place holder characters	➡	Include place holder characters ('X')
Terminology	➡	Similar
Index and Tabular Structure	➡	Similar
Coding Guidelines	➡	Some what similar
Approximately 14,000 codes	➡	Approximately 69,000 codes
Severity parameters limited	➡	Increased severity parameters
Does not include laterality	➡	Common definition of laterality
Combination codes limited	➡	Combination codes common

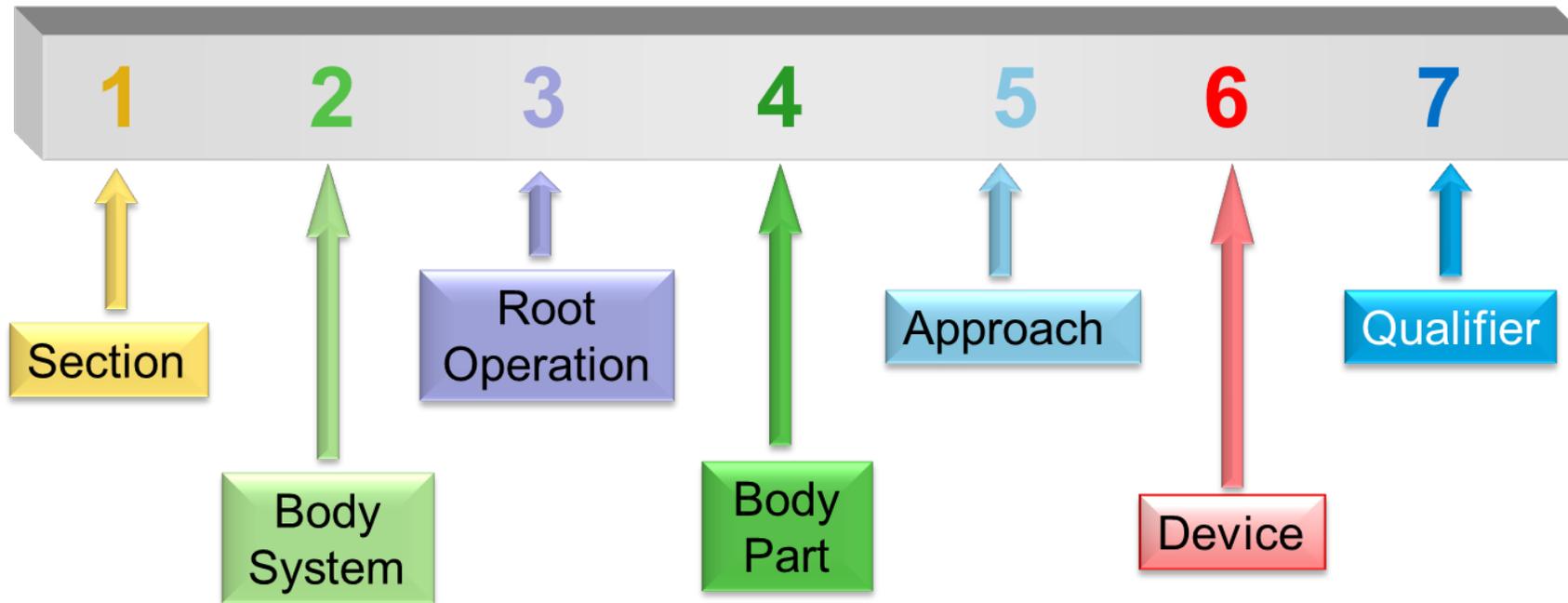
# ICD-10-PCS Structure

Differences Between ICD-9-CM Volume 3 and ICD-10-PCS	
ICD-9-CM	ICD-10-PCS
3,824 codes	71,924 codes
3-4 characters	7 characters
All characters are numeric	Each can be either alpha or numeric
All codes have at least 3 characters	Numbers 0-9; letters A-H, J-N, P-Z
Decimal after 2nd character	Alpha characters not case-sensitive
	Each code <u>must</u> have 7 characters
	No decimal

# ICD-10-PCS

International Classification of Diseases, 10<sup>th</sup> Revision, Procedure Coding System

## Inpatient Procedure



# Benefits of the New Coding System

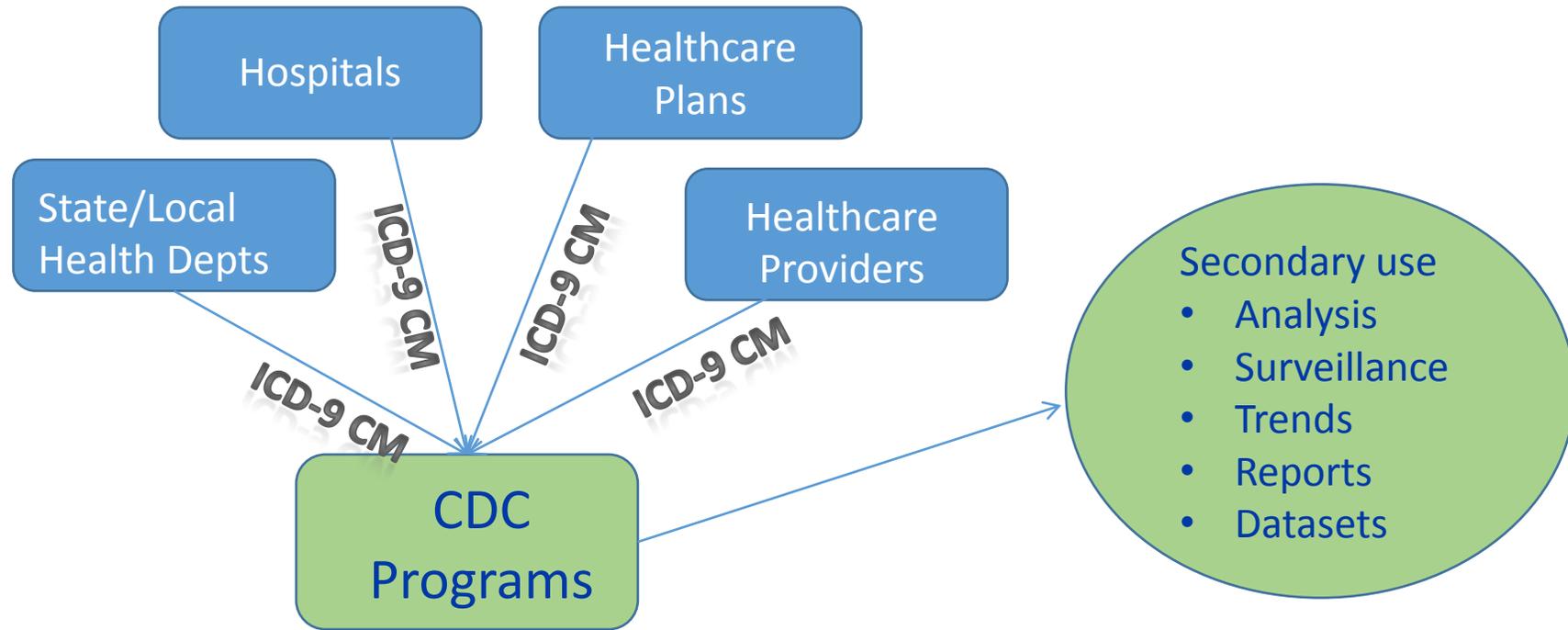
- Updated medical terminology and classification of diseases
- Allows easier comparison of mortality and morbidity data
- Provides better data for:
  - Measuring care provided to patients
  - Designing payment systems
  - Processing claims
  - Making clinical decisions
  - Tracking public health
  - Identifying fraud and abuse
  - Conducting research

# **IMPACT ON DATA & PUBLIC HEALTH**

# Reality of Impact for Public Health

- ❑ Transition will change the way health care (including public health) defines, identifies, analyzes and reports on many health conditions and health care services
- ❑ There will be some level of data discontinuity for analyses over time and across code sets
- ❑ No single best approach to conducting trend analyses; each program/project team will need to determine own approach

# Secondary Use of ICD-9-CM codes at CDC



# CDC Transition Impact

## □ Few CDC Programs Impacted on October 1<sup>st</sup>

- World Trade Center Health Program
- NCHS surveys
- BioSense
- NIOSH Energy Employees Occupational Illness Compensation Program Act

## □ Most CDC programs will feel impact in +1 year after programs receive first set of data coded in ICD-10-CM/PCS

# Decisions, Decisions, Decisions...

- Many decisions to be made regarding transition; majority will be unique to individual organizations, programs and/or projects
  - Mapping between code sets (or not) for surveillance, research, statistical analyses, and evaluation of public health and/or health care services
  - Public use data sets and education of users
  - Stakeholders that fund supplements to surveys
- Coordinated (public health) efforts: external cause of injury matrix and injury diagnosis matrix for injury reporting, reportable neoplasms (cancer registries)

## **Macro Level Possible Strategies for Already Coded Data**

- ❑ Map all ICD-9-CM codes into ICD-10-CM/PCS**
- ❑ Start over and define conditions from beginning in ICD-10-CM/PCS**
- ❑ Map a few key conditions/events into ICD-10-CM/PCS; start over with the rest**
- ❑ Map all ICD-10-CM/PCS codes back into ICD-9-CM**

## **Macro Level Possible Strategies for Already Coded Data (cont'd)**

- ❑ The identification or definition of “cases” has changed
- ❑ You may be identifying more or fewer individuals with condition(s) of interest depending on in/exclusion of certain codes/code sets (TIA included in stroke)
- ❑ For some programs, arriving at final ICD-10-CM/PCS codes will require extensive collaboration with external partners

# IT/DATA PROCESSING ISSUES

- ▶ Redesign to accommodate alphanumeric codes 7 character codes, code title lengths
- ▶ Re-writing or writing new programs
- ▶ System logic & edits
- ▶ System storage capacity
  - ▶ Historical file storage
  - ▶ New file storage
  - ▶ Backup file storage

# IT/Data Processing Issues (cont'd)

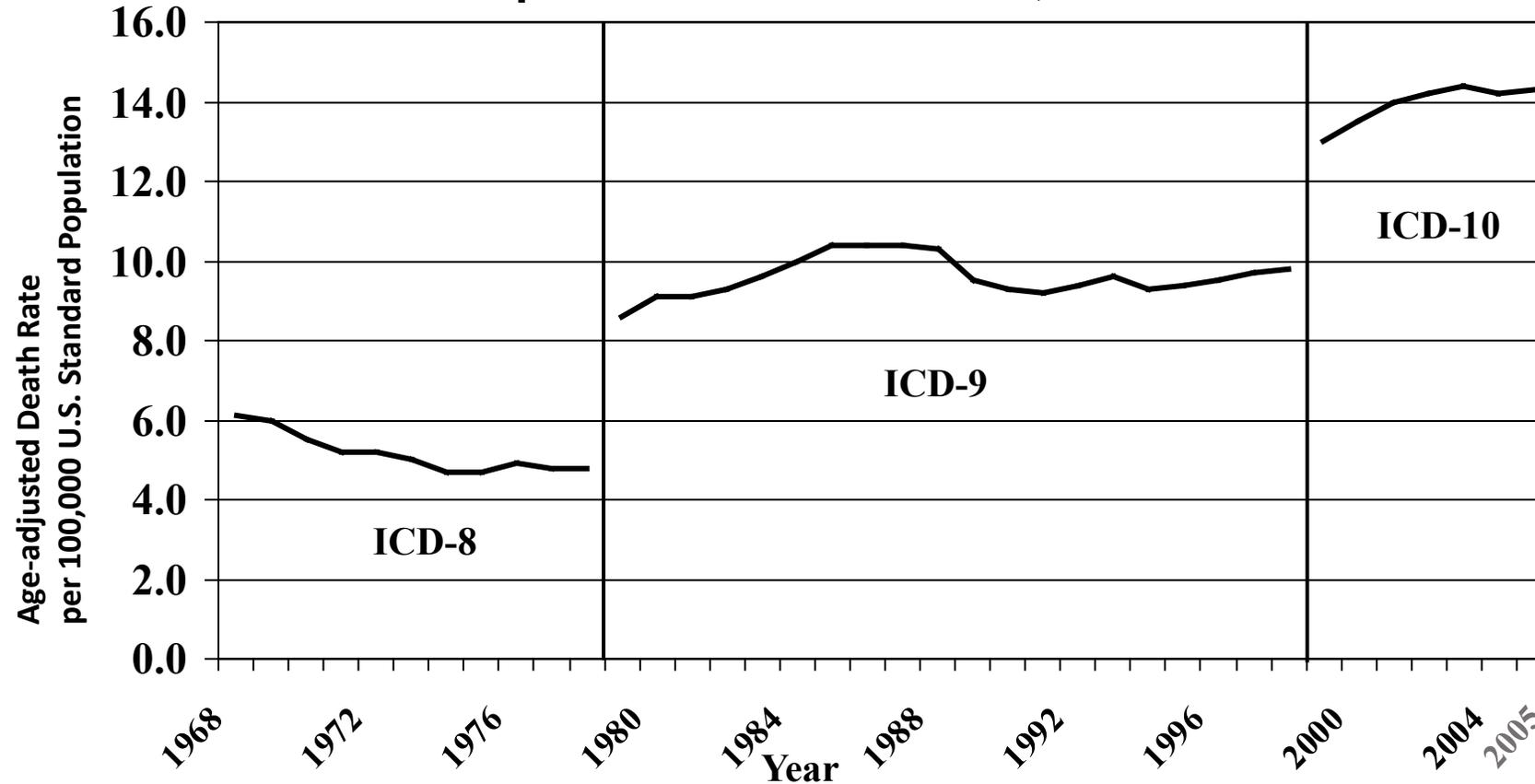
- ▶ New computer edits
  - ▶ Consistency checks
  - ▶ Edits: Age, Sex
- ▶ Testing /validating systems use of new code sets
- ▶ For 2015
  - ▶ 9 months of ICD-9-CM coded data
  - ▶ 3 months of ICD-10-CM coded data

# Analysis and Reporting Issues

- ▶ Trending
- ▶ Loss of information
- ▶ Very detailed information
- ▶ Data aggregation
- ▶ Data collection
- ▶ Redesign of publications and tables

# Possible Trending Impact

Age-adjusted death rates for Nephritis, nephrotic syndrome, and nephrosis: United States, 1968-2005



Reference: Robert Anderson (2011). Coding and Classifying Causes of Death: Trends and International Differences. In Rogers, Richard G., and Crimmins, Eileen M (Eds), International Handbook of Adult Mortality (467-489). Springer Science.

# RESOURCES

# ICD-10-CM Resources

## To obtain:

- ICD-10-CM files (PDF and XML formats)
- ICD-10-CM Coding Guidelines (FY 2016)
- Codes and descriptions
- Addenda (FY 2016)
- General Equivalence Maps with Guide and Technical documents

**Go to:** <http://www.cdc.gov/nchs/icd/icd10cm.htm>

<http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>

# ICD-10-CM Resources

Public Health Transition to ICD-10-CM/PCS

[http://www.cdc.gov/nchs/icd/icd10cm\\_pcs.htm](http://www.cdc.gov/nchs/icd/icd10cm_pcs.htm)

CMS ICD-10

<https://www.cms.gov/Medicare/Coding/ICD10/index.html>

# Thank You

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