



Revision to 42 CFR pt. 81 Changing from ICD-9 to ICD-10

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Revision to 42 CFR pt. 81

- 42 CFR pt. 81 is commonly referred to as our probability of causation rule
- The revision to the rule is primarily to convert references of ICD-9 to ICD-10 but also includes:
 - Update a reference to 20 CFR 30.5
 - Removing a definition for the term “non-radiogenic cancer”

ICD Background

- International Classification of Diseases is a coding system of all diseases issued by the World Health Organization (WHO)
- ICD-9, the 9th revision to the system, has been replaced by ICD-10, the 10th revision

ICD Background (continued)

- In the United States, the Clinical Modification (CM) version is used
- The CM version was developed by the National Center of Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS)
- ICD-10-CM became effective October 1, 2015
- Annual updates to the ICD-CM have occasionally added additional cancer codes
 - When this occurs, the Coordination and Maintenance Committee (NCHS and CMS) issue a crosswalk describing the new code and listing the previous code applicable to that cancer

Use of ICD codes

- In EEOICPA, DOL verifies and classifies cancers using ICD codes
- DCAS uses the DOL classifications to determine the appropriate organs for internal and external dose calculations as well as selecting the appropriate cancer risk model
- The designated organs and cancer risk models are contained in ORAUT-OTIB-0005

Cancer Models

- The cancer risk models designated in ORAUT-OTIB-0005 originally come from the technical documentation for the NIOSH version of Interactive RadioEpidemiological Program (NIOSH-IREP)
- When the CM version is updated to add new cancer codes, NCHS and CMS issue a crosswalk describing the new code and listing the previous code applicable to that cancer
- The cancer risk model to be used for the new code is the applicable cancer risk model for the old code

Conversion to ICD-10

- NCHS and CMS has issued a General Equivalency Mapping (GEM)
- For every ICD-10-CM code, the GEM provides an equivalent ICD-9-CM code
- A flag is also included to indicate if it is an exact match or an approximate match
- DOL has been coding cancers under the ICD-10-CM system and using the GEM to also include an ICD-9-CM code for NIOSH
- NCHS and CMS indicated the 2018 GEM will be the last GEM they issue

Conversion to ICD-10 (continued-1)

- ORAU-RPRT-0098 provides the decision logic used to determine the applicable ICD-9-CM code for every ICD-10-CM code
- This logic concentrated on those codes flagged as approximate matches in the GEM
- Codes flagged as an approximate match were reviewed

Conversion to ICD-10 (continued-2)

- Many approximate matches resulted from ICD-10 codes being more specific
- Example:
 - ICD-9 162.5 = lower lobe lung
 - ICD-10 C34.30 = lower lobe unspecified lung
 - ICD-10 C34.31 = lower lobe right lung
 - ICD-10 C34.32 = lower lobe left lung
- 162.5 was an approximate match because it matched more than one ICD-10 code

Conversion to ICD-10 (continued-3)

- ORAUT-OTIB-0005 uses the lung for the internal organ, external organ and cancer risk model regardless of which side or lobe
- Therefore, ICD-9 code 162.5 is considered a match for each of the ICD-10 codes and the organs and model from 162.5 is used for C34.30, C34.31 and C34.32
- Decisions surrounding most other approximate flags are specifically included in ORAUT-RPRT-0098

Conversion to ICD-10 (continued-4)

- Review of approximate codes considered only DCAS use of the codes.
- Information that may be useful for medical purposes was not considered for this exercise
- If organs and models were the same, it was considered a match

Secondary Cancers

- IREP technical documentation created a list of likely primary cancers for every secondary cancer
- This list was included in the initial 42 CFR pt. 81
- The list is used in cases of no known primary cancer. The probability of causation is determined for each of the likely primary cancers and the highest one used for the case

Secondary Cancers (continued)

- Using the GEM list as clarified from ORAUT-RPRT-0098, the existing list was converted to ICD-10-CM codes
- The 42 CFR pt. 81 revision includes the new list with ICD-10-CM codes