



September 30th, 2014 is the last day for which states will accept ICD-9 codes (based on date of discharge)

Discharges on or after October 1, 2014 need to use ICD-10

As data aggregators, health data organizations have unique concerns.....

State data agencies should conduct an impact analysis

Spread ICD-10 system remediation costs across budget years-begin preparations!

ICD-10 Facilitated Discussion Summary

NAHDO Webinar, September 6, 2012

“Collection of ICD-10-CM and ICD-10-PCS (for inpatient claims) universally begins for HIPAA and non-HIPAA entities on October 1, 2014 .”

NAHDO’s webinar discussion was focused on the preparations state data agencies have made (planning to make) for the transition from ICD-9 to ICD-10.

Webinar facilitated by Robert Davis (NAHDO’s Standards Consultant). Starla Ledbetter and Jonathan Teague from California’s Office of Statewide Health Planning and Development (OSHPD) provided an overview of their agency’s ICD-10 preparations.

As data aggregators, health data organizations have unique concerns.

- **Regulatory issues:** Most agency rules will cite national standards, but in some states, there is more specificity requiring rule changes. Data agencies need to communicate to the submitters of the data when the change will take effect and give as much notice as possible, especially if there will be a change in the reporting format.
- **Collection issues:** These include data warehouse/repository structure, system documentation, programming adjustments, and preparing data suppliers (hospitals/plans, etc.) for the reporting changes. CPT 4 procedure codes for Emergency Department/Outpatient procedures will not change (ICD diagnosis and procedure codes will transition from ICD-9 to ICD-10).
- **Analytic issues:** Reports, technical documentation, and websites that contain diagnostic/procedure information will need to be updated. Uses of the data that involve trending may complicate the migration task because of the increased granularity of ICD-10 codes and the one-to-many relationships that will exist between ICD-9 and ICD-10 codes.

Data agencies should conduct an impact analysis

In California's OSHPD, teams were separated according to function (data collection, data reporting, and system costs) for assessment activities.

The impact analysis should include:

- Inventory of all databases containing ICD codes and related IT systems,
- Inventory/review of all analytic products (public use files, websites, summary reports) containing ICD information .

System remediation—preparing your system for the changes:

- Expansion of data warehouse fields,
- Modification to data documentation (specifications),
- Output and reporting and related technical documentation.

Funding

Data agencies will likely have limited funding to prepare for ICD-10 and many have not begun implementation. The sooner preparations begin, the easier it is to spread remediation costs across budget years.



Initial edits should identify valid or invalid codes. With experience edits will evolve.

Training and education of agency staff and users on how to use the new codes may require additional resources—data agencies can share resources through NAHDO.

Concerns exist that states are not communicating their reporting rules and timelines to data suppliers who need to have their own system changes ready.

Interventions will need to evolve.

Data quality edits

- Initial edits should identify valid or invalid codes.
- Advanced edits will need some operational experience with the data and can be expected to evolve.
- E-codes and newborn codes may be especially challenging.
- NAHDO and states will want to monitor Coding Clinic Guidelines for emerging edit protocols.

Training and education

- Training and education of agency staff and users on how to use the new codes may require additional resources. Data agencies can share resources through NAHDO.
- Training and education of the provider/payer community is important and there are multiple resources available:
 - CMS ICD-10 website:
http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/01_Overview.asp#TopOfPage
 - AHIMA ICD-10 website: <http://www.ahima.org/icd10/>
 - NAHDO will post resources these and other resources to:
<http://www.nahdo.org/node/250>

Users of the data

- Users of the data need to be aware of the changes and make their own preparations. Data agencies do not have the resources to educate these researchers.
- All the HCUP tools (e.g., Clinical Classification Software, Comorbidity Software, Chronic Condition Indicator, Procedure Classes) are being converted to ICD-10. AHRQ expects the beta versions to be available by the end of 2012.
- State agencies are looking for user friendly encoders to help with ICD-9 and ICD-10 comparisons/cross-walk.
- 3M/HIS APDRGs and other groupers will have the mapping built in.

Data supplier (hospital/payer) issues

- Hospitals and payers are revamping their internal systems and will need to have their own systems ready by 2014. There are concerns that states are not communicating their reporting rules and timelines to data suppliers.
- It was noted that NUBC/UB standards support both ICD-9 and ICD-10.
- APCD formats in states may not be aligned with national standards, making the payer reporting burden greater.

What can NAHDO do?

- Make training and educational resources available across states.
- NAHDO should establish a repository or clearinghouse function to share best practices and emerging edits across states, including logic edits and even programming source code (if not proprietary).
- Host webinars and workshops to assist states with the opportunity to share lessons learned.