April 16, 2010

AHIMA Comments on Draft NQF ICD-10-CM/PCS Code Maintenance Framework and Operational Guidance

In August 2009, the National Quality Forum (NQF) initiated a project to develop a process for updating and maintaining the NQF-endorsed® measure portfolio with ICD-10-CM/PCS codes. In an effort to understand the full implications of this process for NQF and other relevant stakeholders, NQF convened an expert panel representing the diverse stakeholders affected by coding maintenance for quality measurement to examine the implications and make recommendations to guide NQF and the field going forward.

As part of the work, the expert panel outlined central themes and concerns to highlight during the transition period between now and October 2013. The Draft NQF Code Maintenance Report identifies best practices for approaching the measure conversion process and discusses recommendations and guidance to NQF maintenance operations for the coding transition process.

The comments below were compiled with input from AHIMA members and staff and submitted to NQF through their online comment log.

General Comments

With the October 1, 2013 compliance date for implementing ICD-10-CM/PCS code sets rapidly approaching, AHIMA commends NQF for convening an expert panel to provide guidance and best practices to transition quality measure code sets as soon as possible. We also applaud the expert panel for conducting a thorough review of the potential challenges and developing a solid set of recommendations for NQF, measure developers, and the healthcare industry at large.

Impact of Code Conversions on Quality Measurement: Guiding Principles

Understanding Code Set Differences

Lines 305-306: The approximate numbers of ICD-9-CM and ICD-10-CM/PCS codes cited in the NQF report were current as of 2008. The ICD-9-CM and ICD-10-CM/PCS code sets change each year as code updates are implemented. Consequently, AHIMA recommends that NQF consider citing the year in which the estimates were established. The number of codes for ICD-9-CM and ICD-10-CM/PCS, as of 2010, are detailed below:

- ICD-10-CM contains 69,101 codes[1]
- ICD-10-PCS contains 71,957 codes[2]

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[1] ICD-10-CM 2010 Summary of Changes - http://www.cms.gov/ICD10/Downloads/1_2010_Whats_New.pdf

[2] ICD-10-PCS 2010 Version Release Summary - http://www.cms.gov/ICD10/Downloads/pcs_whats_new_2010.pdf

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- ICD-9-CM contains 14,025 diagnosis codes and 3,824 procedure codes

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Why Only ICD Now
Lines 385-406: Given the complexity of implementing SNOMED CT® codes within quality measures and electronic health information systems, AHIMA agrees with the panel's approach to limit this phase of the project and recommendations to ICD-10-CM/PCS.

Transition Resources/Table 2: Code Set Mapping Inventory
Lines 880-881: The third row in Table 2 references a map between ICD-9-CM and ICD-10-CM/PCS owned by the American Academy of Professional Coders (AAPC). This resource is a code translation look-up tool that AAPC created based on the general equivalent mappings (GEMs), as noted in the last column of the table. Applications developed to display entries from a map are not the same as unique maps. AHIMA recommends removing this resource from the Code Set Mapping Inventory because all other entries in this table are separate, distinct maps.

Recommendations
Health and Human Services (HHS), Center for Medicare & Medicaid Services (CMS), and National Center for Health Statistics (NCHS)
Lines 594-602: Although a dual-coded data set in ICD-9-CM and ICD-10-CM/PCS would be useful for testing the validity of code conversions, AHIMA is concerned about how feasible it is to establish the described data set. For example, the report states a suggested attribute of the dual-coded data set should include "matching of claims data encompassing both paper and electronic data with externally coded data in ICD-9-CM and ICD-10-CM/PCS." No claims data containing ICD-10-CM/PCS codes will exist until October 1, 2013. In addition, ICD-10-CM/PCS requires more detailed clinical documentation so coding existing records using ICD-10-CM/PCS may not result in the same codes as similar records with improved documentation following ICD-10-CM/PCS implementation. The second attribute includes "a span at least two years to permit longitudinal tracking of patients and application of criteria based on prior utilization." This point is also unclear. Would this two-year time span cross the transition from ICD-9-CM to ICD-10-CM/PCS to demonstrate the same patient coded in both classification systems?

The recommendation further states that "this has been done in other countries that have previously undergone this transition to ICD-10." NCHS conducted a comparability study between ICD-9 and ICD-10 and used filed death certificates that were publicly available when ICD-10 was adopted for mortality coding.[3] However, there are no publicly-available medical records from which to create a dual-coded data set for morbidity purposes.

AHIMA strongly recommends the panel re-evaluate the recommendation for creating a dual-coded data set and closely examine the feasibility of creating this type of resource. As part of this task, the panel should assess successes and lessons learned from other countries (as cited on line 596) and determine if the same types of resources can be leveraged as part of the infrastructure and implementation timelines defined within the US. Nonetheless, if the recommendation for a dual-

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[3] Anderson, R.N., Miniño, A.M., Hoyert, D.L., Rosenberg, H.M. Comparability of cause of death between ICD–9 and ICD–10: Preliminary estimates. National vital statistics reports; vol 49 no. 2.Hyattsville, Maryland: National Center for Health Statistics. 2001.

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coded data set is upheld by the panel and included in the final report, AHIMA recommends that the panel further clarify how the data set should be developed and used, and include a specific timeframe in which the data set should be created (for example, October 2011, to align with expectations for quality measure code conversions).

Cooperating Parties
Lines 615-618: The recommendation regarding similar initiatives for creating dual-coded data sets related to children, obstetrics, and the like, does not appear to belong under the *Cooperating Parties* section of the report. In addition, as noted in our previous comments, AHIMA strongly recommends that the panel re-evaluate the recommendation for creating a dual-coded data set and closely examine the feasibility of creating this type of resource. If the recommendation for a dual-coded data set is upheld by the panel and included in the final report, AHIMA suggests moving this bullet to the previous section of the report and include a statement to address coordination among other federal and state agencies and payers to support inclusion of data related to non-Medicare/Medicaid populations.

Resources
Lines 626-628: As noted in our previous comments, it is unclear how feasible it will be to create a publicly available testing database. AHIMA recommends adjusting this bullet point to align with updated recommendations related to creation of a dual-coded data set.

Lines 629-635: AHIMA appreciates the statement calling for AHIMA, AHA, and others to offer training in terminologies and code sets being converted. AHIMA offers multiple ICD-10-CM/PCS education and training options through asynchronous virtual formats, print and electronic material, online opportunities, and classroom training. For instance, in 2009 alone, AHIMA:
- Offered at least a dozen print and online publications covering the new code sets;
- Trained nearly 400 ICD-10-CM/PCS trainers;
- Provided thousands with various levels of training on ICD-10-CM/PCS through meetings, virtual meetings, and webinars;
- Began a free electronic ICD-10 newsletter reaching nearly 50,000 subscribers; and
- Built a robust Web site at www.ahima.org/icd10 that compiles ICD-10-CM/PCS resources including free assessment and training tools.

AHIMA sponsored a multi-stakeholder summit in April 2009, attended by more than 200 provider, payer, vendor, and consultant representatives. We followed it with a second summit this spring to further address implementation issues. In addition, we recently published best practices for using GEMs to facilitate the transition to ICD-10-CM/PCS.[4] AHIMA plans to continue offering training, support, and resources on the terminologies and code sets being converted and welcomes the opportunity to work with NQF and measure development organization to support these important efforts.

Lines 642-644: The report states that "Advisory resources, such as the AHA's Editorial Advisory Board (EAB) and *Coding Clinic*, also should be made available to provide free advice for ICD-10-CM/PCS

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[4] AHIMA. "Putting the ICD-10-CM/PCS GEMs into Practice." *Journal of AHIMA* 81, no.3 (March 2010): 46-52.

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coding issues *during the conversion process* and after." However, *Coding Clinic* will not become *Coding Clinic for ICD-10-CM/PCS* until <u>after</u> ICD-10 implementation. As long as ICD-9-CM is still in use, ICD-9-CM coding questions must be addressed. In addition, the majority of *Coding Clinic* content comes from questions submitted by coders attempting to code a particular medical record. The vast majority of ICD-10-related coding questions will not appear until after implementation when coders use ICD-10-CM/PCS to code live cases. *Coding Clinic* does not address "hypothetical" questions; only those questions based on actual medical records.

NQF Operational Guidance: Initiating Requirements
Lines 707-710: Figure 2 is not referenced or described within the report text. AHIMA recommends that Figure 2 be described in the report narrative to provide additional guidance and context for the reader. We suggest clarifying whether Figure 2 represents a <u>*recommended*</u> timeline for transition of quality measure specifications to ICD-10-CM/PCS, or if this is a confirmed timeline for transition. In addition, the panel should consider adding a step to the timeline to assess current NQF-endorsed measures to determine if the code sets should be converted to ICD-10 or retired. Assessment of measures for retirement should occur early in the timeline (such as by the end of 2010) and measure developers and NQF should communicate if and when measures will be retired rather than converted to ICD-10-CM/PCS.

NQF Operational Guidance: Measure Submission
Lines 735-740: If, as part of the coding conversion process, the intent of the measure changes, AHIMA supports plans to consider the measure "new" and subject it for evaluation by an expert committee or ad hoc review. However, we recommend that further clarification be provided regarding when and how the original measure(s) will be retired.

NQF Operational Guidance: Measure Evaluation
Lines 748-755: Due to the volume of quality measures requiring code set conversion and the challenges placed upon all stakeholders transitioning to ICD-10-CM/PCS, AHIMA recommends that, at a minimum, measure development organizations be required to document how code set translations were validated and the process used to obtain external validation. This is especially important for measures used for public reporting or payment incentives.