



**[ Converting ICD-9 codes to ICD-10 ]**

A NewYork-Presbyterian Hospital guidance document for the healthcare industry mandated transition to the ICD-10 diagnosis (CM) and procedure (PCS) coding system effective October 1, 2015.

## **NewYork-Presbyterian Healthcare System: ICD-10 Collaborative**

Guidance Document: NYP-GSD\_1.00 – Converting ICD-9 Codes to ICD-10

Created: September 1, 2015

Last Modified: September 1, 2015

### ***1. Statement of Purpose/ Critical Success Factors***

The purpose of this guidance document is to provide direction for the situations, circumstances, and vehicles by which and for which it is considered acceptable and appropriate for NYP to engage in ICD-9 to ICD-10 code conversion activities. Code conversion is defined as an exercise to supply, replace, and/or update ICD-9 diagnosis and/or ICD-9 procedure codes with equivalent ICD-10 codes. Generally speaking “equivalency” shall be determined by the General Equivalency Mappings (GEMs) published by the Centers for Medicare & Medicaid Services (CMS) as part of its industry-wide support of the mandated transition to the ICD-10 coding system on October 1, 2015.

Code conversion is a necessary ICD-10 transition period activity for a number of clinical, operational, and financial activities. The updating and/or conversion of the ICD-9 codes to ICD-10 codes support the Hospital’s ongoing operations with an ICD-10 ready data infrastructure. NYP’s ability to define accurate ICD-10 codes supports among other things, medical necessity, financial clearance, patient population selections, pre-registration, and myriad reporting requirements both internally and externally.

The ICD-10 transition across the continuum of care and multiple providers, vendors, payers, and regulatory agencies will present many complexities. As such, it is a practical reality that entities on which NYP may demonstrate varying levels of dependence for diagnosis code data and/or definition will span the spectrum of overall ICD-10 readiness. It is reasonable to assume that situations for which NYP requires ICD-10 data may in fact be presented by such upstream data providers in ICD-9 or even as narrative descriptions of patient condition and/or diagnostic criteria. Such examples demonstrate the need for NYP to engage in acceptable forms of code conversion so as to not disrupt hospital operations and patient experiences including wait times and access to care.

### ***2. Statement of Guidance***

It is the intent of NewYork-Presbyterian Hospital to transition to the industry mandated ICD-10 diagnostic and procedure coding system on October 1, 2015. Effective for said dates of service/discharge, NYP shall represent all patient conditions across all elements of clinical care as well as all operational and administrative activity using ICD-10 diagnosis and procedure codes. These elements may include but are necessarily limited to ordering of clinical services, scheduling of services, financial clearance activities, registration, coding, billing, and internal and external reporting. Such devices that are generally eligible for code conversion activities typically include:

- Reports
- Data extracts
- Technology application-specific tables, dictionaries, or functionality that is designed to represent or use a specific sub-set of the overall ICD-9 and ICD-10 code set.
- Clinical orders and plans of care
- Referrals and appointments for clinical services
- Forms, documents, and other data capture vehicles that currently include ICD-9 diagnosis codes

While each of these devices and each instance of these devices may present specific conversion idiosyncrasies, it is generally expected that the following set of steps to successfully convert ICD-9 codes to clinically equivalent and acceptable ICD-10 codes apply.

1. *Presentation of the device and diagnostic element(s) to be converted.* Device owners shall work with the appropriate Information Technology Services (ITS) counterpart(s) to extract said criteria into an acceptable

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format for submission to the ICD-10 Project Management Office (PMO) or ICD-10 Support Center (effective September 28, 2015). Typically, this is a spreadsheet with the list of ICD-9 diagnosis codes. Clinical orders, appointments, and referrals shall additionally include the unique patient identifier. It shall be the responsibility of the business owner and/or ITS point of contact to validate the efficacy of the deliverable's content prior to submission. Invalid code criteria **shall not** be converted. Documents such as encounter forms, charge tickets, etc. should similarly be provided in the original electronic format so that codes can be extracted for conversion or update. Effective October 1, patients presenting to service areas with individual referrals containing ICD-9 and/or narrative diagnoses may be scanned and e-mailed to the ICD-10 Support Center for immediate review and conversion. Operating departments may alternatively leverage the ICD-10 code conversion tool available through the ICD-10 AnTENna website.

2. *Diagnostic elements converted to ICD-10 equivalents.* Generally speaking “equivalency” shall be determined by the General Equivalency Mappings (GEMs) published by the Centers for Medicare & Medicaid Services (CMS) as part of its industry-wide support of the mandated transition to the ICD-10 coding system on October 1, 2015. The PMO shall use its available tools and technologies to convert the ICD-9 criteria to all clinical ICD-10 equivalent(s) based on the CMS's GEMs tables. It is generally recognized that select ICD-9 codes may convert (i.e. – map) to multiple ICD-10 codes. In such cases, all ICD-10 equivalent options shall be provided. Code criteria sourced and/or defined by external agencies and other entities **shall not** be converted using this approach. It shall be the responsibility of the business owner to identify and secure the external agency's ICD-10 criteria for direct update by the ITS point of contact.
3. *Conversion presented to business/operational/clinical owner for review and approval.* Device owners shall approve the conversion prior to submission to the technical owner for update. It is at the discretion of the business owner(s) to determine if all conversion options are necessary and required to support the clinical, operational, or financial intent of the device. Should the device owner not have the necessary expertise to determine the efficacy of the conversion, it is generally expected that he/she shall seek out such expertise from a qualified coding professional of the NYP Health Information Management (HIM) department or other individuals with the requisite skill set and qualifications to confirm the conversion.
4. *Approved conversion presented to technical owner for update or replacement.* Upon approval from the business owner, the PMO or the business owner may submit the converted codes to the appropriate ITS point of contact or other technical owner for update. It is the responsibility of the ITS point of contact and/or other technical owner to determine the best approach to integrating the ICD-10 codes based on that technology's or device's specific functionality and capabilities.
  - a. Generally speaking, the majority of report and data extract devices shall require addition of the ICD-10 code criteria and not replacement of the ICD-9 code criteria. This will generally ensure that report output represents instances occurring both prior to and after October 1, 2015. Contingent on a technology's specific functionality and capabilities, it may be necessary to create second version of the report to capture output with the ICD-10 code criteria.
  - b. Electronic orders, referrals, and appointments for which there are codes requiring update to ICD-10 shall be added to the patient specific order, referral, and appointment as such technologies and applications allow.

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- c. Forms, documents, and other “hard” data capture vehicles for which replacement ICD-10 codes have been provided shall be updated and as necessary, redesigned to accommodate the replacement ICD-10 codes.
5. *Device tested (as applicable) with new ICD-10 elements.* It shall be the joint responsibility of the business owner and ITS point of contact to determine the necessary testing requirements to ensure the updated device is functioning as expected.
6. *Device placed into production.* Successfully Converted, approved, and tested devices shall be placed into the production environment prior to (as applicable) or as reasonably thereafter October 1, 2015.

### ***3. Audience & Applicability***

This guidance applies to all service and support areas, staff, management, and clinical professionals who own, use, or otherwise rely on any of the aforementioned data devices for the accurate collection, application, and processing of ICD-10 codes and the associated clinical care, operational, or administrative efforts it supports..

### ***4. Standards***

This guidance is intended to establish and support an organization-wide and defensible convention for all code conversion activities. This includes the definition of universal protocols, responsibilities, and tools and technologies with which acceptable code conversion can occur.

### ***5. Exclusions***

Code conversion shall not be used in the direct coding of patient encounters for purposes of billing and claim submission. Code assignment shall always be based on and determined by the delivered clinical services documented by treating providers in the patient’s electronic medical record.

Technology applications deemed non-ICD-10 compliant are not eligible for any form of code conversion activities. It is the responsibility of the business and/or ITS owner to establish a remediation plan and corresponding vendor strategy to establish ICD-10 compliance.

### ***6. Definitions***

*External agencies* – Any entity not employed, or affiliated with NewYork-Presbyterian Hospital and which has authority to define operating protocols, guidelines, and reporting requirements. This may include but is not necessarily limited to CMS, New York State Department of Health (NYSDOH), Office of Mental Health (OMH), and the Association of healthcare Quality & Research (AHRQ), all related and affiliated subsidiaries, and others.

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*General Equivalency Mappings (GEMs)* – A Centers for Medicare & Medicaid Services (CMS) developed general purpose translation tool to be used by any healthcare industry participant in need of converting coded data.

*ICD-10 CM/PCS* – The International Classification of Diseases system developed by the World Health Organization and adopted by the United States for the purpose of codifying conditions and services provided to patients in the healthcare setting. As part of a federal mandate, all healthcare providers are required to transition from the 9<sup>th</sup> edition of the code set (i.e. – ICD-9-CM/PCS) to ICD-10 by October 1, 2015.

*Medical necessity* – The clinical justification of a provided medical service. Such justification is often determined by the ICD-9/ICD-10 diagnosis code defining a patient's condition.

*Unique patient identifier* – A single number across the technological infrastructure that connects a patient and his/her services for a given encounter. Typically, this is a serial number generated from the Eagle registration and billing system.

### ***7. Related Materials/Tools***

Training aids for specific applications to which this guidance is applicable and tools to assist in the conversion of ICD-9 codes to equivalent ICD-10 codes shall be available on the NYP ICD-10 AnTENna website at <http://nyplearningcenter.org/apps/eLearning/cms/icd10/>.

### ***8. Guidance Review Period***

This guidance shall be reviewed and revised as necessary for the duration of the ICD-10 transition period previously defined.

### ***9. Guidance Effective Date***

This guidance is effective as of September 1, 2015.

### ***10. Resources***

Questions regarding the interpretation and/or implementation of this guidance may be directed to the Project Director for ICD-10 implementation or by e-mailing [ICD-10Help@nyp.org](mailto:ICD-10Help@nyp.org). Effective September 28, 2015, employees may additionally call the ICD-10 Support center at (646) 697-9210. Additional information will be provided on the NYP ICD-10 AnTENna website at <http://nyplearningcenter.org/apps/eLearning/cms/icd10/>.