ICD-10: Opportunities and Challenges for Health Data Organizations

NAHDO

30th Anniversary Meeting

October 28, 2015

Objectives

- ✓ Importance of understanding impact of ICD-10 on data analysis; lessons to be learned

- ✓ Hidden challenges and opportunities

- ✓ Details are important

- ✓ Working in collaboration with others to understand complexities

ICD-10

- Changes to reflect new knowledge and experiences

- 30 years ago……

- Value of data and information to patients and families, providers, regulators, legislators, research, consumers, health plans, etc.

The World Did Not End

Changes Will Have an Impact

- **Remember Y2K?**

- **What about 2004? 2011?**
  - Data receipt or acceptance versus processing and utilization

- **Data details do make a difference**
  - Infections
  - Mental Health
  - Chronic Renal Failure

ICD-10 Alignment

- Align with the world and death records

- Coders can now code actual conditions and procedures

ICD-10 Challenges for Analytics

- More in-depth information

- How to cross-walk effectively? Go from specific to general to trend?

- Many analytic systems not ready

- Assignment of Present on Admission (POA) codes and E-Codes; POA has exempt list for ICD-10

Medicare Learning Network

ICD-9-CM Diagnoses Codes:

⊤Are 3–5 digits;

⊤The first digit is alpha (E or V) or numeric (alpha characters are not case sensitive);

⊤Digits 2–5 are numeric; and

⊤A decimal is used after the third character.

ICD-10-CM Diagnosis Codes:

⊤Are 3–7 digits;

⊤Digit 1 is alpha;

⊤Digit 2 is numeric;

⊤Digits 3–7 are alpha or numeric (alpha characters are not case sensitive); and

⊤A decimal is used after the third character.

- More extensive coding for example injuries, diabetes, substance abuse, post-op complications
- E-codes are optional – consult your state requirements and health plans

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Trending and Comparative Analysis

- Knowing Data – Homework for all of us
  - How many codes processed by health plans and passed on?
  - Medicare Fee for Service – only Medicare data
    - Medicare Advantage growing – 31% of Medicare beneficiaries
    - Colorado – 37%; Iowa 14%; Illinois 21%
    - Medicare Advantage data from hospitals in discharge data base and from commercial health plans in APCD
      - How many codes are captured and submitted to APCD from health plans?
      - Hospitals typically report all diagnostic codes to discharge data systems, but may be hitting maximum allowable to be reported

Expanding Number of Diagnoses and Procedure Codes Reported…..and Processed?

- Are 25 diagnosis and 25 procedure codes sufficient?

- Currently 25 diagnosis codes reported on all Medicare claims; below are the percent of Fee for Service claims with 25 filled diagnosis code fields:
  - Colorado 10%; Iowa 5%; Illinois 8%

- Population Health Management and Management of Complex Care Patients
  - Policy Issues – With narrowed networks, are Medicare Advantage patients more complex, less complex, or the same?

Additional Information:

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