ICD-10 Conversion
Symphony Health Solutions Approach
Transition to ICD-10

Background
On October 1, 2015, the new ICD-10 medical diagnosis codes and hospital inpatient procedure codes will replace the ICD-9 medical billing system. Everyone covered by the Health Insurance Portability Accountability Act (HIPAA) – healthcare providers, payers, clearinghouses, and billing services – will be required to transition to the new ICD-10 diagnosis codes. The transition will occur overnight on the night of September 30, 2015. Through September 30, ICD-9 codes will be utilized; on October 1 and thereafter, all transactions will use the ICD-10 codes.

ICD-10 will be implemented on October 1, 2015 for all entities covered under HIPAA.

Why is CMS moving to a new coding system?

The Centers for Medicare & Medicaid Services (CMS) is leading the transition to the ICD-10 diagnosis and procedure codes to provide more granular and robust data on medical conditions and inpatient procedures. Current ICD-9 codes have been in use for over 30 years and are therefore limited in scope. Furthermore, the structure of ICD-9 codes limits the overall number of available codes, and many medical categories are reaching code capacity or are already full. With the new ICD-10 coding system, there will be over 70,000 diagnosis codes and over 72,000 inpatient procedure codes.
Code Sets
In ICD-9, the codes have 5 characters: the first position is alphanumeric, and the rest are numeric. In ICD-10, the codes will now have 7 characters, and alphanumeric characters will be used in all positions, not just the first one. It is important to note that there will not always be a 1:1 translation from ICD-9 to ICD-10, or vice versa.

Code Regulations
In anticipation of the challenges associated with the transition to ICD-10 diagnosis codes, the CMS will have a 12-month grace period for miscoded diagnoses and procedures. From October 1, 2015 until October 1, 2016, the CMS will accept incorrect codes so long as they comply with the following conditions:

1. The codes must be real, valid codes
2. The diagnosis must be in the correct family of codes (i.e. a torn rotator cuff coded as a migraine would not be interchangeable code usage and would be denied).

To help ease the transition and quickly identify and resolve issues, the CMS will set up a communication and collaboration center for monitoring the implementation of the ICD-10 diagnosis and procedure codes.

Data Analysis
Due to CMS accepting certain coding errors in the first year of ICD-10 code implementation, it is important to note that data coming in to Symphony Health Solutions may not be precise and specific to the new actual ICD-10 codes due to user input errors. We recommend that during study design phases, clients allow for broader search parameters and analysis categories to capture incorrectly coded procedures and diagnoses within the same family of codes of interest.

What We’re Doing for You
Symphony Health Solutions is dedicated to helping ease the transition to ICD-10 codes for our clients. As a company, we are improving and preparing our internal infrastructure and our deliverable tools in preparation for the code switch. Internal infrastructure modifications include upgrades to incoming vendor files, as well as processing and data repository propagation. We are also modifying our internal applications used for creating client deliverables that report diagnosis and surgical procedure codes.

Any client projects that include diagnosis or surgical procedure codes will be impacted by the transition to ICD-10. To prepare our clients, Symphony team members have provided clients with a first-cut view of ICD-10 codes related to the ICD-9 codes currently reported in deliverables. Also in anticipation of the change, clients will work with Symphony personnel to identify and redefine their market definitions in ICD-10 codes for future deliverables.

Symphony employees will implement these changes in advance of the October 1 transition date so that deliverables will pull in the ICD-10 codes as soon as they are available in our data repositories. Finally, for deliverables that “look back” over time, both ICD-9 and ICD-10 diagnosis and procedure codes will be incorporated and maintained after the October 1 deadline so as to ensure that the full spectrum of reporting over time is maintained.

If you have any questions, please contact your account representative.