Mapping 101:
Ten Rules to Follow to Get from ICD-9-CM to ICD-10-CM

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Understand that mappings are translations to facilitate conversion of applications and systems

- Not “crosswalks”
- Not intended to be a 1:1 code match
- Provide multiple translation alternative choices
- Rules and assumptions applied not readily known
- May not provide complete clinical picture of coded data
- Not intended to be applied to all conversion needs

493.01 Extrinsic asthma with status asthmaticus
- J45.22 Mild intermittent asthma with acute status asthmaticus
- J45.32 Mild persistent asthma with acute status asthmaticus
- J45.42 Moderate persistent asthma with acute status asthmaticus
- J45.52 Severe persistent asthma with acute status asthmaticus
Understand the differences in clinical concepts

• ICD-9-CM is inconsistent in terminology and outdated in clinical concepts
• ICD-10-CM includes consistent and updated medical terminology and knowledge, technology advances and current clinical concepts
• Know limitations of the documentation

493.01 Extrinsic asthma with status asthmaticus

J45.22 *Mild intermittent* asthma with acute status asthmaticus
J45.32 *Mild persistent* asthma with acute status asthmaticus
J45.42 *Moderate persistent* asthma with acute status asthmaticus
J45.52 *Severe persistent* asthma with acute status asthmaticus

Other fifth-digit options ‘0’ uncomplicated, ‘1’ with (acute) exacerbation
Set decision-making rules

- Many codes translate to clusters (groups) or many codes
- Assess use of data before setting rules
- Decisions must be made as to how to translate, which concept takes priority (reimbursement, clinical, etc.)
- Document assumptions and rules used

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>647.03</td>
<td>Syphilis complicating pregnancy, <em>antepartum</em></td>
</tr>
<tr>
<td>O98.111</td>
<td>Syphilis complicating pregnancy, <em>first trimester</em></td>
</tr>
<tr>
<td>O98.112</td>
<td>Syphilis complicating pregnancy, <em>second trimester</em></td>
</tr>
<tr>
<td>O98.113</td>
<td>Syphilis complicating pregnancy, <em>third trimester</em></td>
</tr>
<tr>
<td>O98.119</td>
<td>Syphilis complicating pregnancy, <em>unspecified trimester</em></td>
</tr>
</tbody>
</table>
Define documentation needs

- New clinical concepts residing in ICD-10-CM should be identified and conveyed
- Begin identifying concepts in documentation now to aid in mapping

S59.01  Salter-Harris Type I physeal fracture of lower end of ulna
S59.04  Salter-Harris Type IV physeal fracture of lower end of ulna
Understand the coding guidelines and instructions for each system

- Structure and conventions
- Use additional code instructions
- Application of appropriate guidelines

487.0 **Influenza with pneumonia**

Use additional code to identify pneumonia
(480.0-480.9, 481, 482.0-482.9…)

J12.9 **Viral pneumonia, unspecified**

Code first any associated lung abscess (J85.1)

In the ICD-10-CM ⇒ ICD-9-CM GEM, J12.9 maps to both 487.0 and 480.9
In the ICD-9-CM ⇒ ICD-10-CM GEM, 487.0 only maps to J12.9
Use mappings bi-directionally

In some instances, one map may not include a code that is required in coding a condition that is a combination code in one code set or the other.

**ICD-9-CM Coding:**

- 038.9  Unspecified septicemia
- 995.92  Severe sepsis
- **785.52  Septic shock**

**ICD-10-CM Coding:**

- A41.9  Septicemia, unspecified
- R65.21  Severe sepsis with septic shock

785.52 does not exist in the ICD-9-CM ⇒ ICD-10-CM GEM, but maps to R65.21 in the ICD-10-CM ⇒ ICD-9-CM GEM
Pay attention to the “attributes”

Attribute codes in the GEMs indicate type of match (identical/approximate), whether you map to combination or codes or not, indicates how many scenarios and the choice list.

995.92 Severe sepsis

<table>
<thead>
<tr>
<th></th>
<th>Code1</th>
<th>Code2</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>R6520</td>
<td>99592</td>
<td>10000</td>
<td></td>
</tr>
<tr>
<td>R6521</td>
<td>99592</td>
<td>10111</td>
<td></td>
</tr>
<tr>
<td>R6521</td>
<td>78552</td>
<td>10112</td>
<td></td>
</tr>
</tbody>
</table>
#8 Identify and resolve issues

- Approximately 95% of the mapping results require no additional review, based upon use as reimbursement data
- Review those mappings that have conflicts
- Document assumptions and rules in decision-making

<table>
<thead>
<tr>
<th>I09.89 Other specified rheumatic heart disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDC 5 DRGs 314-316</td>
</tr>
<tr>
<td>398.99 Other and unspecified rheumatic heart disease</td>
</tr>
<tr>
<td>MDC 5 DRGs 306-307</td>
</tr>
<tr>
<td>397.1 Rheumatic diseases of pulmonary valve</td>
</tr>
</tbody>
</table>
Plan for changes

• Until both codes sets are frozen, there will be updates to the mappings
• Develop procedures to review all changes

Most popular option under consideration is to freeze both code sets beginning October 2012 with freeze ending October 2014

NOT FINAL DECISION
#10 Remember GEMs are neither flawless or final

- Become familiar with the code sets, structure and conventions
- ICD-10-CM is a classification system, so much more than just a set of codes (groups have clinical cohesiveness)

• Always use caution
• Review all alternatives provided by GEMs
• Investigate alternatives not provided by the GEMs
• Do not consider GEMs the only tool
Thank you.