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# RAMP UP to ICD-10: Mapping

## Mapping the Transition to ICD-10

### RAMP UP to ICD-10:

- Research
- Assessment
- Mapping
- Process Improvement and Training
- Update System(s) with Vendors
- Perform Testing

To help organizations prepare for ICD-10 implementation, we are presenting a series of articles built around the “RAMP UP” framework. This framework is intended to assist providers in navigating the myriad activities that need to be done in the coming months. *RAMP UP* begins with Research to gain a thorough understanding of the endeavor, followed by an Assessment of the current environment. Once the Assessment is complete, the third step in the process to *RAMP UP* to ICD-10 is **Mapping**.

Health care providers and other organizations across the United States are undertaking the work of preparing their offices, technical systems, processes, documentation, and people to be ready for the transition to ICD-10. Mapping, the process of evaluating and documenting the relationship between ICD-9 and ICD-10 code sets, is a foundational transition activity in preparing for ICD-10.

### GEMs: Your Guide to the Transition

One of the challenges of moving to ICD-10 is understanding the relationship between the existing ICD-9 codes and the new ICD-10 codes. Ensuring an accurate translation, or mapping, of ICD-9 to ICD-10 codes is critical to systems

and process, policies and reports. The General Equivalence Maps (GEMs) were developed by the Centers for Medicare and Medicaid Services (CMS) to help get the healthcare industry started on the ICD-10 transition. The GEMs provide a recommended mapping of the equivalent codes between the ICD-9 and ICD-10 code systems. For example, the GEMs recommend the ICD-10 code B05.9 (Measles without complication) for the ICD-9 code 055.9 (Measles without mention of complication). However, not all ICD-9 to ICD-10 GEMs mappings are that straightforward.

### Numerous Mapping Choices

Before beginning the mapping process, it is important to understand the differences in volume, specificity, and relationship between ICD-9 and ICD-10 codes. There is rarely a 1:1 relationship between ICD-9 and ICD-10 codes. The ICD-10 codes total over 141,000 as compared to only 18,000 ICD-9 codes. In many cases there are hundreds of ICD-10 codes that map to a particular ICD-9 code. There are also some ICD-9 codes that do not have a counterpart in the ICD-10 system.

Here is an example of one ICD-9 code (055.79) which maps exactly to multiple ICD-10 codes:

Source (ICD-9)		Target (ICD-10)	
Code	Description	Code	Description
055.79	Measles with other specified complications	B05.0	Measles complicated by encephalitis
055.79	Measles with other specified complications	B05.1	Measles complicated by meningitis
055.79	Measles with other specified complications	B05.2	Measles complicated by pneumonia
055.79	Measles with other specified complications	B05.3	Measles complicated by otitis media
055.79	Measles with other specified complications	B05.4	Measles with intestinal complications
055.79	Measles with other specified complications	B05.89	Other measles complications

### Contact Us:

Visit <http://ncmmis.ncdhhs.gov/icd10.asp> for more information about the NCTracks transition to ICD-10 or to contact the ICD-10 Project Team

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### Forward and Backward Mapping

Therefore, the GEMs include two mapping schemes. The first, a “forward” mapping system, addresses the mapping of ICD-9 codes to ICD-10 codes. Additionally, there is a “backward” mapping system that begins with the new ICD-10 codes and then maps them back to ICD-9. New 2014 information regarding GEMs for diagnosis and procedure codes has recently been posted to the CMS website. (See the link below under Resources for Additional Information.)

### The Starting Point, but Not the End

Because GEMs present broad, generic mapping and do not cover all of the potential ICD-9 to ICD-10 relationships, they may not fully express the clinical policy or business needs of a particular healthcare organization. Some organizations limit the use of ICD-9 codes to financial transactions while others use them to communicate about medical policy, care management, benefits, and contracting. Consequently, it takes resource time to

research and evaluate if the GEMs codes are right for your organization’s needs.

### Purpose Built Maps

NCTracks and the State of North Carolina have developed the ICD-9 to ICD-10 map that will ultimately provide the forward and backward ICD code translation in the NCTracks system to consistently and accurately adjudicate ICD-10 transactions. The mapping was accomplished through the development of a series of purpose built maps that cumulatively result in one large Enterprise Map. (A purpose built map is one that is developed for a specifically stated purpose.) All purpose built maps include GEMs and additional viable codes that make clinical sense as a mapping to a specific code. The Enterprise Map acts as a pool of information to guide the translation of materials from ICD-9 to ICD-10.

As with any journey, a good roadmap is the key to success, which is why the effort expended on mapping ICD-9 codes to ICD-10 is time well spent.

### Resources for Additional Information

For more information regarding ICD-9 to ICD-10 mapping and the General Equivalence Maps (GEMs), see the CMS ICD-10 website at <http://www.cms.gov/Medicare/Coding/ICD10/index.html>.

GEMs documentation to support the two mapping schemes can be found at <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/DiagnosisGEMs-2014.zip>.

Visit <http://ncmmis.ncdhhs.gov/icd10.asp> for more information regarding the NCTracks transition to ICD-10.

## Why is this activity critical for ICD-10?

There are many more options available under ICD-10 than with ICD-9. Understanding the relationship between the codes in ICD-9 and their corresponding equivalent codes in ICD-10 will be critical to effective coding and billing beginning in October 2014. In addition, a complete and thorough mapping of ICD-9 to ICD-10 codes is essential to understanding what business processes need to be updated and what training needs to be performed, which are the next steps in the *RAMP UP* to ICD-10.

## Steps to complete this activity:

- Consult the CMS documentation on the General Equivalence Maps (GEMs) as a starting point, recognizing they do not cover all of the codes.
- Identify the equivalent ICD-10 codes that map to the common ICD-9 codes you use. Evaluate which ICD-10 codes are likely to be appropriate for your practice.
- If you use practice management software, consult with the vendor regarding how they intend to approach the mapping of codes from ICD-9 to ICD-10, with regard to reconciling similar services rendered before and after the implementation of ICD-10.
- Stay tuned for information in the coming months regarding any changes in policy resulting from ICD-10 mapping that would impact your billing practices come October 2014.

## Quote (on the value of a map)

“Would you tell me, please, which way I ought to go from here?”

“That depends a good deal on where you want to get to.”

“I don’t much care where –”

“Then it doesn’t matter which way you go.”

— Lewis Carroll, *Alice in Wonderland*