

MultiPlan’s ICD-10 Remediation Project
December 2015

This document is applicable to the following MultiPlan network brands: PHCS, MultiPlan, Beech Street, HealthEOS, AMN, RAN, HMN and IHP.

Background

On October 1, 2015, the healthcare industry transitioned from ICD-9 diagnosis and procedure coding standards to ICD-10. One of the main differences between the two is that ICD-10 codes have three to seven alpha-numeric characters while ICD-9 codes contain only three to five and are mostly numeric. The increased number of characters means there are more ICD-10 codes than ICD-9. There are 68,103 ICD-10 diagnosis codes, compared to 14,019 ICD-9 diagnosis codes. The increase in procedure codes is even more pronounced, with 72,589 ICD-10 codes compared to 3,824 ICD-9 codes. The expansion allows for better analysis of disease patterns and treatment outcomes. For example, ICD-9 coding can identify a broken arm, while ICD-10 codes identify a broken *right* or *left* arm. They also allow the addition of trimesters on obstetric codes and can identify combined diagnosis/symptoms such as type II diabetes with diabetic retinopathy.

MultiPlan’s Approach to ICD-10 Remediation – With Clients

While MultiPlan has been processing claims with ICD-10 codes since the October 1, 2015 compliance date, we continue to accept ICD-9 codes on claims/bills as well.

MultiPlan’s Approach to ICD-10 Remediation – Repricing

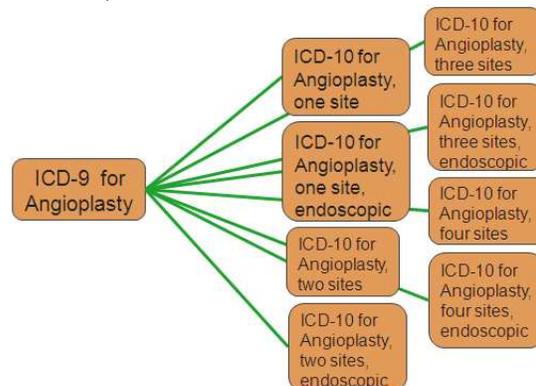
We have decided not to crosswalk inbound claims with ICD-9 codes to ICD-10 or vice versa. Instead, we have made changes to our systems and processes that enable us to reprice each claim based on the code with which it is submitted, making our ICD-9/ICD-10 repricing dependent on the claim data clients send us.

The industry’s greatest challenge with the move to ICD-10 is the co-existence of ICD-9 and ICD-10. CMS has developed general equivalence mappings (GEMs), also known as crosswalks. The difficulty arises because there are often not one-to-one exact or even approximate matches in the crosswalk of ICD-9 codes to ICD-10. In fact, 27% of diagnosis codes and 92% of procedure codes can’t be automatically mapped when going from ICD-9 to ICD-10. Crosswalking from ICD-10 to ICD-9 is easier. Only 12% of diagnosis codes and 7% of procedure codes can’t be automatically matched¹.

Accurate mapping is important for several reasons, including the impact on rates and therefore repricing. Consider the ICD-9 code for a suture artery, which can map to more than 200 possible ICD-10 codes as diverse as a repair of an artery in the right hand to repair of the thoracic aorta.

As part of the updates to our systems and processes, we used GEMs as a starting point to revise the code groups/rate terms on our rate sheets to accommodate ICD-10. That is, wherever our rate sheets utilized ICD-9 to qualify a claim, we added the appropriate ICD-10 codes.

For example, we had one rate for angioplasty that corresponds to the ICD-9 code for angioplasty. We applied this rate to the eight ICD-10 codes that map to the one ICD-9 code for angioplasty (as shown on the right). In this way, whether the claim comes in with ICD-9 or ICD-10, the angioplasty rate is applied.


Questions

Please email ICD10@multiplan.com with any questions.

1. Source: PricewaterhouseCoopers LLP and WEDI ICD-10 Forum