



## FREQUENTLY ASKED QUESTIONS

### DELAY IN ICD-10 SOFTWARE READINESS AFFECTING SELECT INDICATORS: ISSUES IDENTIFIED AND PRODUCT IMPACT

#### ISSUES IDENTIFIED

Q: What ICD-10 transition and readiness issues are being considered?

A: Hospitals transitioned to using ICD-10 diagnosis and procedure codes for all administrative claims effective Oct. 1, 2015. The Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services have not yet released ICD-10 compliant versions of software programs used to produce risk-adjusted measures of quality, safety and readmissions used in a number of reports produced by HIDI.

Q: What HIDI reports and deliverables are impacted?

A: All internal and external HIDI reporting and analytic deliverables involving risk-adjusted AHRQ indicators and 30-day readmissions for discharges dated Oct. 1, 2015, forward, including reports available on HIDI Analytic Advantage<sup>®</sup> and HIDI Analytic Advantage<sup>®</sup> PLUS, as well as transparency initiative reporting displayed on the Focus on Hospitals website.

Q: How will the delayed availability of ICD-10 ready software impact these products?

A: In the absence of action, risk-adjusted reporting of impacted reports and deliverables for ICD-10 coded discharges would be suspended until ICD-10 ready software versions are made available by AHRQ and CMS.

#### PRODUCT IMPACT

Q: What is the plan for affected products?

A: To provide continued support and delivery for affected measures, HIDI will use the GEM ICD-10 to ICD-9 crosswalk provided by CMS to “backmap” ICD-10 coded discharges to comparable ICD-9 codes to the extent necessary to enable use of available software to produce risk-adjusted rates. For readmission measures, this means that selection criteria for condition-specific cohorts will be based on submitted ICD-10 codes that are then backmapped to ICD-9 codes. Condition codes used for risk-adjustment purposes will be based on all submitted ICD-10 codes backmapped to comparable ICD-9 codes. For AHRQ indicators, condition codes used to produce risk-adjusted calculations will be based on ICD-10 codes backmapped to comparable ICD-9 codes using the GEM crosswalk. AHRQ’s risk-adjusted calculations will continue to be based on expected rates calculated from 2012 nation data for the foreseeable future.



Q: What is the overall timeline for the strategy with impacted products to take effect?

A: Programming and preparation to operationalize the strategy with impacted reporting is complete, and scheduled to take effect with the April release of reports. HIDI plans to continue with this strategy until ICD-10 ready versions of affected programs are made available and fully evaluated.

Q: Are there specific things that report users need to consider once reporting with the transitions to ICD-10 coded data?

A: The transition to ICD-10 is a significant change that has numerous implications for measures and reporting based on administrative billing codes. Changes in measured performance corresponding with the Oct. 1, 2015, transition to ICD-10 should be evaluated carefully and interpreted with caution. The HIDI team has processes and plans in place to monitor measures through this transition with the aim of identifying systematic trends resulting from the transition. As always, we encourage report users to contact a HIDI representative if you have questions or concerns about measured performance.

## CUSTOMER SUPPORT AND EDUCATION

Q: Will there be supporting client documentation for this ICD-10 readiness change?

A: AHRQ and readmission detail methodology will be provided upon request.

Q: Will there be any special training for HIDI users around this to ICD-10 readiness?

A: While no special training for HIDI users will be needed to support these changes, HIDI is planning a small number of webinars to discuss strategies with ICD-10 affected reports and provide a forum for questions and feedback. As always, we encourage all our stakeholders to contact a HIDI representative by phone or email with questions or concerns.

Q: Will HIDI provide a mapping between ICD-9 and ICD-10?

A: The GEM ICD-10 to ICD-9 crosswalk, as well as other information regarding GEM coding, can be found on CMS' [website](#).

Q: With the transition to ICD-10, how will HIDI reporting support trending analyses?

A: The transition to ICD-10 is a significant change with numerous implications for measures and reporting based on administrative billing codes. Changes in measured performance corresponding with the Oct. 1, 2015 transition to ICD-10 should be evaluated carefully and interpreted with caution. The HIDI team has processes and plans in place to monitor measures through this transition with the aim of identifying systematic trends resulting from the transition. As always, we encourage report users to contact a HIDI representative if you have questions or concerns about measured performance.

Q: Who should I contact with questions?

A: Contact a HIDI representative.



## READMISSIONS REPORTING

### TECHNICAL MANUAL

### ICD-10 TRANSITIONAL ACTIVITIES FOR READMISSION REPORTING

Hospitals transitioned to using ICD-10 diagnosis and procedure codes for all administrative claims effective Oct. 1, 2015. The Centers for Medicare & Medicaid Services has not yet released ICD-10 compliant versions of the software program used to produce risk-adjusted readmissions measures. However, CMS did provide a list of ICD-10 codes that they expect to be representative of the readmissions measures going forward. HIDI extracted records including appropriate ICD-10 codes, back-mapped those records using GEM coding to display ICD-9 codes, and used the ICD-9 compliant model to produce readmissions reports. HIDI plans to continue with this strategy until ICD-10 ready versions of affected programs are made available and fully evaluated.

The transition to ICD-10 is a significant change that has numerous implications for measures and reporting based on administrative billing codes. Changes in measured performance corresponding with the Oct. 1, 2015, transition to ICD-10 should be evaluated carefully and interpreted with caution. The HIDI team has processes and plans in place to monitor measures through this transition with the aim of identifying systematic trends resulting from the transition.

### GENERAL INFORMATION

HIDI readmissions reports present hospital-specific readmission measures for acute myocardial infarction, chronic obstructive pulmonary disease, congestive heart failure, coronary artery bypass graft, hip/knee, pneumonia, and stroke patients ages 18 and older residing in the reporting area (Missouri, St. Louis IL (SLMHC), and KC KS (KCMHC) hospitals participating), with any payer. Hospital-wide readmissions also are included. Risk-adjusted metrics are considered unreliable for providers with fewer than 25 total admissions during the 36-month period; hospitals that have fewer than 25 index admissions will be provided with data but their hospital will not be included in the all hospital ranking for that measure. The measures are developed by applying the methods used by the Centers for Medicare & Medicaid Services for public reporting and determining reimbursement penalties under the Hospital Readmission Reduction Program to the most recently-available 36 months of hospital discharge data.

**Data Steward:** HIDI Custom Measure and the Centers for Medicare & Medicaid Services.

**Data Source:** Discharge claims data

**Exclusions:** Patient deaths, transfer patients, admissions with zero days to subsequent hospitalization, patients who leave against medical advice, obstetric and non-acute patients are excluded from the model cohorts, as are readmissions flagged by the CMS/Yale Planned Readmission

Algorithm. Patient deaths are identified by discharge disposition codes of 20-Expired, 40-Expired at Home, 41-Expired in a Medical Facility, and 42-Expired in an Unknown Place. Transfer patients are identified by discharge disposition code 2-Short-Term General Hospital for Inpatient Care. Transfer patient records are removed from the transferring facility and assigned to the final receiving facility. Zero-day patients are identified if the admission date is equal to the previous discharge date. Self-discharges AMA are identified by discharge disposition code 7-Left against medical advice or discontinued care. Non-acute patients are defined by inpatient place of services codes: 2-Psychiatric Unit, 3-Medical Rehabilitation Unit, 4-Alternate Level of Care, 5-Alcohol Rehabilitation Unit or 6-Drug Rehabilitation Unit. MDC 19 and MDC 20 also are omitted for psychiatric disorders and substance abuse. Obstetric patients are identified with MDC 14 — pregnancy, childbirth and puerperium.

**Risk Adjustment:** CMS/Yale Model — Hierarchical generalized logistic regression adjusted for age group, sex and medical condition.

For each hospital, the models produce a predicted readmission rate, an expected readmission rate, a risk-standardized readmission ratio and a risk-standardized readmission rate. The predicted rate controls for patient-level risk. The expected rate controls for provider-level risk. The SRR is the ratio of predicted-to-expected readmission rates for each hospital. The SRR is similar to an observed-to-expected ratio where a value below one indicates lower than expected readmissions and a value above one indicates higher than expected readmissions. The hospital RSRRs are standardized by multiplying the SRR for each hospital by the observed readmission rate for all hospitals. Hospital-specific estimates are shown along with estimates for all hospitals.

- Observed Rate = Number of Readmissions/Number of Index Admissions
- RSR Ratio = Predicted /Expected Readmission
- RSR Rate = RSR Ratio \*All Hospitals Observed Rate
- RSR Ranking = Providers with 25 or more index admissions are ranked according to the number of readmissions for each condition, with #1 indicating the lowest number of readmissions.



## ACUTE MYOCARDIAL INFARCTION

**Measure Name:** AMI

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The AMI measure includes index admissions for qualifying diagnoses and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a primary diagnosis of AMI, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a primary diagnosis of AMI, and who do not meet any exclusion criteria listed below. Index admissions for AMI were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM DIAGNOSIS CODE	DESCRIPTION
Any 410.xx excluding 410.x2	ACUTE MYOCARDIAL INFARCTION

ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
I2101	STEMI INVOLVING LEFT MAIN CORONARY ARTERY
I2102	STEMI INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	STEMI INVOLVING OTH CORONARY ARTERY OF ANTERIOR WALL
I2111	STEMI INVOLVING RIGHT CORONARY ARTERY
I2119	STEMI INVOLVING OTH CORONARY ARTERY OF INFERIOR WALL
I2121	STEMI INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	STEMI INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSP SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I220	SUBSEQUENT STEMI OF ANTERIOR WALL
I221	SUBSEQUENT STEMI OF INFERIOR WALL
I222	SUBSEQUENT NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I228	SUBSEQUENT STEMI OF SITES
I229	SUBSEQUENT STEMI OF UNSP SITE

## CONGESTIVE HEART FAILURE

**Measure Name:** HF

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The congestive heart failure measure includes index admissions for qualifying diagnoses and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a primary diagnosis of CHF, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a primary diagnosis of CHF, and who do not meet any exclusion criteria. Index admissions for CHF were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM DIAGNOSIS CODE	DESCRIPTION
40201	MAL HYPERT HRT DIS W HF
40211	BENIGN HYP HT DIS W HF
40291	HYP HT DIS NOS W HT FAIL
40401	MAL HYP HT/KD I-IV W HF
40403	MAL HYP HT/KD STG V W HF
40411	BEN HYP HT/KD I-IV W HF
40413	BEN HYP HT/KD STG V W HF
40491	HYP HT/KD NOS I-IV W HF
40493	HYP HT/KD NOS ST V W HF
428.xx	CONGESTIVE HEART FAILURE

ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
I110	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
I130	HYP HRT & CHR KDNY DIS W HRT FAILAND STG 1-4/UNSP CHR KDNY
I132	HYP HRT & CHR KDNY DIS W HRT FAILAND W STG 5 CHR KDNY/ESRD
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5201	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE



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ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSP COMBINED SYSTOLIC AND DIASTOLIC (CONGESTIVE) HRT FAIL
I5041	ACUTE COMBINED SYSTOLIC AND DIASTOLIC (CONGESTIVE) HRT FAIL
I5042	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL
I509	HEART FAILURE, UNSPECIFIED

## PNEUMONIA

**Measure Name:** PN

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The pneumonia measure includes index admissions for qualifying diagnoses and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a primary diagnosis of pneumonia, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a primary diagnosis of pneumonia, and who do not meet any exclusion criteria. Index admissions for pneumonia were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM DIAGNOSIS CODE	DESCRIPTION
4800	ADENOVIRAL PNEUMONIA
4801	RESP SYNCYT VIRAL PNEUM
4802	PARINFLUENZA VIRAL PNEUM
4803	PNEUMONIA DUE TO SARS
4808	VIRAL PNEUMONIA NEC
4809	VIRAL PNEUMONIA NOS
481	PNEUMOCOCCAL PNEUMONIA
4820	K. PNEUMONIAE PNEUMONIA
4821	PSEUDOMONAL PNEUMONIA
4822	H. INFLUENZAE PNEUMONIA
48230	STREPTOCOCCAL PNEUMN NOS
48231	PNEUMONIA STRPTOCOCCUS A
48232	PNEUMONIA STRPTOCOCCUS B
48239	PNEUMONIA OTH STREP
48240	STAPHYLOCOCCAL PNEU NOS
48241	METH SUS PNEUM D/T STAPH
48242	METH RES PNEU D/T STAPH
4870	INFLUENZA WITH PNEUMONIA
48811	FLU DT 2009 H1N1 W PNEU





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ICD-9-CM DIAGNOSIS CODE	DESCRIPTION
48249	STAPH PNEUMONIA NEC
48281	PNEUMONIA ANAEROBES
48282	PNEUMONIA E COLI
48283	PNEUMO OTH GRM-NEG BACT
48284	LEGIONNAIRES' DISEASE
48289	PNEUMONIA OTH SPCF BACT
4829	BACTERIAL PNEUMONIA NOS
4830	PNEU MYCPLSM PNEUMONIAE
4831	PNEUMONIA D/T CHLAMYDIA
4838	PNEUMON OTH SPEC ORGNM
485	BRONCHOPNEUMONIA ORG NOS
486	PNEUMONIA, ORGANISM UNSPECIFIED CONVERT

ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
A481	LEGIONNAIRES' DISEASE
J1100	FLU DUE TO UNIDENTIFIED FLU VIRUS W UNSP TYPE OF PNEUMONIA
J120	ADENOVIRAL PNEUMONIA
J121	RESPIRATORY SYNCYTIAL VIRUS PNEUMONIA
J122	PARAINFLUENZA VIRUS PNEUMONIA
J1281	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS
J1289	OTHER VIRAL PNEUMONIA
J129	VIRAL PNEUMONIA UNSPECIFIED
J13	PNEUMONIA DUE TO STREPTOCOCCUS PNEUMONIAE
J14	PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE
J150	PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE
J151	PNEUMONIA DUE TO PSEUDOMOMAS
J1520	PNEUMONIA DUE TO STAPHYLOCOCCUS, UNSPECIFIED
J15211	PNEUMONIA DUE TO METHICILLIAN SUSCEP STAPH
J15212	PNEUMONIA DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS
J1529	PNEUMONIA DUE TO OTHER STAPHYLOCOCCUS
J153	PNEUMONIA DUE TO STREPTOCOCCUS, GROUP B
J154	PNEUMONIA DUE TO OTHER STREPTOCOCCI
J155	PNEUMONIA DUE TO ESCHERICHIA COLI



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ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
J156	PNEUMONIA DUE TO OTHER AEROBIC GRAM-NEGATIVE BACTERIA
J157	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE
J158	PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA
J159	UNSPECIFIED BACTERIAL PNEUMONIA
J160	CHYLAMIDIA PNEUMONIA
J168	PNEUMONIA DUE TO OTHER SPECIFIED INFECTIOUS ORGANISMS
J180	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM
J181	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM
J189	PNEUMONIA, UNSPECIFIED ORGANISM



## CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**Measure Name:** COPD

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The COPD measure includes index admissions for qualifying diagnoses and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a primary diagnosis of COPD, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a primary diagnosis of COPD, and who do not meet any exclusion criteria. Index admissions for COPD were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM DIAGNOSIS CODE	DESCRIPTION
49121	OBS CHR BRONC W(AC) EXAC
49122	OBS CHR BRONC W AC BRONC
4918	CHRONIC BRONCHITIS NEC
4919	CHRONIC BRONCHITIS NOS
4928	EMPHYSEMA NEC
49320	CHRONIC OBST ASTHMA NOS
49321	CH OB ASTHMA W STAT ASTH
49322	CH OBST ASTH W (AC) EXAC
496	CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED
51881 (with 49121, 49122, 49321 or 49322)	ACUTE RESPIRATORY FAILURE
51882 (with 49121, 49122, 49321 or 49322)	OTHER PULMONARY INSUFF
58144 (with 49121, 49122, 49321 or 49322)	ACUTE AND CHRONIC RESP FAILURE
7991 (with 49121, 49122, 49321 or 49322)	RESPIRATORY ARREST



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ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
J418	MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS
J42	UNSPECIFIED CHRONIC BRONCHITIS
J439	EMPHYSEMA, UNSPECIFIED
J440	CHRONIC OBSTRUCTIVE PULMON DISEASE W ACUTE LOWER RESP INFCT
J441	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION
J449	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED
J80	ACUTE RESPIRATORY DISTRESS SYNDROME
J9600	ACUTE RESPIRATORY FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA
J9620	ACUTE AND CHR RESP FAILURE, UNSP W HYPOXIA OR HYPERCAPNIA
J9690	RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA
R092	RESPIRATORY ARREST

## STROKE

**Measure Name:** STROKE

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The ischemic stroke measure includes index admissions for qualifying diagnoses and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a diagnosis of ischemic stroke, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a diagnosis of ischemic stroke, and who do not meet any exclusion criteria. Index admissions for ischemic stroke were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM DIAGNOSIS CODE	DESCRIPTION
43301	OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL INFRACTION
43311	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFRACTION
43321	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL INFRACTION
43331	OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITH CEREBRAL INFRACTION
43381	OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFRACTION
43391	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFRACTION
43401	CEREBRAL THROMBOSIS WITH CEREBRAL INFRACTION
43411	CEREBRAL EMBOLISM WITH CEREBRAL INFRACTION
43491	CEREBRAL ARTERY OCCLUSION, UNSPECIFIED WITH CEREBRAL INFRACTION

ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
I6300	CEREBRAL INFARCTION DUE TO THROMBOS UNSP PRECEREBRAL ARTERY
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF R VERTEB ART
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF L VERTEB ART
I63019	CEREBRAL INFARCTION DUE TO THROMBOS UNSP VERTEBRAL ARTERY



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ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
16302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
163031	CEREBRAL INFRC DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
163032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
163039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSP CAROTID ARTERY
16309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF PRECEREBRAL ARTERY
16310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP PRECEREB ARTERY
163111	CEREBRAL INFARCTION DUE TO EMBOLISM OF R VERTEB ART
163112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
163119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP VERTEBRAL ARTERY
16312	CEREBRAL INFARCTION DUE TO EMBOLISM OF BASILAR ARTERY
163131	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CAROTID ARTERY
163132	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CAROTID ARTERY
163139	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CAROTID ARTERY
16319	CEREBRAL INFARCTION DUE TO EMBOLISM OF PRECEREBRAL ARTERY
16320	CERES INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP PRECERB ART
163211	CERES INFRC DUE TO UNSP OCCLS OR STENOS OF RIGHT VERTEB ART
163212	CERES INFRC DUE TO UNSP OCCLS OR STENOSIS OF LEFT VERTEB ART
163219	CERES INFRC DUE TO UNSP OCCLS OR STENOSIS OF UNSP VERTEB ART
16322	CEREBRAL INFRC DUE TO UNSP OCCLS OR STENOSIS OF BASILAR ART
163231	CERES INFRC DUE TO UNSP OCCLS OR STENOS OF RIGHT CAROTID ART
163232	CERES INFRC DUE TO UNSP OCCLS OR STENOS OF LEFT CAROTID ART
163239	CERES INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CAROTID ART
16329	CEREBRAL INFRC DUE TO UNSP OCCLS OR STENOSIS OF PRECERB ART
16330	CEREBRAL INFARCTION DUE TO THOMBOS UNSP CEREBRAL ARTERY
163311	CERES INFRC DUE TO THOMBOS OF RIGHT MIDDLE CEREBRAL ARTERY
163312	CEREBRAL INFRC DUE TO THOMBOS OF LEFT MIDDLE CEREBRAL ARTERY
163319	CEREBRAL INFRC DUE TO THOMBOS UNSP MIDDLE CEREBRAL ARTERY
163321	CEREBRAL INFRC DUE TO THOMBOS OF RIGHT ANT CEREBRAL ARTERY
163322	CEREBRAL INFRC DUE TO THOMBOS OF LEFT ANT CEREBRAL ARTERY
163329	CEREBRAL INFRC DUE TO THOMBOS UNSP ANTERIOR CEREBRAL ARTERY
163331	CEREBRAL INFRC DUE TO THOMBOS OF RIGHT POST CEREBRAL ARTERY
163332	CEREBRAL INFRC DUE TO THOMBOS OF LEFT POST CEREBRAL ARTERY
163339	CEREBRAL INFRC DUE TO THOMBOS UNSP POSTERIOR CEREBRAL ARTERY
163341	CEREBRAL INFRC DUE TO THROMBOSIS OF RIGHT CEREBLR ARTERY
163342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBLR ARTERY



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ICD-10-CM DIAGNOSIS CODE	DESCRIPTION
163349	CEREBRAL INFARCTION DUE TO THOMBOS UNSP CEREBELLAR ARTERY
16339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTH CEREBRAL ARTERY
16340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CEREBRAL ARTERY
163411	CEREB INFRC DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
163412	CEREB INFRC DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
163419	CEREB INFRC DUE TO EMBOLISM OF UNSP MIDDLE CEREBRAL ARTERY
163421	CEREBRAL INFRC DUE TO EMBOLISM OF RIGHT ANT CEREBRAL ARTERY
163422	CEREBRAL INFRC DUE TO EMBOLISM OF LEFT ANT CEREBRAL ARTERY
163429	CEREBRAL INFRC DUE TO EMBOLISM OF UNSP ANT CEREBRAL ARTERY
163431	CEREBRAL INFRC DUE TO EMBOLISM OF RIGHT POST CEREBRAL ARTERY
163432	CEREBRAL INFRC DUE TO EMBOLISM OF LEFT POST CEREBRAL ARTERY
163439	CEREBRAL INFRC DUE TO EMBOLISM OF UNSP POST CEREBRAL ARTERY
163441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBLR ARTERY
16339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTH CEREBRAL ARTERY
163442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBLR ARTERY
163449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSP CEREBLR ARTERY
16349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
16350	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREB ARTERY
163511	CEREB INFRC D/T UNSP OCCLS OR STENOS OF RIGHT MID CEREB ART
163512	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT MID CEREB ART
163519	CEREB INFRC D/T UNSP OCCLS OR STENOS OF UNSP MID CEREB ART
163521	CEREB INFRC D/T UNSP OCCLS OR STENOS OF RIGHT ANT CEREB ART
163522	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT ANT CEREB ART
163529	CEREB INFRC D/T UNSP OCCLS OR STENOS OF UNSP ANT CEREB ART
163531	CEREB INFRC D/T UNSP OCCLS OR STENOS OF RIGHT POST CEREB ART
163532	CEREB INFRC D/T UNSP OCCLS OR STENOS OF LEFT POST CEREB ART
163539	CEREB INFRC D/T UNSP OCCLS OR STENOS OF UNSP POST CEREB ART
163541	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF RIGHT CEREBLR ART
163542	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF LEFT CEREBLR ART
163549	CEREB INFRC DUE TO UNSP OCCLS OR STENOS OF UNSP CEREBLR ART
16359	CEREB INFRC DUE TO UNSP OCCLS OR STENOSIS OF CEREBRAL ARTERY
1636	CEREBRAL INFRC DUE TO CEREBRAL VENOUS THOMBOS, NONPYOGENIC
1638	OTHER CEREBRAL INFARCTION
1639	CEREBRAL INFARCTION, UNSPECIFIED



## TOTAL HIP/KNEE ARTHROPLASTY

**Measure Name:** TKA/THA

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The hip and knee replacement measure includes index admissions for qualifying procedures and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a hip and/or knee replacement procedure, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a hip and/or knee replacement procedure, and who do not meet any exclusion criteria. Index admissions for hip and knee replacements were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM PROCEDURE CODE	DESCRIPTION
8151	TOTAL HIP REPLACEMENT
8154	TOTAL KNEE REPLACEMENT

ICD-10-CM PROCEDURE CODE	DESCRIPTION
OSR9019	REPLACEMENT OF R HIP JT WITH METAL, CEMENT, OPEN APPROACH
OSR901A	REPLACEMENT OF R HIP JT WITH METAL, UNCEMENT, OPEN APPROACH
OSR901Z	REPLACEMENT OF RIGHT HIP JOINT WITH METAL, OPEN APPROACH
OSR9029	REPLACE R HIP JT W METAL ON POLY, CEMENT, OPEN
OSR902A	REPLACE R HIP JT WITH METAL ON POLY, UNCEMENT, OPEN
OSR902Z	REPLACEMENT OF R HIP JT WITH METAL ON POLY, OPEN APPROACH
OSR9039	REPLACEMENT OF R HIP JT WITH CERAMIC, CEMENT, OPEN APPROACH
OSR903A	REPLACEMENT OF R HIP JT WITH CERAMIC, UNCEMENT, OPEN APPROACH
OSR903Z	REPLACEMENT OF RIGHT HIP JOINT WITH CERAMIC, OPEN APPROACH
OSR9049	REPLACE R HIP JT W CERAMIC ON POLY, CEMENT, OPEN
OSR904A	REPLACE R HIP JT W CERAMIC ON POLY, UNCEMENT, OPEN
OSR904Z	REPLACEMENT OF R HIP JT WITH CERAMIC ON POLY, OPEN APPROACH
OSR907Z	REPLACEMENT OF RIGHT HIP JOINT WITH AUTOL SUB, OPEN APPROACH
OSR90J9	REPLACE OF R HIP JT WITH SYNTH SUB, CEMENT, OPEN APPROACH





# Hospital Industry Data Institute ICD-10 Transitional Strategy

ICD-10-CM PROCEDURE CODE	DESCRIPTION
OSR90JA	REPLACE OF R HIP JT WITH SYNTH SUB, UNCEMENT, OPEN APPROACH
OSR90JZ	REPLACE OF RIGHT HIP JOINT WITH SYNTH SUB, OPEN APPROACH
OSR90KZ	REPLACEMENT OF R HIP JT WITH NONAUT SUB, OPEN APPROACH
OSRB019	REPLACEMENT OF L HIP JT WITH METAL, CEMENT, OPEN APPROACH
OSRB01A	REPLACEMENT OF L HIP JT WITH METAL, UNCEMENT, OPEN APPROACH
OSRB01Z	REPLACEMENT OF LEFT HIP JOINT WITH METAL, OPEN APPROACH
OSRB029	REPLACE L HIP JT W METAL ON POLY, CEMENT, OPEN
OSRB02A	REPLACE L HIP JT W METAL ON POLY, UNCEMENT, OPEN
OSRB02Z	REPLACEMENT OF L HIP JT WITH METAL ON POLY, OPEN APPROACH
OSRB039	REPLACEMENT OF L HIP JT WITH CERAMIC, CEMENT, OPEN APPROACH
OSRB03A	REPLACE OF L HIP JT WITH CERAMIC, UNCEMENT, OPEN APPROACH
OSRB03Z	REPLACEMENT OF LEFT HIP JOINT WITH CERAMIC, OPEN APPROACH
OSRB049	REPLACE L HIP JT W CERAMIC ON POLY, CEMENT, OPEN
OSRB04A	REPLACE L HIP JT W CERAMIC ON POLY, UNCEMENT, OPEN
OSRB04Z	REPLACEMENT OF HIP JT WITH CERAMIC ON POLY, OPEN APPROACH
OSRB07Z	REPLACEMENT OF LEFT HIP JOINT WITH AUTOL SUB, OPEN APPROACH
OSRB0J9	REPLACE OF L HIP JT WITH SYNTH SUB, CEMENT, OPEN APPROACH
OSRB0JA	REPLACE OF L HIP JT WITH SYNTH SUB, UNCEMENT, OPEN APPROACH
OSRB0JZ	REPLACEMENT OF LEFT HIP JOINT WITH SYNTH SUB, OPEN APPROACH
OSRB0KZ	REPLACEMENT OF LEFT HIP JOINT WITH NONAUT SUB, OPEN APPROACH
OSRC07Z	REPLACEMENT OF R KNEE JT WITH AUTOL SUB, OPEN APPROACH
OSRC0J9	REPLACE OF R KNEE JT WITH SYNTH SUB, CEMENT, OPEN APPROACH
OSRC0JA	REPLACE OF R KNEE JT WITH SYNTH SUB, UNCEMENT, OPEN APPROACH
OSRC0JZ	REPLACEMENT OF R KNEE JT WITH SYNTH SUB, OPEN APPROACH
OSRC0KZ	REPLACEMENT OF R KNEE JT WITH NONAUT SUB, OPEN APPROACH
OSRD07Z	REPLACEMENT OF LEFT KNEE JOINT WITH AUTOL SUB, OPEN APPROACH
OSRD0J9	REPLACE OF L KNEE JT WITH SYNTH SUB, CEMENT, OPEN APPROACH
OSRD0JA	REPLACE OF L KNEE JT WITH SYNTH SUB, UNCEMENT, OPEN APPROACH
OSRD0JZ	REPLACEMENT OF LEFT KNEE JOINT WITH SYNTH SUB, OPEN APPROACH
OSRD0KZ	REPLACEMENT OF L KNEE JT WITH NONAUT SUB, OPEN APPROACH
OSRT07Z	REPLACE OF R KNEE JT, FEMORAL WITH AUTOL SUB, OPEN APPROACH
OSRT0J9	REPLACE R KNEE JT, FEMORAL W SYNTH SUB, CEMENT, OPEN
OSRT0JA	REPLACE R KNEE JT, FEMORAL W SYNTH SUB, UNCEMENT, OPEN
OSRT0JZ	REPLACE OF R KNEE JT, FEMORAL WITH SYNTH SUB, OPEN APPROACH
OSRT0KZ	REPLACE OF R KNEE JT, FEMORAL WITH NONAUT SUB, OPEN APPROACH



## Hospital Industry Data Institute ICD-10 Transitional Strategy

ICD-10-CM PROCEDURE CODE	DESCRIPTION
OSRU07Z	REPLACE OF L KNEE JT, FEMORAL WITH AUTOL SUB, OPEN APPROACH
OSRU0J9	REPLACE L KNEE JT, FEMORAL W SYNTH SUB, CEMENT, OPEN
OSRU0JA	REPLACE L KNEE JT, FEMORAL W SYNTH SUB, UNCEMENT, OPEN
OSRU0JZ	REPLACE OF L KNEE JT, FEMORAL WITH SYNTH SUB, OPEN APPROACH
OSRU0KZ	REPLACE OF L KNEE JT, FEMORAL WITH NONAUT SUB, OPEN APPROACH
OSRV07Z	REPLACE OF R KNEE JT, TIBIAL WITH AUTOL SUB, OPEN APPROACH
OSRV0J9	REPLACE R KNEE JT, TIBIAL W SYNTH SUB, CEMENT, OPEN
OSRV0JA	REPLACE R KNEE JT, TIBIAL W SYNTH SUB, UNCEMENT, OPEN
OSRV0JZ	REPLACE OF R KNEE JT, TIBIAL WITH SYNTH SUB, OPEN APPROACH
OSRV0KZ	REPLACE OF R KNEE JT, TIBIAL WITH NONAUT SUB, OPEN APPROACH
OSRW07Z	REPLACE OF L KNEE JT, TIBIAL WITH AUTOL SUB, OPEN APPROACH
OSRW0J9	REPLACE L KNEE JT, TIBIAL W SYNTH SUB, CEMENT, OPEN
OSRW0JA	REPLACE KNEE JT, TIBIAL W SYNTH SUB, UNCEMENT, OPEN
OSRW0JZ	REPLACE OF L KNEE JT, TIBIAL WITH SYNTH SUB, OPEN APPROACH
OSRW0KZ	REPLACE OF L KNEE JT, TIBIAL WITH NONAUT SUB, OPEN APPROACH



## CORONARY ARTERY BYPASS GRAFTING

**Measure Name:** CABG

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The CABG measure includes index admissions for qualifying procedures and readmissions for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital with a CABG procedure, and who do not meet any of the exclusion criteria. Measures were calculated using discharge records from participating hospitals.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital with a CABG procedure, and who do not meet any exclusion criteria listed below. Index admissions for CABG were identified by the ICD-9-CM and ICD-10-CM (for discharges on or after Oct. 1, 2015) codes as follows.

ICD-9-CM PROCEDURE CODE	DESCRIPTION
36.10	AORTOCORONARY BYPASS FOR HEART REVASCULARIZATION, NOT OTHERWISE SPECIFIED
36.11	(AORTO) CORONARY BYPASS OF ONE CORONARY ARTERY
36.12	(AORTO) CORONARY BYPASS OF TWO CORONARY ARTERIES
36.13	(AORTO) CORONARY BYPASS OF THREE CORONARY ARTERIES
36.14	(AORTO) CORONARY BYPASS OF FOUR OR MORE CORONARY ARTERIES
36.15	SINGLE INTERNAL MAMMARY-CORONARY ARTERY BYPASS
36.16	DOUBLE INTERNAL MAMMARY-CORONARY ARTERY BYPASS
36.17	ABDOMINAL-CORONARY ARTERY BYPASS
36.19	OTHER BYPASS ANASTOMOSIS FOR HEART REVASCULARIZATION

ICD-10-CM PROCEDURE CODE	DESCRIPTION
0210093	BYPASS 1 COR ART FROM COR ART WITH AUTOL VN, OPEN APPROACH
0210098	BYPASS 1 COR ART FROM R INT MAMMARY W AUTOL VN, OPEN
0210099	BYPASS 1 COR ART FROM L INT MAMMARY W AUTOL VN, OPEN
021009C	BYPASS 1 COR ART FROM THOR ART WITH AUTOL VN, OPEN APPROACH
021009F	BYPASS 1 COR ART FROM ABD ART WITH AUTOL VN, OPEN APPROACH



# Hospital Industry Data Institute ICD-10 Transitional Strategy

ICD-10-CM PROCEDURE CODE	DESCRIPTION
021009W	BYPASS 1 COR ART FROM AORTA WITH AUTOL VN, OPEN APPROACH
02100A3	BYPASS 1 COR ART FROM COR ART WITH AUTOL ART, OPEN APPROACH
02100A8	BYPASS 1 COR ART FROM R INT MAMMARY W AUTOL ART, OPEN
02100A9	BYPASS 1 COR ART FROM L INT MAMMARY W AUTOL ART, OPEN
02100AC	BYPASS 1 COR ART FROM THOR ART WITH AUTOL ART, OPEN APPROACH
02100AF	BYPASS 1 COR ART FROM ABD ART WITH AUTOL ART, OPEN APPROACH
02100AW	BYPASS 1 COR ART FROM AORTA WITH AUTOL ART, OPEN APPROACH
02100J3	BYPASS 1 COR ART FROM COR ART WITH SYNTH SUB, OPEN APPROACH
02100J8	BYPASS 1 COR ART FROM R INT MAMMARY W SYNTH SUB, OPEN
02100J9	BYPASS 1 COR ART FROM L INT MAMMARY W SYNTH SUB, OPEN
02100JC	BYPASS 1 COR ART FROM THOR ART WITH SYNTH SUB, OPEN APPROACH
02100JF	BYPASS 1 COR ART FROM ABD ART WITH SYNTH SUB, OPEN APPROACH
02100JW	BYPASS 1 COR ART FROM AORTA WITH SYNTH SUB, OPEN APPROACH
02100K3	BYPASS 1 COR ART FROM COR ART WITH NONAUT SUB, OPEN APPROACH
02100K8	BYPASS 1 COR ART FROM R INT MAMMARY W NONAUT SUB, OPEN
02100K9	BYPASS 1 COR ART FROM L INT MAMMARY W NONAUT SUB, OPEN
02100KC	BYPASS 1 COR ART FROM THOR ART W NONAUT SUB, OPEN
02100KF	BYPASS 1 COR ART FROM ABD ART WITH NONAUT SUB, OPEN APPROACH
02100KW	BYPASS 1 COR ART FROM AORTA WITH NONAUT SUB, OPEN APPROACH
02100Z3	BYPASS CORONARY ARTERY, ONE SITE FROM COR ART, OPEN APPROACH
02100Z8	BYPASS 1 COR ART FROM R INT MAMMARY, OPEN APPROACH
02100Z9	BYPASS 1 COR ART FROM L INT MAMMARY, OPEN APPROACH
02100ZC	BYPASS 1 COR ART FROM THOR ART, OPEN APPROACH
02100ZF	BYPASS CORONARY ARTERY, ONE SITE FROM ABD ART, OPEN APPROACH
0211093	BYPASS 2 COR ART FROM COR ART WITH AUTOL VN, OPEN APPROACH
0211098	BYPASS 2 COR ART FROM R INT MAMMARY W AUTOL VN, OPEN
0211099	BYPASS 2 COR ART FROM L INT MAMMARY W AUTOL VN, OPEN
021109C	BYPASS 2 COR ART FROM THOR ART WITH AUTOL VN, OPEN APPROACH
021109F	BYPASS 2 COR ART FROM ABD ART WITH AUTOL VN, OPEN APPROACH
021109W	BYPASS 2 COR ART FROM AORTA WITH AUTOL VN, OPEN APPROACH
02110A3	BYPASS 2 COR ART FROM COR ART WITH AUTOL ART, OPEN APPROACH
02110A8	BYPASS 2 COR ART FROM R INT MAMMARY W AUTOL ART, OPEN
02110A9	BYPASS 2 COR ART FROM L INT MAMMARY W AUTOL ART, OPEN
02110AC	BYPASS 2 COR ART FROM THOR ART WITH AUTOL ART, OPEN APPROACH
02110AF	BYPASS 2 COR ART FROM ABD ART WITH AUTOL ART, OPEN APPROACH



# Hospital Industry Data Institute ICD-10 Transitional Strategy

ICD-10-CM PROCEDURE CODE	DESCRIPTION
02110AW	BYPASS 2 COR ART FROM AORTA WITH AUTOL ART, OPEN APPROACH
02110J3	BYPASS 2 COR ART FROM COR ART WITH SYNTH SUB, OPEN APPROACH
02110J8	BYPASS 2 COR ART FROM R INT MAMMARY W SYNTH SUB, OPEN
02110J9	BYPASS 2 COR ART FROM L INT MAMMARY W SYNTH SUB, OPEN
02110JC	BYPASS 2 COR ART FROM THOR ART WITH SYNTH SUB, OPEN APPROACH
02110JF	BYPASS 2 COR ART FROM ABD ART WITH SYNTH SUB, OPEN APPROACH
02110JW	BYPASS 2 COR ART FROM AORTA WITH SYNTH SUB, OPEN APPROACH
02110K3	BYPASS 2 COR ART FROM COR ART WITH NONAUT SUB, OPEN APPROACH
02110K8	BYPASS 2 COR ART FROM R INT MAMMARY W NONAUT SUB, OPEN
02110K9	BYPASS 2 COR ART FROM L INT MAMMARY W NONAUT SUB, OPEN
02110KC	BYPASS 2 COR ART FROM THOR ART W NONAUT SUB, OPEN
02110KF	BYPASS 2 COR ART FROM ABD ART WITH NONAUT SUB, OPEN APPROACH
02110KW	BYPASS 2 COR ART FROM AORTA WITH NONAUT SUB, OPEN APPROACH
02110Z3	BYPASS 2 COR ART FROM COR ART, OPEN APPROACH
02110Z8	BYPASS 2 COR ART FROM R INT MAMMARY, OPEN APPROACH
02110Z9	BYPASS 2 COR ART FROM L INT MAMMARY, OPEN APPROACH
02110ZC	BYPASS 2 COR ART FROM THOR ART, OPEN APPROACH
02110ZF	BYPASS 2 COR ART FROM ABD ART, OPEN APPROACH
0212093	BYPASS 3 COR ART FROM COR ART WITH AUTOL VN, OPEN APPROACH
0212098	BYPASS 3 COR ART FROM R INT MAMMARY W AUTOL VN, OPEN
0212099	BYPASS 3 COR ART FROM L INT MAMMARY W AUTOL VN, OPEN
021209C	BYPASS 3 COR ART FROM THOR ART WITH AUTOL VN, OPEN APPROACH
021209F	BYPASS 3 COR ART FROM ABD ART WITH AUTOL VN, OPEN APPROACH
021209W	BYPASS 3 COR ART FROM AORTA WITH AUTOL VN, OPEN APPROACH
02120A3	BYPASS 3 COR ART FROM COR ART WITH AUTOL ART, OPEN APPROACH
02120A8	BYPASS 3 COR ART FROM R INT MAMMARY W AUTOL ART, OPEN
02120A9	BYPASS 3 COR ART FROM L INT MAMMARY W AUTOL ART, OPEN
02120AC	BYPASS 3 COR ART FROM THOR ART WITH AUTOL ART, OPEN APPROACH
02120AF	BYPASS 3 COR ART FROM ABD ART WITH AUTOL ART, OPEN APPROACH
02120AW	BYPASS 3 COR ART FROM AORTA WITH AUTOL ART, OPEN APPROACH
02120J3	BYPASS 3 COR ART FROM COR ART WITH SYNTH SUB, OPEN APPROACH
02120J8	BYPASS 3 COR ART FROM R INT MAMMARY W SYNTH SUB, OPEN
02120J9	BYPASS 3 COR ART FROM L INT MAMMARY W SYNTH SUB, OPEN
02120JC	BYPASS 3 COR ART FROM THOR ART WITH SYNTH SUB, OPEN APPROACH
02120JF	BYPASS 3 COR ART FROM ABD ART WITH SYNTH SUB, OPEN APPROACH



# Hospital Industry Data Institute

## ICD-10 Transitional Strategy

ICD-10-CM PROCEDURE CODE	DESCRIPTION
02120JW	BYPASS 3 COR ART FROM AORTA WITH SYNTH SUB, OPEN APPROACH
02120K3	BYPASS 3 COR ART FROM COR ART WITH NONAUT SUB, OPEN APPROACH
02120K8	BYPASS 3 COR ART FROM R INT MAMMARY W NONAUT SUB, OPEN
02120K9	BYPASS 3 COR ART FROM L INT MAMMARY W NONAUT SUB, OPEN
02120KC	BYPASS 3 COR ART FROM THOR ART W NONAUT SUB, OPEN
02120KF	BYPASS 3 COR ART FROM ABD ART WITH NONAUT SUB, OPEN APPROACH
02120KW	BYPASS 3 COR ART FROM AORTA WITH NONAUT SUB, OPEN APPROACH
02120Z3	BYPASS 3 COR ART FROM COR ART, OPEN APPROACH
02120Z8	BYPASS 3 COR ART FROM R INT MAMMARY, OPEN APPROACH
02120Z9	BYPASS 3 COR ART FROM L INT MAMMARY, OPEN APPROACH
02120ZC	BYPASS 3 COR ART FROM THOR ART, OPEN APPROACH
02120ZF	BYPASS 3 COR ART FROM ABD ART, OPEN APPROACH
0213093	BYPASS 4+ COR ART FROM COR ART WITH AUTOL VN, OPEN APPROACH
0213098	BYPASS 4+ COR ART FROM R INT MAMMARY W AUTOL VN, OPEN
0213099	BYPASS 4+ COR ART FROM L INT MAMMARY W AUTOL VN, OPEN
021309C	BYPASS 4+ COR ART FROM THOR ART WITH AUTOL VN, OPEN APPROACH
021309F	BYPASS 4+ COR ART FROM ABD ART WITH AUTOL VN, OPEN APPROACH
021309W	BYPASS 4+ COR ART FROM AORTA WITH AUTOL VN, OPEN APPROACH
02130A3	BYPASS 4+ COR ART FROM COR ART WITH AUTOL ART, OPEN APPROACH
02130A8	BYPASS 4+ COR ART FROM R INT MAMMARY W AUTOL ART, OPEN
02130A9	BYPASS 4+ COR ART FROM L INT MAMMARY W AUTOL ART, OPEN
02130AC	BYPASS 4+ COR ART FROM THOR ART W AUTOL ART, OPEN
02130AF	BYPASS 4+ COR ART FROM ABD ART WITH AUTOL ART, OPEN APPROACH
02130AW	BYPASS 4+ COR ART FROM AORTA WITH AUTOL ART, OPEN APPROACH
02130J3	BYPASS 4+ COR ART FROM COR ART WITH SYNTH SUB, OPEN APPROACH
02130J8	BYPASS 4+ COR ART FROM R INT MAMMARY W SYNTH SUB, OPEN
02130J9	BYPASS 4+ COR ART FROM L INT MAMMARY W SYNTH SUB, OPEN
02130JC	BYPASS 4+ COR ART FROM THOR ART W SYNTH SUB, OPEN
02130JF	BYPASS 4+ COR ART FROM ABD ART WITH SYNTH SUB, OPEN APPROACH
02130JW	BYPASS 4+ COR ART FROM AORTA WITH SYNTH SUB, OPEN APPROACH
02130K3	BYPASS 4+ COR ART FROM COR ART W NONAUT SUB, OPEN
02130K8	BYPASS 4+ COR ART FROM R INT MAMMARY W NONAUT SUB, OPEN
02130K9	BYPASS 4+ COR ART FROM L INT MAMMARY W NONAUT SUB, OPEN
02130KC	BYPASS 4+ COR ART FROM THOR ART W NONAUT SUB, OPEN
02130KF	BYPASS 4+ COR ART FROM ABD ART W NONAUT SUB, OPEN



## Hospital Industry Data Institute ICD-10 Transitional Strategy

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ICD-10-CM PROCEDURE CODE	DESCRIPTION
02130KW	BYPASS 4+ COR ART FROM AORTA WITH NONAUT SUB, OPEN APPROACH
02130Z3	BYPASS 4+ COR ART FROM COR ART, OPEN APPROACH
02130Z8	BYPASS 4+ COR ART FROM R INT MAMMARY, OPEN APPROACH
02130Z9	BYPASS 4+ COR ART FROM L INT MAMMARY, OPEN APPROACH
02130ZC	BYPASS 4+ COR ART FROM THOR ART, OPEN APPROACH
02130ZF	BYPASS 4+ COR ART FROM ABD ART, OPEN APPROACH

## HOSPITAL-WIDE READMISSIONS

**Measure Name:** HWR

**Measure Description:** 30-day risk-standardized readmission rates and ratios using CMS methodology with and without sociodemographic factors. The hospital-wide measure includes readmissions for any cause for any cause to an acute care hospital within 30 days of discharge from an acute care hospital.

**Numerator Statement:** Patients, ages 18 and older, who were readmitted for any reason to an acute care hospital within 30 days of discharge from an acute care hospital, and who do not meet any exclusion criteria listed below. Measures were calculated using discharge records from participating hospitals. Index admissions for hospital-wide readmissions include almost all inpatient discharges.

**Denominator Statement:** All patients, ages 18 and older, discharged from an acute care hospital, and who do not meet the exclusion criteria.



**AHRQ QUALITY INDICATOR PROCESSING**

ICD-10 TRANSITIONAL REPORTING

**WinQI and ICD-10**

Hospitals transitioned to reporting ICD-10 diagnosis codes for all administrative claims effective Oct. 1, 2015. The Agency for Healthcare Research and Quality has not yet released software that can use ICD-10 diagnosis codes to calculate AHRQ quality indicators. Therefore, HIDI will be translating ICD-10 diagnosis codes to ICD-9 diagnosis codes to allow for processing through AHRQ’s current WinQI software (version 5.0).

**SUMMARY**

HIDI has begun to evaluate the differences observed across quarters in AHRQ measures based on discharge data before and after the ICD-10 change. HIDI gauged the level of incompleteness of the federal fiscal year 2016 hospital discharge input file, as well as the associated numerator and denominator counts from the AHRQ WinQI output, pre- and post-ICD-10. Measure-specific summary statistics were produced to determine the level of change observed between ICD-9 and ICD-10 time periods; graphic representations of these data appear in the HIDI AHRQ Measures Transition Appendix.

In aggregate and at a measure-specific level, numerator and denominator magnitude of AHRQ quality indicators aligned with recent data points (see Charts 1a, 1b and 1c). The changes in numerator and denominator volume were not different in terms of direction or relativity versus data points observed throughout the last 12 quarters.

**Chart 1a**

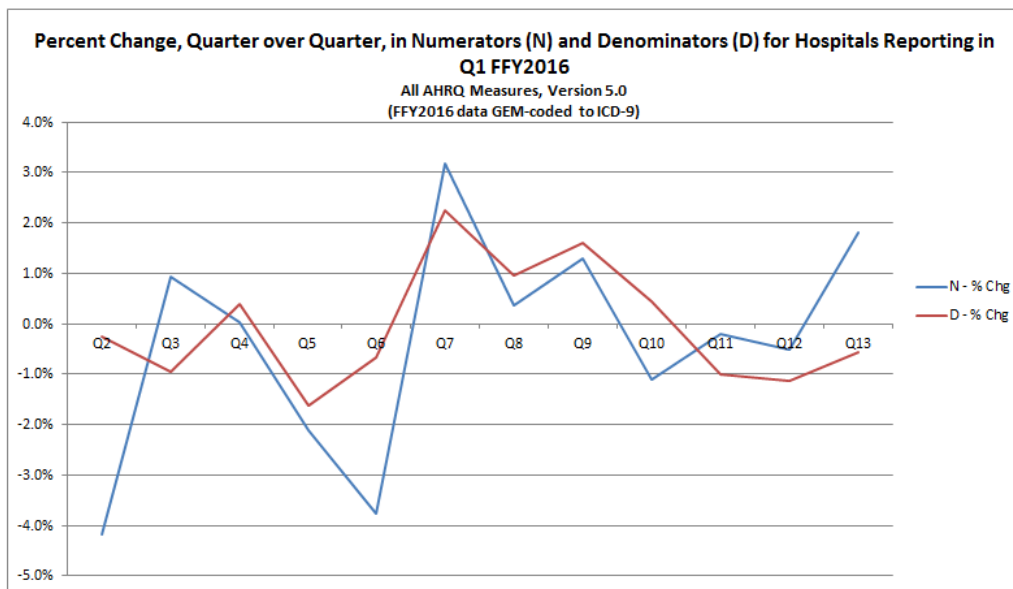


Chart 1b

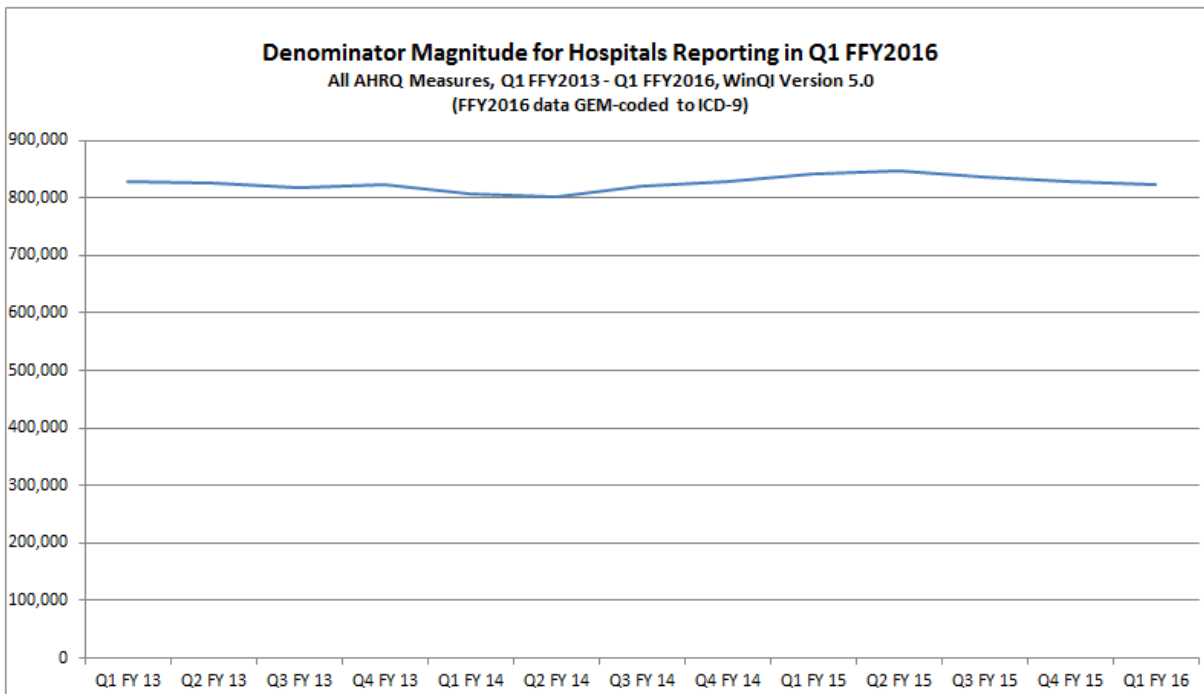
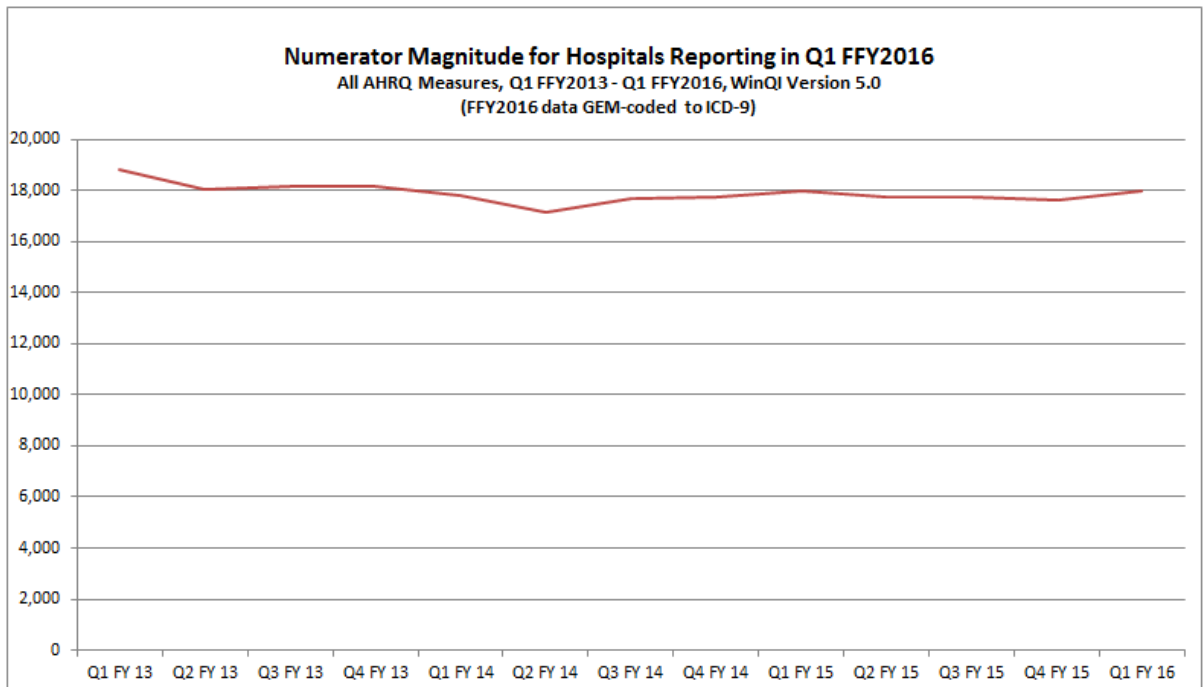
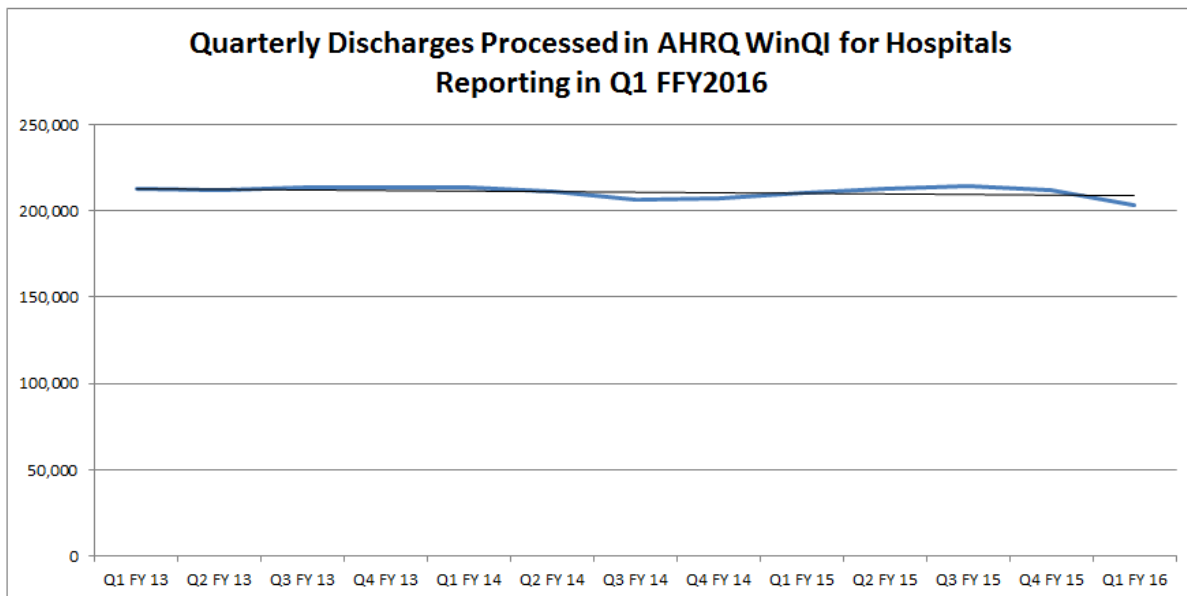


Chart 1c



The federal fiscal year 2016 first quarter HIDI discharge file was observed to be possibly somewhat incomplete — perhaps about 5 percent short of expected, but it reached similar lows in the third and fourth quarters of FFY 2014 (see Chart 2). Other observed or unobserved trend divergences could be remnants of the built-in partial heterogeneity between ICD-9 and ICD-10. Additional intervening variables could be the lack of ICD-10 coding experience from MHA members’ coders, which may undergo correction throughout time, as well as the fact that the quarterly ICD-10 data point stands alone, compared to 12 prior quarters of ICD-9 trend produced under WinQI version 5.0.

**Chart 2**



Some measures were found to have an observed rate for Q1 FFY 2016 that was either higher or lower than at any other point in the previous 12 quarters (IQI-171 [17A], IQI-18, IQI-21, IQI-22, NQI-3, PDI-1, PSI-11, PSI-13). However, every one of these instances appeared to follow an established trend and no Q1 FFY 2016 measures violated the three standard deviation upper/lower limits. Comparatively, it’s noteworthy to mention that three ICD-9-based measures (pre-FFY 2016) produced data points that violated the three standard deviation upper/lower limit (PSI 17, PSI 18, PSI 19).

No alarming observations have been uncovered that would suggest GEM-coded Q1 FFY 2016 diagnoses are problematic in terms of AHRQ WinQI version 5.0 processing. However, the heterogeneity of the diagnostic sets suggests that there could be an observable difference in quality indicator rates when ICD-10-compliant risk-adjusted rate-producing software becomes available. Review will continue as future quarters of discharge data become available.