CMS Special Open Door Forum

ICD-10 Crosswalk for Diagnosis Codes to Indicate Primary Cause of ESRD

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Today’s Speakers

The Centers for Medicare & Medicaid Services

Introduction
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- Jean Moody Williams, Deputy Director of CCSQ
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- Dr. Kate Goodrich, Director of Quality Measures and Value-Based Incentive Group
- Robert Anthony, Deputy Director, Quality Measures and Value-Based Incentive Group
- Dr. Pierre Yong, Director, Division of Quality Measurement
- Traci Archibald, Director, Division of ESRD Population and Community Health
- Barbara Heinlein, Director, Division of ESRD Quality Reporting Systems
Purpose of Today’s Call

• ESRD community stakeholders have raised concerns to CMS about the ICD-10 Code List.

• CMS is convening this listening session to give those, who have not done so, an opportunity to voice their concerns directly.

• Our intent is to listen to your concerns and feedback, to inform our decisions around how CROWNWeb will accept the ICD-10 codes.
The CMS-2728 Form and ICD-10 Codes
• CMS is set to transition to ICD-10 codes to identify the primary cause of ESRD, Field #15, on the CMS-2728 ESRD Patient Registration Form, effective October 1, 2015.

• The ICD-10 Code List for ESRD was created using the CMS General Equivalence Mappings (GEMS) crosswalk based on the list of ICD-9-CM codes on the current 2728 form.

• The updated ICD-10 Code List can be found on the MyCrownweb.org website:
  ▪ Web Link to Updated CMS-2728 Form with ICD-10 Codes
Many of the “causes” of renal failure, in particular for gout, refer to extrarenal complications and are not relevant (these can be simplified/collapsed into more general categories).

There are a number of causes of primary renal disease that are missing, including: renal dysplasia, nephronophthisis, Denys-Drash syndrome, diffuse mesangial sclerosis, focal segmental glomerulosclerosis (idiopathic and genetic forms as well as secondary forms).

Be more specific about form of polycystic kidney disease (ADPKD vs. ARPKD).

There needs to be an option for ATN, and for cortical necrosis.

Did not see posterior urethral valves, or other urologic causes of renal failure (like bladder obstruction or stones).

Codes for gout-related nephropathy are excessive and unnecessary.

The expanded ICD10 diagnosis list is nice in theory, but in practice is unlikely to be accurate.

Many others seem unrelated as a cause of ESRD. (e.g. transplant rejection vs transplant failure – there may be rejection but there is not ESRD until there is kidney failure.)
• There will be an emerging issue with chemotherapy induced kidney injury and damage that is not clearly addressed.

• Capture atypical HUS vs. D+HUS.

• Toxic causes need to be anticipated.

• There will be an emerging issue with chemotherapy induced kidney injury and damage that is not clearly addressed.

• Although lead can cause kidney failure, and gout can cause kidney failure, they are not common diagnoses.

• The list of Primary Causes of Renal Failure has about 100 unnecessary and irrelevant ICD diagnoses related to lead and gout.

• Code list includes codes that explicitly do NOT cause kidney failure, for example, “M31.30, Wegener’s granulomatosis without renal involvement.”

• It’s not plausible to list “Gout due to renal impairment,” no matter what joints are involved, as a cause of kidney failure.
• The mandate to substitute ICD-10 for ICD-9 codes is irrelevant.

• N40 (hyperplasia of the prostate) is not included.

• There are NO codes from the N13.0-N13.9 section of ICD-10 (Obstructive and reflux uropathy).

• Atheroembolism of the kidney (I75.81), an important cause of kidney failure following cardiovascular interventions, is missing.

• Distinguishing cases involving the left hand from those involving the right wrist, with or without tophi, is not important in the epidemiology of kidney failure.

• There isn’t enough assault (TX56.0X3a) and intentional (TX56.0X2a) or accidental (TX56.0X1a) self-harm by lead going on to make it important to distinguish these from code T56.0X4A, lead toxicity.

• A number of common causes of ESRD, including obstruction and atheroembolic disease, are no longer included on the form.

• New Code List will generate a large amount of data that is not meaningful for purposes in which that data is subsequently used.
• Rare diseases like Niemann-Pick and Gaucher disease that do not lead to ESRD are included.

• Many glomerulonephritis codes (eg N00.0-N00.4 & N03.1-N03.3) describe the same diseases in acute and chronic forms, which would be better consolidated into fewer codes.

• Under Cystic/Hereditary/Congenital Diseases, multiple similar codes (Q 60.0-60.5) for renal agenesis and hypoplasia are given that were previously covered in one diagnosis code of hypoplasia/dysplasia/oligonephronia (7530).

• Three of the most common congenital causes of ESRD in children, which are renal dysplasia, congenital posterior urethral valves and vesicoureteral reflux nephropathy, were not included.

• Many liver, lung, heart, intestine, corneal and bone transplant complication codes (T86 codes) and codes for rare renal diseases not usually associated with ESRD (cystinuria, sphingolipidosis, pseudohypoparathyroidism).

• A desk-side reference guide to kidney disease ICD-10 coding developed for use by coding and billing personnel in nephrology practices includes a list of diagnosis codes that account for the vast majority of the conditions that are the primary cause of ESRD.
1. **Code list includes “superfluous ICD-10 Codes”:**
   - codes that lack sufficient specificity
   - codes for conditions that occur too rarely in kidney disease
   - codes for conditions that are caused by ESRD, not the cause of ESRD (such as the M10.3 series of gout codes)
   - codes that are completely unrelated to kidney disease (such as T86.43, liver transplant infection)
   - codes that are multiplicative by virtue of citing many types of organ involvement or different limbs or body parts (such as M1A.1710, lead induced chronic gout, right ankle and foot, without tophus [tophi])

2. **Codes from the current classification system are “missing” from the new version (obstructive uropathy, hyperplasia of the prostate, etc.)**

3. **The code list “needs to be simplified” for use by practicing nephrologists and staff**
1. Has CMS captured the major concerns regarding the ICD-10 Code List? Are there other ICD-10 code concerns?

2. What is the best way to make the ICD-10 Code List navigable? (e.g. follow the order of ICD-10 codes; categorize, electronic search, etc.)

3. Given the expansion of codes under ICD-10, what would be a meaningful alternative to identify Primary Cause of ESRD, other than diagnosis codes?
Moving Forward
1. The critical missing codes must be inserted and extraneous codes deleted before October 1, 2015.

2. The best way to make the list navigable would be to follow the ordering of ICD-10 codes (allowing physicians seeking an appropriate code to use an ICD-10 search engine) and allowing familiarity with the ICD-10 code structure to carry over to use of the list.

3. Delay the proposed change, if that can be done, in order to generate a more reasonable classification schema that optimally adapts ICD-10 codes for this purpose.

4. Substantially reduce the number of diagnosis codes appearing on the 2728 form.
Final Comments

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- American Society of Pediatric Nephrology (ASPN)
- Dialysis Services, Tufts Medical Center
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- Renal Physicians Association (RPA)
- Kidney Care Partners (KCP)
- Today’s participants
Thank You

For Further Information...

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