Managing Transitions to Standard Vocabularies

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HIT Standards Committee

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Management of Transitions to Full Use of Standard Vocabularies

- **Background:** Requiring the immediate, exclusive use of some standard vocabularies might be so burdensome as to compromise clinical-quality measure (CQM) reporting.

- **Goal:** Identify acceptable transition vocabularies for specific data categories of the Quality Data Model (QDM)—to support CQM reporting.

- **Scope:** These recommendations do not apply beyond the domain of CQM reporting.

Effects on Stakeholders

1. **CQM developers** – would not be required to use transition vocabularies; they could do so voluntarily to make their measures easier to implement.

2. **HIT developers and HIT certifiers** – Transition vocabularies would not be required for quality-measure reporting.

3. **Care-delivery organizations** – would not be required to use transition vocabularies (but could if they wished)

4. **CMS** – would be required to receive and credit reports of care-quality measures communicated in both standard vocabularies and in transition vocabularies.

5. **Non-CMS payers** – would not be required to receive quality reports in interim (or standard) vocabularies.

Acceptable Transition Vocabularies for QDM Concepts

1. ICD-9 CM Diagnoses
2. ICD-10 CM
3. ICD-9 CM Procedures
4. ICD-10 PCS
5. CPT
6. HCPCS

Elements to consider for vocabulary transitions

1. Vocabulary sub-sets (value sets)
2. Mappings
   - For care-delivery organizations
   - For measures developers
   - For CMS
3. Final Date of transition period
4. Certification Implications: None identified.

Ratings of mappings and sub-sets and value sets:
   1 = useless or unusable
   5 = optimally useful and usable

Determining Final Dates for Transitions

- Does statute or regulation set a terminal date?

- Until when might organizations acting in good faith be unable to use target standard vocabularies?

- How soon could usable and useful value sets (sub-sets) needed for the transition be developed?

- How soon could usable and useful vocabulary mappings needed for the transition be developed?

ICD-9 CM Diagnoses
(condition, diagnosis, problem, family history--dates of service before 10/1/2013)

- Existing Subsets and Value Sets: Not relevant.
- Mappings
  - SNOMED CT to ICD-9 CM
    - Readiness = unknown*
  - ICD-9 CM to SNOMED CT
    - Readiness = unknown*
  - Sources
    - Kaiser
    - NLM
    - Commercial maps may be available.
- Final Date: Not usable for <u>services provided</u> after 10/1/2013.

Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.

ICD-9 CM Procedures
(Inpatient Encounter; Intervention; Procedure)

- Existing Subsets and Value Sets: Not relevant.
- Mappings
  - SNOMED CT to ICD-9 CM
    - Readiness = unknown*
  - ICD-9 CM to SNOMED CT
    - Readiness = unknown*
  - Sources
    - Kaiser
    - NLM
    - Commercial maps may be available.
- Final Date: Not usable for <u>services provided</u> after 10/1/2013.

*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.

ICD-10 CM
(condition, diagnosis, problem, family history; for dates of service on or after 10/1/2013)

- Existing Subsets and Value Sets: Not relevant.

- Mappings

  - ICD-10 CM to SNOMED CT

    - Readiness unknown.*

  - SNOMED CT to ICD-10 CM

    - Readiness unknown.*

- Final Date: One year after MU-3 is effective.

Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.

ICD-10 PCS
(Inpatient Encounter; Intervention; Procedure)

- Existing Subsets and Value Sets: Not relevant.

- Mappings
  - ICD-10 CM to SNOMED CT
    - Readiness unknown.*
  - SNOMED CT to ICD-10 CM
    - Readiness unknown.*

- Final Date: One year after MU-3 effective.

Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.

CPT

(Encounter; Intervention; Procedure)

- Existing Subsets and Value Sets
  - Value sets and Subsets with OIDS from MU-1 re-tooling and PQRS
  - Readiness = 4
- Mappings
  - CPT (I & III) to SNOMED CT
    - Readiness = unknown.*
  - SNOMED CT to CPT (I & III)
    - Readiness = 4
  - CPT (I) to LOINC
    - Readiness = unknown.*
  - LOINC to CPT (I)
    - Readiness = 2
- Final Date: One year after MU-3 is effective.

*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.

HCPCS
(Communication, Non-lab diagnostic study, Encounter, Intervention, Procedure)

- Existing Subsets and Value Sets:
    - CPT and SNOMED-CT.
    - Readiness = 4
- Mappings: None identified.
- Final Date: One year after MU-3 is effective.

Monitoring

- ONC will need to track and revise especially final dates, according to changes affecting MU timeframes, etc.