

# ICD-10 Taskforce Bulletin

A Newsletter from the NCHICA ICD-10 Taskforce

February 2011

## Understanding GEMs

The General Equivalence Mappings (GEMs), developed by CMS and the CDC as public domain, are general purpose translation tools designed to ensure consistent national data while navigating the complexity of translating meaning from the ICD-9-CM to the ICD-10-CM/PCS code sets.

The GEMs serve the healthcare industry with a specific, limited, short-term need to facilitate the conversion and migration of systems, applications and data from ICD-9-CM to ICD-10-CM/PCS. They are intended to be used by all providers, payers, coding professionals, medical researchers, informatics professionals, utilization managers, quality managers and software vendors, as well as any other individuals who use coded data. They can facilitate the conversion to ICD-10-CM/PCS for payment systems, payment and coverage edits, risk adjustment logic, quality measures, disease management programs and financial modeling, in addition to a variety of research applications involving trend data over multiple years, spanning the implementation of ICD-10. Mainly, the GEMs are intended to be used primarily for large databases or batch translations of codes or code tables used by an application, when codes in one or the other code set are the only source of information.

**Example:** CMS used the GEMS for the conversion of the MS-DRGs from an ICD-9-CM to ICD-10-CM/PCS based application in addition to the conversion of the Medicare Code Editor to an ICD-10-CM/PCS based application.

The GEMs are forward and backward mappings (bi-directional) between ICD-9-CM and ICD-10-CM/PCS. GEMs from ICD-10-CM/PCS back to ICD-9-CM are referred to as backward mappings and the GEMs from

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### **The GEMs Should Not be Used for Coding Medical Records**

The GEMs are not a substitute for learning to use the ICD-10-CM/PCS code sets. Coding staff should assign ICD-10-CM/PCS codes based on the patient's medical record documentation, using code books or encoder software. It is important to keep in mind mapping is not the same as coding. Mapping links concepts in two code sets without consideration of context or specific clinical information contained in medical records, while coding involves assignment of the most appropriate code based on medical record documentation and applicable coding rules/guidelines. Use of the GEMs for coding purposes will result in coding errors: codes may not be supported by medical record documentation and may place users at an increased compliance risk.

### RED ALERT COUNTDOWN

**963 Days**

(As of February 10, 2011)

#### ICD-10-CM Boot Camp

**Feb. 17, 2011, Charlotte, NC**  
Sponsored by AAPC & Ingenix  
See [Ingenix.com](http://Ingenix.com) for details

#### ICD-10: A Regional View

**Feb. 25, 2011, Raleigh, NC**  
Sponsored by The Triangle  
Region of NCHIMA  
See [NCHIMA.org](http://NCHIMA.org) for details

#### Gearing Up for ICD-10-CM/ PCS NCHIMA Coding Round Table

**May 5-6, 2011, Concord, NC**  
Sponsored by NCHIMA.  
See [NCHIMA.org](http://NCHIMA.org) for details

#### AHIMA ICD-10-CM/PCS Training Academy

**June 1-3, 2011, Raleigh, NC**  
Sponsored by AHIMA  
[Click here for details](#)

#### North Carolina ICD-10 Summit

**June 23, 2011, Raleigh, NC**  
Sponsored by NCHICA &  
NCHIMA  
*Details coming soon*

*NCHICA formed the ICD-10  
Taskforce in February 2009 to  
assist members in their ICD-10  
implementation efforts. For  
more information, visit  
[www.nchica.org](http://www.nchica.org) and click on  
ICD-10.*

*Content for the February issue  
provided by NCHICA ICD-10  
Taskforce members.*

ICD-9-CM to ICD-10-CM/PCS are referred to as forward mappings. All ICD-9-CM and ICD-10-CM/PCS codes are included in the collective GEMs. However, the GEMs have different content in each direction. The backward and forward mappings are not mirror images of each other, since all translation alternatives are based on the meaning and level of specificity of the code in the source system. For example, the ICD-10-PCS to ICD-9-CM GEM is not a mirror image of the ICD-9-CM to ICD-10-PCS GEM.

The GEMs are also referred to as “crosswalks” since they provide important information linking codes of one code sets to codes in the other code set. They organize the differences in the ICD-9-CM and ICD-10-CM/PCS code sets by linking a code in one code set to all valid alternatives in the other code set. All reasonable code translation alternatives for the complete meaning of the code being looked up (source system code) are provided in the GEMs. The “complete meaning” of a code is based on code set instructions, index entries, official coding guidelines, and, when ICD-9-CM is the source system, applicable *Coding Clinic for ICD-9-CM* advice.

**Example:** *The “ICD-10-CM Official Guidelines for Coding and Reporting” indicate that the seventh character extension for subsequent encounter includes aftercare. Therefore, the GEM links the ICD-10-CM codes with the subsequent encounter extension to the ICD-9-CM diagnosis codes for aftercare. An example from the ICD-10-CM to ICD-9-CM GEM is ICD-10-CM code S32.415D, Nondisplaced fracture of anterior wall of acetabulum, left side, subsequent encounter for fracture with routine healing, which links to ICD-9-CM code V54.13, Aftercare for healing traumatic fracture of hip.*

In ICD-9-CM, there are adjunct procedure codes that do not identify a procedure, but convey additional information about the procedure (such as the number of vessels treated or the number of stents in-

serted) and must be paired with a code describing the procedure to be meaningful. Sometimes a combination of codes (referred to as a “cluster” in the GEM user guides) in the target system is needed to completely describe a code in the source system. For example: *ICD-10-CM code I25.110, Atherosclerotic heart disease of native coronary artery with unstable angina pectoris, links to a combination of two ICD-9-CM codes: 414.01, Coronary atherosclerosis of native coronary artery and 411.1, Intermediate coronary syndrome.* Understanding these differences in the code sets is essential to determining the impact of the transition on reimbursement, eligibility, quality measurement, or other processes that rely on ICD-coded data.

Be aware that all data conversion projects won't necessarily need to use the GEMs. When a small number of codes are being converted, it may be quicker, easier, and more accurate to simply look up the correct codes directly in the code sets. When you have access to the health record/clinical information, such as clinical terms of diagnoses or procedures, the correct codes should also be looked up directly in the code sets rather than using the GEMs. Becoming dependent on the GEMs has the potential for error because there are instances where there is not a translation between an ICD-9-CM code and an ICD-10 CM code.

**Examples:**

- ◆ *ICD-10-CM diagnosis code Y71.3 - Surgical instruments, materials and cardiovascular devices (including sutures) associated with adverse incidents has no reasonable translation in the ICD-9-CM code set.*
- ◆ *ICD-9-CM procedure code: 89.8 - Autopsy, has no reasonable translation in the ICD-10-PCS code set.*

**Reminder: The GEMs are not intended to be a substitute for using ICD-9-CM and ICD-10-CM/PCS directly.**

**For additional information about the GEMs and how to use them, see the documentation and user's guides posted on the CMS and CDC Websites.**

**CMS:** [http://www.cms.gov/ICD10/11b\\_2011\\_ICD10PCS.asp#TopOfPage](http://www.cms.gov/ICD10/11b_2011_ICD10PCS.asp#TopOfPage)

**CDC:** [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD10CM/2011/](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2011/)

**For additional information about conversion of applications directly to ICD-10-CM/PCS, see the MS-DRG conversion report on the CMS Website:**

<http://www.cms.gov/ICD10/Downloads/V28MsdrGUpdate.pdf>