



Managing Transitions to Standard Vocabularies

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HIT Standards Committee

Clinical Quality Workgroup and Vocabulary Task Force

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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 [development].
- **Goal:** Identify acceptable transition vocabularies for specific data categories of the Quality Data Model (QDM)—to support CQM reporting [development].
- **Scope:** These recommendations do not apply beyond the domain of CQM reporting [development].

Effects on Stakeholders I

- 1. CQM developers** – would not be required to use transition vocabularies; they could be encouraged to do so voluntarily in order to make their measures easier to implement through 2013 or 2014 [2015?].
- 2. HIT developers** – Transition vocabularies are not required for Quality Measure reporting, but may be required for other purposes; their products may already be programmed to use several of them.
- 3. HIT certifiers** – Transition vocabularies are not required for Quality Measure reporting in the short term; [Not sure what this means: future certification requirements or testing would follow the time frames established for use of standard vocabularies.]

Effects on Stakeholders II

4. **Care-delivery organizations** – would not be required to use transition vocabularies (but could if they wished).
5. **CMS** – would be required to receive and credit reports of care-quality measures communicated in both standard vocabularies and in transition vocabularies.
6. **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. Readily available, task-focused 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

Determining reasonable end date for transitions

Considerations

- a. Does statute or regulation set a terminal date?
- b. Until when might organizations acting in good faith be unable to use target standard vocabularies?
- c. How soon could usable and useful value sets (sub-sets) needed for the transition be developed?
- d. How soon could usable and useful vocabulary mappings needed for the transition be developed?

Completion of Transition Planning

- Identify and rate the readiness of
 - Subsets and Value Sets and
 - Mappings.
- Identify final date of acceptable use.
- Identify certification implications (if any).

Ratings of mappings and sub-sets and value sets:

1 = useless or unusable

5 = optimally useful and usable

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 (separately or embedded in EHR products).
- Final Date of Acceptability: (Not usable for services provided after 10/1/2013.)
- Certification Implications: None identified.

*because subset of SNOMED CT needed for MU 2 & 3 quality measures is not yet known

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 (separately or embedded in EHR products).
- Final Date of Acceptability: (Not usable for services provided after 10/1/2013.)
- Certification Implications: None identified.

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 of Acceptability: One year after MU-3 effective.
- Certification Implications: None identified.

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 of Acceptability: One year after MU-3 effective.
- Certification Implications: None identified.

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 to SNOMED CT
 - Readiness = unknown
 - SNOMED CT to CPT (I & III)
 - Readiness = 4
 - CPT to LOINC
 - Readiness = unknown
 - LOINC to CPT (1)
 - Readiness = 2
- Final Date of Acceptability: One year after MU-3 effective.
- Certification Implications: None identified.

HCPCS

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

- Existing Subsets and Value Sets: No relevance identified.
- Mappings: No relevance identified.
- Final Date of Acceptability: Unknown.
- Certification Implications: None identified.