V15.4 NPIC/QAS Special Quarterly Report: ICD-10 Data Transition

Q4 2015 marks the transition to ICD-10 data and this special report provides a brief summary of the initial effect of the transition on data quality and measure reporting. We continue to monitor the status of ICD 10 information and plan to update member hospitals on a quarterly basis. Questions regarding this report should be directed to Sandra Boyle, Director of Data Services (sboyle@npic.org) or Tara Wilcox, NPIC Analyst/Hospital Liaison (twilcox@npic.org) at 401-274-0650.

What was affected	How/Why	Impact on Reporting
Quarterly NPIC/QAS data submission processing	Many member hospitals submitted successful test data files prior to the 10/1/15 effective date for ICD-10; however the majority of Q4 2015 data submissions had errors that required correction and resubmission. The most common errors were truncated diagnosis codes and no procedure codes found on the data file.	To maintain the quality of the subgroup and database comparisons displayed in quarterly reports, **V15.4** report production was delayed to allow additional time for correction/reprocessing of data.
Coding of deliveries	All deliveries need an ICD-10 PCS procedure code assigned. The appropriate code for normal spontaneous vaginal deliveries and/or manually assisted deliveries without the use of any instrumentation is **10E0XZZ** (AHA Coding Clinic, June 1, 2016, Ref. # 50013575.116). NPIC/QAS data quality edits identify deliveries missing procedure codes on file submissions. (Please note, deliveries without a procedure code appear to group to a delivery DRG in most cases.)	Deliveries with missing ICD-10 PCS procedure codes will have minimal impact on current NPIC/QAS reporting as the APR-DRGs are used to determine the population for most analyses. The maternal population for the Joint Commission Perinatal Core measures is determined by ICD-10 PCS procedure codes for delivery.
Determining total deliveries using MS - DRG grouper	NPIC/QAS data file processing includes running all discharges provided on each hospital data submission through both the MS DRG and APR DRG grouping software programs. With the introduction of ICD- 10 coding it appears there are some deliveries that do not group to the MS DRGs specified for deliveries (765-768 and 774-775). These are cases with an ICD-10 PCS procedure code for delivery that group to MS DRGs ≥ 981. For most of these deliveries, a diagnosis code for 3rd or 4th degree laceration is included on the record. The NPIC/QAS Data Validation Report was revised to display these cases in the count of Total MS DRG deliveries. A summary of APR DRGs for Obstetrical Discharges was also added to the validation report to facilitate review for hospitals who use the APR- DRG grouper.	NPIC/QAS uses the APR-DRGs for most analyses. The Quarterly Report also includes a distribution of obstetrical discharges by MS DRG (Table OB3) and the count of deliveries grouping to MS DRGS > 981 are included in the category "Other DRGs associated with all MDCs".
Coded birthweight information	An issue with birthweight coding was identified for some hospitals. Neonates with numeric birthweight > 2500 grams were coded with a birthweight range of 2000 - 2499 grams in ICD-10. ICD 10 birthweight code ranges do not exceed 2000 - 2499 grams. Hospitals with a significant number of coding errors received a Data Quality Alert and NPIC/QAS provides all hospitals a list of cases with a conflict between the numeric and coded birthweight on the data file (Birthweight Non-parity Report) as part of the quarterly data validation/correction process.	NPIC/QAS reporting defaults to the numeric birthweight for the cases with a conflict between the numeric and coded birthweight that were not corrected.

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Coded gestational age information	It appears that gestational age is being coded more frequently on neonatal records. NPIC/QAS created a Neonatal Gestational Age Mismatch Report which displays neonatal cases with a conflict between the numeric gestational age and the ICD 10 coded gestational age on the data submission. Every hospital receives this report as part of the quarterly data validation/ correction process.	NPIC/QAS reporting defaults to the numeric gestational age for cases with a mismatch between the numeric and coded gestational age information that were not corrected.
Transfusion information	The number of hospitals coding blood transfusions has decreased. Coding of blood transfusions is optional. It appears that some hospitals are electing not to code them due to the complexity of the available ICD-10 PCS codes and a lack of specificity in provider documentation. NPIC/QAS data quality edits identify file submissions without coded blood transfusions. Hospitals are informed of alternative methods for providing this information (e.g. revenue codes.)	Blood transfusion information is used for the calculation of Adverse Outcome and Severe Maternal Morbidity measures. The Alliance for Innovation on Maternal Health (AIM) considers it critical for hospitals to continue to code for blood transfusions in maternity patients and recommends that hospitals provide guidance to their providers and coders regarding the importance of thorough documentation of blood transfusions. The AIM **Severe Maternal Morbidity (SMM) Data Alert for Blood Transfusions** includes a simple guide for coding transfusions. http://www.safehealthcareforeverywoman.org/aim-data.php
Identifying inductions	Current ICD-10 coding does not allow for a distinction between artificial rupture of membranes (AROM) to induce labor and AROM after onset of labor.	The calculation of all induction rates displayed in NPIC/QAS reports has been suspended due to the inability to determine an accurate number of inductions. AIM has identified labor induction as an important area for quality improvement in obstetrics and has created the **ICD-10-PCS Coding Guidelines for Labor Inductions v7-15-2016** in an effort to promote more accurate ICD-10 coding**.** http://www.safehealthcareforeverywoman.org/aim-data.php
AHRQ measures	The final version of the AHRQ QI software for ICD-10 was not available for use during production of V15.4 Quarterly Reports. (AHRQ released the software on 7/12/16)	AHRQ measures are not displayed in any of the reports created for V15.4 (Quarterly Report, Perinatal Quality Improvement Dashboard).AHRQ measure information will be provided in V16.1 reports.