

ICD-10 GEMs 2011 Version Update

Update Summary

GEMs Update Incorporates FY2011 Code Set and Public Comment

Overview

The updated 2011 General Equivalence Mappings (GEMs) are posted for review and public comment. The updated files contain all changes to date in response to public comment as mandated by the Affordable Care Act, for the period ended November 11, 2010, as well as ongoing internal review for accuracy and completeness.

Extensive public comment was received on the subject of the GEMs. Several organizations sent general letters of support for the GEMs and asked for ongoing maintenance and increased stakeholder input in improving and updating the GEMs. Providers, payers, vendors, independent consultants and other individuals in the healthcare community submitted comments and suggestions for improving the GEMs. Approximately 5,200 GEMs entries were the subject of public comment. Roughly 250,000 total entries comprise the GEMs.

The public support and collaboration on the GEMs was invaluable, and led to many improvements in the accuracy and completeness of the GEMs as an ICD-10 transition resource. All comments and suggestions were reviewed and considered. Any recommended change to an entry that met GEMs inclusion criteria was incorporated into the updated 2011 files. Of the 5,200 comments submitted, roughly one third of the recommended changes were either implemented for this update or had been previously implemented in the September update, based on public comment received during the past year. Approximately 850 recommended changes, or 16% of all comments received, were new changes implemented for the 2011 GEMs, and approximately 900 additional recommended changes, or 17% of all comments received, supported previous changes in the most recent updated GEMs files (posted on the CMS website in September, 2010).

Recommendations Inconsistent with GEMs Inclusion Criteria

Complete Meaning of a Code

Any recommended change that did not meet GEMs inclusion criteria was not made to the GEMs. Approximately 2,250 recommended changes, or 43% of all comments received, did not meet inclusion criteria. When a recommendation did not meet inclusion criteria for the recommended GEM file, it was either because

- The recommended change did not take into account the complete meaning of the code in question (i.e., instructional notes and index entries)
- The recommended change would allow more detailed translation alternatives than are supported by the level of detail in the source system code

For the GEMs to be useful as a translation reference, it is important that the GEMs adhere to a consistent, testable set of inclusion criteria. The inclusion criteria with examples are

found in the "General Equivalence Mapping Documentation for Technical Users," at http://www.cms.gov/ICD10/11b_2011_ICD10PCS.asp.

Fundamental to evaluating the GEMs is an understanding of two basic aspects of GEMs development covered in the first page of the documentation for technical users: the complete meaning of a code, and the fundamental inclusion principle. Both are critical factors in determining what is and is not included as a translation alternative.

"Complete meaning of the code" is defined as

- All correctly coded conditions or procedures that would be classified to a code based on the code title, all associated tabular instructional notes, and all index references that refer to a code

Keeping in mind that a code is a numerical representation of a medical condition or procedure, and that a code or codes can be used to identify a distinct patient population, then the GEMs must endeavor to give translation alternatives that would identify that same patient population. To do this, the complete meaning of the code being translated, and the complete meaning of all prospective translation alternatives, must be taken into account.

For example, in the case of a GEMs entry flagged as an "exact match," the strict distinction between a true exact match—a code that identifies the same patient population in both code sets—and all others must be preserved. Even when the code title is exactly the same, if the specific conditions that comprise the complete meaning of the code are different, then the code does not express the same complete meaning and will therefore not identify precisely the same population. Such codes are flagged as an approximate match in the GEMs, not as an exact match.

Following are examples of public comment submitted to request a change to the GEMs that did not meet inclusion criteria, and so the changes were not made.

**Public recommendation that did not meet GEMs inclusion criteria:
Complete meaning of the code(s) not taken into account**

2010 entry	Public Recommendation	Reason change was not made
<p>Example R07.89 Other chest pain</p> <p>To 786.59 Other chest pain</p>	<p>Mapping attribute should be 00000 [Approximate flag changed to 0, which means "exact match"]</p>	<p>No change to GEMs entry. This entry does not meet the definition of exact match, because "other chest pain" does not identify the same patient population in both code sets. For example, "intercostal pain" is classified to 786.59 and "intercostal pain" is a unique code in ICD-10-CM, R07.82. Patients diagnosed with "intercostal chest pain" would be classified to "other chest pain" in ICD-9-CM and "intercostal chest pain" in ICD-10-CM.</p>

**Public recommendation that did not meet GEMs inclusion criteria:
Complete meaning of the code(s) not taken into account**

2010 entry	Recommendation	Response
<p>00.45 To NoPCS</p> <p>Example 00.45 Insertion of one vascular stent</p> <p>To NoPCS [No code with equivalent meaning]</p>	<p>Example 00.45 Insertion of one vascular stent</p> <p>To 0[3,4]7*34Z Dilation of Artery with Drug-eluting Intraluminal Device, Percutaneous Approach (61 codes)</p>	<p>No change to GEMs entry. ICD-9-CM code 00.45 is an adjunct code which describes only the number of stents inserted. It does not specify an actual procedure, and therefore does not meet inclusion criteria for translation to a PCS code in the 9 to PCS GEM. All PCS Medical and Surgical section codes fully specify a procedure. There are no adjunct codes in PCS. For a full translation of 00.45, see the use of 00.45 in cluster translation alternatives for 0[3,4]7*34Z, in the PCS to 9 GEM.</p>

**Recommendations Inconsistent with GEMs Inclusion Criteria
Translation Alternatives and Level of Detail**

A fundamental principle adapted for GEMs development helps determine the translation alternatives included for a code. To the greatest extent possible, the selection of translation alternatives for a code is guided by the same principle as that articulated by the National Library of Medicine (NLM): *Mappings from specific concepts to more general concepts are possible; however, it is not possible to use mappings to add specificity when the original information is general.* It is not possible to adhere rigidly to this principle and still meet the GEMs primary goal of offering a translation wherever possible, as explained in the complete inclusion criteria. However, in many cases public recommendations were made requesting that unjustifiably detailed translation alternatives be added to a GEMs entry—alternatives that increase the number of translation options and add detail beyond that in the code being translated, when fewer and less specific translation alternatives that more closely match the level of detail in the code are already in the GEMs entry.

Translating general or unspecified codes

This basic constraint on the level of detail included in a GEMs entry is inseparable from the intended uses for which the GEMs were developed because

- The GEMs are meant to be used when there is no access to the detail found in the original medical record

Therefore, when the code being translated is general, and there are both general and specific translation alternatives, it is not useful to include the specific alternatives in a GEMs entry when there is no basis for choosing the specific option over the general.

Translating general codes to those that involve laterality

Laterality in ICD-10-CM diagnoses is a common example of the need to translate general codes to those that offer greater detail. Since the ICD-9-CM diagnosis code does not specify laterality, it is not useful to give three translation alternatives (left, right, and unspecified) when the unspecified option is a closer match in terms of detail, and there is

no basis for choosing either of the other two. In the 9 to 10 GEMs, then, the ICD-9-CM codes translate only to the comparable unspecified ICD-10-CM code.

Suggestions to create specific translations by removing alternatives

Some public comments suggested removing translation alternatives from the GEMs where the result would have created unjustifiably specific translations. Translation alternatives should not be removed when *all* translation alternatives are more specific and there is no basis for including some and excluding others. A common example of this type of comment occurred with ICD-9-CM procedure codes, where the approach is not specified in the code. Since there is no "unspecified" approach in ICD-10-PCS, all possible approaches are allowed as translations according to GEMs inclusion criteria. Suggestions were made to remove the less typical approaches and only allow the most common PCS approach as a translation of the ICD-9-CM code. This would in effect *add* detail to a translation, by *adding certainty* where none exists. The ICD-9-CM code does not restrict itself to the common surgical techniques, and so its translation alternatives should not be restricted.

Misunderstandings about the purpose and use of the GEMs

In many cases, it is evident that some members of the public were evaluating the 9 to 10 GEM based on the notion that it should contain all of the translation alternatives found in ICD-10-CM/PCS. This is not consistent with the way the GEMs were developed and intended to be used. Generally speaking, the 9 to 10 GEMs have fewer uses than the 10 to 9 GEMs in preparing for the ICD-10 transition. As stated above, because the GEMs are meant to be used when there is no access to the detail found in the original medical record, the 9 to 10 GEMs are designed to offer only the translation options at the same level of detail available in the ICD-9-CM code wherever possible. Therefore, by definition the 9 to 10 GEMs cannot be used to "look ahead" and see all of the rich detail in ICD-10-CM/PCS that is not present in ICD-9-CM. Those wishing to see all translation options in ICD-10 for a given ICD-9-CM code are advised to use the ICD-10 to ICD-9 GEM in "reverse lookup" (sorted by ICD-9 code).

**Public recommendation that did not meet GEMs inclusion criteria:
Recommending translation alternatives that are too detailed**

2010 entry	Public Recommendation	Response
<p>Example 715.17 Osteoarthritis, localized, primary, ankle and foot</p> <p>To M19.079 Primary osteoarthritis, unspecified ankle and foot</p>	<p>Crosswalk links to unspecified and should include choices for right and left side, and M19.071 and M19.072 are options.</p> <p>Example 715.17 Osteoarthritis, localized, primary, ankle and foot</p> <p>To M19.071 Primary osteoarthritis, right ankle and foot OR To M19.072 Primary osteoarthritis, left ankle and foot OR To M19.079 Primary osteoarthritis, unspecified ankle and foot</p>	<p>No change to GEMs entry. As stated in GEMs inclusion criteria 2a: <i>When the source system is less specific than the target system along an axis of classification, and the target system classification contains both specific and less specific translation alternatives, only the less specific translation alternative is included as an entry.</i></p> <p>The source system ICD-9-CM code 715.17 is less specific than the target system ICD-10-CM code. 715.17 does not specify laterality. The ICD-10-CM codes for primary osteoarthritis of the ankle and foot contain both specific and less specific translation alternatives: one specifying right, one left and one unspecified. Therefore only the unspecified choice is given as a translation alternative.</p>

**Public recommendation that did not meet GEMs inclusion criteria:
Recommending translation alternatives that are too detailed**

2010 entry	Public Recommendation	Response
<p>Example 01.14 Open biopsy of brain</p> <p>To 00900ZX Drainage of Brain, Open Approach, Diagnostic OR To 00B00ZX Excision of Brain, Open Approach, Diagnostic OR To 0W910ZX Drainage of Cranial Cavity, Open Approach, Diagnostic</p>	<p>Fluid is typically not sampled by open approach to brain. Usually fluid is sampled from spine.</p> <p>Example 01.14 Open biopsy of brain</p> <p>To 00900ZX Drainage of Brain, Open Approach, Diagnostic</p>	<p>No change to GEMs entry. The translation alternatives meet GEMs inclusion criteria and are not restricted to the more common techniques.</p>

Other Public Comments Submitted

Two other types of public comments were submitted, but could not be addressed in this forum because they do not directly concern the GEMs:

1) Requests for changes to the ICD-10-CM/PCS code set

Roughly 50 comments were made regarding the level of detail in the ICD-10 code set, sometimes requesting that specific new codes be added to ICD-10. Respondents interested in proposing changes to the ICD-10 code set are invited to submit their proposals to the ICD-9-CM Coordination and Maintenance Committee. Details on the submission process, committee meetings and submission deadlines can be found at http://www.cms.gov/ICD10/16_ICD9CM_Coordination_and_Maintenance_Committee_Meetings.asp

2) Comments regarding the Reimbursement Mappings

Respondents from both the payer and provider communities recommended approximately 1,150 specific changes (22% of all comments submitted) to individual ICD-9-CM map choices in the Reimbursement Mappings, based on their organization's own clinical rules and/or frequency data. Organizations can certainly develop their own rule-based applied policy decisions based on the use of the GEMs. However, recommendations based on payer specific data cannot be incorporated in the Reimbursement Mappings for the following reasons:

- Both the ICD-9-CM map choice contained in the Reimbursement Mapping and the ICD-9-CM map choice recommended in the public comment are already in the GEMs as translation alternatives. Each single ICD-9-CM mapping choice made for the Reimbursement Mapping was based on MedPAR and OSHPD inpatient frequency data.
- CMS's stated goal is to provide an *example* of an applied 10 to 9 or "backward" one-to-one mapping, based on the publically available MedPAR and OSHPD inpatient data sets. The ICD-9-CM code selected for the Reimbursement is *by definition* based on the code with the highest MedPAR and OSHPD frequency, not on other payers' data.
- Other payers could use their own data to make payment decisions.

Details on the purpose of the Reimbursement Mappings and the methods used to develop the mappings can be found at http://www.cms.gov/ICD10/11b_2011_ICD10PCS.asp

Following is an example of a public comment submitted to recommend a change to the Reimbursement Mappings.

**Public comment on Reimbursement Mapping choice
Reimbursement Mapping entry (ICD-10-CM to ICD-9-CM) for Z86.2**

2010 Reimbursement Mapping choice	Public Comment Recommending Change to Mapping choice	Response
<p>Example Z86.2 Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</p> <p>To V12.2 Personal history of endocrine, metabolic, and immunity disorders</p> <p>Frequency 6,677 MedPAR records 3,125 OSHPD records</p>	<p>Example Z86.2 Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</p> <p>To V12.3 Personal history of diseases of blood and blood-forming organs</p> <p>Frequency 4,086 MedPAR records 2,049 OSHPD records</p>	<p>Both ICD-9-CM codes V12.2 and V12.3 are GEMs translation alternatives for Z86.2. The mapping choice made for the Reimbursement Mapping was based on MedPAR and OSHPD inpatient frequency data. V12.2 frequency is significantly higher than V12.3. Other payers may make payment decisions based on their own data.</p>

2011 Code Set Changes Incorporated into GEMs

Code Set	FY2010	FY2011	Change
ICD-9-CM diagnosis	14,315	14,432	+117
ICD-10-CM diagnosis	69,099	69,368	+269
ICD-9-CM procedure	3,838	3,859	+21
ICD-10-PCS procedure	71,957	72,081	+174

The FY2011 updates of the ICD-9-CM and the ICD-10-CM/PCS codes were incorporated into the GEM files for the 2011 update. In the case of the diagnosis codes, the update resulted in many exact matches where new ICD-9-CM codes were added to mirror ICD-10-CM detail, or where both code sets were updated in parallel with new codes. In the case of the procedure codes, because the differences between the classification systems are more pronounced the chances of exact matches in the GEMs is greatly diminished.

Following are examples of changes to the GEMs resulting from the incorporation of the 2011 code sets.

**2011 code set update:
ICD-9-CM to ICD-10-PCS GEM entry for “Hereditary hemochromatosis” codes**

2010 entry	Updated 2011 entry	Comment
<p>Example 275.0 Disorders of iron metabolism</p> <p>To E83.11 Hemochromatosis OR To E83.19 Other disorders of iron metabolism</p>	<p>Example 1 275.01 Hereditary hemochromatosis To E83.110 Hereditary hemochromatosis</p> <p>Example 2 275.02 Hemochromatosis due to repeated red blood cell transfusions To E83.111 Hemochromatosis due to repeated red blood cell transfusions</p> <p>Example 3 275.03 Other hemochromatosis To E83.118 Other hemochromatosis OR To E83.119 Hemochromatosis, unspecified</p> <p>Example 4 275.09 Other disorders of iron metabolism To E83.10 Disorder of iron metabolism, unspecified OR To E83.19 Other disorders of iron metabolism</p>	<p>The first two updated entries are a one to one "exact match" in both the 9 to 10 and 10 to 9 GEMs. <i>Hereditary hemochromatosis</i> and <i>Hemochromatosis due to repeated red blood cell transfusions</i> are new codes for 2011 in both code sets.</p> <p>The ICD-9-CM codes specifying "other hematochromatosis" and "other disorders of iron metabolism" translate to both the "other" and "unspecified" translation alternatives in ICD-10-CM. This is because the tabular includes notes and/or index entries for both codes 275.03 and 275.09 classify <i>Hemochromatosis NOS</i> and <i>Disorders of iron metabolism NOS</i> respectively to these codes.</p>

**2011 code set update:
Diagnosis GEM entry for “Do not resuscitate” code**

2010 entry	Updated 2011 entry	Comment
<p>Example Z66 Do not resuscitate</p> <p>To NoDx [No code with equivalent meaning]</p>	<p>Example Z66 Do not resuscitate</p> <p>To V49.86 Do not resuscitate status</p>	<p>A code capturing “do not resuscitate” did not exist in ICD-9-CM when the 2010 GEMs were developed. Therefore the ICD-10-CM code specifying a patient with documented DNR status did not have a plausible ICD-9-CM translation in the 2010 GEMs. . New ICD-9-CM code V49.86 was created on October 1, 2010 to capture “do not resuscitate”. The updated entry is a one to one "exact match" in both the 9 to 10 and 10 to 9 GEMs for the 2011 GEMs.</p>

**2011 code set update:
Diagnosis GEM entry for “Adult onset fluency disorder” code**

2010 entry	Updated 2010 entry	Comment
<p>Example 307.0 Stuttering</p> <p>To/from F98.5 Stuttering [stammering]</p>	<p>Example 307.0 Adult onset fluency disorder</p> <p>To/from F98.5 Adult onset fluency disorder</p>	<p>New codes were created on October 1, 2010 for childhood onset fluency disorder and the codes for stuttering were revised to classify adult onset fluency disorder exclusively, with the default "stuttering NOS" classified to childhood onset fluency disorder (315.35 and F80.81 respectively). While the code titles for both 307.0 and F98.5 were both revised, the GEMs entry remains the same— 307.0 to/from F98.5. The updated entry is a one to one "exact match" in the 9 to 10 and 10 to 9 GEMs.</p>

**2011 code set update:
ICD-9-CM to ICD-10-PCS GEM entry for “Reverse total shoulder replacement”**

2010 entry	Updated 2010 entry	Comment
<p>Example 81.80 Total shoulder replacement</p> <p>To 0RR[J,K]0[7,J,K]Z Replacement of Shoulder Joint, Open Approach (6 codes)</p>	<p>Example 81.80 Other total shoulder replacement To 0RR[J,K]0[7,J,K]Z Replacement of Shoulder Joint, Open Approach (6 codes)</p> <p>Example 2 81.88 Reverse total shoulder replacement To 0RR[J,K]0J5 Replacement of Shoulder Joint with Synthetic Substitute, Reverse Ball and Socket, Open Approach (2 codes)</p>	<p>New codes were created on October 1, 2010 in ICD-9-CM and included in the updated ICD-10-PCS to classify reverse total shoulder replacement procedures. Two new ICD-10-PCS codes are the translation alternatives for new ICD-9-CM code 81.88. They specify the right shoulder joint in one code and the left shoulder joint in the other. Because there are no unspecified shoulder joint codes in ICD-10-PCS, according to GEMs inclusion criteria both alternatives are given even though both alternatives are more specific than the ICD-9-CM code being translated, because there is no basis for choosing one translation over the other.</p>

**2011 code set update:
ICD-9-CM to ICD-10-PCS GEM entry for “Percutaneous balloon valvuloplasty”**

2010 entry	Updated 2010 entry	Comment
<p>Example 35.96 Percutaneous valvuloplasty</p> <p>To 027[F,G,H,J][3,4][4,D,Z]Z Dilation of Pulmonary Valve, Percutaneous Approach (24 codes)</p>	<p>Example 35.96 Percutaneous <u>balloon</u> valvuloplasty</p> <p>To 027[F,G,H,J][3,4]ZZ Dilation of Pulmonary Valve, Percutaneous Approach (8 codes)</p>	<p>ICD-9-CM code 35.96 was revised to specify balloon valvuloplasties exclusively. This meant that the number of translation alternatives in the 9 to PCS GEM is reduced, This 2011 update to the GEMs would exclude the PCS codes that specify a device in the sixth character of the code (refers to intraluminal devices such as stents left in the body, not to the balloon dilation equipment used to perform the procedure).</p>

GEMs Changes in Response to Public Comment

As mentioned earlier, all changes recommended were reviewed, and all recommendations meeting GEMs inclusion criteria were incorporated in the FY2011 update. Following are examples of changes to the GEMs resulting from public comment.

Public comment:

ICD-10-CM to ICD-9-CM GEM entry for “Dental caries” codes

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example K02.63 Dental caries on smooth surface penetrating into pulp</p> <p>To 521.03 Dental caries extending into pulp OR To 521.07 Dental caries of smooth surface</p>	<p>K02.63 to 521.03 OR 521.07 should be a combination entry of K02.61 to 521.03 AND 521.07</p>	<p>Example K02.63 Dental caries on smooth surface penetrating into pulp</p> <p>To 521.03 Dental caries extending into pulp AND To 521.07 Dental caries of smooth surface</p>	<p>The cluster translation is a more complete translation of the ICD-9-CM code.</p>

Public comment:

ICD-10-CM to ICD-9-CM GEM entry for “Sarcoma of dendritic cells”

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example C96.4 Sarcoma of dendritic cells (accessory cells)</p> <p>To 200.00 Reticulosarcoma, unspecified site, extranodal and solid organ sites</p>	<p>C96.4 is inappropriately mapped to 200.00. It should be mapped to “Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue” (202.9x)</p>	<p>Example C96.4 Sarcoma of dendritic cells (accessory cells)</p> <p>To 202.90 Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites</p>	<p>We agree with the commenter. According to the ICD-9-CM index, <i>Lymphoma, follicular dendritic cell and interdigitating dendritic cell</i>, 202.90 is a better translation of C96.4.</p>

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “Other chronic nonalcoholic liver disease”

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example 571.8 Other chronic nonalcoholic liver disease</p> <p>To K76.0 Fatty (change of) liver, not elsewhere classified</p>	<p>571.8 to K76.0 is incorrect. A better map is to K76.8 with mapping attribute of 10000.</p>	<p>Example 571.8 Other chronic nonalcoholic liver disease</p> <p>To K76.0 Fatty (change of) liver, not elsewhere classified OR To K76.8 Other specified diseases of liver</p>	<p>The current entry meets GEMs inclusion criteria. ICD-9-CM index entry <i>Fatty, liver</i> is classified to 571.8, so K76.0 is a correct translation. However, based on this recommendation K76.8 was added as a translation alternative, for completeness.</p>

**Public comment:
ICD-9-CM to ICD-10-CM GEM entry for “Pyelonephritis, unspecified”**

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example 590.80 Pyelonephritis, unspecified</p> <p>To N11.9 Chronic tubulo-interstitial nephritis, unspecified</p>	<p>590.80 to N11.9. Proposed change to N12. (unspecified)</p>	<p>Example 590.01 Chronic pyelonephritis with lesion of renal medullary necrosis</p> <p>To N12 Tubulo-interstitial nephritis, not specified as acute or chronic</p>	<p>The commenter is correct. The ICD-10-CM index and tabular includes notes <i>Pyelonephritis NOS</i> is classified to N12, therefore this GEMs entry was updated as indicated.</p>

**Public comment:
ICD-9-CM to ICD-10-CM GEM entry for “Abnormality of gait”**

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example 781.2 Abnormality of gait</p> <p>To R26.0 Ataxic gait OR To R26.1 Paralytic gait OR To R26.9 Unspecified abnormalities of gait and mobility</p>	<p>Crosswalk links to unspecified and should include choices like R26.81, R26.89, besides R26.9</p>	<p>Example 781.2 Abnormality of gait</p> <p>To R26.0 Ataxic gait OR To R26.1 Paralytic gait OR To R26.89 Other abnormalities of gait and mobility OR To R26.9 Unspecified abnormalities of gait and mobility</p>	<p>The 2010 GEMs file translates 781.2 to R26.0, R26.1, R26.9. The index term <i>Imbalance</i> is classified to 781.2 in ICD-9-CM and to R26.89 in ICD-10-CM. Therefore R26.89 was added as a 9 to 10 translation alternative. However, R26.81 does not meet inclusion criteria as a translation of 781.2.</p>

**Public comment:
ICD-10-PCS to ICD-9-CM GEM entry for “Endoscopic biopsy of duodenum”**

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example 0DB98ZX Excision of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic</p> <p>To 45.16 Esophagogastroduodenoscopy [EGD] with closed biopsy</p>	<p>0DB98ZX, Add code 45.15, Closed (endoscopic) biopsy of small intestine.</p>	<p>Example 0DB98ZX Excision of Duodenum, Via Natural or Artificial Opening Endoscopic, Diagnostic</p> <p>To 45.16 Esophagogastroduodenoscopy [EGD] with closed biopsy OR To 45.14 Closed [endoscopic] biopsy of small intestine</p>	<p>The commenter is correct. The PCS code includes endoscopic biopsy via the oral or anal opening.</p>

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “31-32 completed weeks of gestation”

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example 765.26 31-32 completed weeks of gestation</p> <p>To P07.31 Other preterm newborn, 28-31 completed weeks</p>	<p>ICD-9 and ICD-10 codes do not align in their definition of completed weeks of gestation. P07.32 should also be considered clinically equivalent.</p>	<p>Example 765.26 31-32 completed weeks of gestation</p> <p>To P07.31 Other preterm newborn, 28-31 completed weeks OR To P07.32 Other preterm newborn, 32-36 completed weeks</p>	<p>Agreed, the recommended entry was added for completeness.</p>

Public comment:

ICD-10-CM to ICD-9-CM GEM entry for “Pneumococcal arthritis”

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example M00.111 Pneumococcal arthritis, right shoulder</p> <p>To 711.01 Pyogenic arthritis, shoulder region</p>	<p>The ICD-9 code mappings selected by CMS do not totally represent the description of the ICD-10 code. However, the selections are not, clinically incorrect.</p>	<p>M00.111 Pneumococcal arthritis, right shoulder</p> <p>To 711.01 Pyogenic arthritis, shoulder region AND To 041.2 Pneumococcus infection in conditions classified elsewhere and of unspecified site</p>	<p>The code specifying the infection as Pneumococcus was added to create a translation cluster, to capture the complete meaning of the ICD-10-CM code, and in accordance with ICD-9-CM instructional notes at 711.0-</p>

Public comment:

ICD-10-PCS to ICD-9-CM GEM entry for “Inspection of inner ear”

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example 09JE4ZZ Inspection of Left Inner Ear, Percutaneous Endoscopic Approach</p> <p>To 18.19 Other diagnostic procedures on external ear</p>	<p>The ICD-9 code mappings selected by CMS do not totally represent the description of the ICD-10 code. However, the selections are not, clinically incorrect.</p>	<p>Example 09JE4ZZ Inspection of Left Inner Ear, Percutaneous Endoscopic Approach</p> <p>To 20.9 Other diagnostic procedures on middle and inner ear</p>	<p>This is a case of typographical error. The entry was changed to translate to the correct ICD-9-CM code for diagnostic procedure on the inner ear.</p>

**Public comment:
ICD-10-CM to ICD-9-CM GEM entry for “Other congenital malformations of vagina”**

2010 entry	Recommendation	Updated 2011 entry	Comment
<p>Example Q52.4 Other congenital malformations of vagina</p> <p>To 752.49 Other anomalies of cervix, vagina, and external female genitalia</p>	<p>Please add 752.41, both are approximate.</p>	<p>Example Q52.4 Other congenital malformations of vagina</p> <p>To 752.49 Other anomalies of cervix, vagina, and external female genitalia</p> <p>OR To 752.41 Embryonic cyst of cervix, vagina, and external female genitalia</p>	<p>The commenter is correct. According to the ICD-10-CM index, <i>Cyst, vagina, embryonic</i> is also classified to Q52.4. Therefore, 752.41 was added as a translation alternative.</p>