AHRQ QIs Fact Sheet:
FAQs on V7.0 ICD-10-CM/PCS Beta Software

1. Why is the v7.0 AHRQ QI ICD-10-CM/PCS software a "beta" release?

AHRQ has named v7.0 a "beta version" as a signal to users that there may be significant differences between results obtained when using data and QI software based on ICD-9-CM coding vs. the results obtained when using data and QI software based on ICD-10-CM/PCS. Users should interpret rates using the 7.0 beta version with caution. A brief introduction to the differences between ICD-9-CM and ICD-10-CM/PCS is available at: https://www.hcup-us.ahrq.gov/datainnovations/BriefIntrotoICD-10Codes041117.pdf.

AHRQ is releasing v7.0 as a beta version so that the user community has an opportunity to use newer ICD-10-CM/PCS-coded data with the QI software and gain experience in the effects of the ICD-10-CM/PCS transition on AHRQ QI rates. AHRQ QI rates calculated using the ICD-9-CM and ICD-10-CM/PCS versions of the QI software may vary based on changes to the QI specifications made as part of the transition to ICD-10-CM/PCS, annual updates to the ICD-10-CM/PCS coding guidance, shifts in provider performance, or all three. It is also important to note that not all QIs will be affected by the transition to ICD-10-CM/PCS in the same way.

Before ICD-10 CM/PCS data were available, the AHRQ Quality Indicators (QIs) converted to ICD-10-CM/PCS using CMS General Equivalence Mapping (GEM) files and clinical review to ensure measure intent was accurately reflected in the ICD-10-CM/PCS specifications. Additional details on the AHRQ QI conversion process is available at: https://www.qualityindicators.ahrq.gov/Downloads/Resources/Publications/2013/C.14.10.D001_REVISED.pdf.

At the time of the v7.0 release, full-year all-payer ICD-10-CM/PCS-coded data were not available; therefore, testing is still under way. Further, it will take many months of user experience with ICD-10-CM/PCS data to fully understand the effect of the ICD-10-CM/PCS transition on the AHRQ QI software.

2. Does the beta status apply to both SAS and WinQI software?

Yes, v7.0 is a beta release for both SAS and WinQI software.

3. Will there be a full (non-beta) release of 7.0 later on?

No, v7.0 will remain a beta release. The next full version release of QI software and specifications will have a different version number. As of September 2017, AHRQ has not scheduled the release date for the next full version of the QI software.

4. Are there other changes in the v7.0 ICD-10-CM/PCS beta software that I should be aware of?

Yes. The AHRQ QI v7.0 ICD-10-CM/PCS release includes coding updates to align with the latest ICD-10-CM/PCS coding guidance. For a complete list of the indicator level changes, refer to the Change Logs for each module:

- Prevention Quality Indicators (PQIs): https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V70/ChangeLog_PQI_v70.pdf
- Inpatient Quality Indicators (IQIs): https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V70/ChangeLog_IQI_v70.pdf
- Patient Safety Indicators (PSIs): https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V70/ChangeLog_PSI_v70.pdf
- Pediatric Quality Indicators (PDIs): https://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V70/ChangeLog_PDI_v70.pdf

Fourteen (14) indicators have been retired and are not included in this release. Additional information is available at: https://www.qualityindicators.ahrq.gov/News/default.aspx.

WinQI v7.0 ICD-10-CM/PCS software includes enhanced reporting capabilities, including the ability to create report templates, view previously run reports, perform case-level troubleshooting, and run advanced validation reports.

5. When will risk adjustment be included in the ICD-10-CM/PCS compatible AHRQ QI software?

Because of the transition to ICD-10-CM/PCS, risk adjustment is not supported in v6.0 and v7.0 beta SAS and WinQI software for ICD-10-CM/PCS. At least one full year of data coded in ICD-10-CM/PCS is needed to develop robust risk adjustment models for the ICD-10-CM/PCS compatible software. A full year of ICD-10-CM/PCS coded all-payer data will not be available until summer of 2018; therefore, risk-adjustment capabilities for ICD-10 software are anticipated at the end of 2018.

The AHRQ QI ICD-10-CM/PCS v6.0 and v7.0 beta software produce observed rates. The ICD-10-CM/PCS observed rates calculated by the AHRQ QI software are not designed to be used with the ICD-9-CM risk adjustment programs.

6. What important considerations should users keep in mind when comparing performance across hospitals using observed rates given that risk adjustment is not available?

The observed rate is the number of discharges where the indicator event occurred—called the numerator—divided by the total number of discharges where the event could have occurred, called the denominator. For provider-level indicators, such as those reported by hospitals, observed rates can provide information about recent performance and trends over time within a particular hospital if its case mix is consistent over time. However, observed rates do not take into account variation in the mix of patients treated at different hospitals, which can also affect indicator rates.

Risk adjustment will be included in future versions of the ICD-10-CM/PCS compatible AHRQ QI software, which will enable comparisons across hospitals while taking into account, or adjusting for, differences in key characteristics such as age and comorbidities among patients served by each hospital.

7. How does AHRQ recommend that users interpret QI rates calculated with the v7.0 beta software?

All measures that use the ICD-10 CM/PCS coding standards may see some variation in rates resulting from the transition in coding systems. AHRQ recommends using v7.0 rates as a starting point for internal assessment and not for comparison across providers. Users may review discharge-level results to determine if evidence in the administrative record indicates occurrence of an adverse event. Further information about the ICD-10-CM/PCS transition and use of administrative data is available at: https://www.hcup-us.ahrq.gov/datainnovations/icd10_resources.jsp.

8. Is technical assistance available for use of the AHRQ QIs?

Yes. Users may submit questions or comments to QISupport@ahrq.hhs.gov.

9. Can users assess change in performance by comparing QI rates produced by QI software that uses ICD-10-CM/PCS to rates produced by QI software that uses ICD-9-CM?

At this time, AHRQ does not recommend making any comparisons between ICD-9 and ICD-10 rates. The ICD-10-CM/PCS coding system is vastly different from the ICD-9-CM coding system. While there are many advantages to the ICD-10-CM/PCS coding system, ICD-10-CM/PCS introduces a new set of challenges for coders, medical professionals, researchers, and other professionals who use clinical coding. Additional information on the ICD-10-CM/PCS coding system and challenges related to identifying the same clinical constructs between ICD-9-CM and ICD-10-CM/PCS is available at: https://www.hcup-us.ahrq.gov/datainnovations/icd10_resources.jsp

The ability to make accurate comparisons between ICD-9-CM and ICD-10-CM/PCS rates will be indicator-specific. For some indicators the rates may be comparable because of the one-to-one mapping that was used to ensure measure intent was accurately reflected in the ICD-10-CM/PCS specifications. (Additional details on the AHRQ QI conversion process are available at: https://www.qualityindicators.ahrq.gov/Downloads/Resources/Publications/2013/C.14.10.D001_REVISED.pdf.) However, for other indicators, the identification of a case under ICD-9-CM and the identification of a case under ICD-10-CM/PCS may not be comparable, making accurate comparisons of those rates difficult.

10. What has been the biggest effect of the AHRQ QI transition to ICD-10-CM/PCS on indicator rates?

As expected, the effect of the transition varies by indicator. Some rates have increased while others have decreased. However, it is difficult to distinguish changes in rates related to the ICD-10-CM/PCS transition and changes related to performance, in part because of a paucity of dual-coded data. While the transition to ICD-10-CM/PCS has made it more difficult to monitor performance over time, the transition is beneficial because it allows for opportunities to improve many indicators by adding greater specificity in many codes. Additionally, during testing of the v7.0 ICD-10-CM/PCS beta software, AHRQ observed unexpected variation in some QI rates. This variation likely reflects the transition from ICD-9-CM to ICD-10-CM/PCS coding implemented nationwide in October 2015. Additional testing is ongoing to better understand the effect of the ICD-10-CM/PCS transition on the AHRQ QI specifications.