Translation Audit Checklist

Version 1.0

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# Background

Translation of some type will be a reality of moving from ICD-9 to ICD-10. Translation will result in the loss of some information or the assumption of some information that may not be true. Translation may have financial and reporting implications. During the translation process, it is important to assure that there is accountability and to understand unintended consequences of data migration and transformation.

# Purpose

The purpose of this checklist is as a tool for the SMAs to audit the translation process and support the ICD-10 migration process.

# Translation Types: Crosswalk

A crosswalk is the specification that identifies how to convert a source code in ICD-9 or ICD-10 to a target code in the corresponding ICD-9 or ICD-10 standard. Generally, crosswalks are automated processes without human intervention. Crosswalks may convert one source code to more than one target code. Crosswalks may also occur in either direction, i.e., ICD-9 to ICD-10 or ICD-10 to ICD-9.

The following checklist consists of best practices for creating and evaluating crosswalking translations:

| Completed | Key Items |
| --- | --- |
|  | Documentation of all crosswalking specifications[[1]](#footnote-1) |
|  | Documentation for the crosswalk development methodologies including polices for choosing a map when multiple ‘equivalent’ values are available |
|  | Documentation of the governance structure for approval of crosswalks and crosswalking policies |
|  | A definition of reporting that will sample crosswalking results to identify instances of inappropriate mapping[[2]](#footnote-2) |
|  | An audit capability in transaction processing to define the following:  When codes are crosswalked  The direction of the crosswalk  The downstream systems that will use the crosswalked data. |
|  | Storage of the original unaltered code prior to crosswalking |
|  | The ability to retrieve the original unaltered code for reporting and outbound transactions |

# Translation Types: Redefining Categories

Most rule logic and analytic reporting is based on aggregations of codes to represent some logical intent or subject area. The definition of these codes under ICD-10 will be very different than the definition of these codes under ICD-9. There are financial and informatics implications for ICD-9 and ICD-10 code groups for both rules and reporting. Similarly, definition of the groups or categories of codes should have a level of accountability to assure consistency, accuracy, and completeness.

The following checklist consists of best practices for redefining and evaluating category definitions:

| Completed | Key Items |
| --- | --- |
|  | Documentation of the governance structure for the definition of categories of conditions and institutional procedures |
|  | Documentation of all code aggregation models with the appropriate controls to support maintenance and consistency of definitions[[3]](#footnote-3) |
|  | Definition of the reporting strategy for “normalizing” historical data that contains both ICD-9 and ICD-10 based data[[4]](#footnote-4) |
|  | Defined maintenance process to assure that code changes are incorporated appropriately into existing categories and updated as required |
|  | Ongoing analysis to look at codes that are falling into an “unknown” category |
|  | Ongoing analysis to assure that data is being aggregated or grouped consistent with the defined intent |
|  | Ongoing analysis to identify unintended consequences of definitions in ICD-10 as compared to prior experience in ICD-9 |

1. By definition a crosswalk is a specification for the mapping of one standard code to one or more standard codes. [↑](#footnote-ref-1)
2. Once crosswalking is completed, it should be applied to test data. A variety of analytic reports will need to be defined to test the crosswalk to assure that codes were migrated appropriately [↑](#footnote-ref-2)
3. This may require an architectural design to manage the definition of what groupings or aggregations of code represent the intended categories. [↑](#footnote-ref-3)
4. The level of categorization that will accurately reflect data that includes both ICD-9 and ICD-10 codes will need to be defined [↑](#footnote-ref-4)