

Explanation of the crosswalk between Pre-2016 to post 2016 MEPS due to the change from ICD-9 to ICD-10 diagnosis codes

There was a change in diagnosis codes in the source data affecting the disease based price indexes (DBPI) starting in Jan. 2019. The indexes pre- and post-Jan. 2019 are not directly comparable. The 2018 indexes use 2015 MEPS data. The 2019 indexes use 2016 MEPS data. In 2015 and earlier years, MEPS categorized diagnoses based on the ICD-9 diagnosis codes into groups of similar conditions called clinical classification codes. Beginning in 2016, diagnosis codes switched to ICD-10 and MEPS switched from using clinical classification codes to providing the 3-digit ICD-10 code (as a crosswalk from ICD-10 codes to clinical classification codes does not exist).

To produce the indexes after the switch to ICD-10, we manually mapped each 3-digit ICD-10 code to a single clinical classification code using third party medical claims data. The full ICD-10 code is mapped to an ICD-9 code. Then, the most frequent clinical classification code associated with each 3-digit ICD-10 code is the one assigned to the 3-digit ICD-10 code when forming the 3-digit ICD-10 to clinical classification code crosswalk. This is a preliminary solution to addressing the ICD-9 to 10 changeover in the MEPS data and is limited by the full diagnosis code not being available in the MEPS data (due to confidentiality).