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What is ICD?

- International Classification of Diseases (ICD) is an official copyrighted publication of the World Health Organization (WHO)
 - Part of the WHO Family of International Classifications
 - International Classification of Functioning, Disability and Health
 - International Classification of Diseases for Oncology
- Primary purpose is for vital statistics and epidemiological tracking of illness and injury
- It is the HIPAA standard for morbidity reporting

ICD

- 1893: International List of Causes of Death adopted by the International Statistical Congress
 - the first "ICD"
- 1900: First of decennial revisions to International List of Causes of Death
 - cycle interrupted by WW II
- 1946: WHO takes over ICD
- 1948: ICD-6 combines morbidity and mortality for first time
- 1968: Public Health Service published ICDA-8, US version of ICD-8

ICD

- 1975: WHO releases ICD-9
- 1979: US clinical modification (ICD-9-CM) is published and becomes the primary reference for morbidity statistics

ICD-10

- 1994: Released by WHO
- 1999: January 1, adopted for reporting US mortality data
- 2009: January 16, CMS published the Final Rule for US clinical modification (ICD-10-CM)
 - prior to the ACA
- 2015: October 1, effective for all encounters for diagnosis reporting
 - after 2 previous delays

US modification of ICD-10

- 1994 - Study by NCHS and Center for Health Policy Studies showed a clinical modification of the WHO version would be a significant improvement
- NCHS took 3 phase approach to develop US modification
 - Phase 1: technical advisory panel developed the prototype system
 - Phase 2: consultations with a number of medical societies, clinical coders and other stakeholders to assure clinical accuracy
 - Phase 3: public review with submission of more than 1200 comments
- 2003 - Pilot testing by AHA and AHIMA

Partial list of Phase 2 participants

- American Academy of Dermatology
- American Academy of Neurology
- American Academy of Oral and Maxillofacial Surgeons
- American Academy of Orthopedic Surgeons
- American Academy of Pediatrics
- American Burn Association
- American College of Obstetricians and Gynecologists
- American Diabetes Association
- American Nursing Association
- American Psychiatric Association
- American Urological Association

Why do the number of codes increase in ICD-10-CM?

- Some medical societies wanted to take advantage of increased clinical specificity
- Example: ~25% (17,210) are orthopedic specific codes
 - includes extensions to show not only the type of fracture (closed vs. type of open using the Gustilo classification) but healing status (e.g. normal, delayed, malunion) as well
- Almost all additional details come from medical specialty societies with a few from the CDC
- Hundreds of new codes were added to ICD-9-CM because of the delay in moving to ICD-10-CM

Why the switch?

- ICD-9-CM is no longer robust enough to meet current and future health care needs
- Some of content is no longer clinically accurate (a lot has changed in 35 years)
- Structure limits the ability to expand to meet new demands for codes
- Makes comparison of State, National and International morbidity and mortality data difficult

ICD-10-CM Benefits

- Reflects advances in medicine and medical technology
 - uses current medical terminology and classification of diseases
 - more specificity
 - laterality and episode of care
 - can help support in making clinical decisions
- Flexible
 - can quickly incorporate emerging diagnoses
- More room for expansion
- Adds new concept of “under-dosing”

ICD-10-CM Benefits

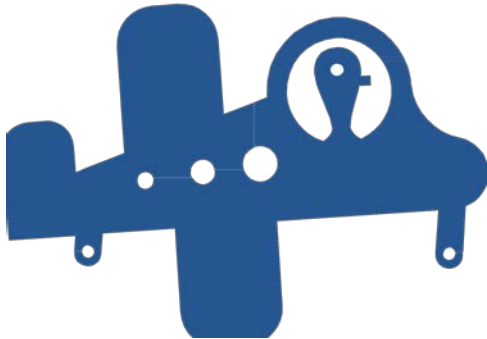
- Improved specificity makes it easier to
 - measure health care services
 - quality metrics measurement
 - identifying fraud and abuse
- Supports improved public health surveillance and epidemiological research
- Allows easier comparison of mortality and morbidity diagnosis data

How does the increased specificity help?

- Demonstrate severity of disease
 - Acute suppurative otitis media of right ear, recurrent (H66.004)
 - Seizure disorder, poorly controlled with break-through seizures, without status epilepticus (G40.919)
- Better quality metrics
 - Mild persistent asthma, uncomplicated (J45.30)
 - Intentional under-dosing of medication due to financial hardship (Z91.120)
- Differentiate specific primary care services
 - Routine child health examination with abnormal findings (Z00.121)
 - Sports physicals (Z02.5)
- Demonstrate health risks
 - Exposure to second hand tobacco smoke (Z77.22)
 - Severe obesity due to excess calories (E66.01)

And then of course...

- Person on ground injured by being sucked into jet engine (V97.33)
 - in WHO version



By the way, where did that come from?

- Expansion of external causes classification by the Department of Defense to be able to more clearly differentiate military versus non-military related accidents
- This is why you can tell if someone was injured by a torpedo or playing football

What about the delay?

- Congress delayed implementation for 1 year as part of the SGR (Medicare) fix
- Close to \$6B has already been spent in preparation for the change over
 - cost estimates of the delay to US healthcare system is upwards of \$1B

Alternatives?

- Why not just keep using ICD-9-CM?
 - over 35 years old, out of date
 - unlike CPT, cannot remove or reassign current codes
 - structural limitations set by WHO
- Why not wait for ICD-11?
 - estimated to be ready for approval by 2017, however field testing hasn't started and major work still needs to be completed
 - US version would take another 4-5 years after WHO publication
- Why not use SNOMED?
 - much more complex system not intended for diagnosis classification