ICD-related questions from CFSAC for May 2011 meeting

What are the key steps in development of the ICD-10-CM?

- ICD-10-CM is a clinical modification of the WHO ICD-10. ICD-10-CM will replace ICD-9-CM which has been in use in the U.S. since 1979. ICD-10 was approved by the International Conference for the Tenth Revision of the International Classification of Diseases in 1989 and adopted by the 43rd World Health Assembly in 1990
- ICD-10-CM has been developed over a nine-year process which included input from a large number of healthcare stakeholders
- Three phases of development
    - Phase 1 –First draft of ICD-10-CM developed under contract (1994)
      20 Technical Advisory Panel (TAP) members
    - Phase 2 - Enhancements by NCHS (1995-1996)
      Based on ICD-9-CM Coordination & Maintenance Committee minutes, physician and other provider input
    - Phase 3 - Further enhancements based on public comments
        - December 1997 – February 1998
          22 organizations/individuals
        - June – July 2003
          Pilot test of ICD-10-CM: More than 6100 records from a broad cross section of health care community were dual coded by 180+ participants. The initial results showed general support for adoption of ICD-10-CM; ICD-10-CM is seen as an improvement over ICD-9-CM; and ICD-10-CM is more applicable to non-hospital settings than ICD-9-CM.
- Ongoing updates to ICD-10-CM since 1998 to incorporate modifications to ICD-9-CM that were not already included in the WHO ICD-10
- ICD-10 is updated (minor updates annually and major updates every three years) by WHO, based on recommendations from the WHO Family of International Classifications (WHO-FIC) Collaborating Centers. NCHS leads the North American Collaborating Center for U.S. and Canada and participates actively in the updating process. International updates to ICD-10 are incorporated into ICD-10-CM as feasible.
- ICD-10-CM is being maintained using the same public process that has been used to update ICD-9-CM since 1985. The public process, the ICD-9-CM Coordination and Maintenance Committee, is held twice yearly; suggestions for modifications are submitted by private and public sector users of the classification.
    - Meetings are open to the public
    - Comments are encouraged both at the meetings and in writing
    - Meeting materials include the timeline for receipt of public comments, the deadline for submission of new proposals; and the scheduled dates for the next meeting. A summary of the meeting discussions is also posted on the NCHS webpage. [http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm]
    - The tentative agenda for an upcoming meeting is posted on the NCHS website approximately one month prior to the meeting. A notice announcing the meeting is also published in the Federal Register approximately one month in advance of the meeting.

    - Recommendations and comments are carefully reviewed and evaluated before any final decisions are made. No decisions are made at the meetings. Final decisions are made at the end of the year and approved changes become effective October 1 of the following year. The official documents (called addenda) containing all approved changes are available on the NCHS website. [http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm]
- Implementation of ICD-10-CM is tied to the standards adoption process specified in the Administrative Simplification provisions of HIPAA (1996)
    - Public hearings (8+, 1997-2003)
    - Notice of Proposed Rulemaking (NPRM) published in August 22, 2008
    - Final rule final rule adopting the ICD-10 code sets was published January 29, 2009

1) How does the ICD-CM (whatever version, -9, -10, etc.) align with past and current versions of the -CM and with the WHO's current and past versions?

- ICD-9-CM is a clinical modification of the WHO. ICD-9 (no longer maintained by WHO) that provides additional clinical detail important in inpatient, outpatient and physician office encounters in the U.S.
- The ICD-9-CM Conversion Table is published each year and is provided to assist users in understanding annual changes to the classification. For each new code, the table shows the date the code change became effective and its previously assigned code equivalent. The code equivalents were used in reporting diagnosis information up to the time the new codes were issued.
- A detailed set of maps (General Equivalence Maps) between ICD-9-CM and ICD-10-CM are also available. These maps show the linkage between concepts in ICD-9-CM and the same concept in ICD-10-CM. However, if a concept is not carried over from one version to the other, information will be lost.

2) How is the ICD-CM used in policy-related decision making?

There are different applications of ICD in the United States

- Coding causes of death (mortality statistics) using ICD-10
- Coding reasons for visit and hospitalization (morbidity applications currently using ICD-9-CM)
    - Coded data are used for a variety of purposes – morbidity statistics, health care utilization and quality review, reimbursement, epidemiology, resource allocation, etc. Some of these applications are determined by the end-user (such as in reimbursement or coverage decisions) and are based on that entity's business decisions and not necessarily based on placement of a condition within the classification.

3) What difference does coding designation make? How do we get providers to use a particular code--is it an issue of education, of outreach, or what? If codes related to CFS are in several different places, doesn't that affect the count? And finally, if the codes change, do we lose the numbers from the prior coding systems?

- Codes are assigned based on clinical assessment of the physician as documented in the health care record. It would be inappropriate to have a physician or coder assign a code for a condition that is not consistent with the physician's clinical assessment.
- Codes can be aggregated to gather statistics on a particular condition. For example, if the goal is to identify all types of arthritis one would use codes found in several different chapters (gonoccocal arthritis is in infectious diseases chapter, rheumatoid arthritis is in the musculoskeletal chapter, psoriatic arthritis is in the diseases of skin and subcutaneous tissue chapter). This is a standard convention of the ICD because, in general, placement of conditions within the classification is based on the underlying cause.
- As it relates to CFS the use of two codes is consistent with the classification as there would be a code to capture CFS when the physician has determined the cause as being due to a past viral infection (G93.3) or if the physician has not established a link with a past viral infection (R53.82). If code R53.82 were eliminated it would not be possible to disaggregate cases that are now distinguishable through the use of two codes.
- There is a general equivalence map between ICD-9-CM and ICD-10-CM codes, however, if a concept is not carried over from the earlier version to the newer version data will be lost going forward.

4) How does ICD coding relate to DSM coding (or does it)?

- The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association and is used by mental health professionals in the U.S. The coding system used in the DSM-IV (current version in use) is designed to correspond with the codes used in the ICD, although not all codes may match at all times because the two publications are not revised synchronously.

Partial List of Organizations Consulted and/or Reviewing ICD-10-CM During Development and Ongoing Maintenance of ICD-10-CM

American Academy of Dermatology
American Academy of Neurology
American Academy of Oral and Maxillofacial Surgeons
American Academy of Orthopedic Surgeons
American College of Obstetricians and Gynecologists
American Academy of Pediatrics
American Burn Association
American Diabetes Association
American Dietetic Association
American Nursing Association
American Psychiatric Association
American Urological Association
ANSI Z16.2 Workgroup (Workers Comp)
National Association of Childrens' Hospitals & Related Institutions