

Conversion to *ICD-10* Implications for Anesthesiologists and Their Practices

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Keywords

- *ICD-10* • International classifications • Anesthesiologists
- World Health Organization

Key Points

- The Centers for Medicare and Medicaid Services (CMS) should use the *International Classification of Diseases, Tenth Revision (ICD-10)* implementation delay to accelerate its efforts to incorporate the Systematized Nomenclature of Medicine—Clinical Terms (SNOMED CT) adoption and to ensure that all prerequisites and requirements to meet the new target conversion date are met on timely fashion.
- These measures include transaction testing between counterparties conducted on a clearly defined testing schedule—so that the industry will be ready on a new date. In the absence of guidance and oversight in these areas, it is possible that there once again will be calls for extensions as the new conversion date approaches.
- The Department of Health and Human Services (HHS) should prepare for the future by considering how the subsequent transition to the *ICD, Eleventh Revision (ICD-11)* can be gracefully accomplished. *ICD-11* is due for publication and adoption in approximately 2016.
- Physicians and practices are well advised to educate themselves and to prepare for a planned and controlled conversion to *ICD-10*, planning that will pay dividends regardless of the actual date for an eventual conversion.

INTRODUCTION

The World Health Organization (WHO) constitution mandates the production of international classifications on health so that there is a consensual, meaningful, and useful framework that governments, providers, and consumers can use as

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a common language. Internationally endorsed classifications facilitate the storage, retrieval, analysis, and interpretation of data. They also permit the comparison of data within populations over time and between populations at the same point in time as well as the compilation of nationally consistent data.

The purpose of the WHO Family of International Classifications (WHO-FIC) is to promote the appropriate selection of classifications for the range of settings in the health field across the world. The WHO-FIC is comprised of reference classifications and derived classifications. Reference classifications are main classifications on basic parameters of health and consist of the (1) International Classification of Diseases (ICD), (2) International Classification of Functioning, Disability and Health, and (3) International Classification of Health Interventions [1].

The ICD is the international standard diagnostic classification that provides data code sets to define diseases, signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease. The ICD is published and copyrighted by the WHO (<http://www.who.int/whosis/icd10/index.html>) and is currently in its tenth revision [2].

HISTORY OVERVIEW

The development and continuing evolution of ICD reflects the untiring efforts of many people. Sir George Knibbs, the eminent Australian statistician, credited François Boissier de Lacroix (1706–1777), better known as Sauvages, with the first attempt to classify diseases systematically. Englishman William Farr (1807–1883), after the death of his wife from tuberculosis in 1838, joined the General Register Office of England and Wales and is credited with the collection of the first official medical statistics and causes of death in England and Wales [3].

The International Statistical Institute, the successor of the International Statistical Congress, during its meeting in Vienna in 1891, charged a committee chaired by Jacques Bertillon (1851–1922), Chief of Statistical Services of the City of Paris, with the preparation of a classification for causes of death. The report of this committee was presented by Bertillon at the meeting of the International Statistical Institute in Chicago in 1893 and was adopted. The classification prepared was based on the causes of death used by the City of Paris and represented a synthesis of English, German, and Swiss systems. It was based on the principle, adopted by William Farr, of distinguishing between general diseases and those localized to a particular organ or anatomic site. In 1898, the American Public Health Association, at its meeting in Ottawa, Canada, recommended the adoption of the Bertillon Classification by registrars of Canada, Mexico, and the United States.

In August 1900, the first International Conference for the Revision of the Bertillon, or International List of Causes of Death, was held in Paris. Delegates from 26 countries attended this conference and detailed the classification of causes of death into a comprehensive list of 179 groups and into a condensed classification of 35 groups. Adopted on August 21, 1900, this could be considered the birthdate of present-day ICD [4].

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