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Perspective

Perspectives on the *International Classification of Diseases*, 11th *Revision*, developments in allergy clinical practice in the United States

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Why Should We Start Discussions Regarding *ICD-11* in the United States?

ICD

The *International Classification of Diseases (ICD)* has been in use as a recognized global classification system since 1900, when the first version was launched. Its development and continuing evolution reflect the untiring efforts of many experts and contributors. The *ICD* is revised periodically, and respective updates are gradually adopted and implemented in participating countries. Currently, the *International Classification of Diseases, Tenth Revision (ICD-10)* is in use in more than 100 countries worldwide, translated in 43 different languages, and used as a common language for reporting and monitoring diseases to achieve the standard of being a universal classification.²

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Historic Background of the ICD in the United States

Together with several other countries, the United States has adopted the ICD system of classifying medical diagnosis and procedures as the basis of the coding system. The ICD system is used worldwide as a public health tool to monitor mortality and morbidity, as well as other important epidemiologic variables. Different from much of the rest of the world, the United States also uses the ICD system to determine health care payment and reimbursement of practitioners and health care services in hospitals. Since the 1960s, some countries have created national modifications of the ICD for their own use, and these contain more specific information or details that can be found in the World Health Organization (WHO) ICD (eg, Australia has the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification, Canada has the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada, and the United States has the International Classification of Diseases. Tenth Revision. Clinical Modification ICD-10-CMI). All updates to the main ICD are performed through the WHO. The International Classification of Diseases. Ninth Revision. Clinical Modification (ICD-9-CM) has been used in the United States since 1977. In 1990, the WHO released the 10th revision of the ICD, and the United States started the development of national adaptation in 1998, creating the ICD-10-CM. American health care practitioners and payers were initially scheduled to adopt the ICD-10-CM in 2008, but the Centers for Medicare & Medicaid Services (CMS) pushed back the deadline.3 The reason given was that the conversion required health care practitioners and payers to

L.K. Tanno et al. / Ann Allergy Asthma Immunol xxx (2016) 1-6

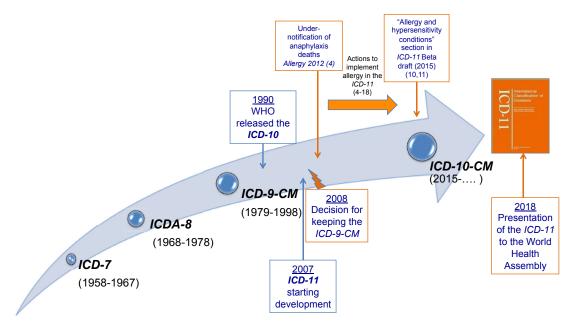


Figure 1. Historic background of the International Classification of Diseases (ICD) in the United States and the Allergy in ICD-11 Initiative. ICD, International Classification of Diseases; WHO, World Health Organization.

adapt their information system to accommodate an increase in new diagnostic codes. The *ICD-10-CM* was finally launched in 1st October 2015 (Fig 1) and now is mandated for all medical reporting. The CMS also announced a 1-year grace period, allowing for payment even if codes were not correct as long as they were in the same family. In contrast to the 14,000 *ICD-9-CM* codes, it covers more than 70,000 codes to reach more specificity.

In development since 2007, *ICD-11* is intended not only to rectify deficiencies in *ICD-10* and to incorporate changes demanded by

scientific advances but also to take advantage of the possibility of electronic data handling since the publication of *ICD-10* a quarter of a century ago.² The final version of *ICD-11* is intended to be presented to the World Health Assembly in 2018. Once the *ICD-11* is approved and available, all the countries currently using national modifications specific for their country will be advised to move to the *ICD-11*.

To create a more appropriate classification for allergic and hypersensitivity conditions in *ICD-11*, a structured and detailed action plan (Fig 2) has been built by providing scientific evidence

The ALLERGY IN ICD-11 initiative ALLERGY in ICD-11 STEPS IN THE ICD-11 REVISION **PREVIOUS WORKING IN OUTCOMES: STEPS PROCESS NEXT STEPS** Strengthen AWARENESS of current concepts Support the validation/ - Under-notification of HEALTH CLINICAL transition process morbidity and mortality due to ICD-10 and ICD-11 **MEDICINE** - Keep updating/ working in ICD-11 platform Ensure quality - Surveying the allergist - Dissemination process management of community Quality assurance allergic patients testing - Educational program - Constructing a ICD-11 platform · Support research in classification proposal stability, feasibility and the field - Mapping procedure DIRECT IMPACT: translation PUBLIC HEALTH Collaboration with ★Clinical diagnosis and - Dissemination WHO ICD management Reliable - Education program - Construction of the ★ Prevention epidemiological data "Allergy and (morbidity/mortality) ★ Support Public Health Hypersensitivity decision-making and decision-making: conditions" section into accurate morbidity and prevention the ICD-11 mortality data Appropriate allocation of resources Support ALLERGY specialty

- > Academic/scientific process: 15 peer-review publications, 20 ongoing
- **Communication and collaboration**: Joint Allergy Academies, TAGs/RSG, Patients' organization, Junior Members

Figure 2. Allergy in ICD-11 Initiative action plan and expected outcomes. ICD, International Classification of Diseases; WHO, World Health Organization.

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