Identification and coding of the main condition using ICD: suggested workflows

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Lucilla Frattura, Francesco Gongolo, Flavia Munari
Central Health Directorate, Classification Area, Friuli Venezia Giulia Region, IT WHO-FIC CC, Udine - Italy

Abstract This poster presents an Italian proposal for the systematization of current knowledge in identification and coding of a condition introducing as well a revised workflow for the identification of the main condition.

Introduction

Starting from a review of the documents produced at international level (1) and taking into account the work done by the Italian WHO-FIC Collaborative Centre (CC) within an inter-regional cooperation in the field of children and youth neuropsychiatry (2), we propose a new perspective on the coding rules to assign the main condition.

Methods & Materials

The main condition workflow produced by the Morbidity Reference Group (MbRG) in 2010 was taken as the starting point to develop three separate trees to identify the conditions, code them, and sort out the condition, recognized at the end of the episode of care, primarily responsible for the patient's need for treatment or investigation (reason for encounter vs condition generating the greater use of resources). We adopted the perspective of clinicians who, while coding, are keen to keep their diagnosis-oriented approach. We verified the logic of our proposal by testing it against the coding guidelines adopted in Australia, Canada, Germany, and US.

Results

The materials we examined showed that the definitions adopted in the above-mentioned Countries for hospital discharges, are different, although they all are specifications of the WHO definition, which has also been largely modified and updated during the course of the years.

This lively and interesting discussion on the coding of the main condition in the hospital setting, is in contrast with the lack of any debate on main condition coding in the ambulatory setting. Our three trees (Figure 1, Figure 2, Figure 3) are a tentative systematization that takes into account both hospital and ambulatory settings and is compatible with some of the most common case-mix systems adopted in the world.

Figure 1: Decision tree 1 - identification of the condition

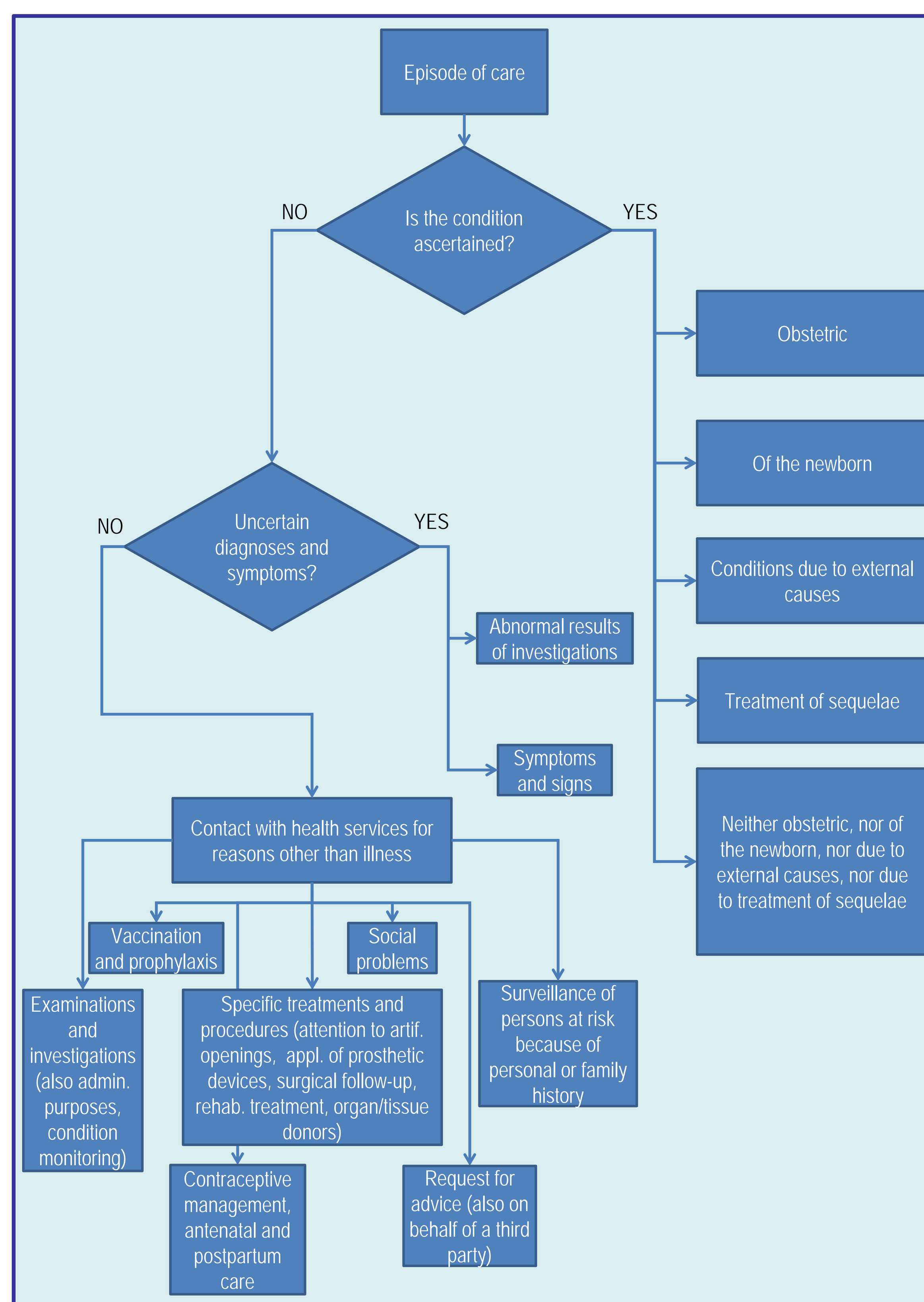


Figure 2: Decision tree 2 - coding of the condition

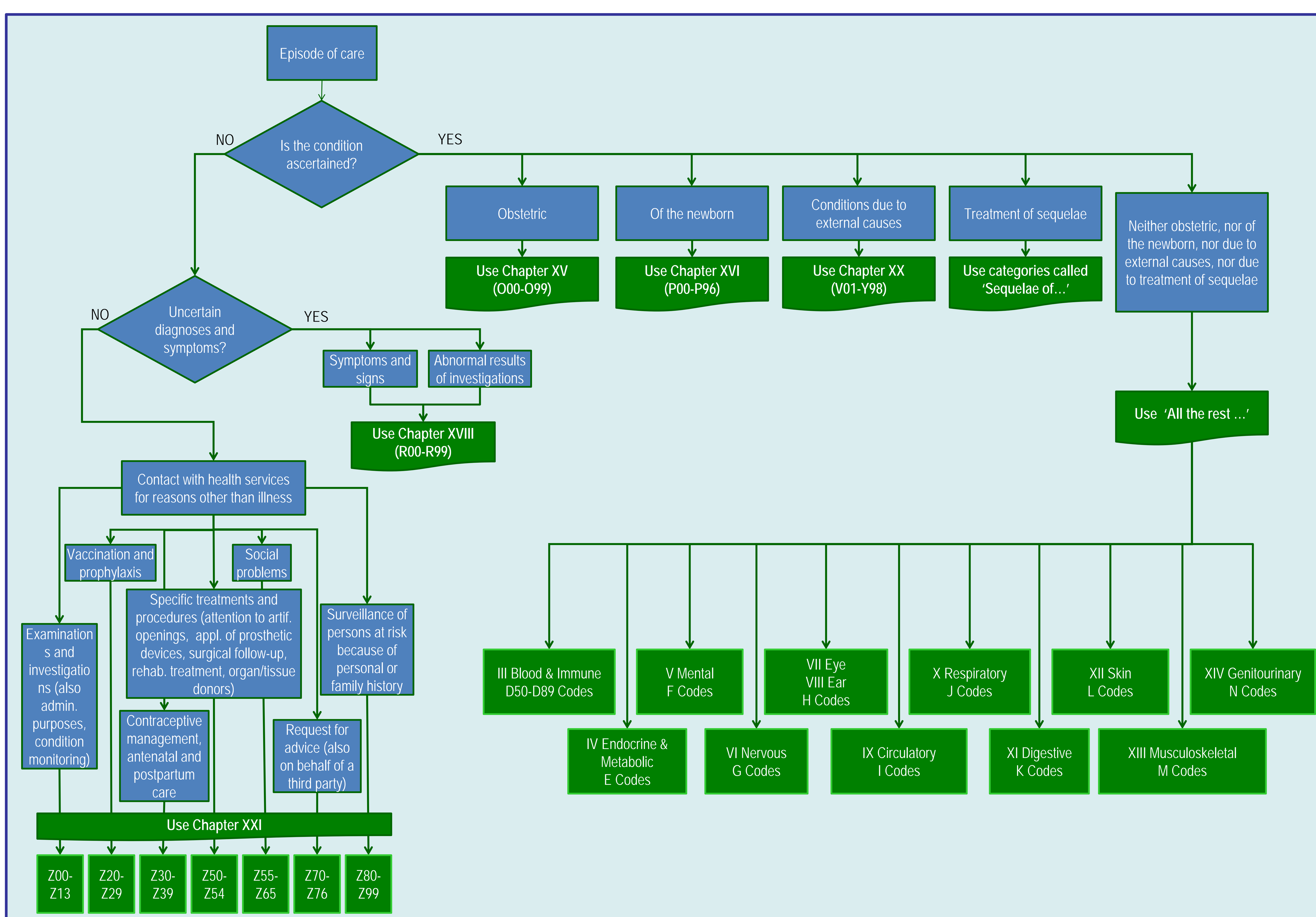
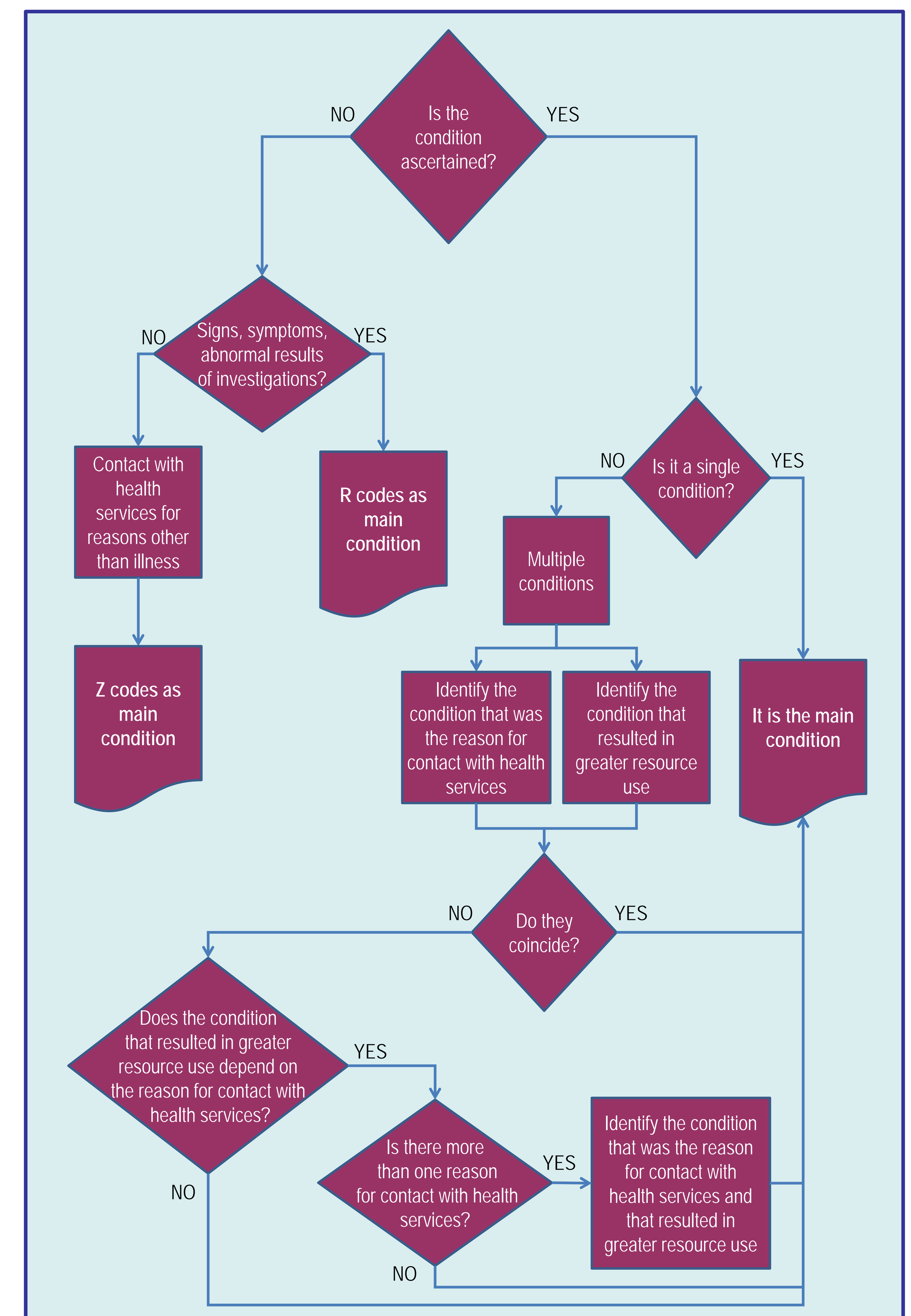


Figure 3: Decision tree 3 - identification of the main condition



The issue is relevant not only to achieve a more standardized and comparable use of ICD-10 but also to implement ICD-11 in the future, since the new revision of the International Classification of Diseases will easily allow customization for primary care settings. The end of the episode of care in the ambulatory setting is yet an open debate.

Conclusions

We propose a systematization of the WHO indications to code the main condition. The assignment rules for the main condition should remain valid not only in hospital settings and therefore it is highly desirable the engagement of other parties in testing our solution also in primary care.

Acknowledgements

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References

1. Rust J. Review of ICD-10 morbidity coding rules (WHO-FIC Network Annual Meeting, Seoul 2009 rev. Cologne 2010)
2. Frattura L, Gongolo F, Munari F. ICD-10 implementation in the health information system of the Piedmont Region (Italy) to overcome WHO multiaxial classification of mental disorders of children, WHO-FIC newtork annual meeting, Beijing 2013

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