

A Comparison of ICD-10-CM and ICD-9-CM for Capturing Domestic Violence

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Objectives

- Understand the differences between the ICD-9 and ICD-10 diagnostic classification systems.
- Compare the effects on medical documentation for domestic violence when transitioning from ICD-9 to ICD-10.
- Consider the effects that the implementation of ICD-10 will have on identification, treatment, and reimbursement of domestic violence cases.

What is the ICD?

- International Classification of Diseases (ICD) -- the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use.
 - ICD-CM (Clinical Modification) – alpha-numeric diagnosis codes used to code and classify morbidity data including signs, symptoms, injuries, diseases, and conditions
 - ICD-10-PCS (Procedural Coding System) – procedural codes for medical, surgical, and diagnostic services (published by the American Medical Association, fourth edition)
- The classification system originated in the 1850s. The first edition, known as the International List of Causes of Death, was adopted by the International Statistical Institute in 1893.

ICD Uses

- Analysis of the general health situation of population groups
- Monitoring of the incidence and prevalence of diseases and other health problems per variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines
- Billing

Domestic Violence Coding

- General diagnostic codes for domestic violence are under Adult Maltreatment and Abuse (995.8_).
 - 995.81: physically abused person, battered person, spouse or woman
 - 995.82: adult emotional/psychological abuse
 - 995.83: adult sexual abuse
 - 995.84: adult neglect (nutritional)
 - 995.85: other adult abuse and neglect (multiple forms)
- The primary diagnosis defines the condition chiefly responsible for admitting of the patient to the hospital. Secondary diagnosis refers to all conditions that coexist at the time of admission that affect treatment of the patient for the current episode. Healthcare providers should always use the most specific of these codes.

Coding Details

- The E codes provide further information as to the circumstance of the injury:
 - when it happened, where it happened, to whom or by whom and how it happened.
 - Domestic Violence E codes include:
 - Who committed the act of violence E967.0 - E967.9
 - The nature of the abuse E960 - E968
 - The intent of the abuse/neglect E904.0 - E968.4
 - The intentionality of the abuse E980 - E989
 - E codes are not generally required for reimbursement.
- The V codes describe the history of abuse or violence and the past need for counseling.
 - DV V codes include
 - Physical abuse and rape V15.41
 - Emotional abuse V15.42
 - Counseling for victim V61.11
 - Counseling for perpetrator V61.12
 - The V codes are used to describe historical data and cannot be used if there is an active primary diagnosis of Domestic Violence.

Background

- Emergence of ICD-10-CM brings anticipation about future uses.
- Extremely important in this day of newly evolved diseases such as AIDS, SARS, and H1N1 as well as when coding diagnoses related to domestic violence (DV).
- With the addition of codes for suspected DV as well as enhanced specificity of codes, health care professionals should be better able to track the occurrences and treatment of DV.

From ICD-9 to ICD-10

- ICD-10 endorsed by the 43rd World Health Assembly in 1990 and came into use in World Health Organization (WHO) member states in 1994.
- Few countries, including the US and Italy, have not adopted ICD-10 as their standard for reporting.
- Proposed US regulation to replace the ICD-9-CM with ICD-10 code sets, effective **Oct. 1, 2013**.
- ICD-10-CM contains 68,069 diagnostic codes (2009 version of ICD-9-CM has 14,025 codes) and accommodates a host of new diagnoses and procedures.

Advantages of ICD-10-CM

- According to NCHS and CMS, ICD-10-CM has many advantages over ICD-9-CM:
 - Expanded injury codes
 - Creation and combination of diagnosis/symptom codes to reduce # codes needed to describe a condition
 - Addition of 6th and 7th characters (greater expansion and specificity)
 - 4th and 5th digit subclassifications
 - Laterality (which allows for greater specificity regarding right and left side of body and specific body region)
 - Greater specificity in code assignment
 - Addition of information relevant to ambulatory and managed care encounters
 - Further expansion than was possible with ICD-9-CM

ICD-10-CM

- The maximum number of characters in the alpha-numeric code is 7 and some can be as small as 3.
- The first character is always alpha and describes the category.
- Up to three characters follow the decimal which further breaks down the etiology, anatomic site, and/or severity

ICD-10-CM

- An extension may also be included as the 7th character to further describe the condition.
- ICD-10-CM provides for better organization and description of each code and greater level of detail than ICD-9-CM

Previous Study

- In a previous study performed by Watzlaf et al, in which ICD-10-CM was compared to ICD-9-CM to determine which coding system more effectively captured public health related diseases it was found that :
 - ICD-10-CM is more specific and fully captures more of the diseases than ICD-9-CM.
 - ICD-10-CM results for reportable diseases, top ten causes of death, and those related to terrorism, were significantly better than the results for ICD-9-CM.

Current Study

- We then wanted to determine if codes related to DV were also more specific and fully captured when using ICD-10-CM than with ICD-9-CM.
- It was found that ICD-10-CM included:
 - a greater number of codes,
 - whether the maltreatment was suspected or confirmed, and
 - greater specificity than ICD-9-CM.

Example

- Example: ICD-9-CM E code=E966=Assault by cutting and piercing instrument
- ICD-10-CM has multiple codes each describing type of assault instrument as well as type of encounter such as:
 - X99.0xxA = Assault by sharp glass, initial encounter;
 - X99.0xxD = Assault by sharp glass, subsequent encounter;
 - X99.1xxA = Assault by knife, initial encounter;
 - X99.1xxD = Assault by knife, subsequent encounter
 - Etc. etc.

Example

- In the ICD-10, the 995.8_ series of codes can be further classified with a prefix T74 for confirmed abuse or T76 unconfirmed or suspected abuse.
 - Suspected DV:
 - Adult maltreatment ICD-9-CM code = 995.8
 - ICD-10-CM =
 - T74.91xA Unspecified adult maltreatment, confirmed, initial encounter;
 - T74.91xD Unspecified adult maltreatment, confirmed, subsequent encounter
 - T76.91xA Unspecified adult maltreatment, suspected, initial encounter
 - T76.91xD Unspecified adult maltreatment, suspected, subsequent encounter
- Suspected DV codes are included for every category under abuse category codes

Description of Coding Differences	Category Where Most Differences Occurred
<p>ICD-10-CM includes whether the maltreatment was suspected or confirmed and also details if the encounter was initial or subsequent</p> <p>I10 also includes the terminology of “abandonment”.</p> <p>I9 describes this as “other” while I10 describes it as “unspecified maltreatment.”</p>	<p>Abuse Categories:</p> <ul style="list-style-type: none"> Adult Maltreatment Battered Person Adult Psychological Abuse Adult Sexual Abuse Adult Neglect <p>Other or unspecified treatment</p>
<p>ICD-10-CM details the type of assault and whether initial or subsequent encounter</p> <p>I10 notes whether encounter is initial or subsequent</p> <p>I10 describes nature of encounter and type of weapon</p>	<p>Type of Assault:</p> <ul style="list-style-type: none"> Unarmed fight or brawl Rape Assault by submersion (drowning) Assault by handgun, shotgun, hunting rifle, military firearms Assault by other and unspecified firearms

Description of Coding Differences	Category Where Most Differences Occurred
<p>I10 provides specific codes of who inflicted the abuse i.e. husband, wife, male partner, biological father etc.—32 different codes</p> <p>I10 provides specific codes for pushing victim in front of motor vehicle, train, other moving object etc.</p>	<p>Type of Assault:</p> <p>Assault by Criminal Neglect</p> <p>Assault by transport vehicle</p>
<p>I10 provides specific late effects codes for types of assault and type of injury; (51 codes vs. 1 for I9)</p>	<p>Late Effects of Injury :</p> <p>Late Effects of injury purposely inflicted by other person</p>
<p>I10 provides specific codes for type of perpetrator for all categories. Non-related caregiver includes 13 codes such as teacher, foster mother or father, daycare center childcare provider etc.</p>	<p>Perpetrators of Child or Adult Abuse:</p> <p>Father, stepfather or boyfriend</p> <p>Mother, stepmother, girlfriend</p> <p>Spouse or partner</p> <p>Sibling</p> <p>Other relative</p> <p>Non-related caregiver</p>

Description of Coding Differences	Category Where Most Differences Occurred
I9 and I10 very similar in this category	History of Abuse Codes: History of Abuse and Rape History of emotional abuse History of other abuse
I10 includes the word “assault” in description so no need for E code; also includes 2 different codes for initial and subsequent encounters; I9 has ~230 codes while I10 has ~300 codes.	Poisoning Codes

Overcoming DV Coding Obstacles

- In 1998, the AMA specified that domestic violence must be coded as the primary diagnosis regardless of the presenting condition. The primary diagnosis is weighted and this determines the reimbursement level of the treatment. Rudman et al show that lower reimbursement often inhibits coding of DV as primary.
- In 1998, the Health Care Financing Administrator proposed a new severity adjusted weight that would increase the reimbursement for domestic violence from a current maximum of .8651 up to 1.741, which is higher than most trauma or abuse injuries, but this has not been implemented.

Conclusions and Recommendations

- Use of ICD-10-CM has great implications for our entire nation.
- The greater specificity found in ICD-10-CM for suspected domestic violence will hopefully lead to an increased number of documented cases which will help victims, practitioners and researchers in the detection, treatment and prevention of domestic violence.

Conclusions and Recommendations

- With more codes available in ICD-10-CM greater specificity and detail as to how a DV encounter occurred will be available and with this data, greater insight in how better to aid in the prevention of DV.
- Also, with ICD-9-CM health care providers could only document DV if they were certain it occurred. Now with ICD-10-CM, suspected DV cases can be coded and used in the analysis of DV.
- The findings and recommendations from this study will provide guidance to health care providers, researchers and public health stakeholders so that improvements in the detection, treatment, and prevention of DV will occur.

Questions??????????



Thank You!!!

Gracias

Teşekkürler

Bedankt

Thank You

Merci

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Ευχαριστώ

Grazie