

THE ROAD TO ICD-10

Why The Change?

CMS has cited two main reasons:

1. Payers cannot pay claims fairly using ICD-9, since the classification does not accurately reflect current technology.

Significantly different diagnoses and procedures are assigned to a single ICD-9 code.

These limitations are translating directly into limitations in the DRG groups and therefore, the resulting payments.

2. The healthcare industry cannot accurately measure the quality of care using ICD-9.

It is difficult to evaluate the outcome of new procedures and emerging healthcare conditions when codes are not precise.

Most importantly, the industry has a mission to improve its ability to provide patient care, which is limited by the incomplete data mined from ICD-9-CM.

A Brief History

In 1853, the International Statistical Congress adopted a list of 139 rubrics. Although this classification was never universally accepted, the general arrangement proposed included the principle of classifying diseases by anatomical site. This survived as the basis of the International List of Causes of Death.

The World Health Organization (WHO) took over the responsibility for the ICD at its creation in 1948 when the Sixth Revision, which included causes of morbidity for the first time was published.

ICD-10 was endorsed by the 43rd World Health Assembly (the decision-making body of WHO) in May 1990 and came into use by WHO member states in 1994.

This ICD-10 Tip is brought to you by
Precyse University. For more information, go to:

www.precyseuniversity.com

precyse[™]
UNIVERSITY

© Copyright 2012 Precyse Solutions, LLC.
All rights reserved.