Classifications and Terminologies October 2015

Introduction

Welcome to the fourth edition of our Classifications and Terminologies e-newsletter. It aims to promote Classifications and Terminologies activities, upcoming education courses, coding questions, topical data quality initiatives and more!

Classifications and Terminologies highlights

e-Newsletter survey

Normally this section focuses on highlights within Classifications and Terminologies, but in this edition we are putting the focus on you, our readers. We are now on our fourth edition of the e-newsletter, and we would like to know what you think about it and whether you have any suggestions on ways we can improve. Your feedback will help us to create future e-newsletters that are both relevant and interesting. The survey should take only 10 to 15 minutes of your time. All of your answers will remain completely confidential. Submissions will be anonymous unless you choose to provide us with your email address at the end of the survey. We hope that you will take a few minutes to let us know how you feel about our e-newsletter.

To complete the survey, please click the following link:

Classifications and Terminologies e-Newsletter Survey

The survey will be accessible until January 31, 2016.

ICD-11 is on the horizon

The International Statistical Classification of Diseases and Related Health Problems (ICD) is the global standard for reporting and categorizing diseases, health-related conditions and external causes of disease and injury in order to compile useful health information related to deaths, illness and injury (mortality and morbidity).

The World Health Organization (WHO) is currently developing the 11th revision of the ICD, and it is anticipated that the final ICD-11 will be approved for release by the World Health Assembly in 2018.

What are the major benefits of ICD-11?

- ICD-10 was developed more than 20 years ago. ICD-11 reflects current medical terminology and information needs.
- The new revision is more comprehensive for use in broader clinical settings (e.g., it has a subset of conditions for use in primary care).
- ICD-11 functions in digital and electronic health record (EHR) environments.
✓ It enables greater international comparability with no country-specific versions.
✓ It has linkages to other data standards, such as the International Classification of Functioning and Disability (ICF), International Classification of Health Interventions (ICHI) and SNOMED-CT.

**When will ICD-11 be adopted in Canada?**
The earliest possible implementation date is 2023. CIHI will establish a process to understand the implementation impacts to guide the decision on adopting ICD-11. Although the decision to adopt will rest with the federal, provincial and territorial health ministries and agencies, CIHI would be responsible for leading implementation in Canada.

**What is CIHI doing to prepare?**
Classifications and Terminologies staff, along with Statistics Canada and other countries, are actively contributing to the WHO’s activities by providing input into ICD-11 content and the new coding rules to support its use. A recent analysis showed that more than 90% of ICD-10-CA is included in ICD-11. Over the next 2 years, Classifications and Terminologies will participate in field trials with the University of Calgary to better understand the differences between ICD-10-CA and ICD-11 to help inform the implementation needs of coders and the impacts on data trending. Studies will be conducted over the next 5 years to assess the impacts and costs that implementing this new standard will have on CIHI’s products and systems, as well as on the Canadian health care system.

If you have any questions or would like to know more about ICD-11, please contact us at classifications@cihi.ca.

**Using the commenting feature in the coding standards PDF**
The PDF version of the 2015 coding standards enables the use of commenting. One way to effectively use this tool is to incorporate information shared in the Classifications and Terminologies e-newsletter into the coding standards.

For example, the May 2015 e-newsletter informed users of a change in direction for coding electroconvulsive therapy (ECT): “Effective April 1, 2015, for cases submitted to the DAD, when a patient has multiple episodes of ECT, a code for the ECT — 1.AN.09.JA–DV Stimulation, brain, using external electrical stimulation (for shock or convulsion) — must be assigned multiple times. The Resource Intensity Weight (RIW) and expected length of stay (ELOS) will be adjusted upward for the second episode and again for the third; however, the methodology does not make any further adjustments for counts above 3. Therefore, while all episodes may be submitted, it is mandatory to capture only the first 3 episodes of ECT, as only the first 3 will affect final RIW/ELOS calculations.”

Using the commenting feature in the coding standards, this direction can be embedded directly into the list Additional Mandatory CCI Codes for Acute Inpatient Care in the coding standard *Selection of Interventions to Code for Acute Inpatient Care.*
For more information on adding comments to the PDF version of the coding standards, please refer to the document *How to Work With Comment Tools in Adobe Reader XI*, which can be found on the Coders’ Resource Page.

**Education and related resources**

**Education opportunities**
This fall, we are pleased to offer the web conference Building Your Confidence With v. 2015 Changes. This session will focus on some of the key changes to v. 2015 of ICD-10-CA and CCI and the Canadian Coding Standards. Course details can be found below:

<table>
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<th>Education session</th>
<th>Date and time</th>
<th>Topics</th>
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<td>Web conference: Building Your Confidence With v. 2015 Changes</td>
<td>English: October 27, 2015 French: November 10, 2015</td>
<td>• Implantation of a central venous catheter (CVC) • Central line–associated bloodstream infection (CLABSI) • Management of and adverse effects related to anticoagulation therapy • Application of Status Attribute to 5.MD.60.^^ Cesarean section delivery</td>
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Following the live sessions, recordings of the web conferences will be available in CIHI’s Learning Centre.

In addition, we are happy to announce that the Diabetes series of courses is now available in French!

To register for Classifications and Terminologies education, please visit CIHI’s Learning Centre.

**Moving Forward Using v2015 of ICD-10-CA and CCI: Errata document posted**
An errata document for the education product Moving Forward Using v2015 of ICD-10-CA and CCI is now available in CIHI’s Learning Centre.

To access the errata document, log in to CIHI’s Learning Centre:
- If you *have not yet completed* the course, launch the course and click the Resources tab.
- If you *have completed* the course, select Achievement Record, re-launch the course and click the Resources tab to download and/or print the document.

**Errata for v. 2015 ICD-10-CA/CCI With CIHI Publish Shadow Files**
The v. 2015 CIHI Publish Shadow Files were distributed on October 1, 2015, and can be found on the Classifications and Terminologies web page. The CIHI Publish Shadow Files have CIHI notes that include errata and addenda that have been identified since the classifications were posted on the Classifications and Coding web page in February 2015. Please refer to the bulletin entitled *Errata for v. 2015 ICD-10-CA/CCI With CIHI Publish Shadow Files*, which can be found on the Classifications and Terminologies web page and the Coders’ Resource Page.

**Errata for v. 2015 coding standards**
There are 2 errata in the v. 2015 coding standards: 1 applies to both the French and English versions, and 1 applies to the French version only.
In the English coding standard *Cranioplasty and/or Duraplasty Concomitant With Intracranial Interventions*, the code in the last example (“The patient is admitted for evacuation of right cerebellar intracerebellar hematoma . . .”) should be 1.AA.80.SZ.XX-N and not 1.AA.80.SZ-XX-L. The qualifier should be corrected to “N” for synthetic material. In the corresponding French coding standard, *Cranioplastie et/ou plastie de la dure-mère associée aux interventions intracrâniennes*, the code in the last example (“Un patient admis pour l’évacuation d’un hématome cérébelleux droit . . .”) should be 1.AA.80.SZ.XX-N and not 1.AA.80.SZ-XX-L. As in the English version, the qualifier should be corrected to “N” for synthetic material.

In the French coding standard *Maladies dues au virus de l’immunodéficience humaine (VIH)*, in the first example (“Un patient est admis en raison d’une démence sévère liée au SIDA . . .”) the diagnosis type for F02.4* should be type (6), as listed in the rationale, and not type (3).

To identify these corrections in the PDF of the coding standards, use the commenting tools as described above in the section *Using the commenting feature in the coding standards PDF*.

**Coding questions**

**Submitting a coding question using the upgraded eQuery**

The upgraded version of eQuery was released on August 17, 2015. Questions pertaining to the application of the classifications (i.e., ICD-10-CA, CCI) and the Canadian Coding Standards for ICD-10-CA and CCI are submitted to eQuery using the topic “Classifications coding (CED-DxS, ICD-10-CA, CCI, Canadian Coding Standards).”

To answer such questions, we require a copy of the pertinent supplementary documentation so that we can put the diagnosis and/or intervention into the context of the episode of care. One of the functions now available in the upgraded version of eQuery is the secure and seamless ability to attach a copy of the documentation to the question when you submit it.

When formulating the question, it is important to pinpoint the specific challenge you are having classifying the case. For example, are you not sure how to classify a diagnosis because you can’t find it in the alphabetical index, or are you unsure which anatomy site an intervention is classified to?

Once you pinpoint the challenge, provide the facts and describe what you know about the diagnosis and where you think it is best classified or to what anatomical site you feel the intervention should be classified; please also explain your rationale. Then submit your question.

We are in a better position to provide you with direction when we have a copy of the supplementary documentation for a specific case and know your specific question, what options you have considered and the rationale that led you to the option you feel best classifies the diagnosis or intervention.

See the Tip for Coders *You Have Questions . . . You Have Answers* posted to the Coders’ Resource Page in September.

**Updated coding questions**

The Coding Question Service is used by health care facilities that submit their data to the DAD and NACRS.

On occasion, a coding question is reopened to update or revise the answer. This is done when an error is identified or when there is new information or a change of direction and there is value in revising and reposting the answer.
The following coding questions have been revised and updated since May 2015. Log in to eQuery now to review them.

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Note: The tagline ******* Updated on YYYY.MM.DD ******* identifies the date the answer was revised; a brief description of the change, in square brackets, immediately follows the tagline.

Coders’ Resource Page

The Coders’ Resource Page was designed as a one-stop shop for Canada’s HIM professionals. You will find resources that support your work in the coding and abstracting of data for the DAD and NACRS data holdings. These resources are intended to facilitate more effective data collection to enhance data quality.

The following tips for coders have been posted on the Coders’ Resource Page since May 2015:

- Endoscopic Retrograde Cholangiography With Sphincterotomy Alone or Concomitant With Extraction
- Bariatric Surgery and Diagnosis Code Mismatch
- You Have Questions . . . You Have Answers

Tips for coders are developed and posted every 2 months. The 2015–2016 schedule for new tips is as follows:

- November 2015
- January 2016
- March 2016

Get in touch

For additional information or questions about any of the topics presented in this e-newsletter, please contact the Classifications and Terminologies team at classifications@cihi.ca. We welcome hearing from you and encourage you to submit feedback about this publication.

You can also visit the Classifications and Terminologies web page on CIHI’s website.


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Our Vision
Better data. Better decisions.
Healthier Canadians.

Our Mandate
To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values
Respect, Integrity, Collaboration,
Excellence, Innovation

For more information, please write to communications@cihi.ca.