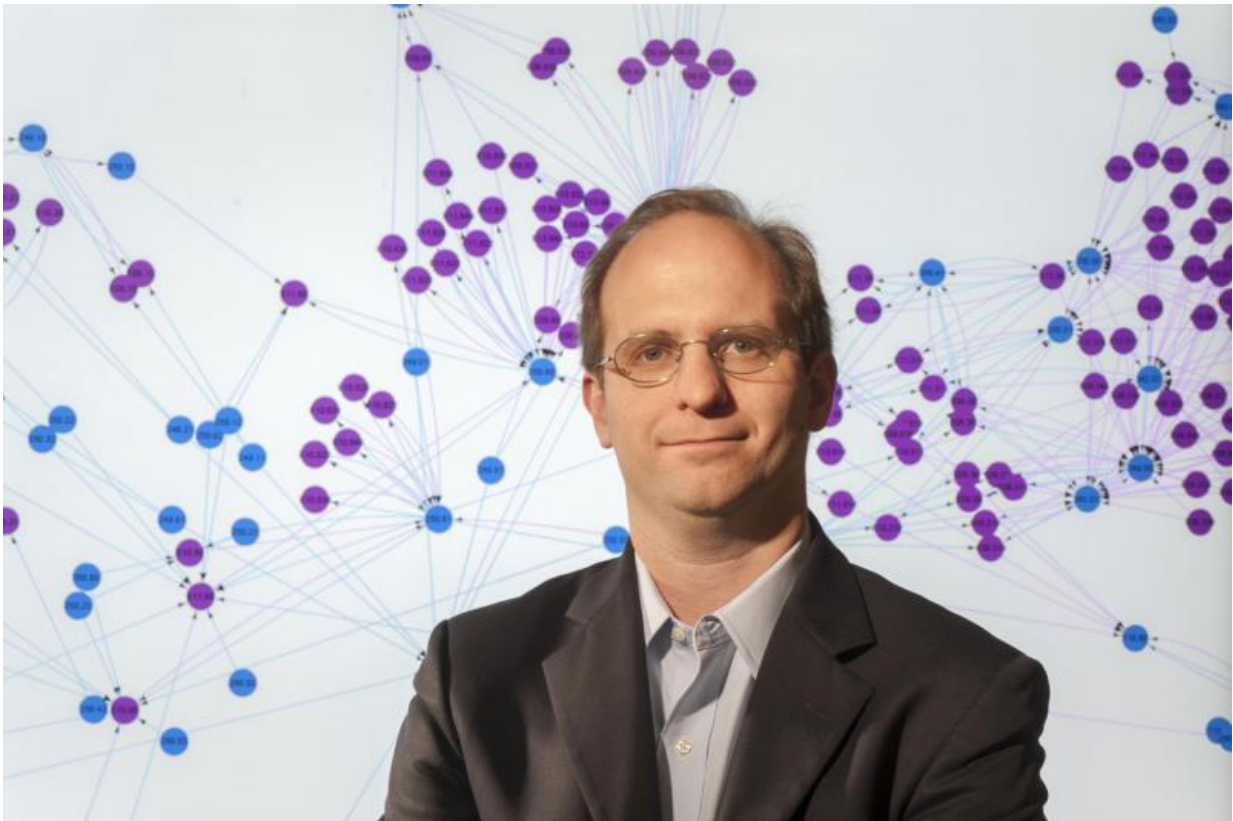


Changing diagnosis codes will challenge emergency medicine

May 26 2015



Andrew Boyd, Assistant Professor of Biomedical and Health Information Sciences. Credit: Photo: Roberta Dupuis-Devlin.

Emergency medicine faces special challenges during this fall's changeover in how medical diagnoses are coded. Nearly a quarter of all

ER clinical encounters could pose difficulties.

In addition to the problems it may pose for reimbursement and proper clinical documentation, the coding change will complicate tasks faced by [emergency physicians](#), such as justifying hospital admissions and reporting certain diseases to public health departments, say researchers at the University of Illinois at Chicago.

Their study is published in the May issue of *American Journal of Emergency Medicine*.

The researchers found that 27 percent of the 1,830 commonly used [emergency](#) room ICD-9 codes had convoluted mappings that could create problems with reporting or reimbursement. Further, they found that when they looked at more than 24,000 actual [clinical encounters](#) in the ER, 23 percent could be assigned incorrect codes if recommendations of the Center for Medicare and Medicaid Services were followed.

The new international disease classification system, known as ICD-10, is to be fully implemented Oct. 1. It includes more than 68,000 diagnostic codes—compared to 14,000 in its predecessor, ICD-9.

During the past two years researchers have extensively reviewed how ICD-9 codes map to ICD-10 codes, not only for [emergency medicine](#), but for other problematic areas, including pediatrics, patient safety reporting and long-term research. Some ICD-9 indicator codes translate well, but many more have convoluted mappings—and some simply don't map at all.

In their latest study, the UIC researchers looked specifically at the codes used most often by emergency physicians, to see where problems may arise.

"Despite the wide availability of information and mapping tools, some of the challenges we face are not well understood," says Dr. Andrew Boyd, assistant professor of biomedical and health information sciences at UIC and principal investigator on the study.

The UIC team developed a free tool, available online, that reports the ICD-9 to ICD-10 code mappings.

Provided by University of Illinois at Chicago

Citation: Changing diagnosis codes will challenge emergency medicine (2015, May 26) retrieved 19 November 2023 from <https://medicalxpress.com/news/2015-05-diagnosis-codes-emergency-medicine.html>

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