



PHIRI

Population Health Information
Research Infrastructure

DIAGNOSIS CODING

Task 8.4:

COVID-19 related international guidelines, initiatives, projects and information sources

– Róbert Láng (HU)

REF meeting

30th January, 2023



DIAGNOSIS CODING – definition (Wikipedia)

- Diagnostic coding is the **translation of written descriptions of diseases**, illnesses and injuries into codes from a particular classification.
- In medical classification, diagnosis codes are used as part of the **clinical coding process** alongside intervention codes.
- Both diagnosis and intervention codes are assigned by a health professional trained in medical classification such as a clinical coder or Health Information Manager.
- Several diagnosis classification systems have been implemented to various degrees of success across the world.

The main medical diagnosis coding systems

1. ICD (International Classification of Diseases): An international system maintained by the World Health Organization (WHO) used to code diagnoses for mortality and morbidity statistics. The latest version is ICD-11.
2. DSM (Diagnostic and Statistical Manual of Mental Disorders): A system maintained by the American Psychiatric Association used to diagnose mental health conditions. The latest version is DSM-5.
3. HCPCS (Healthcare Common Procedural Coding System): A coding system used for medical procedures and services in the United States, maintained by the Centers for Medicare and Medicaid Services (CMS).

These systems are used to ensure standardized and consistent coding of medical diagnoses and are crucial for the accurate tracking and reporting of health data.

Classification vs terminology

A classification groups diseases and other health issues into categories based on similar properties. A classification has rules and standards to be followed when assigning codes. Classifications are used for statistics, epidemiology, audit, planning, financial billing. ICD-10 and ICPC are classifications as they have the characteristics noted above.

A terminology is set of terms representing the system of concepts in a particular field. SNOMED CT is an international clinical reference terminology designed for use in electronic health records and other electronic health recording.

COVID 19 and diagnosis coding systems

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) use specific codes, such as U07.1 for COVID-19, to monitor the spread and impact of the disease.

U07.1 COVID-19, virus detected

- The code is used when COVID-19 has been confirmed (see description under the heading SIRI above), regardless of the severity of the clinical signs or symptoms.

U07.2 COVID-19, virus not detected

- The code is used when COVID-19 is diagnosed clinically or epidemiologically, but laboratory tests are not reliable or available.

ICD-11 International Classification of Diseases, 11th Revision – 11 February 2022

The World Health Organization (WHO) Eleventh Revision of the International Classification of Diseases (ICD-11) has come into effect

RA01.0:

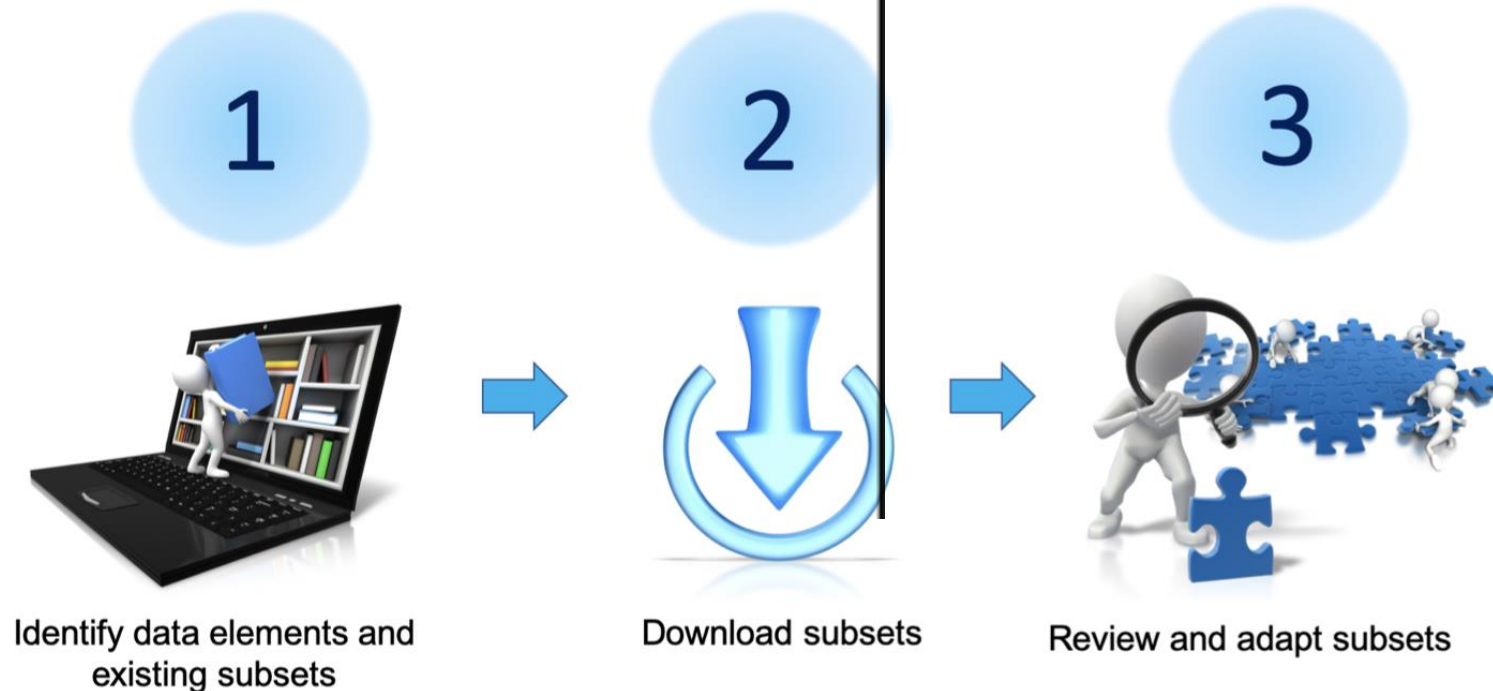
Code for the confirmed diagnosis of COVID-19.

RA01.1:

Code for clinical diagnosis (suspected or probable) of COVID-19.

COVID-19 Data Coding using SNOMED CT

1. Any SNOMED CT subset used to code COVID-19 data should be designed based on its purpose and the context in which it will be used.
2. To make the process of planning and designing your SNOMED CT subsets more efficient and internationally consistent, the following three steps are recommended.



Financial implications of diagnosis coding systems

- **Reimbursement:** Accurate and consistent diagnosis coding is essential for proper reimbursement of medical services and procedures. Insurance companies and government healthcare programs use diagnosis codes to determine the amount of payment for services rendered.
- **Medical billing:** Proper diagnosis coding helps ensure that medical bills accurately reflect the services provided and that healthcare providers receive the correct payment.
- **Fraud and Abuse Prevention:** Diagnosis coding systems help prevent healthcare fraud and abuse by ensuring that diagnoses are properly documented and that the services and procedures provided are justified.
- **Quality of Care:** Accurate diagnosis coding can improve the quality of care by providing healthcare providers with more accurate information about patient conditions and allowing for better tracking of treatment outcomes.

In short, accurate and consistent diagnosis coding is crucial for the proper functioning of the healthcare system and for ensuring that healthcare providers are reimbursed for the services they provide.