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Problems and suggestions to be considered in updating ICD-10

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Abstract In Korea, we have been using Korean Standard Classification of Diseases(KCD)-3, and KCD-4 which are the Korean versions of ICD-10 since 1995. The users of ICD-10 in Korea experienced some problems in using ICD-10 for more than 10 years. We desire those problems and suggestions could be considered in updating ICD-10 or revision of ICD-11.

Introduction

Korean government published the 3rd edition of Korean Standard Classification for Diseases(KCD) in early 1995, which is the Korean version of ICD-10, and we had used it from July 1995 to December 2002. Since 2003, we are using KCD-4, the Korean version of ICD-10 update version. That means we have been using ICD-10 more than 10 years.

The followings are some points to be considered in updating ICD-10 or revision of ICD-11 which we encountered through our 10 years experiences.

Problems in ICD-10

1.The differences between ICD-10 and ICD-O-3

- Behavior of neoplasms
- Behavior of refractory anemia
- Subclassifications in some Dx.

2. Differences between ICD-10 and DSM-IV

- Subclassifications

3. Lack of subterms in Index

Suggestions by chapter in ICD-10

Chapter II

- ◆ Behavior of the following diagnoses would be changed as malignancy because they are clinically considered as malignancies which need chemotherapy or radiotherapy.
  - Invasive hydatidiform mole
  - Malignant hydatidiform mole
  - Gestational trophoblastic neoplasm
- ◆ Non-Hodgkin's lymphoma needs specified site classifications such as
  - Lymphoma of head and neck
  - Lymphoma of G-I tract

Chapter V

Code number for "cognitive impairment, NOS" is necessary

Chapter XI

Vol. II and Vol. I do not show the same coding guideline.
Ex: Angiodysplasia

Methods & Materials

I collected opinions and suggestions in using ICD-10 from highly experienced coders in 4 large university hospitals:
Severance Hospital
Samsung Seoul Hospital
Seoul Asan Hospital
Dankuk University Hospital

The total number of coders in those 4 hospitals are about 50. I reviewed and arranged them.





Suggestions continued

Chapter XIII

Notes for applying 5th digit should be reviewed and corrected for some Dx.

Chapter XV

O80-O84 would be better to be used as primary morbidity code in all delivery cases.

Chapter XVIII

More detail classifications are necessary for symptoms and signs.

Chapter XIX

In classifying injuries, type of injury would be better to be the primary axis than anatomical site, as in ICD-9.

Chapter XXI

The followings should have more specified classifications.

- Donors for organ transplantations
- Admission for cosmetic procedures

Results

I found many of the coders' opinions and suggestions were overlapped. That means those problems and suggestions are common in every hospital, may be in every country. There are some more general suggestions as follows.

1. There should be a channel by which we promptly get the correct code numbers for diseases or morphologies which are newly defined world widely.
2. There are many diagnoses which should have their own code numbers.
3. A channel or forum is needed on the internet for Q & A to which we can easily access to ask questions and get answers concerning classification of diseases.
4. Vol. II of ICD-10 needs to have more subterms and newly developed drugs should be added to the "Tables of drugs and chemicals."

Conclusions

Coding data are essential and important in measuring and managing health status of the world population.

Some of the above problems or suggestions may be typical only in Korea. For those typical for one country, they could be modified for use in it's own country, but many of them would be common in all countries.

Those should be reviewed carefully and be reflected in updating ICD-10 or in revision of ICD-11.

