



## ICD-11 Ready for Use January 1, 2022

### IMPROVING THE CLASSIFICATION SYSTEM

by Deanna L. Klure, RHIT, CDIP, CCS

The World Health Organization (WHO) released ICD-11 and it will be ready for use on January 1, 2022. Field testing included thirty-one countries and availability is in six languages: Arabic, Chinese, English, French, Russian and Spanish. The ICD-11 revision continues to improve the classification system by enhancing code sets for mortality statistics as well as diseases, injuries, symptoms, reasons for encounter, factors that influence health status and external causes of disease.

The WHO initially endorsed ICD-10 in 1990. The clinical modification (CM) was added to the United States version to support reimbursement and data reporting. ICD-10-CM went live on October 1, 2015. The twenty-five-year delay was because of political struggles due to the concerns over adoption affordability by the American Medical Association (AMA) and other opponents. The AMA originally proposed skipping ICD-10 and moving straight to ICD-11.

ICD-11 enhances details in areas such as anatomy, substances, infectious agents and/or place of injury.

#### ICD-11 has six new chapters:

- Chapter 03 Diseases of the blood or blood-forming organs and Chapter 04 Disorders of the immune system. Conditions affecting the immune system and conditions affecting the blood are now divided into two separate chapters.
- Chapter 07 Sleep-wake disorders. Sleep-wake disorders have been regrouped in this new chapter.
- Chapter 17 Conditions related to sexual health. Sexual conditions have been grouped in this new chapter.
- Chapter 25 Codes for special purposes
- Chapter 26 Supplementary chapter traditional medicine conditions

- Chapter 27 Section X – extension codes

#### Additional major changes from ICD-10 to ICD-11 include:

- ICD-11 contains 55,000 codes, whereas ICD-10 contained 14,440 codes
- Category codes are expanded from three characters to four
- The first character is the chapter number, which may be a number or a letter
- The second character will always be a letter to separate it from ICD-10
- The codes range from 1A00.00 to ZZ9Z.ZZ
- Extension codes will begin with an “X”
- The letters “0” and “1” have been removed so that they would not be confused with the numbers “0” and “1”
- When describing a causal relationship between conditions in a code title, the preferred term is ‘due to’
- When indicating the concurrence of two conditions in a code title, the preferred term is ‘associated with’
- Use of the Global Antimicrobial Resistance Surveillance System (GLASS). ICD-11 has been designed to capture health care safety data to help prevent unsafe workflows in hospitals.

The variety of clinical modification used within the ICD-10 system in the United States is impairing the uniformity of worldwide health care statistics. The WHO stated, “The ICD system is designed to promote international comparability in the collection, processing, classification, presentation of health statistics and health information in general....the final update for ICD-10 is scheduled for 2019, after which time WHO will no longer maintain it.”

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ICD-10 was released thirty years ago and the health care system must ready for change. ICD-11 has been updated to capture today's scientific knowledge and reflect precise clinical situations for accurate coding and reporting assignment.

#### Resources

WHO. (Nov 2019) ICD-11 International Classification of Diseases for Mortality and Morbidity Statistics Eleventh Revision Reference Guide. Retrieved from [icd.who.int/icd11refguide/en/index.html](http://icd.who.int/icd11refguide/en/index.html)

WHO. (2019) ICD-11 Implementation or Transition Guide. Retrieved from [icd.who.int/docs/ICD-11%20Implementation%20or%20Transition%20Guide\\_v105.pdf](http://icd.who.int/docs/ICD-11%20Implementation%20or%20Transition%20Guide_v105.pdf)

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to authorize its release. These, however, should not be of concern in this situation, since it should be remembered that all relevant information in a medical record, whether belonging to the patient or someone else, is subject to disclosure to public health authorities as necessary to allow them to perform their functions. It would seem that disclosure of the names and contact information of other individuals in a patient's medical record that is necessary to aid an outside agency in contact tracing would fall within the "public health authority" exception to the normal written authorization requirement.

#### Conclusion

The COVID-19 pandemic is creating challenges throughout the health system, as providers vary their normal practices in the new environment. As much as anything, this includes testing for COVID-19, which is now being done in a rapid and comprehensive manner, even as testing mechanisms, and the interpretation and use of the results, seem to change daily. Health providers may find test results in their medical records or may even seek them from the outside. In either case, they should be mindful of traditional confidentiality rules, as they appear in HIPAA and CMIA. Both laws are adequate for the occasion and should provide helpful guidance in these uncertain times.

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