

## Improving External Cause Coding in Administrative Datasets

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### **Safe States Alliance supports accurate, comprehensive external cause coding of medically-treated injuries.**

The external cause of injury codes in the International Classification of Diseases-Clinical Modification are the primary mechanism for documenting the events that led to a medically treated injury. An external cause of injury code should be assigned to each hospital admission or emergency department (ED) visit for which an injury is the principal diagnosis. Furthermore, the external cause code should be directly related to the principal diagnosis and reflect the highest level of detail available about the cause and intentionality of the injury event.

To accomplish this action, Safe States Alliance encourages and supports states, territories and communities to:

- Require universal reporting of external cause codes in state-based hospital discharge and emergency department visit data systems.
- Update the state data reporting systems to include external cause codes at such times when hospitals are already required to make significant changes in their data collection systems; for example in conjunction with the implementation of ICD-10-CM in October 2015.
- Collaborate with the medical records data collection staff and administrators of hospitals to assure that best practices in external cause coding are observed.
- Educate clinicians, hospital administrators, epidemiologists, public health injury and violence prevention practitioners, the media and our communities about the importance of external cause codes for the surveillance and prevention of injuries.
- Discuss with key stakeholders the most effective ways to improve external cause coding and encourage the use of external cause coded data to develop and monitor injury and violence prevention activities.

Safe States Alliance urges the National Center for Injury Prevention and Control (NCIPC), the National Center for Health Statistics (NCHS), the Centers for Medicare and Medicaid Services (CMS), the American Hospital Association (AHA), the American Health Information Management Association (AHIMA) and other key national and state level partners to support the inclusion of external cause codes during the transition from ICD-9-CM to ICD-10-CM. Efforts should include emphasizing the importance and utility of external cause coded data and working with hospitals and clinicians to establish consistent data collection protocols. Additionally, injury and violence prevention practitioners and data managers need to be at the table when decisions on ICD-10-CM implementation are made.

Improved external cause coding will provide more accurate and comprehensive data for injury surveillance and fill the gaps in our understanding of non-fatal injuries. The information from external cause coded data will also promote better design and targeting of activities to reduce injuries, be they from elderly falls, motor vehicle crashes, prescription drug poisonings, suicide attempts, assaults or other types of injuries<sup>1,2</sup>.

## Background

### *Burden of Injury*

In 2010, injuries in the United States resulted in an estimated 181,000 deaths<sup>3</sup>. In 2012, injuries resulted in 31.7 million nonfatal (ED) visits, of which an estimated 2.3 million were admitted to a hospital for further treatment<sup>3</sup>. The lifetime cost of injuries from 2005 alone was estimated at over \$400 billion<sup>3</sup>.

### *The External Cause of Injury Code*

In the United States, the clinical modification of the *International Classification of Diseases* (ICD-CM) is the standard source for coding several aspects of an injury-related hospitalization or ED visit. Specific codes identify the injury diagnosis or type of bodily damage that occurred (e.g., skull fracture), the external cause (or mechanism) and intent of the injury (e.g., unintentional bicycle collision with motor vehicle, self-inflicted intentional drug overdose), the location where the injury occurred and the activity involved<sup>4</sup>.

In clinical and billing databases, the external cause codes are the primary mechanism for documenting the events that led to an injury. Statewide use of external cause codes in hospital discharge and ED databases is recommended for injury surveillance by state health departments<sup>5</sup>. States commonly receive data for these databases from the billing form, i.e. the Uniform Bill promulgated by the Centers for Medicare and Medicaid<sup>6</sup>.

### *Status of the Issue*

Hospitals and health insurers routinely collect injury diagnosis codes, but neglect or inconsistently capture external cause codes in the hospital discharge and billing databases<sup>7,8,9</sup>. Additionally, the federal data systems and health care insurers, whose protocols drive the collection of data by statewide hospital discharge databases, have kept external cause code reporting as optional. Many states have moved to require the submission of external cause codes; universal adoption of this standard should be promoted.

The specificity of external cause codes is also a key concern, as hospital and ED coders often default to non-specific code options (e.g., unspecified fall instead of fall from roller skates). As a result, the utility of external cause codes for surveillance and for guiding injury and violence prevention activities is diminished<sup>10</sup>.

Many public health organizations currently recognize and endorse improvements in external cause coding. These include the Council of State and Territorial Epidemiologists (CSTE),<sup>11</sup> the American Academy of Pediatrics (AAP),<sup>12</sup> the Suicide Prevention Action Network (SPAN),<sup>2</sup> the American Public Health Association (APHA), the Association for State and Territorial Health Officials (ASTHO),<sup>13</sup> and the Substance Abuse and Mental Health Services Administration (SAMHSA). Healthy People 2020, an initiative of the U.S. Department of Health and Human Services with 10-year national objectives for improving the health of all Americans, includes an objective to increase the proportion of states that routinely collect external cause of injury codes in their statewide hospital discharge data systems<sup>14</sup>.

### *Adoption of ICD-10-CM*

For more than two decades the clinical modification of the ninth revision of the ICD (ICD-9-CM) has been used by hospitals for coding inpatient and emergency department visits. The U.S. Department of Health and Human Services has ruled that on October 1, 2014, the clinical modification of the tenth revision of the ICD-10 (ICD-10-CM) will replace ICD-9-CM for coding of morbidity data. On that date, all hospitals

and health care providers covered by the Health Insurance Portability and Accountability Act (HIPAA) must use ICD-10-CM when reporting medical diagnoses<sup>15</sup>. A major retooling of clinical data systems is underway as hospitals prepare for compliance with the new regulation. Medical data base managers are currently making changes to their systems, including ones that capture the ICD-CM codes. This is a particularly advantageous window of opportunity to promote the inclusion of external cause codes as required fields in statewide and federal databases. Studies document that the costs are minimal to fully implement external cause coding in hospital discharge databases<sup>16</sup>. Education and advocacy are needed to assure that inclusion of external cause codes is part of this process.

## References

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