Strategies to Improve External Cause of Injury Coding

An Update on National Initiatives

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Today's Presentation

- Issues and challenges
- Current national initiatives
- What you can do to help!

External Cause Codes:
The Basics

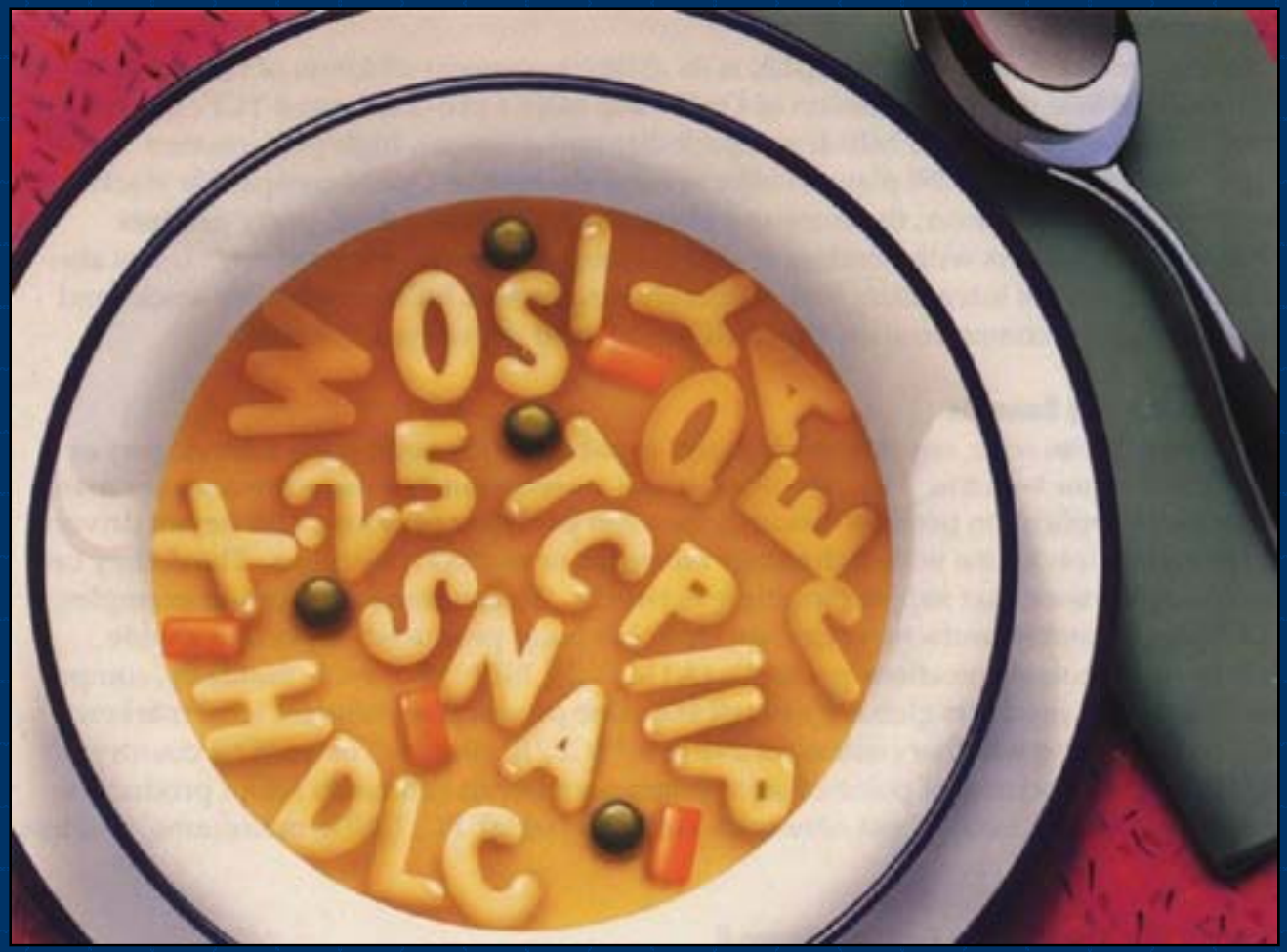
- Also known as “E-codes” in ICD-9
- Info on mechanism, intent, and location of injury
- Info can be used to monitor, plan, implement and evaluate injury prevention programs

The Challenge:

Variability in the Quantity and Quality of E-coding

- Not mandatory in many states
- Not required for reimbursement
- Some data collection systems lack designated fields
- Insufficient documentation limits ability to assign a specified E-code
- Lack of resources for on-going quality assurance
- Feds have suggested eliminating external cause codes in adoption of ICD-10-CM

Get Ready for Alphabet Soup!



A Team Effort: Many National Organizations . . .

- APHA-ICEHS (American Public Health Association, Injury Control and Emergency Health Services Section)
- CSTE (Council of State and Territorial Epidemiologists)
- NCHS (National Center for Health Statistics)
- NCIPC (National Center for Injury Prevention and Control, at CDC)
- STIPDA (State and Territorial Injury Prevention Directors Association)
- SAVIR (Society for the Advancement of Violence and Injury Research)
- ASTHO (Association of State and Territorial Health Officers)
- NAHDO (National Association of Health Data Organizations)
- CSN (Children's Safety Network)

-- and others

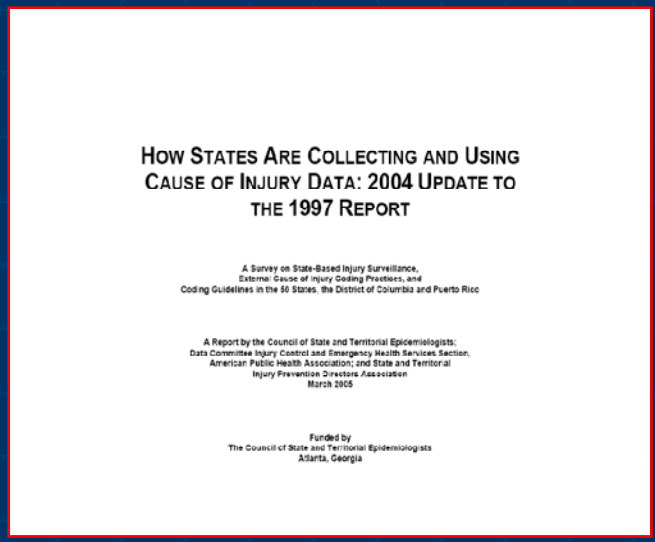
. . . with a Common Goal!

- High quality morbidity data coded for external cause of injury for all states and territories
  - Increasing the availability of E-codes in HDDS and HEDDS
  - Increasing the use of specified E-codes
  - Increasing the accuracy of E-coding

WECCI

(Workgroup for External Cause Coding Improvement)

- Established in 2006 from APHA-ICEHS
- Reps from many organizations
  - CSTE, APHA, ASTHO, NAHDO, NCIPC, NCHS, STIPDA, SAVIR, CSN, Tufts University, Minnesota DPH
- Compile a toolbox for states to improve E-coding without a mandate
- Explore possible mandate for Medicare/Medicaid reimbursement



HOW STATES ARE COLLECTING AND USING CAUSE OF INJURY DATA: 2004 UPDATE TO THE 1997 REPORT

A Survey on State-Based Injury Surveillance, External Cause of Injury Coding Practices, and Coding Guidelines in the 50 States, the District of Columbia and Puerto Rico

A Report by the Council of State and Territorial Epidemiologists: Data Committee Injury Control and Emergency Health Services Section, American Public Health Association; and State and Territorial Injury Prevention Directors Association
March 2005

Funded by
The Council of State and Territorial Epidemiologists
Atlanta, Georgia

APHA-ICEHS, 2007

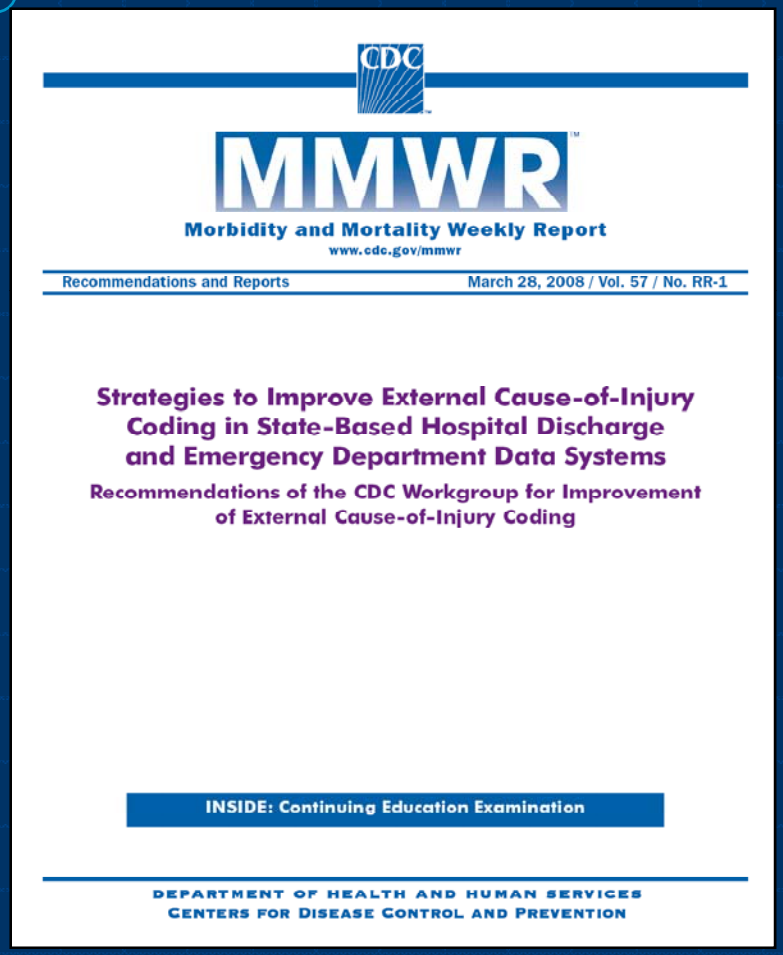
(Injury Control and Emergency Health Services Section)

- Policy statement
  - All states should require E-codes in HDD
  - UHDDS and UB procedures should require the submission of E-codes
  - Data quality assurance programs should be developed and implemented at the state level
  - National organizations should be encouraged to endorse the APHA policy
  - CDC to provide leadership for a national strategy

What has resulted from APHA-ICEHS efforts?

- Draft policy statement presented to other organizations for their adoption
  - STIPDA, CSTE, SAVIR, ASTHO
- NCIPC and NCHS have agreed to provide leadership
- CDC workgroup; MMWR article

MMWR Recommendation Report
March 2008


CDC

MMWR

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Recommendations and Reports | March 28, 2008 / Vol. 57 / No. RR-1

Strategies to Improve External Cause-of-Injury Coding in State-Based Hospital Discharge and Emergency Department Data Systems

Recommendations of the CDC Workgroup for Improvement of External Cause-of-Injury Coding

INSIDE: Continuing Education Examination

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

- Discusses the need for high quality E-coded data for injury surveillance and prevention
- Highlights efforts in a few states
- Provides recommendations for next steps

http://www.cdc.gov/mmwR/pdf/rr/rr5701.pdf

MMWR Recommendation Report
March 2008

- Recommendations in three major areas:
  - Improve communication among stakeholders regarding E-codes
  - Improve collection of E-codes
  - Improve the usefulness of E-coded data for injury prevention efforts

MMWR Recommendation Report

March 2008, Selected Recommendations

- CDC to facilitate a state/federal effort
- Explore linking E-coding to reimbursement
- CDC, CSTE, STIPDA, others to develop uniform methods to improve E-coding and to do QA
- CDC, CSTE, STIPDA, others to develop training curricula for medical/records staff
- State programs to highlight injury as a public health concern and to increase awareness of the need for E-coded data

APHA-ICEHS, 2008
(Injury Control and Emergency Health Services)

- Send policy statement to other national organizations for endorsement
- Send policy statement to the state agencies responsible for HDD/HEDD
- Engage state health departments/agencies
- Advocate where needed to assist NCIPC and NCHS
- Publish an article in APHA's "The Nation's Health"

Uniform Billing Form – UB 04

- Form for Medicare and Medicaid billing
- Expansion to three designated (but voluntary) fields to report E-codes
  - Immediate cause
  - Precipitating cause
  - Place of occurrence
- Each state can decide whether or not to use

National Safety Council

- Sue Gallagher presented to NSC and corporate partners in February 2008
  - Off the job safety programs
- State NSC reps encouraged to:
  - Promote this issue among their stakeholders
  - Collaborate with state STIPDA reps; get background info
- NSC requested talking points/brochure

What You Can Do!

- Know the specifics for your state
- Review the MMWR article
- Collaborate with your state NSC rep
- Encourage your state organization responsible for collecting HDD and HEDD to use UB-04
- Use your data and provide feedback to E-code "providers"
- Support the efforts of CDC, WECCI, APHA-ICEHS, NSC and others

Some of the Many Advocates for Improved External Cause Coding!

- Sue Gallagher (APHA ICEHS, WECCI, SAVIR, Tufts University)
- Lois Fingerhut (NCHS, WECCI)
- J. Lee Annest (NCIPC, WECCI)
- Mel Kohn (CSTE, WECCI, Oregon Dept. of Human Services)
- Renee Johnson (NCIPC)
- Jon Roesler (CSTE, Minnesota Dept. Public Health)

Thank you!