International Classification of Diseases

Liability

- $\, \sim \,$ Decision making under the SRC Act

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Introduction

Comcare has adopted an internationally accepted medical standard for classifying diseases and injuries. The standard adopted was the International Classification of Diseases and Injuries - CM 2nd Edition (ICD-9).

When determining initial liability for a new compensation claim or a newly reported condition, coding a condition is a mandatory task that you must perform.

What is ICD?

The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes. The ICD is used to monitor the incidence and prevalence of diseases and other health problems. It is also used to classify diseases and other health problems recorded on health records and death certificates.

What are ICD codes?

ICD codes are numeric designations given to every diagnosis, description of symptoms, and cause of death attributed to human beings. They are used to provide a consistent method of labelling conditions and are internationally recognised and applied. Codes are categorised into major groups, with each group then providing more detailed codes for specific conditions.

Example: Group 840: sprains and strains of shoulder and upper arm.

Sub group 840.4: rotator cuff (capsule) sprain.

ICD codes are used in Australia by medical practitioners, the Commonwealth and State governments, Australian hospitals, and other health related organisations to understand, classify and describe conditions.

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ICD descriptor and diagnosed condition

What is an ICD descriptor?

An 'ICD descriptor' is the name attributed to an ICD code to describe the condition. For Comcare's purposes, the ICD descriptor will identify the type of injury/disease for which liability is being determined.

Once an ICD code is selected for a claim, its corresponding ICD descriptor is assigned as the determined condition.

Example: Select ICD code: 995

The corresponding condition descriptor is assigned as 'wrist strain'.

ICD descriptor vs diagnosed condition

There may be instances when there is a difference between the wording of the condition which liability was determined for and the condition diagnosed by a treating practitioner.

The difference in the descriptions is because Comcare links conditions with the ICD codes. Therefore, the wording of a determined condition may differ from the wording provided on an employee's claim for compensation or medical certificate.

ICD classifications are standard classifications therefore it is not always possible to find a descriptor to precisely match a diagnosed condition provided by a treating practitioner. In these cases, you should choose the closest match to the diagnosed condition.

The role of classifying a diagnosis

It is not a treating practitioner's role to provide a classifiable diagnosis in accordance with the ICD 9 or any other medical manual. However, in order to accept liability and pay compensation Comcare requires a diagnosis.

Ultimately, it is your role to identify and link a diagnosed condition to an ICD code and, if unable to do so, contact the treating practitioner for further clinical information.

Note: If you are experiencing difficulties with classifying a diagnosis or finding an ICD code, you should discuss the claim with your Assistant Director.

Issues with how a condition has been described

An employee (or their representative) may raise an issue with how a condition has been described. For example, that the description:

- does not accurately reflect the condition diagnosed by the treating practitioner or suffered by the employee
- effects the employee's statutory benefits to compensation under the SRC Act.

The SRC Act uses the term 'injury' and does not provide how an 'injury' should be coded or labelled. It is important to note that the label or code adopted for a condition is not a determination under the SRC Act. The selection of an ICD code is an administrative function which is carried out separately to the determination of liability in respect of a claim.

The ICD code used on a claim does not impact upon the statutory benefits that an employee may be entitled to under the SRC Act.

Note: When assessing a compensation claim for a Permanent Impairment, you are required to assess the degree of impairment resulting from an 'injury', as defined under the SRC Act. The fact that an employee's condition was initially labelled as a 'strain' should make no difference to the PI determination.

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Reporting on ICD Codes

Codes provided in the DSM IV/5 vs ICD-9

The Diagnostic and Statistical Manual of Mental Disorders (DSM) IV and DSM 5 are medical manuals that provide a framework for evaluating psychiatric opinions. The DSM only covers psychological injuries, whereas ICD covers all types of injuries and diseases.

The coding system used, including the descriptions in the DSM manuals may not match the codes in ICD-9. Also, the descriptions of psychological injuries may vary between the manuals. Often, you will need to convert a DSM diagnosis into an ICD-9code.

Reporting on ICD codes

ICD coding is used for statistical and research purposes in Comcare and assists with the analysis of primary and secondary conditions injuries, such as secondary psychological injuries.

Important: Any condition determined that is additional to the primary condition should be recorded in Pracsys using the Amend Claim Determination (ADET) screen as a secondary condition or sequela.

Type of Occurrence Classification System (TOOCS) is another reporting system used in Comcare. Scheme Reporting and Analysis team undertook a project in which ICD major groups were mapped to the Nature of Injury (NOI) component of TOOCS.

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