



ICD Coding and Child Maltreatment

Mohan Chenga*, Sara Rose

Department of Obstetrics and Gynecology, St. Joseph Medical Center, Stockton, California, USA

DESCRIPTION

The prevalence and outcomes for children exposed to child abuse are being studied using administrative medical and claims information. The International Classification of Diseases (ICD) designations used in medical records, however, frequently fail to adequately describe suspicions of child abuse. There is no agreement on which codes to use for this purpose, despite the fact that academics have devised ways to more comprehensively capture the injuries, illnesses, and situations that are suggestive of abuse.

Maltreatment of children, also known as child abuse and neglect, is a severe public health issue that has long-lasting negative impacts on children. Children who have experienced maltreatment can be found and treated with the help of health care professionals, especially young children. Electronic medical records and data from health insurance claims are crucial sources for population level research on maltreatment, which is both efficient and affordable.

The ICD system is a global standard for categorizing clinical diagnoses, recording and compiling causes of death and morbidity. The classification system includes particular diagnostic codes or codes for external causes of injury for the documenting of child abuse and acts as a base for monitoring global health trends. The lack of confidence or reluctance of medical practitioners to report possible child maltreatment to CPS, as well as the lack of ICD codes for conditions connected to neglect, are all reasons, why child maltreatment is frequently under documented in electronic health records globally.

An estimated 11%-33% of children who are diagnosed with child maltreatment had already had their signs and symptoms of maltreatment reviewed by a medical expert, but the diagnosis of maltreatment was overlooked. Chronic abuse and worse morbidity and mortality rates may result from delayed or undiagnosed child abuse.

Although studies have shown that the codes are still under used and thus inadequately captured the depth of suspected

maltreatment, the ICD-10 nosology makes it possible to document suspected maltreatment by differentiating between confirmed (e.g., ICD-10-CM code T74) and suspected (e.g., ICD-10-CM code T76) diagnoses of maltreatment. Only 17% of suspected physical abuses cases identified by record review and studied retrospectively using ICD-10 diagnostic codes for suspected abuse were documented, according to one study.

Despite this, ICD codes make it simpler to recognize injuries, illnesses, or situations that are thought to be highly suspect of child abuse. Examples include subdural haemorrhages, skull fractures, and particular household situations that are seen in kids under a certain age. It is essential to construct a set of criteria for identifying medical illnesses that are consistently associated to suspected maltreatment given the likelihood, that the true extent of child maltreatment would be underestimated when sole reliance is placed on ICD codes for maltreatment. The use of ICD codes in clinical and research contexts can be improved to this probabilistic rather than deterministic approach, which also makes it easier to compare the prevalence and trends of suspected child abuse across studies.

To our knowledge, this is the first scoping study, which has been done to discuss how studies have chosen and used ICD codes for injuries, illnesses, ailments, or situations that are suggestive of child maltreatment without a maltreatment diagnosis being made.

The administrative records of healthcare providers hold considerable promise for researching child maltreatment at the population level since they have a unique perspective into childrens life. The World Health Organization (WHO), in partnership with the International Society for Prevention of Child Abuse and Neglect (ISPCAN), has urged for the creation of working groups to produce a unified set of recommendations for allocating ICD codes to cases of verified and suspected child maltreatment.

Correspondence to: Mohan Chenga, Department of Obstetrics and Gynecology, St. Joseph Medical Center, Stockton, California, USA, E-mail: mohan7@gmail.com

Received: 08-Jun-2022, Manuscript No. CMCH-22-17325; **Editor assigned:** 13-Jun-2022, Pre QC No. CMCH-22-17325 (PQ); **Reviewed:** 24-Jun-2022, QC No. CMCH-22-17325; **Revised:** 01-Jul-2022, Manuscript No. CMCH-22-17325 (R); **Published:** 08-Jul-2022, DOI: 10.35248/2090-7214.22.S14.414.

Citation: Chenga M, Rose S (2022) ICD Coding and Child Maltreatment. Clinics Mother Child Health. S14:414.

Copyright: © 2022 Chenga M, et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.