Tracking the Impact of the Opioid Epidemic on Hospital Utilization Before and After the Transition to the ICD-10-CM Coding System

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Trend analyses of opioid-related stays are important.


Did the transition disrupt trends (sudden shifts)?

Does aggregating individual opioid-related ICD codes into broad categories help minimize the disruption?
Inpatient stays with *any* opioid-related diagnosis by patient age, 2015 quarter 1 through 2016 quarter 3
Inpatient stays with **opioid abuse** diagnoses by patient age, 2015 quarter 1 through 2016 quarter 3

**ICD-9-CM**
- **All Ages**: 21.1% decrease
- **Ages 0–24**: 23.8% decrease
- **Ages 25–44**: 20.6% decrease
- **Ages 45–64**: 20.5% decrease
- **Ages 65+**: 23.8% decrease

**ICD-10-CM**
- **All Ages**: 21.1% decrease
- **Ages 0–24**: 22.1% decrease
- **Ages 25–44**: 20.6% decrease
- **Ages 45–64**: 20.5% decrease
- **Ages 65+**: 23.8% decrease
Inpatient stays with *opioid adverse effects* diagnoses by patient age, 2015 quarter 1 through 2016 quarter 3

<table>
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<tr>
<th>Year and Quarter</th>
<th>All Ages</th>
<th>Ages 0–24</th>
<th>Ages 25–44</th>
<th>Ages 45–64</th>
<th>Ages 65+</th>
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<td>2015 Q1</td>
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<td>2015 Q2</td>
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<td>2016 Q3</td>
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- 63.2% increase
- 62.3% increase
- 69.5% increase
- 52.4% increase
- 59.6% increase
Recommendations

• Review the codes you use to define samples & create variables.

• Examine the frequencies of codes under each system.

• Present data in ways that highlight the ICD transition, or report results separately for ICD-9-CM & ICD-10-CM/PCS.

• Refer to AHRQ’s new webpage on ICD-10-CM/PCS coding:

  www.hcup-us.ahrq.gov/datainnovations/icd10_resources.jsp
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- **Iowa** Hospital Association
- **Kentucky** Cabinet for Health and Family Services
- **Maryland** Health Services Cost Review Commission
- **Minnesota** Hospital Association
- **Missouri** Hospital Industry Data Institute
- **New Jersey** Department of Health
- **Ohio** Hospital Association
- **Vermont** Association of Hospitals and Health Systems
- **Virginia** Health Information
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