Letter to the editor


This English article is a shortened, translated version of an instructional lecture originally published in French [1]. It would have been appropriate to reference this French publication in the English version. Although the original French version is accurate, the English version contains errors related to the translation process and to comprehension.

In the abstract, the description of diagnosis-related groups (DRG) does not correspond to the one used in France: GHM (Groupe homogène de malade) [Homogeneous groups of patients] or GHS (Groupe homogène de séjour) [Hospital stay-related group price]. And to add to the confusion, the DRG acronym was used for “drug-related group” in tables 1, 4, 5 and 8.

Section 3 refers to the NGAP (Nomencature des actes professionnels) [General professional acts nomenclature]. This nomenclature only relates to external activities, of which the letters C, CS, CX2, CX3, etc. are particularly relevant to us. The oldest dental-related external activities has been removed from this nomenclature in July 2014. For several years, procedures corresponding to orthopedic surgery have been compiled in the CCAM (Classification commune des actes médicaux) [General medical acts classification].

Later in this same section, the author states that the GHS are modified every year. But in fact, it is the GHM and GHS grouping algorithm that is modified each year. Furthermore, it would have been interesting to mention that the funding amounts are completely different in public hospitals versus private clinics, even though the groupings and GHS are identical. This pricing difference would have been important to explain, given that the sum paid out does not cover the same costs in a hospital versus a private clinic. A clear explanation of these differences would have helped to remove the controversy related to price harmonization between public and private institutions.

It would have been good to define “MRSA” in the glossary, along with “COBP”. The acronym MRSA stands for methicillin-resistant Staphylococcus aureus, which is a known multidrug-resistant organism. COBP likely means chronic obstructive bronchopulmonary disease.

In section 5.2, “Coding in practice”, the author advises against using the Meary code [2] for the coding of diagnoses. The reason given is that there are several errors in Meary–ICD-10 transcoding, but the name of the transcoding system was not given. During the 1995 PMSI (Programme de médicalisation des systèmes d’information) [Medical information system] effort, Olivier Gagey and P. De Resende carried out Meary–CIM-10 transcoding that was validated by the French ministry of health. This transcoding was integrated into the Susie Ortho software, which was used throughout most of the public hospital system in Paris (AP-HP). This transcoding was presented in a difficult-to-read, five-column table. In collaboration with Dr. Ben Benmansour, we reformatted this transcoding into the Meary code format and published it in 1999 [3]. The diagnoses are presented logically according to anatomical location to make it easier to find the right code. This is not the case with the ICD-10 coding, although the article states “the various ICD-10 codes are systematically presented from head to feet and proximal to distal.” This format is only used in the CCAM (Classification commune des actes médicaux) [General medical acts classification], not in the ICD-10, which lists the codes by specialty instead of anatomical location. The anatomical location is only taken into account in the last number of the ICD-10 code, which makes finding for the right code even more challenging. The ICD-10 code (International Statistical Classification of Diseases and Related Health Problems 10th Revision) was created by the World Health Organization (WHO) for statistical and epidemiological purposes. It corresponds to the CIM-10 in France. The fact that it is organized by specialty does not change the fact that orthopedic surgeons cannot easily classify their patients or find them again for research projects.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

References


DOI of original article: http://dx.doi.org/10.1016/j.jottsr.2013.06.009.

http://dx.doi.org/10.1016/j.jottsr.2014.10.008
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