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# **O2 Related Training materials ICF- CY MedUse**

*In the frame of Erasmus + Project ICF-CY Meduse  
Manfred Pretis*

*Module 2 Coding*

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# Learning outcomes of Module 2

The participants have knowledge about the coding and the use of WHO evaluation qualifiers

The participants can observe the family and the child and assign codes in a transdisciplinary cooperation

The participants can communicate with the family regarding the use of WHO evaluation qualifiers

# Ethical guidelines

- ICF-CY should always be used so as to respect the inherent value and autonomy of the child/family.
- ICF-CY should never be used to label individual persons.
- In clinical settings, ICF-CY should always be used with the consent of the persons whose levels of functioning are being classified/the legal guardians.
- The information coded using ICF-CY should be viewed as PERSONAL information (rules of confidentiality).

# Clinical use

- Wherever possible, the clinician should explain to the individual (parents/children) the purpose of the use of ICF-CY.
- The child/parents should - wherever possible - have the opportunity to participate in the ICF-CY use.
- Because the problem being classified is a result of both a person's health condition and the physical and social context ICF-CY should be used **HOLISTICALLY**.

# The philosophy of coding

Coding is a communicative process in transdisciplinary teams – in the best case together with the parents.

It is not about who has „right“ in the „Team around the child“ when selecting a code, it is about exchanging and communication, what we mean when selecting a code e.g. which intervention goals can result from that.

# Suggestion for assigning a code

- Define the information available for coding (which information is important for whom?)
- Identify whether it relates to the different domains (s, b, d, e or personal factors)
- Locate the items at the 2. level
- Read the description of the items
- Review any inclusion or exclusion notes/criteria
- Search for information at the 3. or 4. levels

# Evaluation in domains s, b and d

- Select the items
- Discuss/define the general evaluation qualifier (s, b and d)

0 = No problem

1 = Mild problem

2 = Moderate problem

3 = Severe problem

4 = Complete problem

# Evaluation of environmental factors

- 0 = No
- 4 = Complete

+1, +2, +3 +4 Facilitators

.1, .2, .3, .4 Barriers



# Additional tools

Evaluation based on the verbal frequency

1 = seldom

2 = sometimes

3 = often

4 = always

# Additional tools

0 = Independent

1 = Activity with supervision

2 = e.g. continuous motivation (prompting)

3 = „hands on“

4 = Total assistance (Assistant performing an activity)

# Qualifier system suggested by Amorosa and Keller (2012)

1 = No problem

2 = Problem

I = Further information required

F = Target area of support/treatment

N = Inapplicable

# Practical informations (1)

- Selection of codes to represents a child's profile of functioning.
- The ICF-CY classifies health and health-related states.
- The ICF-CY DOES'N classifies an event/ a diagnosis (like ICD-10).

# Practical informations (2)

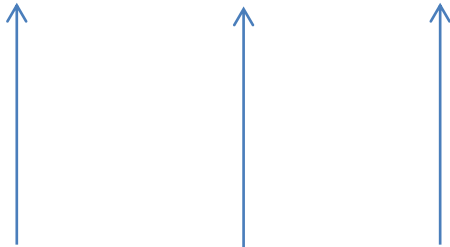
- Coding relevant informations
- Coding is related to the health problem.
- When assigning codes users should NOT draw any conclusions about the interrelationship between the impairments.
- Coding should be as possible more specific.
- Do not use more than 15 to max. 20 codes.

# Coding of environmental factors

- Environmental factors are coded in a way, without relating these codes to body functions, body structures or Activities/Participation
- There are 3 coding ways (conventions)
- e-Factors are coded alone
- e-Factors are coded for every component
- e-Factors are coded for capacity and performance qualifiers

# Coding body structures

s7300. \_\_\_\_\_



Extent of the Impairment	1=no change in structure	1=right 2=left
0,.1,.2,.3,.4	3=additional part .....	3 = both sides

# Coding the Activities and Participation

D5400. \_\_\_\_\_



Performance (performance)  
=lived experience

Capacity (competence)  
=highest probable level of functioning



# Optional qualifiers

D5400



Capacity with  
assistance

Performance without  
assistance

# Scaling of the extent of difficulty

- .1 = Mild difficulty (5-24%)
- .2 = Moderate difficulty (25-49%)
- .3 = Severe Difficulty (50-95%)
- .4 = Complete difficulty (96-100%)

# Take home message

- The ethical guidelines should be absolutely considered
- Coding is a communicative process
- There are no „right“/wrong codes, it is about exchange, communication and consensus
- Coding and the use of evaluation qualifiers requires INDICATORS

# Literatur and Links (German)

- [www.dimdi.de](http://www.dimdi.de) (deutsche Entwurfsversion der ICF):  
[http://www.dimdi.de/dynamic/de/klassi/downloadcenter/icf/endafassung/icf\\_endafassung-2005-10-01.pdf](http://www.dimdi.de/dynamic/de/klassi/downloadcenter/icf/endafassung/icf_endafassung-2005-10-01.pdf)
- [www.icf-training.eu](http://www.icf-training.eu)
- [www.icfcy-Meduse.eu](http://www.icfcy-Meduse.eu)
- Lit: Hollenweger, J., Kraus de Camargo, O. (2011). ICF-CY. Die internationale Klassifikation der Funktionsfähigkeit, Behinderung und Gesundheit bei Kindern und Jugendlichen. Bern: Huber
- Kraus de Camargo, O., Simon, L. (2013). Die ICF-CY in der Praxis. Hogrefe
- Pretis, M. (2016). ICF-basiertes Arbeiten in der Frühförderung. München: Reinhardt

