Integral

NEUROSCIENCE INITIATIVE

AN EXECUTIVE BRIEFING

The case for ICD-11

Understanding diagnosis. Preparing for what comes next.

FREE PUBLIC EDUCATION

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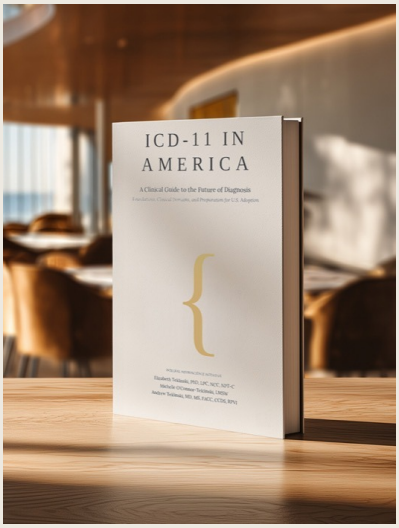
THE BOOK AND ITS PURPOSE

Seeing the person behind the diagnosis.

A diagnosis helps people communicate about illness. The classification behind it shapes what can be recorded, compared, and studied.



ICD-11 in America introduces the World Health Organization's revised classification from the perspective of American clinical practice. It brings together the science, the structure of the system, and the practical questions surrounding U.S. adoption. [1]

Its central invitation is to build understanding: how diagnostic categories change, what those changes make possible, and where careful clinical judgment remains essential.

The book is organized around four connected areas.

Foundations. The history, international context, and digital architecture of ICD-11.
Clinical domains. Chronic pain, autism and neurodevelopment, post-viral illness, and mental health.
Research and systems. How classification shapes data and the questions that can be asked of it.
Preparation. Diagnostic literacy and organizational learning within the U.S. context. [1]

WHERE THINGS STAND

A global standard. A national transition.

ICD-11 took effect internationally on January 1, 2022. That date did not create a universal deadline for every country to change its billing systems. [2]

The United States uses ICD-10-CM for diagnosis coding, with ICD-10-PCS used for inpatient hospital procedures. ICD-10-CM is a U.S. clinical modification that continues to receive updates. It builds on WHO's ICD-10 through a continuing program of national revisions. [3, 4]

What changes with ICD-11

ICD-11 was designed for digital use, with structured clinical content, a browser, coding tools, and an application programming interface. Its 2026 release includes refined content and expanded extension codes. These tools provide a basis for more detailed documentation and international exchange. They still require careful integration into local systems. [5, 6]

What U.S. leaders should watch

In April 2024, the National Committee on Vital and Health Statistics recommended a central federal coordinating entity for U.S. ICD-11 morbidity coding. Its letter identifies research, funding, rulemaking, and coordination as necessary work. It is a recommendation, not an adoption mandate. [7]

Current U.S. coding requirements remain the operational reference. Planning should follow federal guidance, payer requirements, and verified vendor specifications, without assuming a transition date or substituting ICD-11 codes on current claims. [3, 4]

SELECTED CHANGES

Clinical distinctions that deserve attention.

The book examines how changes in classification help describe clinically meaningful differences. [1]

Chronic pain

ICD-11 organizes chronic pain under MG30, distinguishing chronic primary pain from forms of chronic secondary pain. Primary pain involves persistent or recurring pain for more than three months, with significant emotional distress or functional disability, and is not better accounted for by another diagnosis. Normal imaging alone does not establish that diagnosis. [8]

Autism and neurodevelopment

Autism spectrum disorder (6A02) includes distinctions concerning intellectual development and functional language. These support a more specific description within the spectrum. A code does not describe all of a person's abilities, preferences, or support needs. [9]

Trauma and mental health

ICD-11 recognizes complex PTSD (6B41) separately from PTSD. It combines core PTSD features with persistent difficulties in emotion regulation, self-concept, and relationships. Diagnosis requires the full clinical criteria; repeated trauma by itself is insufficient. [9]

Post-viral illness

Long COVID is already represented in U.S. ICD-10-CM by U09.9, with additional codes for associated conditions when appropriate. ME/CFS has a specific U.S. code, G93.32. Consistent definitions and documentation remain essential to research across services. [10, 11]

Better data begins with careful description.

The value of a classification depends on the quality of the information people put into it.

ICD-11 supports postcoordination: linking permitted codes to express details beyond a single category. The allowed combinations depend on the condition and classification rules. More detail is useful when it is clinically supported, recorded consistently, and retained by the receiving system. [2, 6]

For research, the book asks readers to consider who is included in a dataset, which differences are preserved, and what gets lost when diagnoses are grouped together. A change in classification can also change apparent disease rates without a corresponding change in underlying illness. [1]

Whole-person questions

INI's interest extends beyond the name of a condition. We want research to examine function, emotional life, relationships, daily circumstances, and the person's own priorities. These require clinical narratives and appropriate measures alongside diagnostic categories.

Does a change improve recognition? Does it help teams communicate? Are patients better able to reach care? These are questions for evaluation. A new classification alone does not establish better outcomes, lower costs, or fewer diagnostic errors.

Keep the meaning when comparing data

WHO cautions that crosswalks help compare ICD revisions; they are not a substitute for reclassifying clinical information. Teams should document the version, definitions, and limits of a mapping before interpreting a trend or combining datasets. [2]

Preparation begins with understanding.

Learning can start before operational requirements change. The book treats that learning as the first step in preparation. [1]

Build shared literacy

Bring clinical, coding, informatics, education, and research colleagues into the same conversation. Use WHO resources to examine a small number of conditions relevant to the people your organization serves. Make time for questions about the clinical meaning of the changes. [1, 2]

Understand the dependencies

Identify where diagnosis codes are used in records, reporting, research, quality measures, and payment. Ask vendors how they handle classification versions, code clusters, and exports. Record what is supported today and what remains a stated roadmap. [1, 6, 7]

Start with a teaching exercise

Use fictional cases to explore definitions and documentation. Compare interpretations and identify training needs. Work involving real patient data requires the organization's appropriate privacy and research processes.

Plan around evidence

Monitor U.S. decisions and assess workload before committing to operational changes. Evaluate coding agreement, documentation burden, data completeness, and patient and staff perspectives. Assess costs and benefits through evidence. [1, 7]

Knowledge that can be shared.

Whole-person care needs research people can read, education people can use, and advocacy shaped by lived experience.

The Integral Neuroscience Initiative is a public charity working to make whole-person care better understood and more accessible. This free briefing is part of that public education work. Diagnostic literacy is one strand of a broader interest in how people experience illness and find care.

Related organizations, distinct work

Integral Neuroscience Initiative
Charitable research, free public education, and advocacy.
Center for Integrative Neuroscience
Professional writing, teaching, and educational resources.
Kedge
Software that supports the daily work of a practice.

The organizations are separate entities. Choosing to read an INI resource or support the charity does not enroll someone in marketing from its sister organizations.

Read, discuss, and contribute

Share this summary with colleagues. Read the book for the full discussion. Contact INI about its public education and research priorities or to discuss charitable support.

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PUBLICATION NOTES

Sources and further reading.

Companion briefing to the first edition (2025), revised September 14, 2026. Current-source clarifications are incorporated here. Source titles below are clickable.

1. Teklinski E, O'Connor-Teklinski M, Teklinski A. ICD-11 in America: A Clinical Guide to the Future of Diagnosis. Integral Neuroscience Initiative; 2025. ISBN 979-8-9942581-2-5.

2. World Health Organization. ICD-11 implementation: frequently asked questions. Updated December 2, 2025.

3. CDC / National Center for Health Statistics. ICD-10-CM. Updated July 2, 2026.

4. Centers for Medicare & Medicaid Services. ICD-10. Current code-set releases and U.S. implementation guidance.

5. World Health Organization. ICD-11 2026 Release. February 16, 2026.

6. World Health Organization. ICD API. Documentation and classification tooling for the 2026 release.

7. National Committee on Vital and Health Statistics. Urgent Need for a Central Coordinating Entity for Planning and Adopting ICD-11 in the U.S. Letter to HHS; April 12, 2024.

8. International Association for the Study of Pain. Definitions of Chronic Pain Syndromes.

9. World Health Organization. Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders. 2024. Autism: pp. 124-133; complex PTSD: pp. 344-347.

10. CDC. Long COVID Clinical Guidance. Updated March 9, 2026.

11. CDC. ICD-10-CM Codes: ME/CFS. Archived guidance on the October 1, 2022 introduction of G93.32.

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