

What Does ICD-10 Mean for Dermatologists?

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Practice Points

- The transition to the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*, will require a proactive strategy for dermatologists, as the number of dermatology-specific codes will quadruple.
- There will be an immediate shift to *ICD-10-CM* on October 1.

Although the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*, appears to be shrouded in speculation and anxiety, dermatologists can minimize any potential disruption in patient care or reimbursement with some planning and strategy. This article will provide some clarity on the need for *ICD-10-CM* and a broad understanding of what to expect.

The World Health Organization creates International Classification of Diseases codes.¹ The most recent tenth update of the codes has been in use by other countries for the last 20 years. Twenty-five countries use *ICD-10* for reimbursement and resource allocation in their health systems. The unchanged international version of *ICD-10* is used in approximately 110 countries for cause-of-death reporting and statistics.¹

Opinions regarding the motivations for adopting *ICD-10* in the United States vary, but one of the fundamental reasons for its implementation is having a consistent mechanism for health care reporting and analysis. For dermatologists, the good news is that the *ICD-10* changes will only impact *ICD-10-CM*, or how we describe diagnostic entities. Our outpatient procedure codes will not be impacted.² Evaluation and management codes also will not be affected. It may be difficult to get accurate data worldwide if we

are not using the same descriptors across the board. When attempting to monitor disease patterns, the *International Classification of Diseases, Ninth Revision (ICD-9)*, leaves much to be desired because it provides limited data about patients' medical conditions and does not allow dermatologists to code for new technology and advancements. Also, as all dermatologists can attest, we often are hunting for a description or diagnosis that we cannot find in *ICD-9*. Some of this frustration will be fixed with *ICD-10-CM*. We will have more specificity given that the number of codes for dermatology will quadruple. We will no longer be forced to code guttate, pustular, and plaque-type psoriasis identically.² This increased specificity will be accomplished with the transition to a coding system of up to 6 to 7 digits, the ability to signify laterality (eg, left, right, bilateral), and the capacity to classify chronic versus acute illnesses. The majority of dermatology-specific codes will be 5 digits but can be up to 6 to 7 digits.¹

All current information tells us that there will be an immediate shift from *ICD-9* to *ICD-10-CM*. There is no talk of a rollout or overlap period. As of October 1, all claims will need to be submitted in *ICD-10* format or they will be denied.² If you are a single practitioner or a large group or hospital-based practice, this abrupt change means that coders need to be actively trained at least 3 months prior to this implementation date, and your billing system also should be ready to accommodate this shift. Although some electronic medical records have some cross talk built in, there will still need to be some amount of legwork for staff in the majority of current practice designs.

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The ability to track morbidity and mortality across countries with *ICD-10* will be beneficial for dermatologists. As we look to the implementation of *ICD-10* this fall, continue to turn to this new *Cutis*[®] ICD-10 Update department to help you transition.

REFERENCES

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