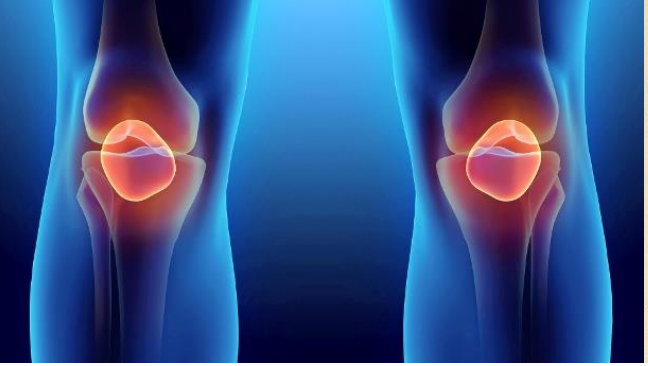
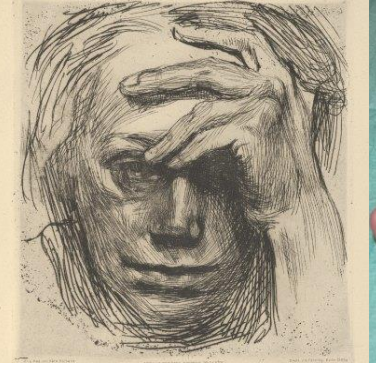
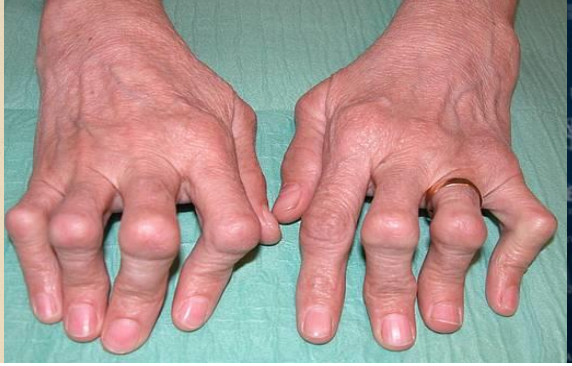
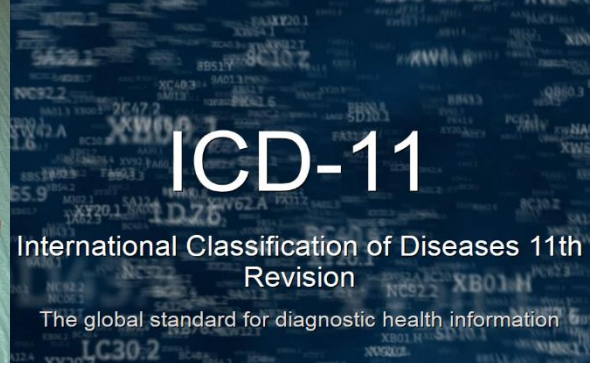





ICD-10 versus ICD-11
Rheumatologie / Innere Medizin

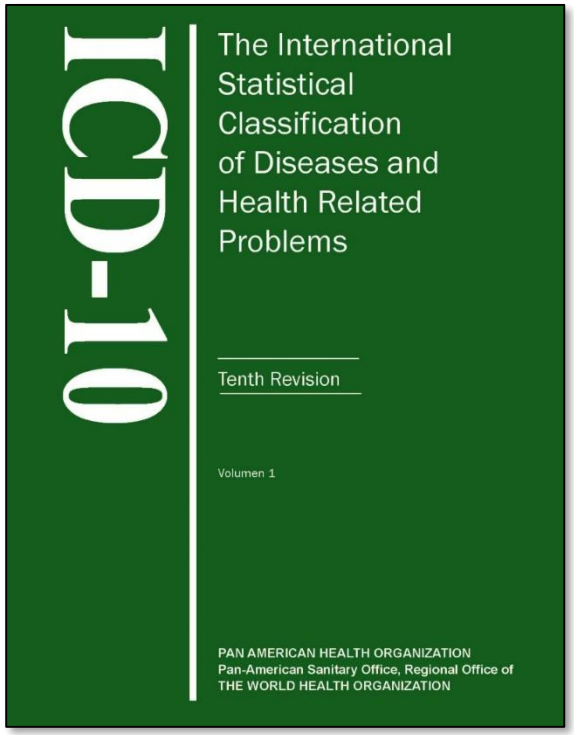
9. Fortbildungskurs der SIM
Olten, 31.10.2019

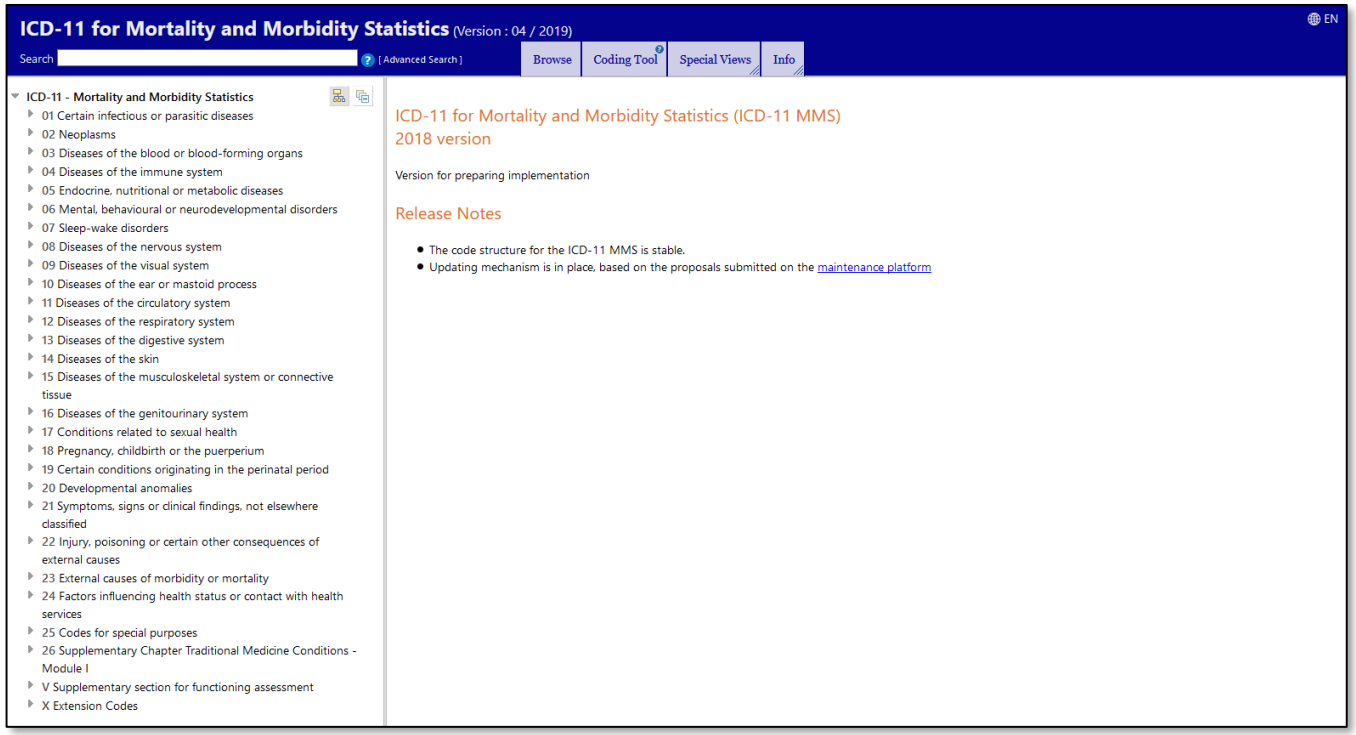
Dr. med. Jörg Jeger, Rheumatologie FMH, EMBA
MAS Versicherungsmedizin, Luzern

Agenda

- **Das IT-Tool der ICD-11**
- Beispiele aus der Rheumatologie
- Beispiele aus der Inneren Medizin
- Zusammenfassung

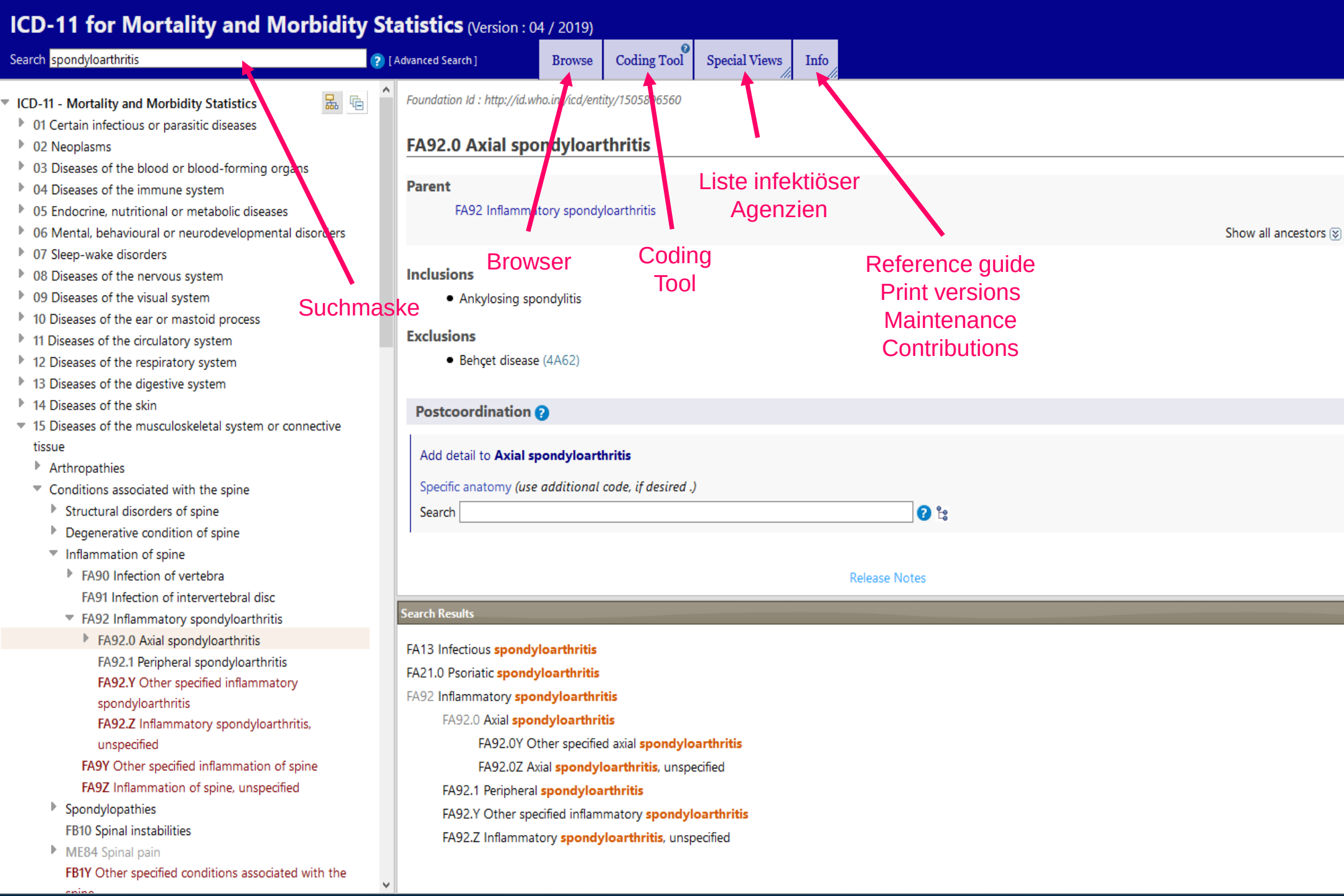
Vom Buch zur elektronischen Plattform



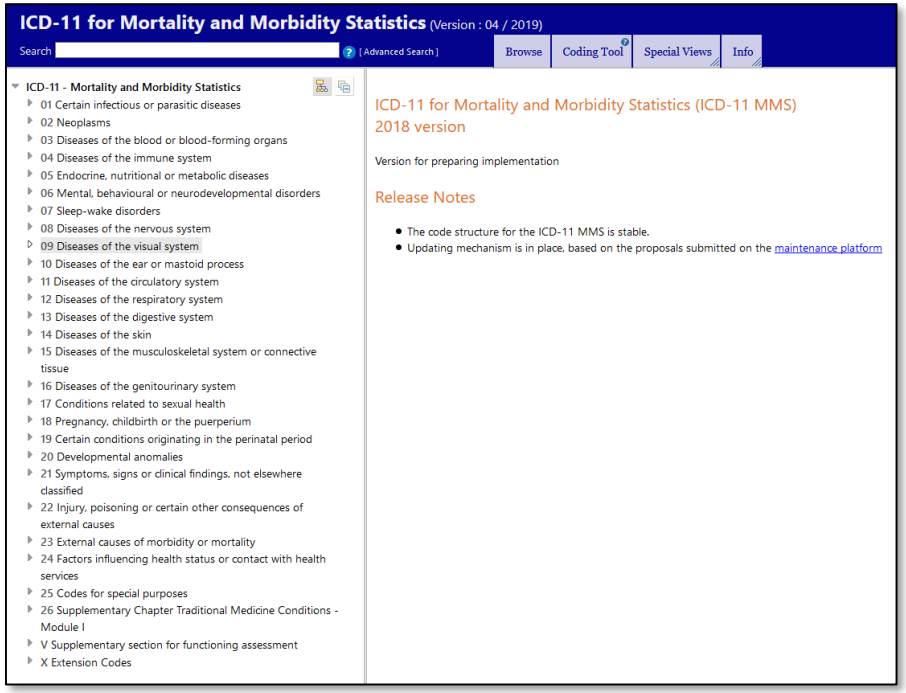


ICD-10: 3 Bände

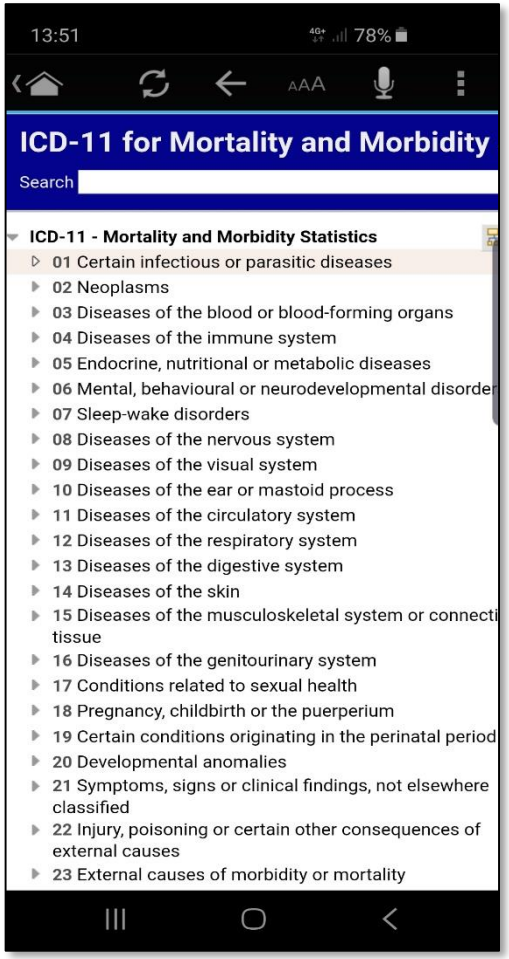
ICD-11: IT-Plattform


ICD-11 for Mortality and Morbidity Statistics (Version : 04 / 2019)
Search spondyloarthritis
[Advanced Search]
Browse
Coding Tool
Special Views
Info
ICD-11 - Mortality and Morbidity Statistics
01 Certain infectious or parasitic diseases
02 Neoplasms
03 Diseases of the blood or blood-forming organs
04 Diseases of the immune system
05 Endocrine, nutritional or metabolic diseases
06 Mental, behavioural or neurodevelopmental disorders
07 Sleep-wake disorders
08 Diseases of the nervous system
09 Diseases of the visual system
10 Diseases of the ear or mastoid process
11 Diseases of the circulatory system
12 Diseases of the respiratory system
13 Diseases of the digestive system
14 Diseases of the skin
15 Diseases of the musculoskeletal system or connective tissue
Arthropathies
Conditions associated with the spine
Structural disorders of spine
Degenerative condition of spine
Inflammation of spine
FA90 Infection of vertebra
FA91 Infection of intervertebral disc
FA92 Inflammatory spondyloarthritis
FA92.0 Axial spondyloarthritis
FA92.1 Peripheral spondyloarthritis
FA92.Y Other specified inflammatory spondyloarthritis
FA92.Z Inflammatory spondyloarthritis, unspecified
FA9Y Other specified inflammation of spine
FA9Z Inflammation of spine, unspecified
Spondylopathies
FB10 Spinal instabilities
ME84 Spinal pain
FB1Y Other specified conditions associated with the
Foundation Id : http://id.who.int/icd/entity/1505816560
FA92.0 Axial spondyloarthritis
Parent
FA92 Inflammatory spondyloarthritis
Show all ancestors
Inclusions
Ankylosing spondylitis
Exclusions
Behçet disease (4A62)
Postcoordination
Add detail to Axial spondyloarthritis
Specific anatomy (use additional code, if desired .)
Search
Release Notes
Search Results
FA13 Infectious spondyloarthritis
FA21.0 Psoriatic spondyloarthritis
FA92 Inflammatory spondyloarthritis
FA92.0 Axial spondyloarthritis
FA92.0Y Other specified axial spondyloarthritis
FA92.0Z Axial spondyloarthritis, unspecified
FA92.1 Peripheral spondyloarthritis
FA92.Y Other specified inflammatory spondyloarthritis
FA92.Z Inflammatory spondyloarthritis, unspecified
Suchmaske
Browser
Coding Tool
Liste infektiöser Agenzien
Reference guide
Print versions
Maintenance
Contributions

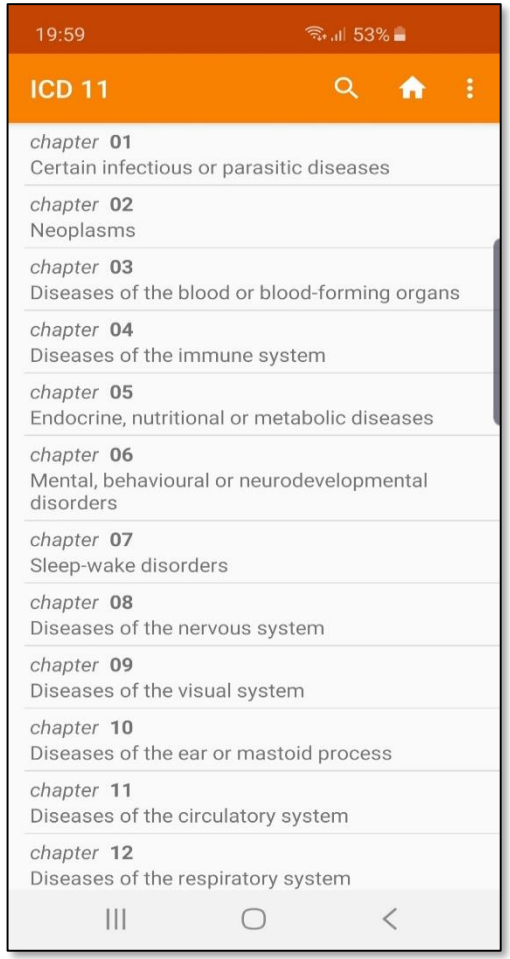
ICD-11: technische Hilfsmittel



Original ICD-11 Browser
auf dem PC / Tablet



Original ICD-11 Browser
auf dem Smartphone



Android App (Google Play)
«ICD-11 Disease Diagnosis»

Von der ICD-10 zur ICD-11

ICD-10

- Forschungsstand 1992
- Gedruckte Bücher (3 Bände), IT-Tool zur Anwendung
- Etwa 14‘400 Codes, 22 Kapitel
- Die ICD-10 enthält nur bei psychiatrischen Diagnosen Beschreibungen (Definitionen)
- Bewegungsapparat im Kapitel XIII
- Korrekte Codierung aufwändig

ICD-11

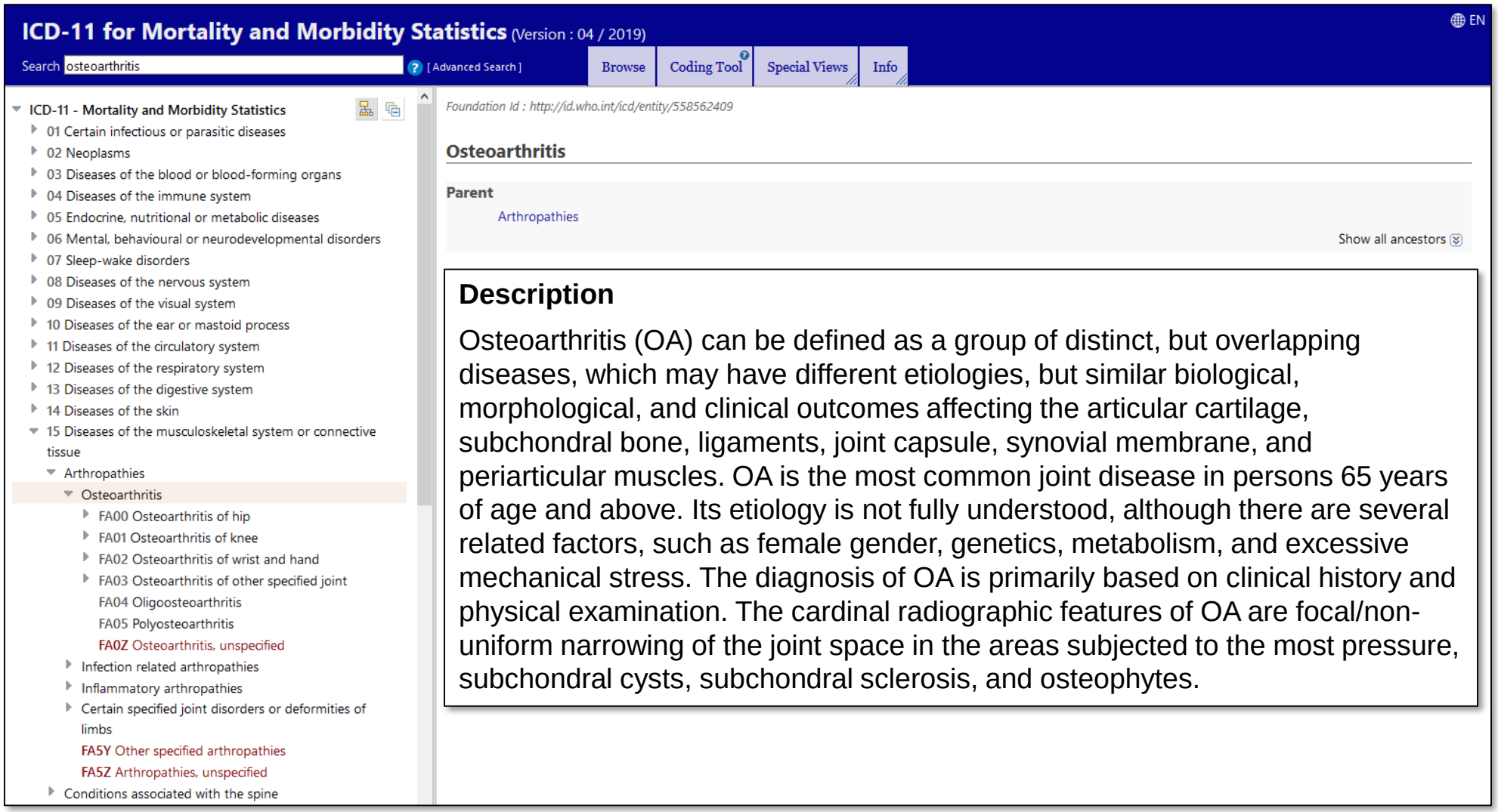
- Adaptiert an den aktuellen Forschungsstand
- Weitgehend IT-basiert, Vernetzung unter den Kapiteln
- Etwa 55‘000 Codes, 28 Kapitel
- Die ICD-11 enthält nun auch einige «Descriptions» für somatischen Diagnosen
- Bewegungsapparat im Kapitel 15
- Korrekte Codierung einfacher (IT-gestützt)
- Im Mai 2019 durch WHA72[1)] verabschiedet, Einführung per 1.1.2022 geplant (länderabhängig)

[1)] 72nd World Health Assembly of the WHO, 20-28 May 2019, Geneva

Agenda

- Das IT-Tool der ICD-11
- **Beispiele aus der Rheumatologie**
- Beispiele aus der Inneren Medizin
- Zusammenfassung

«Descriptions» auch bei somatischen Diagnosen



Rheumatoide Arthritis

ACR/EULAR-Kriterien für die rheumatoide Arthritis — Tabelle 1

Geschwollene / schmerzhafte Gelenke
Mindestens ein Gelenk sollte entzündet sein, das nicht mit einer anderen Erkrankung erklärt werden kann.

Punkte	Anzahl der Gelenke		
0	1	(mittel-) groß	Schulter, Ellenbogen, Hüfte, Sprunggelenke
1	2 – 10	(mittel-) groß	Schulter, Ellenbogen, Hüfte, Sprunggelenke
2	1 – 3	kleine	FGG, FMG, ZGG 2 – 5, IP, Handgelenk
3	4 – 10	kleine	FGG, FMG, ZGG 2 – 5, IP, Handgelenk
5	> 10	Gelenke	mind. 1 kleines Gelenk

Blutuntersuchung (Serologie)
(mindestens 1 Testergebnis ist erforderlich)

Punkte	
0	RF und ACPA negativ
2	RF oder ACPA niedrig positiv > Obergrenze bis ≤ 3 × Obergrenze
3	RF oder ACPA hoch positiv > 3 × Obergrenze

Entzündungsparameter im Blut (Akute-Phase-Proteine)
(mindestens 1 Testergebnis ist erforderlich)

Punkte	
0	CRP und BSG normal
1	CRP oder BSG erhöht

Dauer der Krankheitssymptome

Punkte	
0	Weniger als 6 Wochen
1	Mehr als 6 Wochen

Summe

Die Bewertungspunkte werden addiert. Eine Bewertung von mehr als 6 Punkten ist ein sicheres Zeichen für eine rheumatoide Arthritis.

FGG: Fingergrundgelenke, FMG: Fingermittelgelenke, ZGG: Zehengrundgelenk,
RF = Rheumafaktor, ACPA = z. B. CCP-Antikörper (siehe unter Laboruntersuchungen)

ACR/EULAR Criteria 2010

FA20.0 Rheumatoid arthritis

Description: Rheumatoid arthritis (RA) is persistent and/or erosive disease that is defined as the confirmed presence of synovitis in at least 1 joint, absence of an alternative diagnosis that better explains the synovitis, and achievement of a total score of 6 or greater (of a possible 10) from the individual scores in 4 domains: number and site of involved joints, serologic abnormality, elevated acute-phase response, and symptom duration.

ICD-10: im Kapitel XIII «Muskuloskelettale Erkrankungen»
ICD-11: im Kapitel 15 «Diseases of the musculoskeletal system or connective tissue»

Axiale Spondylarthropathie

Box 4 ASAS criteria for classification of axial spondyloarthritis (to be applied in patients with chronic back pain and age at onset of back pain <45 years)[6]

ASAS classification criteria for axial spondyloarthritis (SpA)
In patients with ⩾3 months back pain and age at onset <45 years

Sacroiliitis on imaging* plus ⩾1 SpA feature#	or	HLA-B27 plus ⩾2 other SpA features#

#SpA features
- inflammatory back pain
- arthritis
- enthesitis (heel)
- uveitis
- dactylitis
- psoriasis
- Crohn's/colitis
- good response to NSAIDs
- family history for SpA
- HLA-B27
- elevated CRP

*Sacroiliitis on imaging
- active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA
- definite radiographic sacroiliitis according to mod NY criteria

ASAS Criteria 2009

FA92 Inflammatory spondyloarthritis

Description: Inflammatory Spondylarthritis is a rheumatic disease referring to the group of inflammatory disorders affecting the lower limb, enthesitis, dactylitis, and uveitis. Clinical characteristics include typical patterns of peripheral arthritis (i.e., predominantly of the lower limb and asymmetric), absence of rheumatoid factor, absence of subcutaneous nodules and other extra-articular features of rheumatoid arthritis, overlapping extra-articular features of the group (e.g., anterior uveitis), and significant familial aggregation and association with HLA-B27.

ICD-10: im Kapitel XIII «Muskuloskelettale Erkrankungen»
ICD-11: im Kapitel 15 «Diseases of the musculoskeletal system or connective tissue»

Systemische Sklerose

1. These criteria are applicable to any patient considered for inclusion in a SSc study.
2. These criteria are **not applicable** to patients having a systemic sclerosis-like disorder better explaining their manifestations, such as: nephrogenic sclerosing fibrosis, scleredema diabeticorum, scleromyxedema, erythromyalgia, porphyria, lichen sclerosis, graft versus host disease, and diabetic chierarthropathy. Patients with '***Skin thickening sparing the fingers'*** also are not classified as having SSc.

Items	Sub-items	Weight / Score
Skin thickening of the fingers of both hands extending proximal to the metacarpophalangeal joints		9
Skin thickening of the fingers *(only count the highest score)*	Puffy fingers	2
	Whole Finger, distal to MCP	4
Finger tip lesions	Digital Tip Ulcers	2
(only count the highest score)	Pitting Scars	3
Telangiectasia		2
Abnormal nailfold capillaries		2
Pulmonary arterial hypertension and/or Interstitial lung Disease		2
Raynaud's phenomenon		3
Scleroderma related antibodies (any of anti-centromere, anti-topoisomerasel [anti-ScL 70], anti-RNA polymerase III)		3
	TOTAL SCORE^:	

Patients having a total score of 9 or more are being classified as having definite systemic sclerosis. ^ Add the maximum weight (score) in each category to calculate the total score.

ACR/EULAR Criteria 2013

4A42 Systemic Sclerosis

Description: Systemic sclerosis is a systemic disorder of the connective tissue; manifested by hardening and thickening of the skin, by abnormalities involving the microvasculature and larger vessels, and by fibrotic degenerative changes in various body organs including the heart, lungs, kidneys, and gastrointestinal tract. (Arthritis Rheum 1980;23:581-590)

ICD-10: im Kapitel XIII «Krankheiten des Muskel-Skelett-Systems und des Bindegewebes»
ICD-11: im Kapitel 4 «Diseases of the immune system»

Systemischer Lupus erythematosus

Entry criterion

Antinuclear antibodies (ANA) at a titer of ≥1:80 on HEp-2 cells or an equivalent positive test (ever)

↓

If absent, do not classify as SLE
If present, apply additive criteria

↓

Additive criteria

Do not count a criterion if there is a more likely explanation than SLE.
Occurrence of a criterion on at least one occasion is sufficient.
SLE classification requires at least one clinical criterion and ≥10 points.
Criteria need not occur simultaneously.
Within each domain, only the highest weighted criterion is counted toward the total score§.

Clinical domains and criteria	Weight	Immunology domains and criteria	Weight
Constitutional		***Antiphospholipid antibodies***	
Fever	2	Anti-cardiolipin antibodies OR	
Hematologic		Anti-β2GP1 antibodies OR	
Leukopenia	3	Lupus anticoagulant	2
Thrombocytopenia	4	***Complement proteins***	
Autoimmune hemolysis	4	Low C3 OR low C4	3
Neuropsychiatric		Low C3 AND low C4	4
Delirium	2	***SLE-specific antibodies***	
Psychosis	3	Anti-dsDNA antibody* OR	
Seizure	5	Anti-Smith antibody	6
Mucocutaneous			
Non-scarring alopecia	2		
Oral ulcers	2		
Subacute cutaneous OR discoid lupus	4		
Acute cutaneous lupus	6		
Serosal			
Pleural or pericardial effusion	5		
Acute pericarditis	6		
Musculoskeletal			
Joint involvement	6		
Renal			
Proteinuria >0.5g/24h	4		
Renal biopsy Class II or V lupus nephritis	8		
Renal biopsy Class III or IV lupus nephritis	10		

Total score:

↓

Classify as Systemic Lupus Erythematosus with a score of 10 or more if entry criterion fulfilled.

4A40 Lupus erythematosus

Description: An autoimmune non-organ specific inflammatory disease characterized by the presence of antibodies to DNA, RNA and other components of the nucleus. It has a very variable clinical presentation and course ranging from an acute fulminant life-threatening disorder with involvement of heart, central nervous system and kidneys to an indolent chronic scarring skin disorder.

ICD-10: im Kapitel XIII «Krankheiten des Muskel-Skelett-Systems und des Bindegewebes»
ICD-11: im Kapitel 4 «Diseases of the immune system»

ACR/EULAR Criteria 2019

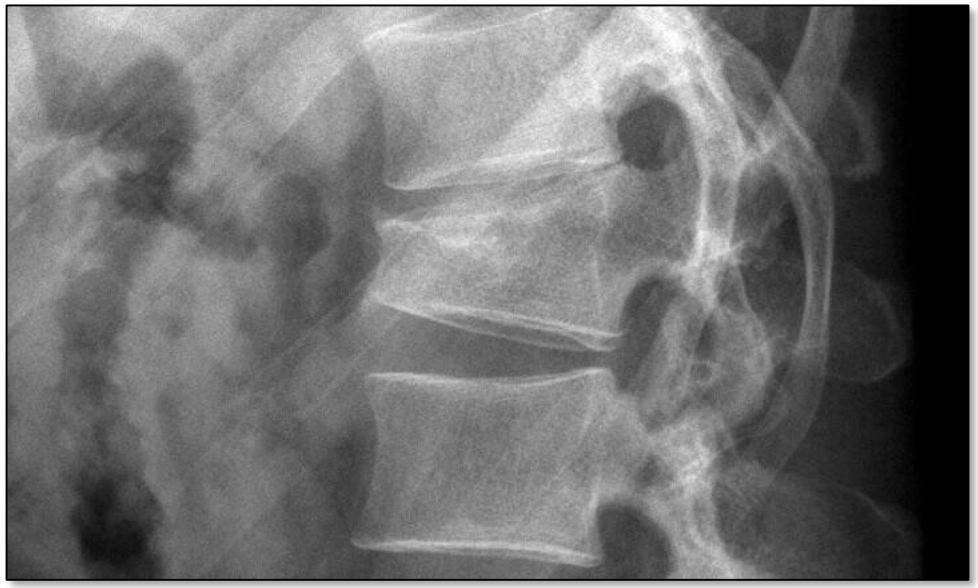
Osteoporose

Definition: Die Osteoporose ist eine systemische Skeletterkrankung, die durch eine niedrige Knochenmasse und eine mikroarchitektonische Verschlechterung des Knochengewebes charakterisiert ist, mit einem konsekutiven Anstieg der Knochenfragilität und der Neigung zu Frakturen. Sind bereits Frakturen als Folge der Osteoporose aufgetreten, liegt eine manifeste Osteoporose vor.

Nach der operationalen Definition der WHO aus dem Jahr 1994 liegt eine Osteoporose dann vor, wenn der Knochenmineralgehalt in einer DXA-Knochendichtemessung an der Lendenwirbelsäule und/oder am proximalen Femur (Gesamtareal oder Schenkelhals) um < –2,5 Standardabweichungen vom Mittelwert einer 20-29-jährigen Frau abweicht (T-Score)

FB83.11 Postemenopausal osteoporosis

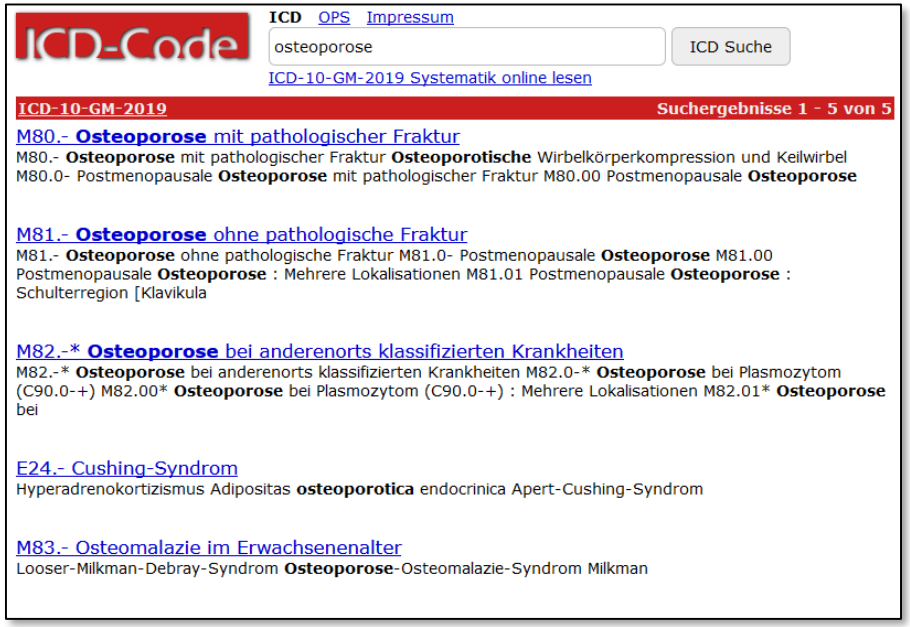
Description: Susceptibility to bone fracture secondary to a systemic decrease in bone mass and micro-architectural deterioration of bone tissue related to hormonal changes associated with menopause



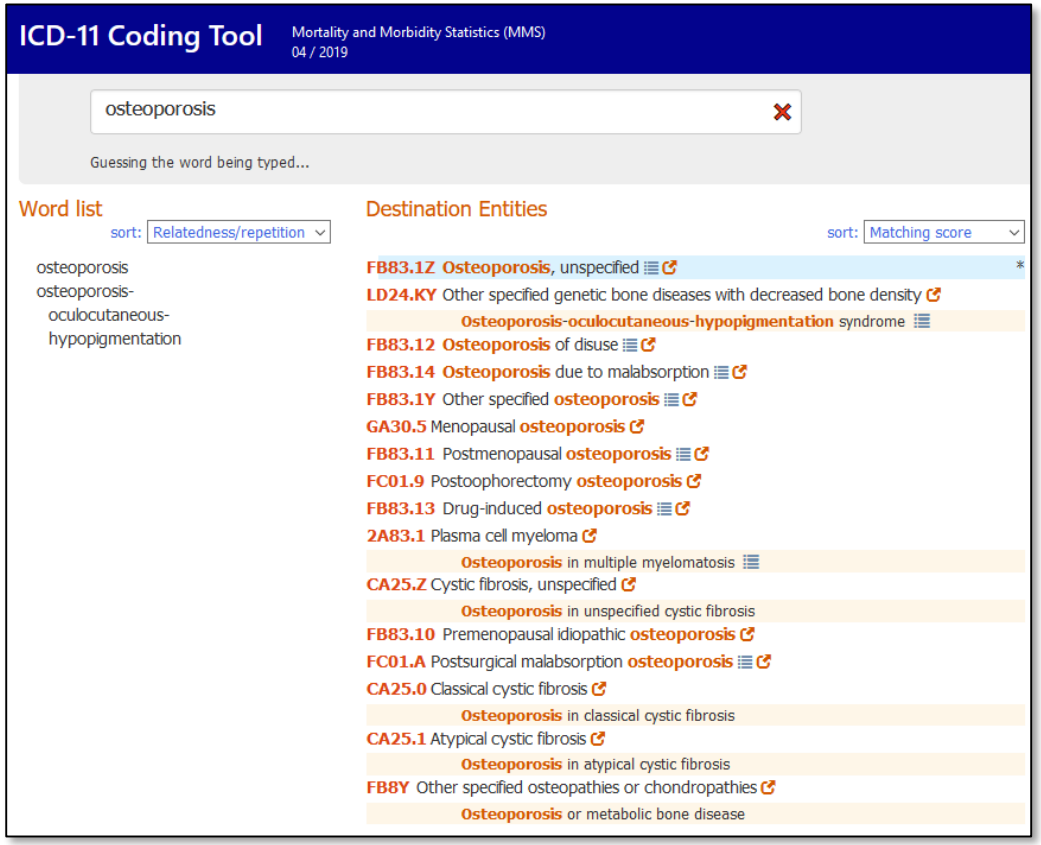
DVO Leitlinie Osteoporose 2017

Weitere Differenzierung der Osteoporoseformen

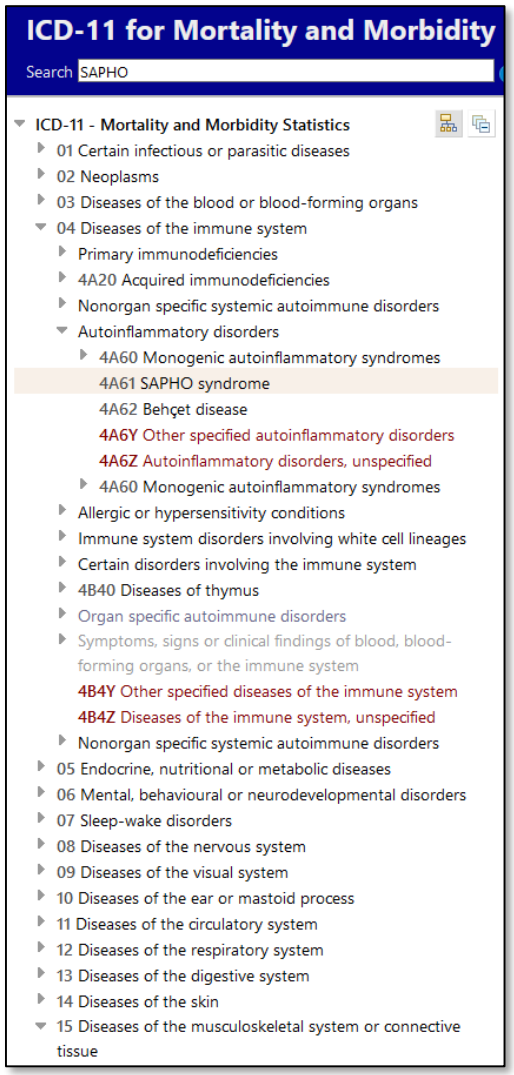
Osteoporose in der ICD-10



Osteoporose in der ICD-11



Neue Entitäten: Beispiel SAPHO Syndrom



SAPHO = Synovitis, Acne, Pustulosis, Hyperostosis, Osteitis

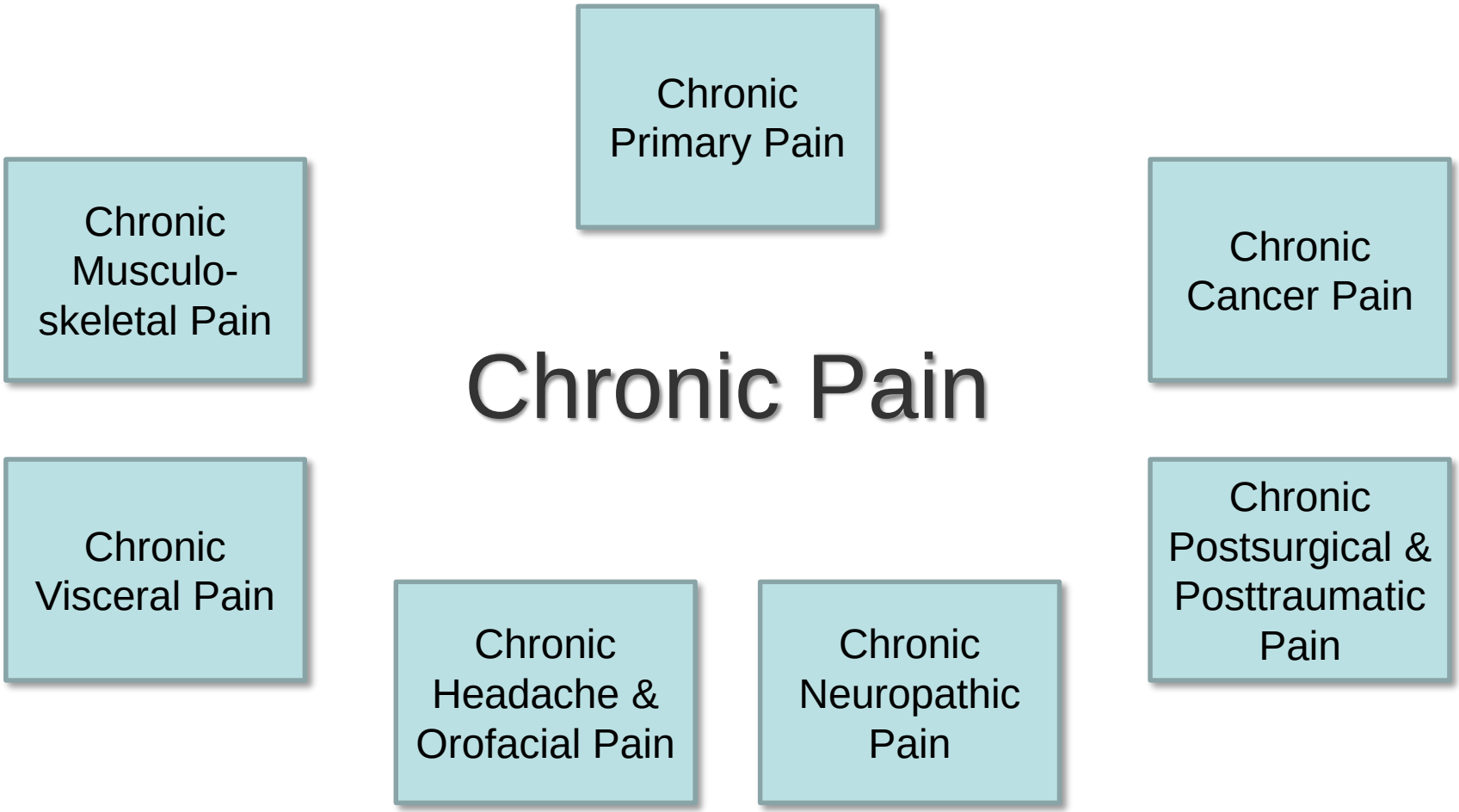
ICD-10

- Kapitel XIII «Krankheiten des Muskel-Skelett-Systems und des Bindegewebes»
- Codierbar als M86.3 «Chronic multifocal osteomyelitis», SAPHO-Syndrom aber nicht explizit aufgeführt, nicht deckungsgleich

ICD-11

- Transfer ins Kapitel 4 «Diseases of the immune system», Untergruppe «Autoinflammatory Disorders», Code 4A61
- Description: SAPHO syndrome is characterized by a constellation of symptoms and signs including synovitis, acne conglobata or fulminans, palmoplantar pustulosis, hyperostosis and osteitis. Its aetiology is poorly understood.

Chronischer Schmerz



Im Kapitel 21 «Symptoms, signs or clinical findings, not elsewhere classified» untergebracht.

Sozioökonomische Bedeutung von Rückenschmerzen

Frauen	Männer
1 Low back pain	1 Low back pain
2 Headache disorders	2 Headache disorders
3 Depressive disorders	3 Diabetes
4 Dietary iron deficiency	4 Age-related hearing loss
5 Diabetes	5 Depressive disorders
6 COPD	6 Neonatal disorders
7 Age-related hearing loss	7 Drug use disorders
8 Anxiety disorders	8 Blindness and vision impairment
9 Neck pain	9 COPD
10 Blindness and vision impairment	10 Other musculoskeletal
11 Other musculoskeletal	11 Neck pain
12 Neonatal disorders	12 Dietary iron deficiency
13 Gynaecological diseases	13 Anxiety disorders
14 Oral disorders	14 Falls
15 Stroke	15 Stroke
16 Falls	16 Oral disorders
17 Upper digestive diseases	17 Alcohol use disorders
18 Drug use disorders	18 Other mental disorders
19 Schizophrenia	19 Schizophrenia
20 Dermatitis	20 Congenital anomalies

Rückenschmerzen stehen zuoberst in der Rangliste in der «Global Burden of Disease Study» anhand der Years Lived with Disability (YLD), sowohl bei Frauen wie auch bei Männern.

Lancet 2018; 392: 1789–858

Fibromyalgie wird zu Chronic Widespread Pain

1. Widespread pain index (WPI) ≥7 and symptom severity scale (SSS) score ≥5 OR WPI 4–6 and SSS score ≥9.
2. Generalized pain, defined as pain in at least 4 of 5 regions, is present.
3. Symptoms have been present at a similar level for at least 3 months.
4. A diagnosis of fibromyalgia is valid irrespective of other diagnoses. A diagnosis of fibromyalgia does not exclude the presence of other clinically important illnesses.

ACR Criteria 2016

MG30.0 Chronic widespread pain

Description: Chronic Widespread Pain (CWP) is diffuse pain in at least 4 of 5 body regions and is associated with significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). CWP is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate when the pain is not directly attributable to a nociceptive process in these regions and there are features consistent with nociplastic pain and identified psychological and social contributors.

Chronischer Schmerz: biopsychosoziales Phänomen

ICD-10

Psychiatrie: F45.41 Chronische Schmerzstörung mit somatischen und psychischen Faktoren

Rheumatologie: M79.7 Fibromyalgie

- Kapitel V: Psychische und Verhaltensstörungen
- Kapitel XIII: Krankheiten des Muskel-Skelettsystems und des Bindegewebes

ICD-11

6C20 Bodily distress disorder

MG30.1 Chronic Widespread Pain

- Code MG30.1 im Kapitel 21 «Symptoms, signs or clinical findings, not elsewhere classified» untergebracht.
- Die Dichotomie «Soma» versus «Psyche» wird aufgegeben.

Chronischer Schmerz: biopsychosoziales Phänomen

Psychological Bulletin
2007, Vol. 133, No. 4, 581–624

0033-2909/07/$12.00 DOI: 10.1037/0033-2909.133.4.581

The Biopsychosocial Approach to Chronic Pain: Scientific Advances and Future Directions

Robert J. Gatchel and Yuan Bo Peng
The University of Texas at Arlington

Madelon L. Peters
Maastricht University

Perry N. Fuchs
The University of Texas at Arlington

Dennis C. Turk
University of Washington, Seattle

Published in final edited form as:
Pain. 2011 March ; 152(3 Suppl): S2–15. doi:10.1016/j.pain.2010.09.030.

Central sensitization: Implications for the diagnosis and treatment of pain

Clifford J Woolf
Program in Neurobiology and FM Kirby Neurobiology Center, Children's Hospital Boston, and Department of Neurobiology, Harvard Medical School, Boston, Ma

Clifford J Woolf: clifford.woolf@childrens.harvard.edu

- Wer Menschen mit chronischen Schmerzen begutachtet, muss Kenntnisse haben über die aktuellen Konzepte der Schmerzforschung.
- Somatiker werden sich vermehrt mit dem Phänomen chronischer Schmerz auseinander-setzen müssen.
- Es braucht keine neue Rechtsprechung.
- BGE 141 V 281 liefert genügend Grundlagen für den Beweis der Behinderung.

Vertebrale Syndrome

Schweizer Rheumatologie

zervikovertebrales Syndrom
zervikospondylogenes Syndrom
zervikoradikuläres Syndrom

thorakovertebrales Syndrom
thorakospondylogenes Syndrom
thorakoradikuläres Syndrom

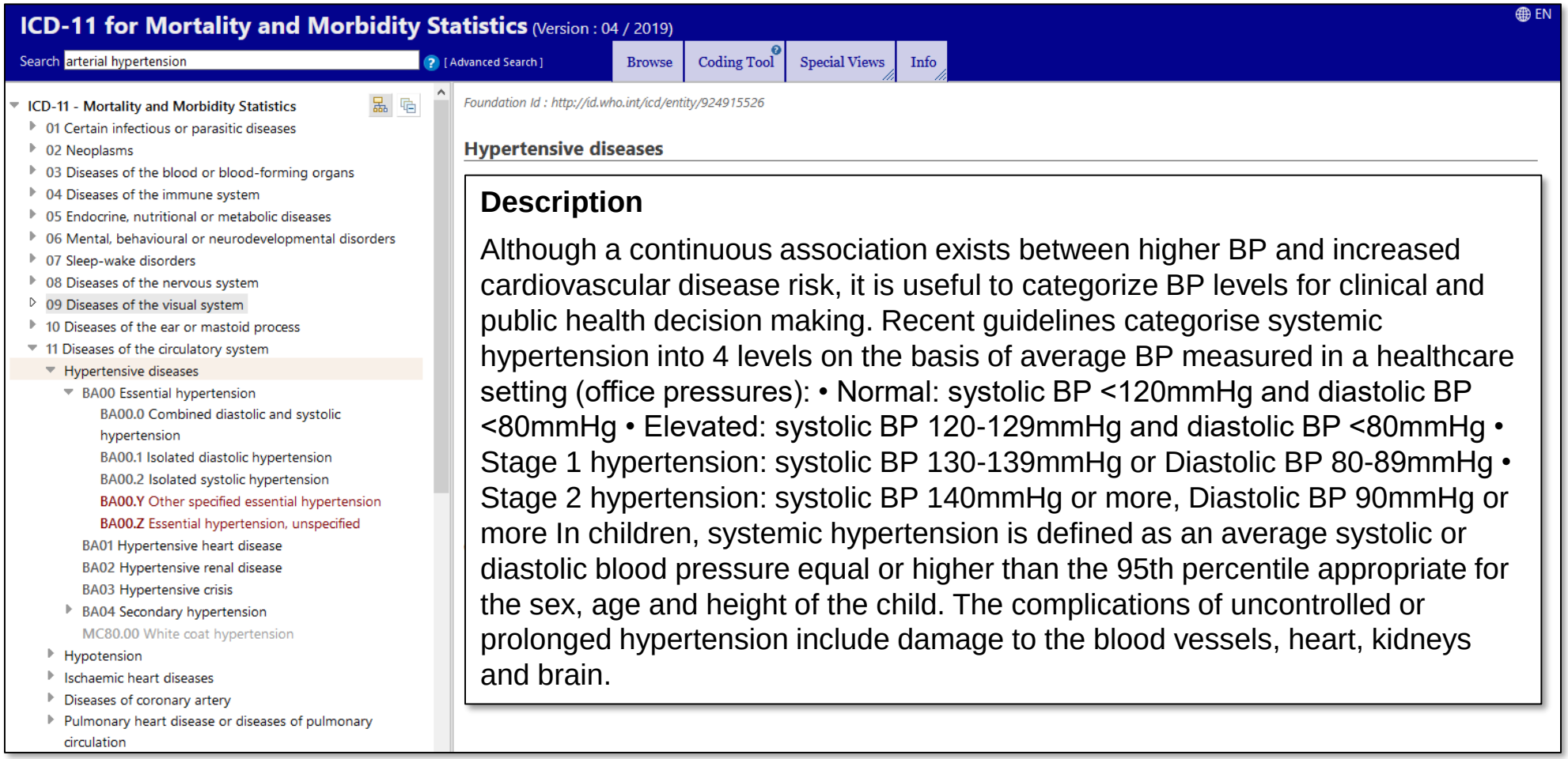
lumbovertebrales Syndrom
lumbospondylogenes Syndrom
lumboradikuläres Syndrom

- Conditions associated with the spine
  - Structural disorders of spine
    - FA70 Spinal deformities
    - FA71 Torticollis
    - FA72 Disorders of vertebra
    - FA7Y Other specified structural disorders of spine
    - FA7Z Structural disorders of spine, unspecified
  - Degenerative condition of spine
    - FA80 Intervertebral disc degeneration
    - FA81 Spondylolysis
    - FA82 Spinal stenosis
    - FA83 Ossification of spinal ligaments
    - FA84 Spondylolisthesis
    - FA85 Spinal endplate defects
    - FA8Y Other specified degenerative condition of spine
    - FA8Z Degenerative condition of spine, unspecified

Agenda

- Das IT-Tool der ICD-11
- Beispiele aus der Rheumatologie
- **Beispiele aus der Inneren Medizin**
- Zusammenfassung

Arterielle Hypertonie



Anpassung an den Stand der Forschung

REVIEW

Global classification and coding of hypersensitivity diseases – An EAACI – WAO survey, strategic paper and review

P. Demoly[1], L. K. Tanno[2,*], C. A. Akdis[3], S. Lau[4], M. A. Calderon[5], A. F. Santos[6], M. Sanchez-Borges[7], L. J. Rosenwasser[8], R. Pawankar[9] & N. G. Papadopoulos[10]

Hypersensitivity diseases are not adequately coded in the International Coding of Diseases (ICD)-10 resulting in misclassification, leading to low visibility of these conditions and general accuracy of official statistics. To call attention to the inadequacy of the ICD-10 in relation to allergic and hypersensitivity diseases and to contribute to improvements to be made in the forthcoming revision of ICD, a web-based global survey of healthcare professionals' attitudes toward allergic disorders classification was proposed to the members of European Academy of Allergy and Clinical Immunology (EAACI) (individuals) and World Allergy Organization (WAO) (representative responding on behalf of the national society), launched via internet and circulated for 6 week. As a result, we had 612 members

Demoly P. et al., Allergy 2014; 69: 559-570

Anpassung an den Stand der Forschung

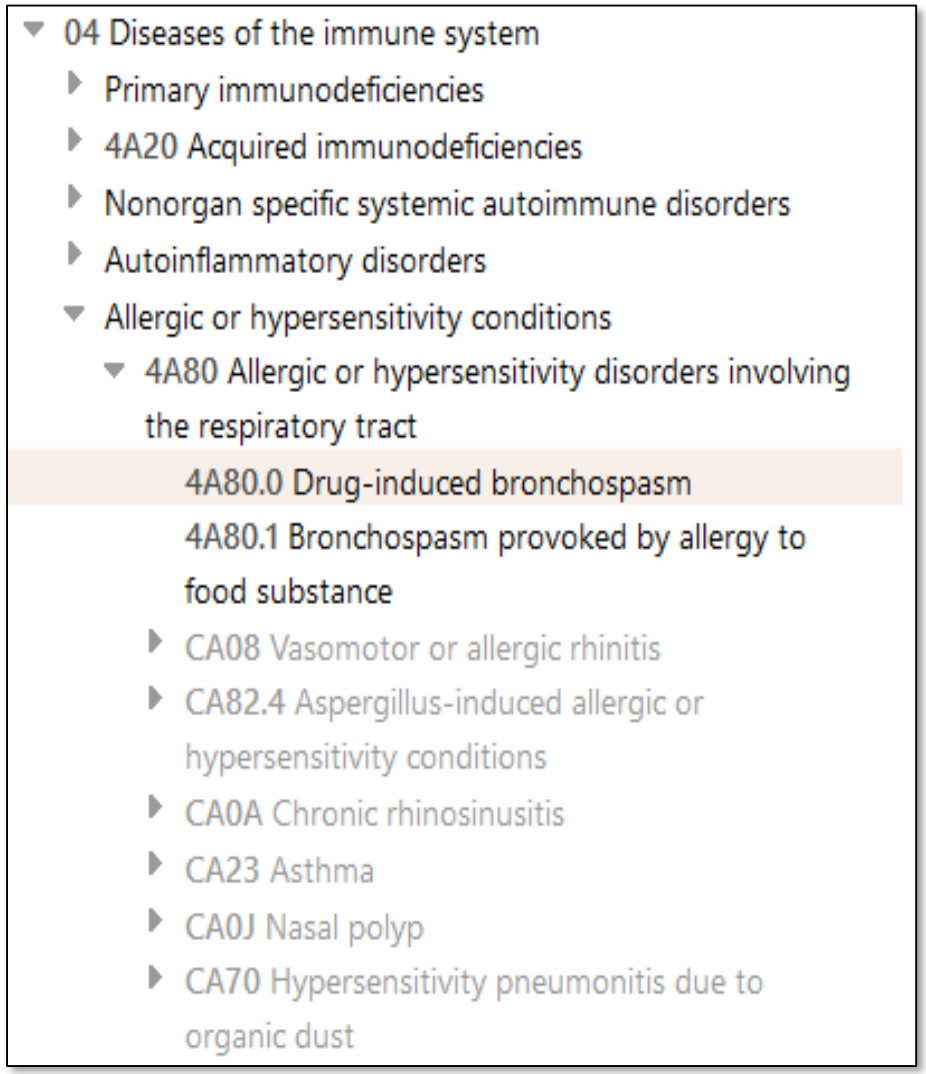
Allergische Hypersensitivitäsreaktion auf Medikamente

ICD-10

- Kapitel XIX «Verletzungen, Vergiftungen und bestimmte andere Folgen äusserer Ursachen»
- Code T88.7 «nicht näher bezeichnete unerwünschte Nebenwirkung eines Arzneimittels oder einer Droge»

ICD-11

- Transfer ins Kapitel 4 «Diseases of the immune system»
- Schaffung neuer Entitäten, z.B. Code 4A80.0 «Drug-induced bronchospasm»



Anpassung an den Stand der Forschung

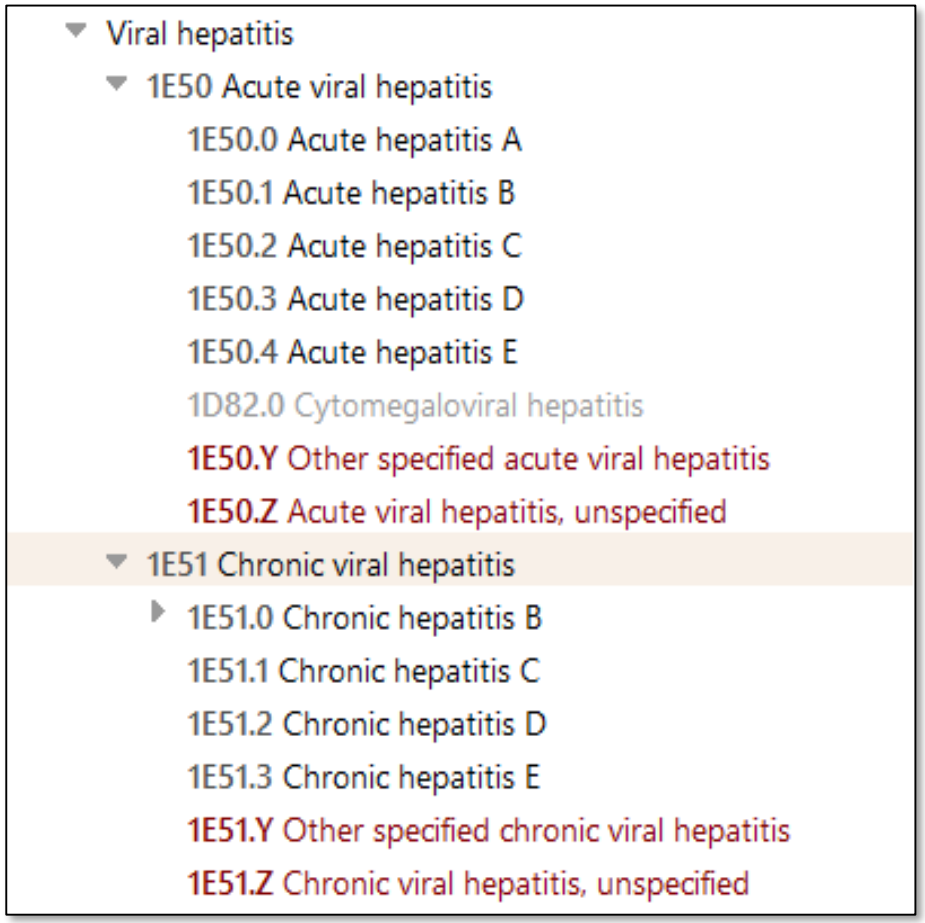
Chronische Virushepatitis

ICD-10

- Kapitel I «Bestimmte infektiöse und parasitäre Krankheiten»
- Codes für chronische Hepatitis B, C und sonstige

ICD-11

- Kapitel 1 «Certain infectious or parasitic diseases»
- Codes für chronische Hepatitis B, C, D, E und sonstige



Anpassung an den Stand der Forschung

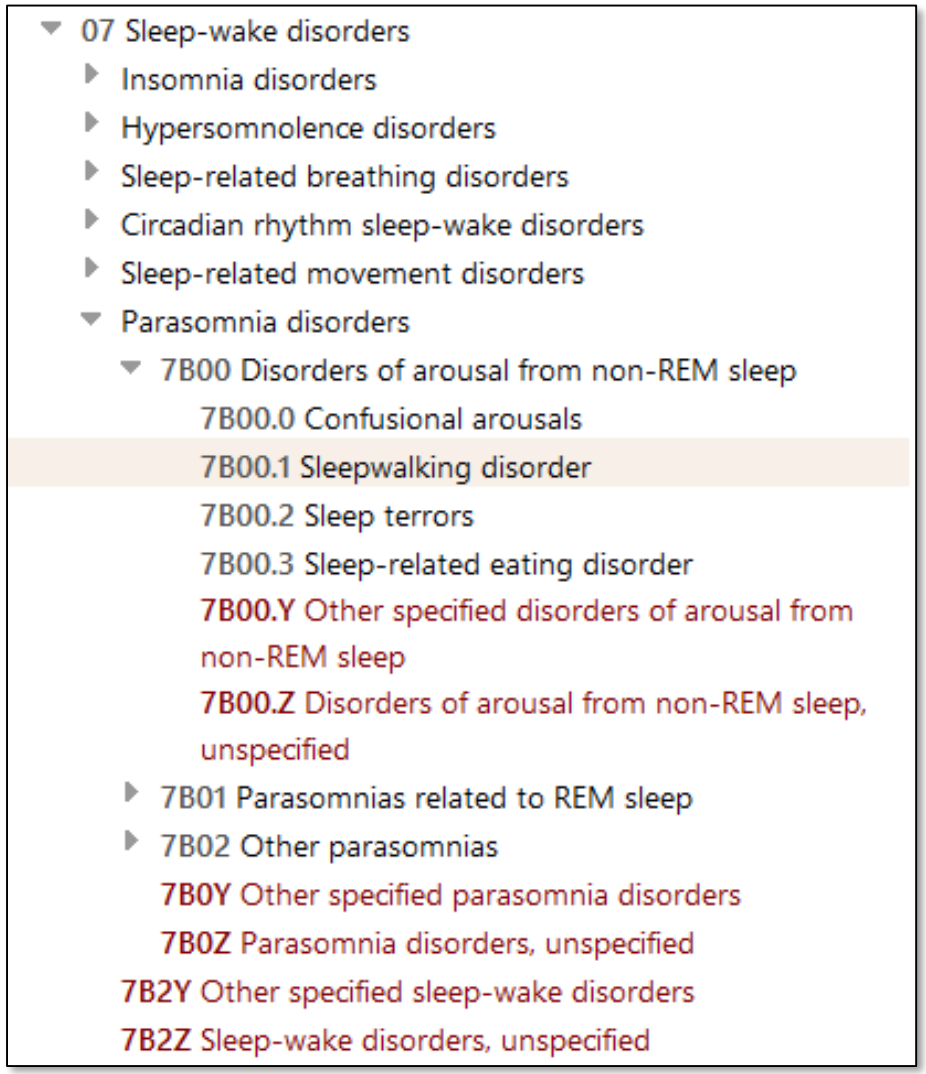
Schlafwandeln

ICD-10

- Im Kapitel V «Psychische und Verhaltensstörungen»
- Code F51.3 Schlafwandeln (Somnambulismus)

ICD-11

- Entfernung aus dem Kapitel psychischer Störungen
- Transfer ins neue Kapitel 7 «Sleep-wake disorders»
- Code 7B00.1 «Sleepwalking Disorder»



Agenda

- Das IT-Tool der ICD-11
- Beispiele aus der Rheumatologie
- Beispiele aus der Inneren Medizin
- **Zusammenfassung**

Zusammenfassung

- Weitgehend IT-basiert: interne Verknüpfungen, Übersetzungen einfacher, Updates einfacher
- Die ICD-11 enthält etwa 55‘000 Codes, jetzt 28 statt 22 Kapitel
- Die ICD-11 enthält nun auch «Descriptions» für einige somatische Diagnosen (Stellenwert?)
- Bewegungsapparat neu im Kapitel 15 (bisher Kapitel XIII)
- Adaptiert an den aktuellen Forschungsstand: grosse Änderungen im Bereich chronischer Schmerz (Aufgabe der Soma-Psyche-Dichotomie)
- Im Mai 2019 durch WHA72 verabschiedet, Einführung per 1.1.2022 geplant (länderabhängig)
- Es existiert aktuell noch keine offizielle deutsche Übersetzung der ICD-11 [Stand 30.09.2019]
- Empfehlung: Eigenes Fachgebiet sorgfältig prüfen!

Mail: joerg.jeger@medaslu.ch