

# Blick auf den Horizont: ICD-11

## Erste Feldtests

Deutsches Institut für Medizinische Dokumentation und Information  
(DIMDI)

Technologie- und Methodenplattform für die vernetzte medizinische Forschung e.V.  
(TMF)



*stellvertretend vorgetragen von Sebastian C. Semler (TMF)*

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# Inhalt

1. Ziel der Revision aus Sicht der WHO
2. Neue Strukturen der ICD-11
3. Zeitplan der WHO
4. Validierungsstudien

# Die ICD aus Sicht der WHO

<https://www.youtube.com/watch?v=tZFcoYfnwiM>

# Ziel der Revision aus Sicht der WHO

- Kohärente, wissenschaftlich aktuelle Klassifikation für Morbidität und Mortalität
- Internationaler Standard für Wissenschaft, Kommunikation und Information in der Medizin
- Integration in IT-Systemumgebungen, heute und in Zukunft

## Ziel der Revision aus Sicht der WHO

„The product of the ongoing revision will be **suitable for a digital environment** and include electronic tools for coding, browsing, translation, review, and mapping. The revised ICD has been designed to become **interoperable with related classifications and terminologies**. In addition, new approaches, such as tools for coding in low-resource environments, will be better integrated in the ICD.”

*Quelle: Revising the ICD: explaining the WHO approach; Boerma, Ties et al.; The Lancet , Volume 388 , Issue 10059 , 2476 - 2477*

*([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31851-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31851-7/fulltext))*

## Neue Strukturen der ICD-11

- Foundation und Linearization: Aus einer umfassenden vernetzten Datenbasis (Foundation) können je nach Anwendungsfall spezifische Anwendungsversionen generiert werden (Linearizations)
- Single und Multiple-Parenting: Kategorien können neben der bevorzugten hierarchischen Einordnung auch zu anderen Kategorien verknüpft werden, so dass der Anwender besser geführt werden kann

## Neue Strukturen der ICD-11

- Extension Codes: Über Zusatzkodes kann detaillierte Information zu der Kategorie erfasst werden
- Clustering of Codes: Eine definierte Syntax ermöglicht die Verknüpfung von mehreren Kategorien zu einer Einheit: Sowohl primäre Codes als auch Zusatzkodes werden darüber definiert verknüpft

[http://www.who.int/classifications/network/meeting2016/ICD11MMS\\_overview\\_MemberStateCommentVersion.pdf](http://www.who.int/classifications/network/meeting2016/ICD11MMS_overview_MemberStateCommentVersion.pdf)

Search  [ Advanced Search ]

- Foundation ?
- Linearizations ?
- Contributions
- Info

- ▼ 22 Injury, poisoning or certain other consequences of external causes
  - ▶ Injuries to the head
  - ▶ Injuries to the neck
  - ▶ Injuries to the thorax
  - ▶ Injuries to the abdomen, lower back, lumbar spine or pelvis
  - ▶ Injuries to the shoulder or upper arm
  - ▶ Injuries to the elbow or forearm
  - ▶ Injuries to the wrist or hand
  - ▶ Injuries to the hip or thigh
  - ▼ Injuries to the knee or lower leg
    - ▶ NB90 Superficial injury of lower leg
    - ▶ NB91 Open wound of lower leg
    - ▼ NB92 Fracture of lower leg, including ankle
      - NB92.1 Fracture of patella
      - ▶ NB92.2
      - NB92.3
      - NB92.4
      - ▶ NB92.5
      - NB92.6
      - NB92.7
      - ▶ NB92.8
      - NB92.9
      - NB92.Y
      - NB92.Z
      - ▶ NB93 Disl
      - ▶ NB94 Inju
      - ▶ NB95 Inju
      - ▶ NB96 Injury of muscle, fascia, tendon or bursa at lower leg level
      - ▶ NB97 Crushing injury of lower leg
      - ▶ NB98 Traumatic amputation of lower leg
      - NB99 Multiple injuries of lower leg
      - NB9Y Other specified injuries to the knee or lower leg
      - NB9Z Injuries to the knee or lower leg, unspecified
      - ▶ Injuries to the ankle or foot

**Post-coordination ?**

**Laterality** (use additional code, if desired)

- XB30 Bilateral
- XB31 Left
- XB32 Right
- XB33 Unilateral, unspecified
- XB34 Unspecified laterality

**Fracture subtype** (use additional code, if desired)

- XU00 Avulsion fracture
- XU01 Bucket handle or corner fracture
- XU02 Burst fracture
- XU03 Comminuted fracture
- XU04 Compound fracture

**Post-coordination ?**

**Post-coordination Selection Summary**

Fracture of shaft of tibia Code: **NB92.3/XB31/XU0M/XT91**

<b>Laterality</b>	Left	✘
<b>Fracture subtype</b>	Spiral fracture	✘
<b>Fracture open or closed</b>	Open fracture	✘

- XU0M Spiral fracture
- XU0N Transverse fracture
- XU0P Wedge fracture
- XU0Q Fracture with foreign body

**Fracture open or closed** (use additional code, if desired)

- XT91 Open fracture

Validated 2017-10-06:07:2017



## Zeitplan der WHO

- **Field Trials der WHO**
  - Mehrstufiges Testverfahren
  - Web-Applikation **ICD-FiT** der WHO, für **Line und Case Coding Tests**
- **Beteiligung am weiteren Revisionsprozess über das **Vorschlagstool** zur ICD-11-Betaversion**
  - Für jeden zugänglich über ICD-11 Beta Browser nach Registrierung
- **Geplante „Verabschiedung“ der ICD-11 MMS (durch World Health Assembly (WHA)?) in **2018****

## Validierungsstudien

- Workshop mit Fachgesellschaften und Organisationen der Selbstverwaltung (KKG) im November 2016 in Münster
- Beantragung von 11 gebündelten Validierungsstudien beim BMG (Projektkoordinator ist TMF) Anfang 2017
- Zusage zur Förderung durch das BMG und Start der Studien im März 2017

# Validierungsstudien

- DGSM (Schlafmedizin), Prof. Fietze, Berlin
- DGfN (Nephrologie), Prof. Kribben, Berlin
- DGOU (Orthopädie/Unfallchirurgie), Prof. Auhuber, Berlin
- DGPPN (Psychische Störungen), Prof. Gaebel, Düsseldorf
- GfH (Humangenetik), Dr. Wilson, Martinsried
- GKinD (Pädiatrie), Dr. Lutterbüse, Regensburg
- GMDS, Prof. Stausberg, Essen
- DGH (Handchirurgie), Dr. Coenen, München
- Kardiologie, Prof. Frankenstein, Heidelberg
- Herz-Kreislauf-Medizin, Dr. Latal, Münster
- DGSS (Chronische Schmerzen), Prof. Rief, Marburg

# Validierungsstudien

- Steuerkreis
  - Jürgen Stausberg, Essen
  - Holger Reinecke, Münster
  - Ulrich Vogel, DIMDI
  - Stefanie Weber, DIMDI
  - Sebastian C. Semler, TMF
  - Annette Pollex-Krüger, TMF

# Validierungsstudien

- Laufzeit: 01.03. – 31.08.2017 (6 Monate)
- Fördermittel gesamt: 337.050 €
- Kick-off Workshop am 10.03.2017
- Abschluss Workshop am 20.07.2017

# Beispiel: GMDS-Fallstudie (Ltg. J.Stausberg) mittels ICD-FiT (Data Entry Program der WHO) , ICD-10- & ICD-11-Browser

ICD-FiT v2.4.1 Rater Settings

HOME / STUDY - ICD-11 MMS GENERIC LINE CODING TESTING 2017 (MORBIDITY) / FORM

Go back

Case

Study

Study - ICD-11 MMS generic LINE Coding Testing 2017 (Morbidity)  
Protocol for generic testing 2017 (morbidity line coding) of ICD-11 MMS

Number

299

Case Summary

Patient with a personal history of left breast cancer elects to have a right mastectomy

ICD-11 Codes Assignment Form

Start ICD-11 Coding

ICD-10 Codes Assignment Form

Start ICD-10 Coding

Next

ICD-10 Version:2016

Search antibiotic

- Y40 Systemic antibiotics
  - Y40.0 Penicillins
    - Y40.1 Cefalosporins and other beta-lactam antibiotics
    - Y40.2 Chloramphenicol group
    - Y40.3 Macrolides
    - Y40.4 Tetracyclines
    - Y40.5 Aminoglycosides
      - Streptomycin
    - Y40.6 Rifamycins
    - Y40.7 Antifungal antibiotics, systemically used
    - Y40.8 Other systemic antibiotics
      - Y40.9 Systemic antibiotic, unspecified**
  - Y41 Other systemic anti-infectives and antiparasitics
    - Y41.0 Sulfonamides
      - Y41.1 Antimycobacterial drugs
        - Exc.: rifamycins (Y40.6)
        - streptomycin (Y40.5)
      - Y41.2 Antimalarials and drugs acting on other blood protozoa
        - Exc.: hydroxyquinoline derivatives (Y41.8)
      - Y41.3 Other antiprotozoal drugs
      - Y41.4 Anthelmintics
      - Y41.5 Antiviral drugs
        - Exc.: amantadine (Y46.7)
        - cytarabine (Y43.1)
      - Y41.8 Other specified systemic anti-infectives and antiparasitics
        - Hydroxyquinoline derivatives
        - Exc.: antimalarial drugs (Y41.2)
      - Y41.9 Systemic anti-infective and antiparasitic, unspecified
    - Y42 Hormones and their synthetic substitutes and antagonists, not elsewhere classified
      - Exc.: mineralocorticoids and their antagonists (Y54.0-Y54.1)
      - corticoid hormones (Y53.0)

ICD-11 Coding Tool

antibiotics

Guessing the word being typed...

Word list

sort: Relatedness/repetition

antibiotics

- MJ80.1Y Acinetobacter resistant to other antibiotic
- MJ80.CY Vibrio resistant to other antibiotic
- MJ80.2Y Other specified antibiotic resistant Campylobacter
- MJ80.AY Salmonella resistant to other antibiotic
- MJ80.BY Shigella resistant to other antibiotic
- MJ81.3Y Enterococcus resistant to other antibiotic
- MJ80.4Y Other specified antibiotic resistant Haemophilus influenzae
- MJ80.6Y Klebsiella pneumoniae resistant to other antibiotic
- MJ80.9Y Pseudomonas aeruginosa resistant to other antibiotic
- MJ81.1Y Other specified antibiotic resistant Staphylococcus aureus
- MJ80.5Y Other specified antibiotic resistant Helicobacter pylori
- MJ80.7Y Neisseria gonorrhoeae resistant to other antibiotic
- MJ80.8Y Other specified antibiotic resistant Neisseria meningitidis
- MJ81.2Y Streptococcus pneumoniae resistant to other antibiotic
- MJ80.3Y Escherichia coli resistant to other antibiotic
- MJ80.DY Other specified other antibiotic resistant Enterobacteriaceae
- PB22 Unintentional harmful effects of or exposure to Systemic antibiotics
- D006.1 Intentional self poisoning with or exposure to Systemic antibiotics**
- intentional self poisoning with or exposure to Antifungal antibiotics, systemically used
- intentional self poisoning with or exposure to Cephalosporins or other beta-lactam antibiotics
- PG93.4 Drugs medicaments or biological substances associated with injury or harm in therapeutic use, Primarily systemic agents, Other antineoplastic drugs
- PG06.1 Undetermined Intent: Harmful effects of or exposure to Systemic antibiotics
- QD24.3 Personal history of allergy to drugs, medicaments or biological substances
- Personal history of allergy to antibiotic agents other than penicillin
- PG90.1 Drugs medicaments or biological substances associated with injury or harm in therapeutic use, Systemic antibiotics, Penicillins
- PG90.2 Drugs medicaments or biological substances associated with injury or harm in therapeutic use, Systemic antibiotics, Cefalosporins or other beta-lactam antibiotics

Feedback

Let us know if you couldn't find what you were looking for

- Factors influencing health ... 2
- Injury, poisoning, ... 1
- Infections 1
- Neoplasms 0
- Blood 0
- Immune system 0
- Endocrine, nutritional, metabolic, ... 0
- Mental and behavioural 0
- Sleep-wake 0
- Nervous system 0
- Eye and adnexa 0
- Ear and mastoid 0
- Circulatory system 0
- Respiratory system 0
- Digestive system 0
- Skin 0
- Musculoskeletal system ... 0
- Genitourinary System 0
- Sexual health 0
- Pregnancy, childbirth, ... 0
- Perinatal and neonatal 0
- Developmental anomalies 0
- Codes for special purposes 0
- Traditional Medicine 0
- Extension Codes

# Beispiel: GMDs-Fallstudie (Ltg. J.Stausberg) mittels ICD-FiT (Data Entry Program der WHO) , ICD-10- & ICD-11-Browser

ICD-FiT v2.4.1 Rater Settings

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Go back

Case

ICD-10 Version:2016

Search antibiotic

- Y40.9 Systemic antibiotic, unspecified
- Y41 Other systemic anti-infectives and antiparasitics
  - Y42 Hormones and their synthetic substitutes and antagonists, not elsewhere classified
  - Y43 Primarily systemic agents
  - Y44 Agents primarily affecting blood constituents
  - Y45 Analgesics, antipyretics and anti-inflammatory drugs
  - Y46 Antiepileptics and antiparkinsonism drugs
  - Y47 Sedatives, hypnotics and anxiolytic drugs
  - Y48 Anaesthetics and therapeutic gases
  - Y49 Psychotropic drugs, not elsewhere classified
  - Y50 Central nervous system stimulants, not elsewhere classified
  - Y51 Drugs primarily affecting the autonomic nervous system
  - Y52 Agents primarily affecting the cardiovascular system
  - Y53 Agents primarily affecting the gastrointestinal system
  - Y54 Agents primarily affecting water-balance and mineral and uric acid metabolism
  - Y55 Agents primarily acting on smooth and skeletal muscles and the respiratory system
  - Y56 Topical agents primarily affecting skin and

Excl.: accidents in the technique of administration of drugs, medicaments and biological substances in medical and surgical procedures (Y60-Y62)

- Y40 Systemic antibiotics
  - Excl.: antibiotics, topically used (Y56.2)
  - antineoplastic antibiotics (Y43.3)
- Y40.0 Penicillins
- Y40.1 Cefalosporins and other beta-lactam antibiotics
- Y40.2 Chloramphenicol group
- Y40.3 Macrolides
- Y40.4 Tetracyclines
- Y40.5 Aminoglycosides
  - Streptomycin
- Y40.6 Rifamycins
- Y40.7 Antifungal antibiotics, systemically used
- Y40.8 Other systemic antibiotics
- Y40.9 Systemic antibiotic, unspecified

- Y41 Other systemic anti-infectives and antiparasitics
- Excl.: anti-infectives, topically used (Y56.2)
- Y41.0 Sulfonamides
- Y41.1 Antimycobacterial drugs
- Excl.: rifamycins (Y40.6)

## ICD-11 Codes Assignment Form

ICD-11 code(s) you would assign to this diagnosis

Coding Tool

1<sup>st</sup> code field

ICD-11 code

An ICD-11 code is required

2<sup>nd</sup> code field

ICD-11 code

3<sup>rd</sup> code field

ICD-11 code

4<sup>th</sup> code field

ICD-11 code

Did you experience any difficulty in assigning a code(s) to this case?

Yes  No

Is the level of specificity of the assigned code(s) appropriate?

Did you experience any ambiguity in making the code(s) assignment?

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## Ausblick

- Nach Abschluss der Validierungsstudien erfolgt eine konsolidierte Rückmeldung zu Problemen, Fehlern, Änderungswünschen etc. an die WHO
- Nach Verabschiedung der ICD-11 durch die WHO muss in einem voraussichtlich mehrjährigen Prozess die potentielle Implementierung der ICD-11 in Deutschland evaluiert und geplant werden. Teil dieses Prozesses wird auch die Übersetzung der ICD-11 ins Deutsche sein.



# Weiterführende Informationen

## ICD-11 Browser

<http://apps.who.int/classifications/icd11/browse/l-m/en>

## ICD-11 Coding Tool

[http://icd11ct.cloudapp.net/ct/icd11beta\\_jlmmms/en/current#/](http://icd11ct.cloudapp.net/ct/icd11beta_jlmmms/en/current#/)

<http://icd11ct.cloudapp.net/ct/Help>

## ICD-11 Revision Homepage WHO

<http://www.who.int/classifications/icd/revision/en/>

## ICD-11 auf der DIMDI Seite

<https://www.dimdi.de/static/de/klassi/icd-11/index.htm>

# Vielen Dank für Ihre Aufmerksamkeit

**Bei Fragen zum Revisionsprozess:**

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