Welcome to my first in a new series entitled: The Shackling of the Physician. It was that or “limitless inane continuous regulations and impositions imparted on the doctor against his/her will without his/her input that serve to embattle him/her and detract from patient care and personal well-being.” The former seemed more effective with respect to search engine optimization, but the latter is what emanates from my soul.

Since this topic, alone, is boundless in possibilities, I will focus the discussion today on absurd, oops, I mean illogical and impractical and often utterly hilarious and completely inefficient costly diagnostic coding measures - a sampling of which is at the end of this article. Yes, it is intellectually edifying to know how many get struck by macaws or burned due to water skies on fire, but tacking this laborious chore onto ever increasing additional work hours physicians spend on electronic medical records (aka glorified billing platforms) and the time between doctor and patient ever dwindles.

I believe in the highest quality of care for each individual. I believe there may not be tangible means to quantify this, but despite that insurance companies, billing organizations, and governmental agencies consistently try to under the guise of being ‘cost-effective’ and implementing ‘best practices.’ Not an advocate of the ‘rationing of care’ which implies one life is of greater value than another.

A federal agency under the auspices of the CDC along with the Centers for Medicare and Medicaid Services (CMS) “developed a clinical modification of the classification for morbidity purposes” called ICD-10-CM. This is the “International Statistical Classification of Diseases and
Related Health Problems, 10th revision (ICD-10) in the United States” (1)."

This contains 68,000 codes a doctor must select from for the purposes of billing and reimbursement-- procedure version 87,000. The prior ICD-9 contained roughly 14,000 and 4,000 for procedures.

The sales pitch as per the CDC’s National Center for Health Statistics:

_The clinical modification represents a significant improvement over ICD-9-CM and ICD-10. Specific improvements include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of sixth and seventh characters; incorporation of common 4th and 5th digit subclassifications; laterality; and greater specificity in code assignment. The new structure will allow further expansion than was possible with ICD-9-CM (2)._

You say ‘improvement,’ I say ‘imprisonment.’ Translation: We want to know every single detail that ever happens to anyone, suck up doctor’s limited time and create a whole industry of individuals with expertise in coding. The better the code selection, the better the reimbursement.

Wow! I am excited. Where can I sign up?! One little wrinkle: I didn’t go to medical school to become a statistician or expert in data entry. Neither did anyone I know in the field.

It’s not ‘burnout’ folks. This du jour term serves merely to blame doctors for reacting at all when insane demands pile on to their already insane level of responsibilities and stress. I wholeheartedly dismiss the accuracy of that term which has merely served to create more jobs for people who cannot truly appreciate the realities of a busy, practicing physician’s day. Let’s circle back to terms like ‘abuse’ and ‘infliction of emotional distress’ as they are more honest. Those reflect the reality of medical practice today under ever ballooning constraints of unnecessary regulations that value worker bee drones over caring, impactful, loving physicians who can focus on the entire person and their well-being (while also stifling their autonomy).

Ask yourself ‘why?’ by the droves more physicians are retiring earlier, desiring to or shifting careers? (2) They went to medical school and the ability to be an actual doctor is evaporating. Let doctors be doctors. OR, inform them first that their degree will actually be in data entry. Then, they can decide whether to continue on the path. Win-win.

Decide for yourself.

You are welcome, by the way, for literally reviewing the entire compendium. Now, I am going to go walk into a wall (Code 86355 W2201).

Here are some of my personal favorites from ICD-10-CM:

1) _Contact avec un papier rigide_ because ‘paper cut’ in French just sounds better. Can’t really think of ever requiring a follow-up visit for one in my medical career, but, I guess, statisticians must have comparable medical training these days.
Oh snap, yes, I went there:

W26.2XXA  Contact with Edge of Stiff Paper, initial encounter
W26.2XXD  Contact with Edge of Stiff Paper, subsequent encounter

2) Please don’t strike or get struck by sports equipment as the mental anguish your provider would face in selecting a code might be too much to bear and now I am even uncertain if the gym is really safe:

Y08.8  Assault by Strike by Sports Equipment
W18.01  Striking Against Sports Equipment with Subsequent Fall
W21  Striking Against or Struck By Sports Equipment
W218  Striking against or struck by other sports equipment
86349  Striking against or struck by unspecified sports equipment

3) Self-explanatory:

04499 F02  Dementia in other diseases classified elsewhere
04500 F028 Dementia in other diseases classified elsewhere

4) Huh??

04529 F101  0  Alcohol abuse
04530 F1010  1  Alcohol abuse, uncomplicated
04531 F1012  0  Alcohol abuse with intoxication
04532 F10120  1  Alcohol abuse with intoxication, uncomplicated
04534 F10129  1  Alcohol abuse with intoxication, unspecified

5) Well, this clarifies everything:

22704 N488  0  Other specified disorders of penis
22708 N4889  1  Other specified disorders of penis
22709 N489  1  Disorder of penis, unspecified

6) No part of the body spared when bites are the topic:

34128 S30867  Insect bite (nonvenomous) of anus
34129 S30867A  Insect bite (nonvenomous) of anus, initial encounter
34130 S30867D  Insect bite (nonvenomous) of anus, subsequent encounter
34131 S30867S  Insect bite (nonvenomous) of anus, sequela
7) I could go on endlessly with every permutation. But, your attention span and my fatigue won’t allow it:

V10  Pedal cycle rider injured in collision with pedestrian or animal
V100 Pedal cycle driver injured in collision with pedestrian or animal in non traffic accident
V101 Pedal cycle passenger injured in collision with pedestrian or animal in non traffic accident
V103 Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal
V104 Pedal cycle driver injured in collision with pedestrian or animal in traffic accident
V105 Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident

8) Here I have to channel my inner zoologist, because in real life patients often do not even know what bit them:

86974 W5621 Bitten by orca
87157 W6111 Bitten by macaw
86886 W5522 Struck by cow
87187 W6133 Pecked by chicken
90025 Y9271 Barn as the place of occurrence of the external cause
W56 Contact with nonvenomous marine animal
W62 Contact with nonvenomous amphibians

9) Apparently, how it happened is equally as important as to where:

W75 Intentional self-harm by explosive material
W76 Intentional self-harm by smoke, fire and flames
W77 Intentional self-harm by steam, hot vapors and hot objects
89965 Y92253 Opera house as the place of occurrence of the external cause

10) If water sports are your thing...

V9107 Burn due to water-skis on fire
V9422 Rider of non powered watercraft struck by powered watercraft
V944 Injury to barefoot water-skier

Source:
(1), (2) CDC’s National Center for Health Statistics website:
http://www.cdc.gov/nchs/icd/icd10cm.htm#%20FY%202017%20release%20of%20ICD-10-CM [2]

(3) The Physicians Foundation Survey Results of 20,000 Physicians ranging from questions about
morale, to EMR impact to plans for accelerated retirement: