


1

**ICD-10-CM Codes
for Moisture Associated Skin Damage**

Mikel Gray, PhD, RN, FNP, PNP, CUNP, CCCN, FAANP, FAAN
Professor, Department of Urology, School of Medicine University of VA,
Charlottesville, VA

Donna Z. Bliss, PhD, RN, FGSA, FAAN
Professor and School of Nursing Foundation Professor of Research,
University of MN, Minneapolis, MN

Laurie McNichol, MSN, RN, CNS, GNP, CWON-AP, CWOCN, FAAN
Clinical Nurse Specialist/WOC Nurse Cone Health, Greensboro, NC



2


LEARN TODAY / USE TOMORROW

Present Today:

1. Newest ICD-10-CM codes specific to MASD
2. Application procedures for approval of the above codes and next steps
3. Specific MASD conditions identified by ICD-10-CM codes

Apply Tomorrow:

1. Learners will know how to identify the ICD-10-CM Codes for MASD conditions
2. Learners will apply knowledge about ICD-10-CM Codes to appropriate MASD conditions.
3. Learners will use terminology in ICD-10-CM Codes in their health record documentation, clinical communication, and publications



3

CONFLICT OF INTEREST DISCLOSURE

Mikel Gray

I have the following relevant relationship(s) to disclose:

- Coloplast, Inc. Clinical Consultant, honorarium
- C.R. Bard/ Becton-Dickinson, Clinical Consultant, honorarium
- Hollister Inc., Clinical Consultant, honorarium
- Principle Business Enterprises, Clinical Advisory Board, honorarium



4

CONFLICT OF INTEREST DISCLOSURE

Donna Bliss

I have the following relevant relationship(s) to disclose:

- NINR, NIH, research grant
- Innovative Design Labs, subcontracts of NIH grants
- Principle Business Enterprises, Clinical Advisory Board, honorarium



5

CONFLICT OF INTEREST DISCLOSURE

Laurie McNichol


I have the following relevant relationship(s) to disclose:

- Hollister Inc., Clinical Consultant, honorarium
- 3M, Inc. Clinical Consultant, honorarium




6

ICD Codes – Purpose and Clinical Relevance



International Classification of Diseases (ICD)

- Global standard for defining and reporting diseases and health conditions
 - Enables comparison and sharing of health information using a common language
 - Identification of health trends and statistics globally
- In US, ICD CM codes linked to payment for health care and related supplies



7

The Big Promise versus the Big Gap^{1,2}


Where We Were: 2019 ICD-10 CM

- L22 - Diaper dermatitis
- L24 - Irritant contact dermatitis
 - L24.8 Irritant contact dermatitis due to other agents
 - L24.9 Irritant contact dermatitis, unspecified cause
- L25 - Unspecified contact dermatitis
 - L25.8 Unspecified contact dermatitis due to other agents
 - L25.9 Unspecified contact dermatitis, unspecified cause
- L30 - Other and unspecified dermatitis
 - L30.8 Other specified dermatitis
 - L30.9 Dermatitis, unspecified
- R20-R23 - Symptoms and signs involving the skin and subcutaneous tissue
 - R21 Rash and other nonspecific skin eruptions
 - R22 Localized swelling, mass and lump of skin and subcutaneous tissue
 - R23 Other skin changes

A Long Way Away: ICD-11 Codes from WHO




EK02.2	Irritant contact dermatitis due to friction, sweating or contact with body fluids
EK02.20	Intertriginous dermatitis due to friction, sweating or contact with body fluids
EK02.21	Irritant contact dermatitis due to saliva
EK02.22	Irritant contact dermatitis due to incontinence
EK02.23	Irritant contact dermatitis related to stoma or fistula
EK02.24	Irritant contact dermatitis related to skin contact with prostheses or surgical appliances

¹ Gray M, McNichol L, Nix D. JWOCN 2016 43(2): 188-92.
² Gray M. WOCNext 2016 and 2019.



8


Bridging the Gap: Proposing New ICD-10 CM Codes for immediate use in the United States

- Written proposal to CMS/CDC
- Presentation
- Respond to review comments

Centers for Disease Control and Centers for Medicare and Medicaid Services


- Responsible for changes in ICD-10 CM in US
- Justification for new code(s)
- Define proposed codes, conditions, characteristics
- Determine need for Include or Exclude Notes



9

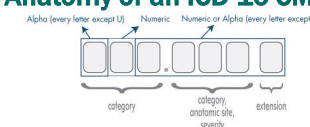
Steps to Success

- ✓ WOCN Society Task Force
 - Core Team, Consultants, Staff Support, CMS & ICD expert consultant (Unrestricted educational grant from 3M)
- ✓ LoS from prominent national and international professional societies
 - NPIAP, ICS, EAUN, AGS, AAPC, DNA
- ✓ Written proposal to CMS/CDC
- ✓ Presentation of proposal and justification by Zoom
- ✓ Response to reviews and revisions
- ✓ Standby for 2nd presentation
- ✓ Wait...Wait... then SUCCESS!




10

Anatomy of an ICD-10 CM Code




- ICD = International Classification of Diseases Code
- CM = Clinical Modification (used exclusively in United States because codes are linked to reimbursement)
- ICD 10 codes vary from 3 to as many as 7 numbers and letters; for example
 - L88 is the code for pyoderma gangrenosum
 - L73.2 is the code for Hidradenitis suppurativa
 - L89.620 is an unstageable pressure injury/ulcer of the left heel
 - S90.931A is the code for superficial injury of right great toe, initial encounter



11

Newest ICD-10 CM Codes for MASD

- L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified
 - Excludes1: irritant contact dermatitis related to stoma or fistula (L24.B)
 - Excludes2: erythema intertrigo (L30.4)
- L24.A1 Irritant contact dermatitis due to saliva
- L24.A2 Irritant contact dermatitis due to fecal, urinary or dual incontinence
- L24.A9 Irritant contact dermatitis due to friction or contact with other specified body fluids
- L24.B0 Irritant contact dermatitis related to unspecified stoma or fistula
- L24.B1 Irritant contact dermatitis related to digestive stoma or fistula
- L24.B2 Irritant contact dermatitis related to respiratory stoma or fistula
- L24.B3 Irritant contact dermatitis related to fecal or urinary stoma or fistula



12

MIKEL GRAY




13

L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified

- **Understanding the codes...**
 - L24or L25 are prefixes for codes used to describe *all* forms of irritant contact dermatitis and differentiate them other forms of dermatitis such as allergic or radiation
 - Codes prior to 2021 expansion were limited to due to exposure to chemicals, drugs, cosmetics, detergents, dyes, foods, and contact with animals or plants
 - L24 A or B were added to account for irritant contact dermatitis due to friction or contact with **bodily fluids** (MASD); as noted earlier we went in asking for a single code but the outcome is a whole family of codes recognizing a key component of wound, ostomy and continence specialty care


Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51.




14

L24A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified

- Irritant contact dermatitis due to friction or contact with body fluids, unspecified
 - WOC nurses' role is to determine the nature of the skin damage enabling coders to convert this "unspecified" code to a more specific code based on your evaluation and ultimately justifying payment for resources need for appropriate management
 - Assessment of MASD requires the following:
 - Recognition of moisture as the primary cause of the skin damage (frequent alternatives are pressure, friction)
 - Identification of the moisture source and its likely impact on the skin ("moisture plus"), location and severity
 - Evaluation of the underlying causes that exposure to the bodily fluid led to MASD



1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51.
2. Gray M et al. J Wound Ostomy Continence Nursing 2011; 38(3):233-41.



15

L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified

- Clinical Manifestations of MASD¹
 - inflammation of the skin, sometimes accompanied by erosion or denudation of the skin, and serous exudate causing skin to glisten
 - Location and distribution reflect likely source of bodily fluid (moisture source), indistinct borders
 - Differentiate from other sources of skin damage
 - **Pressure/Shear:** distinct borders, not located over bony prominence, presence of full thickness tissue loss in many cases, necrotic tissue in some cases, etc.²
 - **Friction:** skin surface that frequently slide against one another, soft-tissue deformation in the direction of the recurrent slide; lichenification³

1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.
 2. Black J et al. J Wound Ostomy Continence Nursing. 2011;38(4):359-70.
 3. Berke CT. J Wound Ostomy Continence Nursing 2019; 46(6):539-42.



16

L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified

- | | |
|---|---|
| <ul style="list-style-type: none"> • Moisture (bodily fluid) sources <ul style="list-style-type: none"> – Perspiration – Saliva – Respiratory secretions – Digestive secretions – Urine or fecal matter (UI/FI) – Effluent from an ostomy | <ul style="list-style-type: none"> • Impact on Skin (moisture plus) <ul style="list-style-type: none"> – Chemical contents of bodily fluid – pH range of moisture source and exposed skin – Duration of exposure and likelihood of evaporation (occlusion via device or within skin fold) – Biome/bioburden – Mechanical factors: friction, pressure & shearing forces |
|---|---|

1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.
 2. Gray M et al. J Wound Ostomy Continence Nursing. 2011; 38(3):233-41.



17

L24.A1: Irritant Contact Dermatitis due to Saliva

- **Moisture Source: Saliva**
 - Chemical contents
 - 95% water with various electrolytes (sodium, potassium, calcium, magnesium, bicarbonate, and phosphates)
 - Enzymes : α-amylase aids digestion, lysozyme, lactoferrin, peroxidase
 - Immunoglobulins: mostly secretory IgA, others include IgG (antibacterial properties)
 - Mucus: high-molecular-weight glycoproteins; 80% carbohydrates, 20% is protein core (large polymers)
 - pH range: 6.0-7.0
 - Biome/bioburden: comparatively low, net effect of saliva is digestive and antibacterial

Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.



18

L24.A1: Irritant Contact Dermatitis due to Saliva

Clinical Manifestations

- **Cheilitis** ("chapped lips"): erythema, scaling of vermillion (lips) and adjacent skin within reach of tongue
- **Sialorrhea w/drooling**: loss of control over saliva production with ostomies or fistula of oral cavity due to head & neck cancer, neurological or cognitive impairments or neck when occurs in patients with
- **Symptoms**: itching, burning of damaged skin



1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51. (content and lower figure)
 2. Upper figure: Academic Dermatology Nevada: <https://acadderm.com/chronic-lip-licking-and-drooling-in-cheilitis/>



19

L24.A1: Irritant Contact Dermatitis due to Saliva

- Epidemiology & pathophysiology: evidence sparse to absent, one study of epidemiology in cheilitis (n=202) attributed 5% to MASD¹
- Prevention & Management: Cheilitis (no guidelines found)
 - Behavioral interventions to reduce lip-licking
 - Skin protectants applied to lips and adjacent skin surfaces
 - May use corticosteroid creams if allergic contact dermatitis present
- Prevention & Management: Sialorrhea w/drooling (no guidelines found)
 - Head & Neck CA (when salivary production is excessive): divert or reconstruct uncontrolled drooling (spit fistula, salivary gland excision, salivary duct ligation and transposition), targeted radiation therapy, pharmacotherapy to reduce salivary production (no approved agents)
 - Structured skin care regimen focusing on cleansing and application of skin protectant or topical dressing acting as protective barrier

1. Lim SW et al. Contact Dermatitis. 2000;43(6):322-326.
 2. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.



20

L24.B2: IRRITANT CONTACT DERMATITIS DUE TO RESPIRATORY SECRETIONS

Moisture Source

- Chemical contents
 - Water and electrolytes: 95% water, expected electrolytes (sodium etc.)
 - Mucus: contains numerous mucins: MUC 1, 2, 4, 5AC, 5B, 7, 8, and 13
 - Multiple chemokines and cytokines (TGF-β 1-3, IL-10)
- pH range: around 6.0
- Biome/bioburden: rich biome has been described, altered in asthma, COPD, other pulmonary diseases



21

L24.B2: IRRITANT CONTACT DERMATITIS DUE TO RESPIRATORY SECRETIONS

Clinical Manifestations

- Usually seen as inflammation and/or erosion of skin next to a tracheal stoma
- Differential diagnosis includes medical-related pressure injury from tracheostomy tube or ties used to secure tracheostomy tube or ventilator tubes



1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51. (content & lower figure)
 2. Upper figure: Chuang WJ, et al. Journal of Wound, Ostomy and Continence Nursing 2013; 40(6): 573-9.



22

L24.B2: IRRITANT CONTACT DERMATITIS DUE TO RESPIRATORY SECRETIONS

- Epidemiology & Pathophysiology¹
 - Limited evidence, sharp increase in this form of MASD seen with COVID-19 pandemic due to rise in tracheostomy with SARS-COV-2; prevalence rates vary from
- Prevention & Management (no guidelines for skin care)
 - Usual care focuses on skin care (from non-WOC literature sources) cleanse with saline, avoid H₂O₂²
 - Topical therapy: use absorbent prepackaged tracheostomy dressing rather than cotton gauze to avoid inadvertent introduction of cotton fibers into the respiratory system, must be tight enough to prevent unintended extubation
 - JWOCN RCT from WOC group found compare gauze solid cut-to-fit pectin-based skin barrier superior to gauze for skin protection³

1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51.
 2. Lawrence PR et al. Rehabilitation Nursing 2021;46(2):83-6.
 3. Chuang WJ, et al. Journal of Wound, Ostomy and Continence Nursing 2013; 40(6): 573-9.



23

L30.4: Intertriginous Dermatitis (Intertrigo)

- Moisture Source: Perspiration (sweat)
 - Chemical Content
 - >95% water, electrolytes mainly sodium, potassium, calcium, magnesium, zinc
 - pH range: around 7.3
 - Biome/bioburden: reflects local skin biome; skin folds lacking evaporative ability will have bioburden and probable predominance of *colliform* bacteria and related microorganisms
- Acknowledgement: this code was **not** part of WOCN Society initiative for MASD codes; approved under "other/unspecified" forms of ICD about 1 year prior; included here as prevalent form of MASD

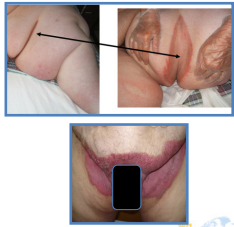
Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51.




24

L30.4: Intertriginous Dermatitis (Intertrigo)

- Clinical Manifestations
 - Inflammation and erosion in any skin fold where 2 skin surfaced rub together such as the axilla, inframammary folds, and groin
 - With ↑ BMI see additional skinfolds between lower abdomen and genital area (abdominal pannus) and multiple other areas
 - Skin damage worst in deepest portion of fold, least at superficial fold as evaporative potential rises



Black JM et al. Journal of Wound, Ostomy and Continence Nursing 2011; 38(4):359-70.




25

L30.4: Intertriginous Dermatitis (intertrigo)

- Epidemiology & Pathophysiology
 - Incidence of ITD (based on multisite data analysis): 9.6% (95% CI: 8.6-10.6%) home care setting, 6.7% (95% CI: 6.4-7.0) long-term care setting, and 2% (95% CI: 1.8-2.3) acute care¹
 - Incidence in single hospital in US: 32%-39% measured over 3 year period²
 - Largest single risk factor: obesity/ higher BMI^{1,2}
- Prevention & Management³
 - Weight loss (including surgical approaches), even moderate is beneficial
 - Structured skin care regimen: cleanse and dry thoroughly (air dry), multiple topical agents evaluated, most recommend avoiding ointments ("no grease in the crease")
 - Disposable or reusable products placed in skin fold with or without antimicrobial properties, focus on **wicking** versus absorbency

¹ Kottner J et al. International Journal of Nursing Studies 2020;104:103437.
² Arnold-Long M, Johnson L. Journal of Wound Ostomy and Continence Nursing 2019;46(3): 201-6.
³ Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.




26

L24.A2: Incontinence Associated Dermatitis

- Moisture Source: Fecal matter/stool¹
 - Chemical content: highly variable based on dietary consumption stool consistency
 - Water consistent in "formed stool" (Bristol categories 3-4): 75%; much higher in categories 5-7
 - most relevant are enzymatic contents (lipases and proteases (active in higher pH ranges)
 - pH range: 6.1-7.9 (as high as 9.2 in study 428 stool samples from 132 critically ill adults²; values higher than 7.5 create inflammation without additional factors
 - Biome/bioburden: comparatively high; coliform bacteria and microorganisms thrive in higher pH ranges


¹ Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.
² Osuka A et al. Critical Care 2012;16(4):R119.



27

L24.A2: Incontinence Associated Dermatitis

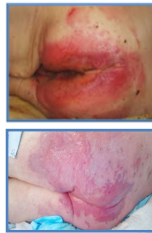
- **Moisture Source: Urine**
 - Chemical content
 - >95% water; numerous electrolytes sodium, potassium, variable amount of ammonium (NH₄⁺), creatinine, etc.
 - pH range: 5.5-7.0; more alkaline with dehydration, bacteriuria or others with ammonium splitting pathogens (Pseudomonas, Klebsiella, Proteus species)
 - Biome/bioburden: complex biome present in all (urine is not sterile), asymptomatic bacteriuria endemic on adults females and males, incidence rates increase with age

Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51. 

28

L24.A2: Incontinence Associated Dermatitis

- **Clinical Manifestations**
 - Irritation and inflammation of skin exposed to urine or fecal matter; indistinct borders, partial thickness skin loss (erosion), prevalence of erosion versus inflammation alone not known, evidence of candidiasis in some
 - Symptoms: burning pain, itching, often interferes with sleep






29

L24.A2: Incontinence Associated Dermatitis

- **Epidemiology & Pathophysiology**
 - Variable: 1.5% - 20% in acute care, up to 46% in critically ill patients, 3.1% to 6.5%. In long-term care, 52% of individuals with fecal or dual incontinence (community dwelling adults)
- **Prevention & Management**
 - Little clear distinction between preventive strategies and treatment
 - Structures skin care regimen: cleanse, apply skin protectant
 - Divert, absorb or treat underlying incontinence

Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing 2022; 49(2):143-51. 

30

Laurie McNichol




31

L24.A9 Irritant Contact Dermatitis due to friction or contact with other specified body fluids

- Irritant contact dermatitis due to friction or contact with body fluids, unspecified
 - WOC nurses' role is to **determine the nature of the skin damage** enabling coders to convert this "unspecified" code to a more specific code based on your evaluation and ultimately justifying payment for resources need for appropriate management
 - Assessment of MASD requires the following:
 - Recognition of moisture as the primary cause of the skin damage (frequent alternatives are pressure, friction)
 - Identification of the moisture source and its likely impact on the skin ("moisture plus"), location and severity
 - Evaluation of the underlying causes that exposure to the bodily fluid led to MASD


1. Gray M, Bliss DZ, McNichol L. J Wound Ostomy Continence Nursing. 2022; 49(2):143-51.
 2. Gray M et al. J Wound Ostomy Continence Nursing. 2011; 38(3):233-41.



32


L24.A9 Irritant Contact Dermatitis due to friction or contact with other specified body fluids

- Signs of contact dermatitis are present and relate to **friction** (a force created by the rubbing of the skin surface against another surface (other skin or bed linens, for example) **or another body fluid** that can be identified and associated with the dermatitis
- If the contact dermatitis is due to a body fluid listed in one of the new codes, the new code should be used instead



Example of ICD-10 code L24A9: Irritant contact dermatitis due to friction or contact with other specified body fluids (in this case, wound drainage)

Bliss DZ, McNichol L, Cartwright D, Gray M. Practice Alert: New ICD10 Codes for MASD. Journal of Wound, Ostomy and Continence Nursing 2022; 49(3): 15-19.



33

L24.B1 Irritant Contact Dermatitis related to digestive stoma or fistula

- Clinical manifestations
 - Erythema, erosion of affected skin adjacent to the stoma or fistula, partial thickness skin loss with irregular borders, serous exudate and sensations of itching, burning and pain.
 - Prolonged exposure to effluent can further erode tissue resulting in full thickness skin loss with increased serous exudate and bleeding



Photo from personal collection of L. McNichol ©



37

L24.B1 Irritant Contact Dermatitis related to digestive stoma or fistula

- Tubes
 - Several studies show transient irritant contact dermatitis around a digestive stoma is common
 - Chang et al found that one-third of those in their study group developed erythema, 9 were hospitalized
 - Unsecured tube movement may enlarge the opening, resulting in seepage of gastric contents onto peristomal skin



Photo from personal collection of L. McNichol ©

Chang W, Wang N, Wang W, Chen J. Prospective evaluation of peristomal cutaneous changes among patients with long-term percutaneous endoscopic gastrostomy. *Advances in Skin and Wound Care*. 2014;27(6):260-267



38

L24.B1 Irritant Contact Dermatitis related to digestive stoma or fistula

- Fistula
 - A common but major challenge in treating a wound with an enterocutaneous fistula (ECF) pertains to containment of the effluent and protection of the perifistular skin
 - Once the skin becomes eroded and moist, the adherence of containment systems becomes more complex and the predictability of wear times less certain
 - This results in a cycle of worsening irritant contact dermatitis and increased risk for other complications i.e., pain, infection

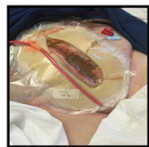


Photo from personal collection of L. McNichol ©



39

L24.B3 Irritant Contact Dermatitis related to fecal or urinary stoma or fistula

- Occurs when the skin is exposed to fecal or urinary effluent from a surgically created ostomy or from a fistula connecting the bowel or urinary system to the skin or open abdomen
- Presentation and likelihood varies based on characteristics of effluent, pH, and the microbiologic biome
- Other factors predisposing a person to irritant contact dermatitis
 - Prolonged exposure to irritant
 - Pouching system for which aperture does not match stoma
 - Inadequate adhesion



Example of ICD-10 code L24B3: Irritant contact dermatitis related to fecal fistula



40

L24.B3 Irritant Contact Dermatitis related to fecal or urinary stoma or fistula

- Prolonged exposure? Who? *Our patients?*
 - People who extend their pouch change frequency for economic or other reasons are at increased risk
 - Anecdotal reports of bedside staff unfamiliar with pouching stomas using tape to seal in the leakage rather than change a leaking pouching system are widely circulated
 - Alkaline urine has been shown to provoke inflammation of the peristomal skin in the absence of other factors
 - The presence of crystals or peristomal skin due to precipitation of salts raises the likelihood of irritant contact dermatitis



Photo from personal collection of L. McNichol ©



41

L24.B3 Irritant Contact Dermatitis related to fecal or urinary stoma or fistula

- Clinical Manifestations
 - Erythema, maceration, erosion of affected skin adjacent to the stoma or fistula, serous exudate and bothersome symptoms such as itching, burning and pain
 - Papillomatous dermatitis, a thickening of the peristomal epidermis that appears as warty, white and gray may exist, along with maceration and the formation of crystals with urinary stomas



42

L24.B3 Irritant Contact Dermatitis related to fecal or urinary stoma or fistula

- Prevention and Management
 - Properly size and fit ostomy or fistula pouching systems
 - Teach changing of ostomy or fistula pouching system prior to leakage or immediately upon realizing leakage.
 - Anticipate stoma size changes
 - Introduce pouch features such as
 - convexity
 - enhanced barriers with additives
 - supportive ostomy products such as belts or skin barrier rings
- to enhance seal, increase predictability of wear time and lessen likelihood of leakage






43

DONNA BLISS



44


Impact of ICD-10 CM Codes

- Practice 
- Research 
- Policy 





45

ICD-10 CM Codes and You



For WOC Nurse

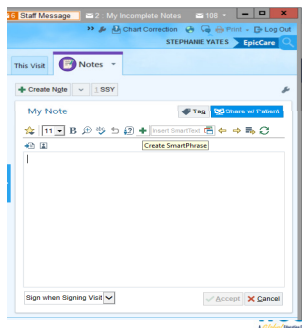

- Use ICD-10 CM codes regularly in EHR documentation, professional communication, presentations, publications
- More specific identification of IAD source
 - Supports role/significance of WOC nurse expertise
 - Facilitates education and consultation to staff nurses and patients
 - Informs professional colleagues who code
 - Next steps of task force

46

Example: Creating a SmartPhrase in EPIC Step 1

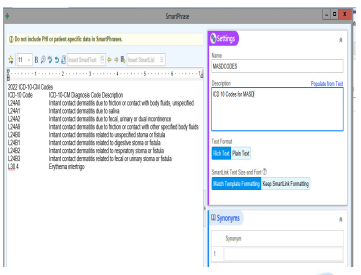

- Get to the Create SmartPhrase form by clicking the Create SmartPhrase (plus icon) button on the Smart Tool toolbar.

47

Example: Creating a SmartPhrase in EPIC Step 2

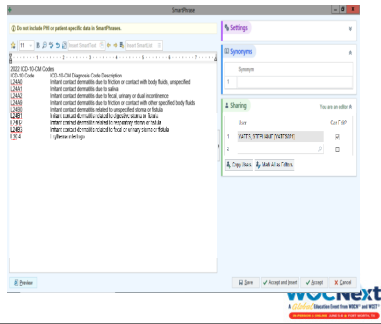
- You will get a pop-up box for the SmartPhrase Editor. In the SmartPhrase Name field, type in a short intuitive name. Type in the content of the phrase.

48

Example: Creating a SmartPhrase in EPIC Step 3

- Click Accept when finished. SmartPhrase names are not preceded by a dot or period. However, a user will need to type a period to tell the system to search for the SmartPhrase.



49

Research and ICD-10 CM Codes

Big Data -- Big Impact

- Promote more specific and accurate data collection
 - Health system/national stats - promotes follow-up and trending of patient's status
 - Prevalence and incidence
 - Product effectiveness
 - Reinforce importance of WOC RN



50

Policy Potential

- Awareness, Acknowledgement, and Authorization
 - MASD conditions now have recognition via unique CM codes
 - Eligible for reimbursement/payment
 - Data = Evidence
 - Advocate for patients in need of better financial and resource support, supplies



51

Take Home Messages

- There are new ICD-10 CM codes in US for MASD conditions
 - Due to WOCN Society advocacy
- These codes have potential for a major positive influence in practice, research, and policy re: MASD conditions
- WOC nurses are essential to contribute to the impact of these codes
 - Learn and use the terminology



52

REFERENCES & RESOURCES

Gray M, Bliss DZ, McNichol L. Moisture-Associated Skin Damage: An Historic Step Forward. *J Wound Ostomy Continence Nursing* 2021; 48(6): 581-3.

Bliss DZ, McNichol L, Cartwright D, Gray M. Practice Alert: New ICD10 Codes for MASD. *J Wound Ostomy Continence Nursing* 2022; 49(1): 15-19.

Gray M, Bliss DZ, McNichol L. Moisture-Associated Skin Damage. Expanding and Updating Practice Based on the Newest ICD-10-CM Codes. *J Wound Ostomy Continence Nursing* 2022;49(2):143-151.

McNichol L, Bliss DZ, Gray M. Moisture Associated Skin Damage: Expanding Practice Based on the Newest ICD-10 CM Codes for irritant contact dermatitis associated with digestive secretions and fecal or urinary effluent from an abdominal stoma or enterocutaneous fistula. *J Wound Ostomy Continence Nursing* 2022; 49(3): in press.



53