

Systemic Lupus Erythematosus

Systemic lupus erythematosus (SLE) is an inflammatory autoimmune disorder. Clinical exacerbations and remissions involving the skin, serosal surfaces, central nervous system, kidneys, and blood cells are characteristic. Signs and symptoms of systemic lupus erythematosus include fever, anorexia, malaise, weight loss, and skin lesions identical to chronic discoid lupus erythematosus, redness and edema affecting the nose and cheeks revealing a classic butterfly rash, photosensitivity and other ocular manifestations, and joint symptoms with or without acute synovitis.

ICD-10 CODES

M32.0	Drug-induced systemic lupus erythematosus	M32.14	Glomerular disease in systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.11	Endocarditis in systemic lupus erythematosus	M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus	M32.8	Other forms of systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus	M32.9	Systemic lupus erythematosus, unspecified

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support systemic lupus erythematosus.

Diagnosis: SLE

Evidence: ANA positive, recent chest x-ray shows increased lung involvement

Evaluation: Systemic Lupus with arthritis and lung involvement - interstitial lung disease

Plan: Urgent followup with pulmonology, continue current DMARD

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

SLE Diagnosis

- With systemic involvement
- Without systemic involvement

Status:

Active

- Specified secondary organ involvement

In Remission

Plan:

- Pharmacologic
- Referrals
- Lifestyle changes
- Symptom management

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of lupus and use verbiage to solidify any manifestations of the disease.
- Documentation of 'lupus' itself is **not synonymous** with systemic lupus erythematosus and the final determined specificity of the disease must always be documented .
- DSP should always be applied for SLE. Status should be apparent by using **descriptive words** to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show evidence for SLE as well as any manifestations. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.
- **Avoid** documenting active systemic lupus erythematosus as a "history of" as this suggests a resolved status and causes conflict within the documentation.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any manifestation that is attributed to the presence of SLE.
- The phrase “in remission” is **ambiguous** to SLE and the disease may not be interpreted as an active condition without additional documentation of its status.



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