Scripps

2015

Emergency Department

ICD-10 Case Studies & Documentation Tips

Ghazala Sharieff MD, MBA

Corporate Director, Physician Outreach and Medical Management

ICD 10- The Hard Way

I21 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction **I21.0 ST elevation (STEMI) myocardial infarction of anterior wall** **I12.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery** **I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery** **I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall**	**I22 Subsequent ST elevation (STEMI) and non-ST (NSTEMI) myocardial infarction** **I22.0 Subsequent ST elevation (STEMI) myocardial infarction of anterior wall** **I22.1Subsequent ST elevation (STEMI) myocardial infarction of inferior wall** **I22.2 Subsequent non-ST elevation (NSTEMI) myocardial infarction** **I22.8 Subsequent ST elevation (STEMI) myocardial infarction of other sites**
I21.1 ST elevation myocardial infarction of inferior wall I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	I23 Certain current complications following ST elevation (STEMI) and non-STEMI (NSTEMI) myocardial infarction (within the 28 day period) I23.0 Hemopericardium as current complication following acute myocardial infarction
I21.2 ST elevation (STEMI) myocardial infarction of other sites I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery I21.29 ST elevation (STEMI) myocardial infarction involving other sites	I23.1 Atrial septal defect as current complication following acute myocardial infarction I23.2 Ventricular septal defect as current complication following acute myocardial infarction
I21.3 ST elevation (STEMI) myocardial infarction of unspecified site I21.4 Non-ST (NSTEMI) myocardial infarction I23.7 Postinfarction angina I23.8 Other current compication following acute myocardial infarction I25 Chronic ischemic heart disease	I23.3 Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction I23.4 Rupture of chordae tendinease as current complication following acute myocardial infarction I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction I23.6 Thrombosis of atrium, auricular appendage, and ventricle as current complication following acute myocardial infarction

SOI *(Severity of Illness)* / ROM *(Risk of Mortality)*

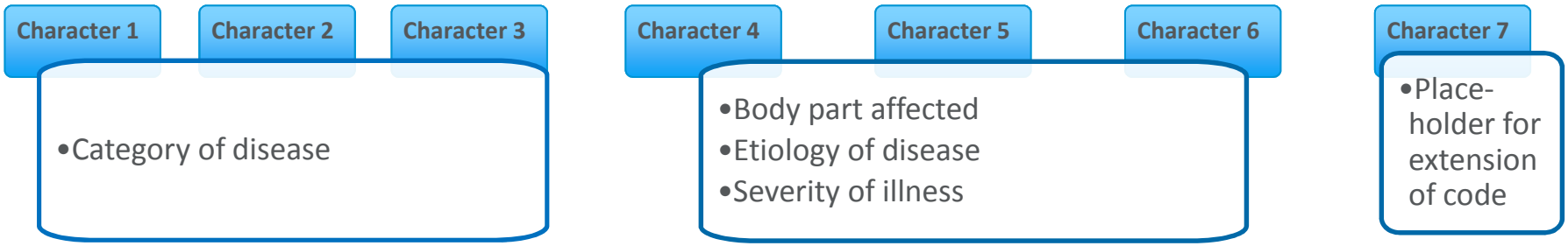
- Documentation should reflect the acuity of the patient…
- If a patient dies because he or she was severely ill, but the documentation translates into codes that do not reflect the severity, the adjusted SOI and ROM poorly reflect the care provided.

Four Severity of Illness Subclasses	Four Risk of Mortality Subclasses
1. Minor	1. Minor
2. Moderate	2. Moderate
3. Major	3. Major
4. Extreme	4. Extreme

Scripps

ICD 10 – CM

- Diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings
- ICD 10 CM codes can have 3, 4, 5, 6 or 7 characters *(alphanumeric)*



F17.211	F17 – Nicotine dependence	2 – Dependence	1 - Cigarette	1 – In remission

A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures

Scripps

ICD-10 Made Simple For Those That Have Coders- DOCUMENT!

ACUITY	acute, chronic, intermittent
SEVERITY	mild, moderate, severe
ETIOLOGY	trauma, diabetes, renal failure, exercise or infection induced
LOCATION	Where is it? chest, femur, posterior thorax, specify joint or digit
LATERALITY	Which side is it? left, right, both
DETAIL	Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

Scripps

If you like mnemonics

ANY	Acuity
SMALL	Severity
ERROR	Etiology
LOSES	Location
LARGE	Laterality
DOLLARS	Detail - Present on admission status, associated symptoms, additional medical diagnoses, initial versus subsequent encounter

Scripps

Case Presentation: Asthma

A 25-year old female with a history of exercise induced asthma presents with an acute asthma exacerbation. She has monthly episodes that typically respond to inhalers but she has had increasing symptoms today. You saw her yesterday in the ED and started her on steroids. She required hospitalization 4 months ago.

She is in moderate distress on your evaluation but is not hypoxic

Asthma Example

ACUITY	acute, persistent
SEVERITY	moderate
ETIOLOGY	exercise induced
LOCATION	N/A
LATERALITY	N/A
DETAIL	Subsequent encounter
ALL TOGETHER	Acute, persistent, moderate exercise induced asthma exacerbation. Subsequent encounter

Case Example: Respiratory Failure

A 66 year old male with COPD presents in acute respiratory distress. His initial oxygen saturation is 85% on room air and an ABG reveals a $C0_2$ of 90 and he is lethargic with marked retractions. His prior admission $C0_2$ was 50. You intubate him and he is placed on a ventilator.

He smokes 5 cigars per day

Example- COPD Exacerbation

ACUITY	acute
SEVERITY	severe
ETIOLOGY	COPD
LOCATION	N/A
LATERALITY	N/A
DETAILS	Initial encounter, **associated findings-hypercapnia**, hypoxia. Cigar dependence
ALL PUT TOGETHER	1) Acute respiratory failure with hypoxia and hypercapnia due to COPD with acute exacerbation 2) Acute hypercapnia and hypoxia. Initial Encounter 3) Acute encephalopathy 4) Cigar *(Tobacco)* dependence 5) Procedure – Endotracheal intubation

Scripps

Case Example: Migraine

A 25-year-old female presents with a right opthalmoplegic migraine lasting for 6 hours that is not responding to the abortive regimen you prescribed of maxalt. Her migraines are menses related and are preceded by an aura. She was in the ED yesterday for a similar migraine.

Migraine: example

ACUITY	acute
SEVERITY	intractable
ETIOLOGY	*(precipitant):* menses
LOCATION	opthalmoplegic
LATERALITY	right
DETAIL	Subsequent encounter - associated symptoms: with aura
ALL PUT TOGETHER	Acute, intractable, right opthalmoplegic migraine with aura due to menses. Subsequent encounter.

Scripps

Subarachnoid Bleed Case

33 year old female presents with a sudden onset of the worst headache of her life unrelieved by Motrin and lasting 4 hours. The pain came on while she was running on her treadmill. She denies any history of recent trauma, loss of consciousness, vomiting, numbness, tingling or paralysis. Head CT reveals a bleed in the right middle cerebral artery distribution.

Intracranial Bleeds: Subarachnoid Example

ACUITY	acute
SEVERITY	moderate
ETIOLOGY	non-traumatic
LOCATION	middle cerebral artery
LATERALITY	right
DETAIL	Initial encounter
ALL PUT TOGETHER	Acute, moderate, non-traumatic right middle cerebral artery subarachnoid hemorrhage. Initial encounter
***KEY POINT**	If utilizing Glasgow Coma Scale – **document all 3 components** and also timing, i.e. pre-hospital, ED, 24-hours post event

Scripps

Seizure Case: Example

A 12 year old female presents with a left upper extremity complex partial seizure. Her mother states that she ran out of the medication last week and did not think that her daughter needed to take it any more. The patient was given Versed by the paramedics and she is still seizing despite your administration of Ativan.

Partial Seizure: Example

ACUITY	acute
SEVERITY	intractable
ETIOLOGY	medication non-compliance
LOCATION	left upper extremity
DETAIL	Initial encounter
ALL PUT TOGETHER	1. Acute, intractable, left upper extremity partial complex seizure with status epilepticus 2. History of partial complex seizure 3. Due to medication non-compliance. Initial encounter.

*Can no longer write Epilepsy

Case Presentation: Pneumonia

A 56 year old female presents with productive cough, rigors and fever. Chest xray reveals a consolidated right lower lobe infiltrate. She is in moderate respiratory distress with an O_2 saturation of 88% on RA but does not have hypercapnia. She smokes 1 pack of cigarettes per day. You admit her for bacterial pneumonia. This is your first encounter with this patient

Pneumonia: Example

Acuity	acute
Severity	moderate
Etiology	bacterial
Location	lower lobe
Laterality	right
Detail	Initial encounter
Associated Findings	hypoxia, cigarette (tobacco) dependence
All put together	1) Acute moderate respiratory distress with hypoxia. Initial encounter. 2) Acute, moderate right lower lobe bacterial pneumonia 3) Cigarette (tobacco) dependence

Scripps

Case Presentation: Sepsis

67 year old male presents with altered mental status, fever to 104F, and a blood pressure of 70/30 mm Hg, HR of 110 bpm and RR of 20 breaths/ minute. His oxygen saturation is 90% on RA but increases to 95% with 2 liters of oxygen. His WBC is 20,000 and his urine is positive. His BP does not improve with 2 boluses of normal saline and therefore you start him on pressors. He is admitted to the ICU.

PMH: History of MI

Social history: Smokes 2 packs of cigarettes per day

Sepsis: Example

ACUITY	acute
SEVERITY	**severe**
ETIOLOGY	**Urinary tract**
LOCATION	**N/A**
LATERALITY	**N/A**
DETAIL	Initial encounter. **Associated findings: Hypoxia, encephalopathy, present on admission**
ASSOCIATED FINDINGS	hypoxia, cigarette *(tobacco)* dependence
ALL PUT TOGETHER	1) Acute, severe septic shock due to urinary tract infection – present on admission 2) Acute hypoxia 3) Acute encephalopathy 4) History of Acute MI 5) Cigarette dependence

Sepsis

- The ICD-10-CM describes more than 65 categories of sepsis.
- Include the following:

- The circumstances that preceded the sepsis (eg, due to device, implant, etc., during labor, post-procedural)

- Causal organism
-
- Presence of shock

- Present On Admission or not present on admission

- Urosepsis is not considered a classification!

Case Study – Acute Myocardial Infarction

A 54-year-old female presents with an acute anterior wall STEMI The pain started suddenly about 5 hours ago. She received TPA at 12:20pm 2 hours after the pain started at an outlying hospital. She has a history of paroxysmal atrial fibrillation, native vessel atherosclerosis and smokes 2 PPD of cigarettes. She denies any family history. She is not currently in A. Fib

MI: Example

Acuity	acute
Severity	severe
Etiology	atherosclerosis of native vessel
Location	anterior wall
Laterality	N/A
Detail	Initial encounter, atrial fibrillation POA. TPA at 12:20pm
Associated Findings	hypoxia, cigarette *(tobacco)* dependence
All put together	1) Acute severe STEMI involving the anterior wall or (left anterior descending artery or left main coronary artery. TPA at outlying hospital 2) Atherosclerosis of native vessel 3) Paroxysmal Atrial Fibrillation 4) Tobacco Dependence

Procedure Code Structure

Scripps

Important Documentation for Procedures

PROCEDURE	DOCUMENTATION
Type of Procedure (Root Operation):	Specifies the primary objective of the procedure *Ex: drainage, excision, resection*
Body Part:	The specific organ or site on which the procedure is performed
Approach:	The technique/method used to access the operative site *Ex: Open, percutaneous, external, endoscopic*
Devices:	Any device or material that remains at the site upon completion of the procedure
Qualifier:	Unique character for specific procedures *Ex: diagnostic, therapeutic*

ICD-10 Made Simple – DOCUMENT!

ACUITY	acute, chronic, intermittent, persistent
SEVERITY	mild, moderate, severe
ETIOLOGY	trauma, diabetes, renal failure, exercise or infection induced
LOCATION	Where is it? Be specific about which joint, chest, femur, posterior thorax
LATERALITY	Which side is it? Left, right, both
DETAIL	Initial vs. subsequent encounter, sequelae, associated symptoms/history, *(hypercapnia, hypoxia, tobacco use, malignancy)*

Difference between use, abuse and dependence in ICD-10

Abuse – Problematic use of drugs or alcohol but without dependence

Dependence – Increased tolerance to drug or alcohol with a compulsion to continue taking the substance despite the cost, withdrawal symptoms often occur upon cessation

F12.1 - Cannabis **abuse**
- F12.10 - Cannabis abuse, uncomplicated
- F12.12 - Cannabis abuse with intoxication
  - F12.120 - Cannabis abuse with intoxication, uncomplicated
  - F12.121 - Cannabis abuse with intoxication delirium
  - F12.122 - Cannabis abuse with intoxication with perceptual disturbance
  - F12.129 - Cannabis abuse with intoxication, unspecified
- F12.15 - Cannabis abuse with psychotic disorder
  - F12.150 - Cannabis abuse with psychotic disorder with delusions
  - F12.151 - Cannabis abuse with psychotic disorder with hallucinations
  - F12.159 - Cannabis abuse with psychotic disorder, unspecified
- F12.18 - Cannabis abuse with other cannabis-induced disorder
  - F12.180 - Cannabis abuse with cannabis-induced anxiety disorder
  - F12.188 - Cannabis abuse with other cannabis-induced disorder
- F12.19 - Cannabis abuse with unspecified cannabis-induced disorder

F12.2 - Cannabis **dependence**
- F12.20 - Cannabis dependence, uncomplicated
- F12.21 - Cannabis dependence, in remission
- F12.22 - Cannabis dependence with intoxication
  - F12.220 - Cannabis dependence with intoxication, uncomplicated
  - F12.221 - Cannabis dependence with intoxication delirium
  - F12.222 - Cannabis dependence with intoxication with perceptual disturbance
  - F12.229 - Cannabis dependence with intoxication, unspecified
- F12.25 - Cannabis dependence with psychotic disorder
  - F12.250 - Cannabis dependence with psychotic disorder with delusions
  - F12.251 - Cannabis dependence with psychotic disorder with hallucinations
  - F12.259 - Cannabis dependence with psychotic disorder, unspecified
- F12.28 - Cannabis dependence with other cannabis-induced disorder
  - F12.280 - Cannabis dependence with cannabis-induced anxiety disorder
  - F12.288 - Cannabis dependence with other cannabis-induced disorder
- F12.29 - Cannabis dependence with unspecified cannabis-induced disorder

F12.9 – Cannabis use – (similar classification for cannabis use)

Documentation should be clear as to the abuse or dependence of alcohol/drugs and the associated complications/conditions

Scripps

Documentation Recommendations

- Specify exact body location for fractures and lacerations
- Also specify open vs closed, displaced versus non-displaced. Ex: i.e. “left hand 5th digit comminuted, closed proximal phalanx fracture”
- Use “acute” or “exacerbation” whenever appropriate in describing the clinical impression on patients with a flare-up or worsening of chronic disease; otherwise chronic diagnoses such as COPD, CHF, DM, ulcerative colitis may not be able to be billed as emergency conditions.
- Don’t list “bronchitis” as a diagnosis if giving antibiotics—avoiding antibiotics for simple bronchitis (which is usually viral) is a quality measure for 2014
- Use symptom-based words when possible, such as “acute shortness of breath,” “fever,” “acute abdominal pain,” “vomiting with dehydration.” The meth patient might, for instance, have “chest pain” and “tachycardia” as associated diagnoses, and these should be listed as diagnoses.
- Government payers will not pay EM providers for dental conditions, so avoid a solo diagnosis of “dental pain.” Other appropriate choices could be “acute jaw pain,” “facial pain,” “facial swelling.”
- Avoid psychiatric or behavioral-sounding descriptions when there is a medical cause for a patient’s altered mental status—instead of saying “altered mental status due to alcohol” or “methamphetamine-induced psychosis” or “cocaine intoxication,” say “acute encephalopathy,” “acute alcohol poisoning,” “delirium due to cocaine poisoning.”

ED Diagnoses

Urinary Calculi

1) Specify the location of calculi *(e.g. Kidney, ureter, bladder, etc.)*
2) Identify the underlying cause (e.g. gout) or anything else
3) Document associated signs and symptoms *(dysuria, urinary incontinence, hematuria etc.)*

External cause of Injury

Specify how the injury happened *(fall by tripping, bumping against person, bitten by squirrel etc.)*

1) Where the injury happened *(bedroom in home, kitchen in home, cultural building, art gallery etc.)*
2) Activity of the patient *(dancing, bike riding, gardening etc.)*
3) External cause status *(hobby, leisure, work related, military related) (will be used to determine if the service will be paid or not)*

Burns

1) Specify the causative factor as heat source, chemical or caustic agent etc.
2) Classified burns according to degree of burn
3) Specify the total body surface area and the total body surface area of third degree burn
4) Specify the external cause of injury *(Specify how the injury happened, where the injury happened , activity of the patient and external cause status)*

Urinary Tract Infection

1) Detail the site and infectious agent.
2) Report cystitis as being acute, chronic obstructive, interstitial, trigonitis, irradiation, or other form.
3) Identify pyelonephritis as being acute, chronic, obstructive and reflux uropathy, or drug and heavy metal induced.
4) Indicate when hydronephrosis is accompanied by aureteral stricture, calculus obstruction, reflux nephropathy, or hydroureter.
5) List any urethritis.
6) Provide evidence of any hematuria.

Poisoning and adverse effect

1) Specify if the drug or substance was taken accidentally, intentional for inflicting self harm, or was a cause of assault
2) Document the manifestation of the poisoning or adverse affect *(hallucinations, loss of consciousness etc.)*

General Signs and Symptoms

1) Indicate the underlying cause or list the definitive diagnosis of any sign or symptom when known *(e.g., headache secondary to increased vision loss).*
2) Identify any signs or symptoms associated with the use of alcohol, drugs, medications, or other environmental influences.
3) List any sign or symptom suspected to be of a psychosomatic nature *(e.g., anxiety-induced chest pain).*
4) Identify signs or symptoms necessitating diagnostic services *(e.g., syncope).*
5) Differentiate routine, regularly scheduled checkups with lab and/or radiology testing with no signs or symptoms or other associated diagnosis from evaluations when signs and symptoms are present *(e.g., annual mammogram with palpable mass lower outer quadrant of left breast).*

ED Diagnoses 2

Syncope

1) Clarify when syncope is related to things such as:
   - ✓ - Bradycardia.
   - ✓ - Spinal/lumbar puncture.
   - ✓ - Heat.
2) Identify any underlying condition.
3) Differentiate syncope from orthostatic hypotension.

Tobacco dependence

1) Differentiate between: -Tobacco use/abuse or -Dependence
2) Document type of tobacco product, such as: -Cigarettes -Chewing tobacco -Cigars
3) Specify uncomplicated, remission, withdrawal, or other nicotine-induced disorder
4) Differentiate between patients who no longer smoke and those that do

Headaches

1) 1) Document the type – Cluster, tension, or paroxysmal hemicranias.
   - ✓ Specify when episodic or chronic
2) Post traumatic State if acute or chronic
   - ✓ Include information regarding any post concussional syndrome
3) Drug induced
   - ✓ Provide information regarding the associated medication

Gastritis

1) Clarify the acuity *(i.e., acute or chronic*).
2) Try and document the type of gastritis *(e.g., alcoholic, superficial, atrophic, etc.),* if identifiable
3) Identify the presence or suspicion of gastric bleeding. Along with location of bleeding *(esophagus, stomach, intestine etc.)*
4) List any alcohol abuse or dependence.
5) Describe any associated medication or drug use and the purpose of its use.
6) Differentiate between gastritis, duodenitis, and gastroduodenitis.

Diabetes

1) Specify the type: DM due to underlying condition, drug or chemical induced Type 1 and type 2, other specified *(postpancreatectomy DM)*
2) Manifestations or complications require causal relationship to be documented.
3) Documentation for Controlled vs. Uncontrolled is no longer needed

Hypertension

1) Distinction is not made between malignant, benign or unspecified type
2) Control and uncontrolled does not affect code assignment
3) Specify manifestations as applicable. There is a causal relation with chronic kidney disease but for heart disease it should be specified as due to, secondary to or hypertensive.

ED Diagnoses 3

Influenza

1) Identify and link any associated manifestations such as:
   - ✓ Laryngitis
   - ✓ Pleural Effusion
   - ✓ Pneumonia
   - ✓ Lung Abscess
   - ✓ Encephalopathy
   - ✓ Myocarditis
   - ✓ Otitis media
2) Identify the causal *organism (avian influenza, H1N1 influenza)*

Foreign body retained in eye

1) Provide specifics of the foreign body *(e.g. plastic, metal, wood etc.)*
2) Identify the foreign body as old or new and magnetic or non-magnetic
3) Specify the location of the foreign body *(cornea, conjuctival sac, orbit, iris, anterior chamber etc.)*
4) State the laterality *(right eye, left eye or bilateral)*
5) Differentiate between a penetrating and superficial injury
6) Document the circumstances surrounding the foreign body's occurrence
7) Indicate if the encounter is for initial, subsequent, or sequel treatment

Heart Failure

1) Specify the acuity *(i.e., acute, chronic or acute on chronic)*
2) Identify the type of failure *(e.g. systolic, diastolic, combined)*
3) List any relationship with Hypertension and/or chronic kidney disease to heart failure
4) Identify the underlying cause *(e.g. surgery, ectopic pregnancy, etc.)*

Infectious & Parasitic Disease

1) Clarify the status of the disease *(e.g., newly diagnosed, acute, chronic).*
2) List the site of an infection or infestation *(e.g., TB of the lung).*
3) Include the specific cause of the infection or infestation *(e.g., shigellosis due to shigella boydii, postoperative wound infection caused by streptococcus).*
4) Provide information regarding any secondary disease process related to an infection *(e.g., syphilitic nephritis, Kaposi's sarcoma, etc.)*

Fever

1) Clarify, if fever is associated or result of any systemic body infection *(e.g. UTI)* – fever will not be coded separately
2) Identify the following:
   - ✓ When the fever is of unknown origin
   - ✓ Drug induced
   - ✓ Post-procedural *(without post-procedural infection)*
   - ✓ Post-vaccination fever
   - ✓ Post transfusion
3) Pyrexia of unknown origin would be coded to R50.9 *(Fever, unspecified)*

Ear Disorders

1) Otitis Externa:

- ✓ State the laterality (right, left, bilateral), acuity *(acute or chronic)* and type of non-infective such as actinic, chemical contact, eczematous, reactive etc.
- ✓ Detail infective otitis externa as being malignant, diffuse, hemorrhagic, swimmer's ear, an abscess, or cellulitis

1) Otitis Media:

- ✓ Specify acuity and laterality
- ✓ Detail the type – serous, mucoid, allergic, atticoantral, tubotympanic, etc.
- ✓ Differentiate between suppurative and non-suppurative
- ✓ Any associated spontaneous rupture of the eardrum or myringitis
- ✓ State any associated tobacco use, abuse, dependence, etc.
- ✓ Relate with any underlying condition – viral, influenza, scarlet fever, tuberculosis *(excludes conditions)*

ICD-10 Made Simple For Those That Have Coders- DOCUMENT!

ACUITY	acute, chronic, intermittent
SEVERITY	mild, moderate, severe
ETIOLOGY	trauma, diabetes, renal failure, exercise or infection induced
LOCATION	Where is it? chest, femur, posterior thorax, specify joint or digit
LATERALITY	Which side is it? left, right, both
DETAIL	Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

Scripps

Sharieff.Ghazala@scrippshealth.org

For any questions: