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Hospitalist Documentation Analysis

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

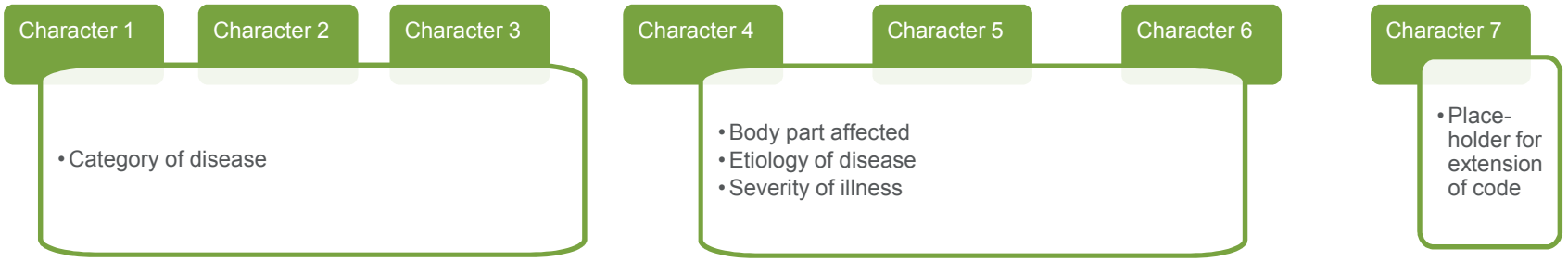
SOI *(Severity of Illness)* / ROM *(Risk of Mortality)*

- 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

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)



S20.221A	S20- Superficial injury to thorax	2 – Contusion	2 – Back wall of thorax	1- Right	A- Initial encounter

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

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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- be specific about which joint, chest, femur, posterior thorax

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

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

Case Presentation: Asthma

- A 25-year old female with a history of exercise induced asthma presents with an acute asthma exacerbation. Her last similar episode was 3 days ago and you admitted her and discharged her yesterday. She is on a daily regimen of asthma medications. She is in moderate distress on your evaluation despite ED treatment.

Example- Asthma

ACUITY	acute, persistent
SEVERITY	moderate
ETIOLOGY	exercise induced
LOCATION	N/A
LATERALITY	N/A
DETAILS	subsequent encounter
ALL PUT TOGETHER	1. Acute, persistent, moderate exercise induced asthma exacerbation with status asthmaticus. Subsequent encounter OR 2. Acute, moderate status asthmaticus due to exercise induced asthma. Subsequent encounter 3. Chronic (persistent) asthma

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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.

Example- Intracranial Bleeds: Subarachnoid

ACUITY	acute
SEVERITY	moderate
ETIOLOGY	non-traumatic
LOCATION	middle cerebral artery
LATERALITY	right
DETAILS	initial encounter
ALL PUT TOGETHER	1. 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. prehospital, ED, 24 hours post event

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

Example- Pneumonia

ACUITY	acute
SEVERITY	moderate
ETIOLOGY	bacterial
LOCATION	lower lobe
LATERALITY	right
DETAILS	initial encounter 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

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

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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 encephalopathy 3. Cigar *(Tobacco)* dependence 4. Procedure – Endotracheal intubation

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

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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 – Chest Pain

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

Chest Pain: 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
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

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Pressure and Non-pressure Ulcers

ICD-10 Documentation for Non-pressure Ulcer:

❑ Report the degree of tissue breakdown
(e.g., skin, exposed fat layer, muscle necrosis)
❑Identify the underlying associated conditions:
- Atherosclerosis.
- Diabetic ulcers.
- Stasis edema.
-Varicose veins with ulcers
❑ List gangrene when present

ICD-10 Documentation for Pressure Ulcer:

❑ Detail the site (e.g., hip, buttock, ankle, heel, head, etc.).
- Specify the location of pressure ulcers of the back as being upper or lower back.
❑State the laterality (i.e., right, left, or bilateral).
❑Identify contiguous back, buttock, and/or hip ulcers
❑List gangrene when present
❑Provide information regarding any associated conditions (e.g., diabetes mellitus, malnutrition, etc.).
❑Report the stage (e.g., I, III, unstageable, etc.).

Case study – Pulmonary Embolism

ICD-10 Documentation for pulmonary embolism:

- ❑ Document the the type e.g. saddle, healed or old, septic etc.
- ❑ Document if associated with cor pulmonale – acute or chronic
- ❑ Document if PE is chronic, or healed (H/o PE might be ambiguous)

Pulmonary embolism is specified according to type as chronic, with acute cor pulmonale, saddle, healed or old, septic etc

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

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Sepsis	**1) Document organism causing the infection**	**2) Document any associated organ dysfunction, such as:** -Acute kidney failure, Acute respiratory failure, Encephalopathy, Hepatic failure	**3) Document presence of septic shock**
Pneumonia/ Pneumonitis	**1) Document type and organism,** if known, such as: -Klebsiella pneumonia -Aspiration pneumonia d/t food or vomitus		
Cellulitis	**1) Document specific site:** - Abdominal wall, Chest wall, Groin, Perineum	**2) Document cause of disease (bacteria or virus):** - E coli., Streptococcus, HIV 2, HTLV-I	3) Document any **associated drug resistance** like Amoxicillin, Antiviral, Antifungal etc. and associated **lymphangitis**
Malnutrition	**1) Document type, such as:** - Protein calorie - Protein energy	**2) Document severity:** - Mild or 1st degree - Moderate or 2nd degree - Severe or 3rd degree	
Hyperthyroidism	**1) Document etiology:** Due to ectopic thyroid tissue, ingestion of excess thyroid hormone, nodule or goiter	**2) Differentiate if goiter as:** -Toxic or nontoxic - Diffuse, multinodular, uninodular	**3) Document** presence of absence of toxic storm
Glaucoma	**1) Document open-angle glaucoma as** being primary, low-tension, pigmentary, capsular with pseudoexfoliation of the lens, or residual	**2) Document closed-angle glaucoma as** acute, chronic, intermittent or residual	**3) Document** the underlying condition related to secondary glaucoma following eye trauma, inflammation, or other eye disorder. **4) Document laterality** **5) State drug associated with drug-induced glaucoma**

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Urosepsis	**1) Do not use this term.** There is no code for urosepsis.	**2)** Intended diagnosis needs to be specified (one of the Following)? - UTI -Bacteremia –Sepsis	
Urinary Tract Infection (UTI)	**1) Identify the specific site of the UTI, if known, such as:** - Bladder, Urethra, Kidney	**2)** If UTI is related to a device, such as Foley catheter or cystostomy tube, clearly indicate this by using words such as “due to” or “secondary to.”	**3)** Document causative organism, when known or suspected, such as E. coli **or** Candida.
Diabetes	**1) Document types as:** - Type 1 or - Type 2	**2) Document associated complications, such as:** - Diabetic peripheral angiopathy - Diabetic autonomic neuropathy - Diabetic foot ulcer	**3) If control is not maintained of blood glucose levels, document insulin control status as:** - Inadequately controlled - Out of controlled **or** Poorly controlled
Vitamin and mineral deficiency	**1) Document the specific mineral or vitamin:** Vitamin A, B1, B12, G, Folic acid, calcium, iron, magnesium,	**2) Document the reason for deficiency** as drug induced , sequelae of protein energy malnutrition, rickets, etc.	**3) Document the presence of nutritional deficiency Anemia if applicable**
Embolism, Thrombosis, Phlebitis	**1) Document specific vessel involved:** - Iliac, basilar, Carotid etc.	**2) Document laterality of the vessel**	
Gout	**1) Document acuity:** Acute or chronic	**2) Document type**: Idiopathic, due to renal impairment, lead or drug Induced (detail mindset as intentional Unintentional, assault)	**3) Document joint :** Right knee, right elbow. **4)** Document presence of tophi **5)** Document information of any associated disease as hypothyroidism, ESRD etc.

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Hepatic Failure/ Hepatic Encephalopathy	**1) Document:** - Acute/subacute or chronic - If with hepatic coma	**2) Document etiology, for example:** - Due to alcohol or drugs	**3)** If your intended or suspected diagnosis is hepatic failure/encephalopathy, document it in addition to signs or symptoms, such as confusion, altered levels of consciousness, or coma.
Pancreatitis	**1) Document** acute versus chronic	**2) Document etiology and show cause and effect,** for example: - Idiopathic acute pancreatitis - Alcohol induced acute pancreatitis	
Tobacco	**1) Differentiate between:** - Tobacco use/abuse or - Dependence	**2) Document type of tobacco product, such as:** - Cigarettes, Chewing tobacco, Cigars	**3)** Differentiate between patients who no longer smoke and those that do -Note that "history of smoking" can be an ambiguous statement
Dermatitis	**1) Document etiology:** -Food -Drug (specify as generalized or localized) -Cosmetic	**2) Document the type of drug reaction as due to internal medication or local application**	
Cushing's syndrome	**1) Document the cause:** Drug induced, alcohol induced, iatrogenic, Nelson's syndrome, overdose or wrong substance		
HIV and AIDS	**1) Document specifically** if the patient has AIDS, is HIV positive, or has HIV related illness	**2) Document clearly:** -Link HIV and any related secondary disease -When the patient is admitted of a condition unrelated to HIV -- When HIV is newly diagnosed	**3)** Identify it the patient is asymptomatic or has inconclusive serology. Differentiate between hereditary and acquired immune diseases (e.g., HIV versus hereditary hypogammaglobulinemia).
Renal failure	**1) Document acuity:** -Acute - Chronic - End stage	**-2) Document the cause:** - Drug or heavy metal induced - Posttraumatic - Congenital - Hypertensive -Diabetic	**3) Document if** presence with tubular necrosis and associated underlying condition

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

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For any questions: