



# Primary Care ICD-10 Documentation Tips

# Why ICD-10?

- Accurate and robust patient record
- Population Health Management (Analytics)
- Payer Contract Negotiations
- Lack of specificity has strong possibility of claim rejections and potential for lower reimbursements
- Significant claim re-work by Business Office
- Delayed Accounts Receivable days

**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

# Low Back Pain case

Sarah is a 32 year old female with low back pain to the entire lumbar area. The pain, measured as a 5 or 6 on Wong-Baker FACES Pain Scale, started the day after she moved into her new home one week ago. She admits to moving most of the boxes and furniture herself. The pain worsens with extension and with exercise. However, she does not complain of sciatica.

# Low Back Pain: example

**Acuity** - Acute

**Severity** - Moderate

**Etiology** - Exertion outside typical physical activity, moving boxes and heavy furniture

**Location** - Lumbar

**Laterality** - Bilateral

**Detail:** Without sciatica or intervertebral disc displacement

***All put together:*** Acute, moderate pain to the bilateral lumbar area precipitated by moving boxes and heavy furniture without sciatica or intervertebral disc displacement

# Low Back Pain in AEHR

**Add Clinical Item**  
SM FTST, AEE B, 29 YO, M, DOB: 05May1985  
Appointment: 3/27/2015

History Builder | Orders

Active | PMH | PSH | Fam Hx | Social Hx | Allergies | Med Hx | Immun Hx | Chief Complaint

back pain | My Favorites | Off

My Favorites		ICD...	ICD-10
	Low back pain radiating to both legs	724.2	M54.5
All		ICD...	ICD-10
	Back pain	724.5	M54.9
	Back pain, acute	724.5	M54.9
	Back pain, chronic	724.5	M54.9
	Back pain in pregnancy	646.80	O26.899
	Back pain, lumbosacral	724.2	M54.5
	Back pain, sacroiliac	724.6	M53.3
	Back pain, subacute	724.5	M54.9
	Back pain, thoracic	724.1	M54.6
	Back pain with radiation	724.5	M54.9
	Back pain with sciatica	724.3	M54.30
	Back pain affecting pregnancy	646.80	O26.899
	Back pain complicating pregnancy	646.80	O26.899
	Back pain of thoracolumbar region	724.2	M54.5
	Back pain without radiation	724.5	M54.9
	Back pain without radiculopathy	724.5	M54.9
	Back pain without sciatica	724.5	M54.89
	Back pain affecting pregnancy, unspecified	646.80	O26.899

Active Problems: My Priority, Health Maintenance/Risks, Health Maintenance (V7), Other Problems, Brittle diabetes (25)

Buttons: New, Edit, CareGuide

# COPD case

Betty is a 82 year old female who has smoked since she is 15 years old. Marilyn, the 58 year old daughter, brought Betty to the clinic and stated that the patient has been very confused the last few days and not sure Betty has taken her medications as instructed. Betty has a poor appetite, is short of breath, pale, weak, and has had a productive purulent cough for several days. Her oxygen saturation is 86% and has been running a fever of 101.5 since yesterday. Betty refuses to use her oxygen or walker in public due to vanity. She also declined flu and pneumonia vaccinations at last provider visit\*.

**\*HCC NOTE:** COPD is risk adjusted condition in both Senior HMO HCC plan and commercial HMO plans and needs to be evaluated, documented, and reported annually.

# COPD: example

**Acuity** - Acute infection

**Severity** - Severe

**Etiology** - Lower respiratory infection worsened by chronic obstructive disease

**Location** - Lung

**Laterality** - Bilateral

**Detail:** Fever, purulent productive cough,

**All put together:** Acute lower respiratory infection with fever, and purulent productive cough in a patient with a chronic obstructive pulmonary disease



# COPD IN AEHR

The screenshot shows an EHR interface with a search for 'Respiratory infection'. The left sidebar displays 'Active Problems' with 'Chronic obstructive pulmonary ... 498' highlighted. The main window shows a list of search results with columns for description, ICD-9, and ICD-10 codes. A keyboard overlay is visible on the right side of the results table.

	All	ICD-9	ICD-10
<input type="checkbox"/>	Respiratory infection	519.8	J98.8
<input type="checkbox"/>	Infection, respiratory	519.8	J98.8
<input type="checkbox"/>	Respiratory infection, upper	465.9	J06.9
<input type="checkbox"/>	Infection, respiratory tract	519.8	J98.8
<input type="checkbox"/>	Respiratory infection due to fungus	519.8	J98.8
<input type="checkbox"/>	Respiratory infection due to Pseudomonas	519.8	J98.8
<input type="checkbox"/>	Respiratory infection in pediatric patient	519.8	J98.8
<input type="checkbox"/>	Infant respiratory distress syndrome	769	P22.0
<input type="checkbox"/>	Respiratory infection due to enterovirus 68	519.8	J98.8
<input type="checkbox"/>	Respiratory infection due to avian influenza virus	488.02	J09.X2
<input type="checkbox"/>	Respiratory infection due to novel H1N1 influenza virus	488.12	J10.1
<input type="checkbox"/>	Respiratory tract infection	519.8	J98.8
<input type="checkbox"/>	Infection, upper respiratory	465.9	J06.9
<input type="checkbox"/>	Influenza with respiratory manifestations	487.1	J11.89
<input type="checkbox"/>	Influenza with respiratory manifestation other than pneum...	487.1	J11.89
<input type="checkbox"/>	Acute respiratory infection	519.8	J98.8
<input type="checkbox"/>	Bacterial respiratory infection	519.8	J98.8
<input type="checkbox"/>	Chronic respiratory infection	519.8	J98.8
<input type="checkbox"/>	Influenza with respiratory manifestations	487.1	J11.89

DUR Alerts: Drug-Drug (0) | PAR (0) | Disease (0) | Dup Therapy (0) | Dose (0)

Buttons: OK, Cancel

# CHF case

Mary is 67 year old female who arrived at the emergency department complaining of worsening shortness of breath, for the past five days. Her shortness of breath is most pronounced when lying down and with exertion. She complains of a cough, more commonly at night. Mary notes increased swelling in both legs and well as mild chest pressure.

She has following chronic conditions of hypertension, diabetes, and a prior heart attack. Exam reveals: BP 210/106, HR 118, RR 26, T 98.2. Bilateral rales in the lung bases, 1+ pitting edema in the lower extremities bilaterally. Mary is sitting up and in no acute respiratory distress with oxygen saturation of 94%\*

**\*HCC NOTE:** CHF is risk adjusted condition in both Senior HMO HCC plan and commercial HMO plans and needs to be evaluated, documented, and reported annually.

# CHF: example

**Acuity** - Acute

**Severity** - Moderate

**Etiology** - Heart failure, history of myocardial infarction, and uncontrolled hypertension

**Location** - N/A

**Laterality** - N/A

**Detail:** Bilateral rales, pitting edema, oxygen saturation of 94%, diabetes

**All put together:** Congestive heart failure, with history of myocardial infarction, uncontrolled hypertension, and diabetes.

# Depression case

Jane is a 28 year-old married female who has a demanding, high stress job, has always been a high achiever and continues to have very high standards for herself. Jane is self-critical when she fails to meet goals and lately, struggled with significant feelings of worthlessness and shame due inability to perform as she has in the past.

New symptoms these past several weeks include feeling unusually fatigued, irritable, and withdrawn. She has difficulty concentrating at work and has taken several sick days staying in bed, watching TV or sleeping. She has insomnia and little interest in sex or social activities. Jane's husband states she is usually energetic and sociable, but she refuses to communicate with him about what's bothering her.

Jane denies considering suicide, but has been having frequent thoughts of wishing she was dead. She is frustrated with herself for having these feelings as she she knows she has every reason to be happy, yet can't seem to shake the sense of darkness and dread.

# Depression: example

**Acuity**- Single episode

**Severity**- Major/Severe

**Etiology**- N/A

**Location**- N/A

**Laterality**- N/A

**Detail**: Without psychotic features

**All put together**: First single episode, severe, depression without psychotic features

# Diabetes in ICD-10

## Diabetes with complication code selection:

- The plus sign next to 250.XX codes means your selection is actually two codes and two codes drop on your encounter
- Select a diabetes code with the complication that matches your patient conditions (hover over the + sign will show the second code attached to your selected code)
- Select the most specific description for the code with wording that creates the linkage between diabetes & complication
- Document status & treatment plan for both conditions, otherwise the complication codes are not supported and will be deleted

# Refining Unspecified Codes

To refine an unspecified code, right click the associated problem, select “Refine Problem”, and choose a more specific option:

The screenshot displays the Allscripts EHR interface within a Windows Internet Explorer browser. The patient information at the top identifies the patient as ALLSCRIPTS, NOMRN, a 13-year-old female. The 'Active Problems' section lists several conditions, with 'Cancer, skin, squamous cell' (ICD-9: 173.92, ICD-10: C44.92) selected. A right-click context menu is open over this problem, showing options such as 'Refine Problem', 'Change Type to', and 'Secondary to'. The 'Refine Problem' option is expanded, revealing a list of more specific ICD-9 codes for squamous cell carcinoma of the skin, including 'Acantholytic squamous cell carcinoma of skin (173.92)', 'Cancer of skin, squamous cell (173.92)', 'Clear cell squamous cell carcinoma of skin (173.92)', 'Multiple squamous cell carcinomata (173.92)', 'Primary skin squamous cell carcinoma (173.92)', 'Primary squamous cell carcinoma of skin (173.92)', 'Recurrent skin squamous carcinoma (173.92)', 'Recurrent squamous cell carcinoma of skin (173.92)', 'SCC (squamous cell carcinoma) (173.92)', 'Spindle cell squamous carcinoma of skin (173.92)', 'Squamous cell carcinoma of external auditory canal (173.92)', 'Squamous cell carcinoma of other specified sites of skin (173.82)', 'Squamous cell carcinoma of preauricular region (173.92)', 'Squamous cell carcinoma of skin (173.92)', and 'Squamous cell skin cancer (173.92)'. The 'Spindle cell squamous carcinoma of skin (173.92)' option is highlighted in blue. The interface also shows a 'Med List' section with a medication order for Ketorolac Tromethamine and a status of 'Unauthorized - Requires Signature'.

# Clinical Qualifiers: A Personalized Setting

## Clinical Qualifier Selection tool enhancements

New functionality was added in Allscripts TouchWorks® EHR version 11.4.1 with Hotfix 9 updates to enable you to easily view and select the clinical qualifiers for Intelligent Medical Objects (IMO®) problems.

First, the **Select Clinical Qualifiers** page was added to the application. **Select Clinical Qualifiers** enables you to view and select the clinical qualifier values associated with the problem you selected from a problem search. You can open **Select Clinical Qualifiers** from problem searches conducted on **Add Clinical Item** and **Problem Search Dialog**.

Second, a new preference was added to **TW Admin** called **When expanding a problem in search**. You can use this preference to determine when the **Select Clinical Qualifiers** page is displayed. The page can be displayed when you expand or add a problem in search results, or not at all.



# Clinical Qualifiers: Back Pain Example

The screenshot shows a medical software interface titled "Add Clinical Item" for patient SMFTST, AEEB, 29 YO, M, DOB: 05May1985, with an appointment on 3/27/2015. The "History Builder" tab is active, and a search for "back pain" has been performed. The search results are displayed in a table with columns for "My Favorites", "ICD-9", and "ICD-10".

My Favorites	ICD-9	ICD-10
Low back pain radiating to both legs	724.2	M54.5
All	ICD-9	ICD-10
Back pain	724.5	M54.9
Back pain, acute	724.5	M54.9
Back pain, chronic	724.5	M54.9
Back pain in pregnancy	646.80	O26.899
Back pain, lumbosacral	724.2	M54.5
Back pain, sacroiliac	724.6	M53.3
Back pain, subacute	724.5	M54.9
Back pain, thoracic	724.1	M54.6
Back pain with radiation	724.5	M54.9
Back pain with sciatica	724.3	M54.30
Back pain affecting pregnancy	646.80	O26.899
Back pain complicating pregnancy	646.80	O26.899
Back pain of thoracolumbar region	724.2	M54.5
Back pain without radiation	724.5	M54.9
Back pain without radiculopathy	724.5	M54.9
Back pain without sciatica	724.5	M54.89

## Lower Back Pain Example

Basic Search. Large number of search Results returned

# Clinical Qualifiers: Utilization

Adding laterality to master search the number of search results is greatly decreased

**Add Clinical Item** Appointment 3/27/2015

SMFTEST, AEE B 29 YO M DOB: 05May1985

History Builder | Orders

Problems | Medications | Orders | Allergies

Active Problems | My Priority

Active Problems

Name	ICD
<b>My Priority</b>	
<b>Health Maintenance/Risks</b>	
Health Maintenance	V7
<b>Other Problems</b>	
Brittle diabetes	25i

History Builder: bil back pain | My Favorites | Off

	All	ICD...	ICD-10	
	Bilateral low back pain	724.2	M54.5	
	Bilateral thoracic back pain	724.1	M54.6	
	Bilateral low back pain with sciatica	724.3	M54.41	+
	Bilateral low back pain without sciatica	724.2	M54.5	
	Bilateral low back pain with left-sided sciatica	724.3	M54.42	
	Bilateral low back pain with right-sided sciatica	724.3	M54.41	
	Bilateral low back pain with sciatica, sciatica laterality un...	724.3	M54.41	+
	Low back pain radiating to both legs	724.2	M54.5	
	LBP radiating to both legs	724.2	M54.5	

# Clinical Qualifiers: Utilization

With Clinical Modifiers enhancement. Click on the '+' sign.

**Select Clinical Qualifier**

**Back pain**

BACK PAIN LOCATION	BACK PAIN LATERALITY	SCIATICA LATERALITY	SCIATICA PRESENCE
back pain in other location	bilateral back pain	sciatica of left side	with sciatica
back pain in unspecified location	left-sided back pain	sciatica of right side	with sciatica presence unspecified
low back pain	midline back pain	sciatica of unspecified laterality	without sciatica
thoracic back pain	right-sided back pain		
	unspecified back pain laterality		

	All	ICD...	ICD-10	
	Bilateral low back pain with left-sided sciatica	724.3	M54.42	
	Bilateral low back pain with right-sided sciatica	724.3	M54.41	
	Bilateral low back pain with sciatica	724.3	M54.41	+
✓	Bilateral low back pain without sciatica	724.2	M54.5	
	Bilateral low back pain with sciatica presence unspecified	724.2	M54.5	

# Additional Tips\*

## ICD-10 Documentation for attention deficit hyperactivity disorder :

Further classified as predominantly:

- Inattentive or hyperactive or combined types

## ICD-10 Documentation for pain:

- State the acuity (i.e., acute or chronic).
- Identify the cause (e.g., trauma, post-thoracotomy, neoplasm, etc.)
- Detail the following:
  - When patients are admitted for pain management or control
  - Psychological pain
  - The site of the pain

## ICD-10 Documentation for COPD:

- Document if with acute lower respiratory tract infection + causal organism when known, such as: -Pseudomonas pneumonia
- Document if with: -Acute exacerbation
- Document if with respiratory failure and severity: - Acute respiratory failure - Chronic respiratory failure -Acute on chronic respiratory failure
- Document associated usage of tobacco/products

## ICD-10 Documentation for Osteoporosis:

- Specify the acuity (i.e., acute, subacute, chronic, or Indicate the presence or absence of current pathological fractures
  - Identify the current fracture site
  - Provide information regarding the encounter type (e.g., initial, subsequent, sequela).
  - Specify the healing status (e.g., routine, delayed, nonunion, malunion).
- Clarify the cause (e.g., age-related, drug-induced, post-traumatic)
  - List the specific drug.
- Report any major osseous defect and detail any past history of healed osteoporosis fractures

# Additional Tips\*

## ICD-10 Documentation for hypertension:

- Distinction is not made between malignant, benign or unspecified type
- Control and uncontrolled does not affect code assignment
- Manifestations should be specified 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

## ICD-10 Documentation for asthma:

- Document the type as allergic extrinsic, childhood, obstructive, exercise induced etc.
- Document the acuity as mild, moderate, severe, persistent, intermittent, with exacerbation or status asthmaticus
- Document the severity of exacerbation as mild, moderate, persistent severe etc.

## ICD-10 Documentation for diabetes:

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

## ICD-10 Documentation for atrial fibrillation:

- For atrial fibrillation, document type as: paroxysmal, persistent, or chronic
- For atrial flutter, document type as: Typical or Type 1, Atypical or Type 2

# Additional Tips\*

## ICD-10 Documentation for back pain:

- Specify the site (e.g., low back, thoracic, cervical, etc.).
- State the laterality when applicable (i.e., right, left, or bilateral).
- Identify the underlying cause of the pain.
- Differentiate between panniculitis and radiculopathy.
- Detail when lumbago is accompanied by sciatica

## ICD-10 Documentation for CHF:

- Document the acuity (i.e., acute, chronic, or acute on chronic).
- Document the type of failure (e.g., systolic,
- diastolic, combined
- Document any relationship of hypertension and/or chronic kidney disease to heart failure

## ICD-10 Documentation for headache:

- Document the the type as Cluster, tension, or paroxysmal hemicranias and if episodic or chronic
- For posttraumatic specify acute or chronic, and include information regarding any post-concussion syndrome
- For drug induced specify the drug

## ICD-10 Documentation for Malaise and Fatigue:

- Specify the type as age related, due to heat, pregnancy etc
- Separate codes are available in ICD-10 for malaise and fatigue
- Document if the condition is “Protein Calorie Malnutrition”

# Additional Tips\*

## ICD-10 Documentation for depression:

- Mild, moderate, severe
- With or without psychotic features
- Remission or partial remission
- Severe/Major Depression is risk adjusted condition**

## ICD-10 Documentation for hyperlipidemia:

- Specify the type as being:
  - Group A - pure hypercholesterolemia
  - Group B - pure hyperglyceridemia
  - Group C - mixed hyperlipidemia
  - Group D – hyperchylomicronemia
  - Familial combined hyperlipidemia

## ICD-10 Documentation for upper respiratory infection:

- Specify the body part affected as sinus, pharynx, tonsils etc
- Specify the infective agent as viral streptococcal etc
  - a. For streptococcal specify type as group A, B, D etc
  - b. Specify any associated tobacco smoke exposure

## ICD-10 Documentation for anxiety:

- Document type as mixed, generalized, episodic, organic, phobic, reaction etc
- Document causative substance as alcohol, cocaine, drugs etc
- Document any associated stress reaction, neurasthenia, separation anxiety etc

# Additional Tips\*

## ICD-10 Documentation for anemia:

- Identify the type of anemia (e.g., nutritional, hemolytic, aplastic, blood loss, etc.).
- Specify the acuity of the disease (i.e., acute or chronic).
- Provide the name of the deficient vitamin(s) and/or mineral(s) for nutritional anemias.
- Describe hemolytic anemias as being hereditary, acquired, enzyme disorders, autoimmune, or non-autoimmune.
- Detail the underlying cause or provide a statement indicating “unknown cause” (e.g., chronic kidney disease, trauma, ulcer, cancer, chemotherapy, etc.).
- Link lab findings to a related diagnosis (e.g., leukocytosis to hereditary hemolytic anemia, low vitamin B12 level to pernicious anemia, etc.)

## ICD-10 Documentation for esophageal reflux

- Mention gastro-esophageal reflux disease with or without associated esophagitis and hiatal hernia



# Additional Information

- Required supporting documentation for each reported ICD-10 code:
  - a. Final/definite diagnosis for each condition
  - b. Status of each condition
  - c. Treatment plan/management for each condition
  
- Please avoid to use “History of” in your progress note examples unless it is about a condition that does not exist anymore. The history of in coding world means the condition does not exist and can’t be coded.
  
- Use “ chronic” or “known” to replace “history of”.

# For any questions:

**QUESTIONS? CONCERNS?**

ICD-10 Hotline: 858-336-0293

[ICD10Help@scrippshealth.org](mailto:ICD10Help@scrippshealth.org)

