

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



ICD-10 Made Simple - DOCUMENT!

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

<u>Location</u>- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

<u>**Detail:**</u> 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

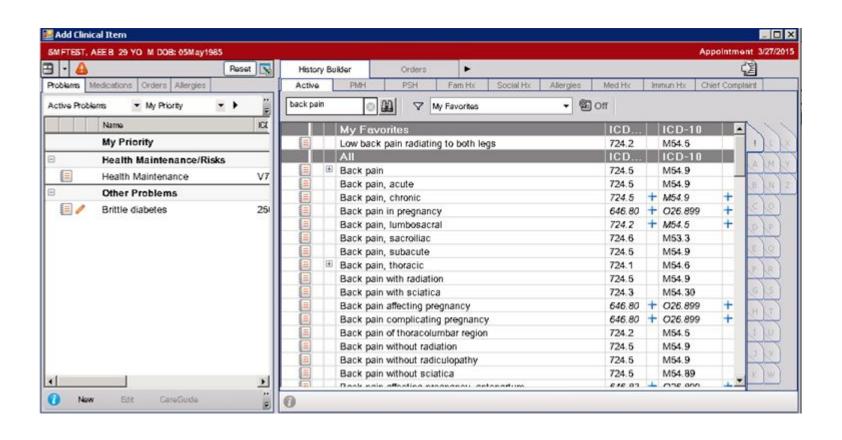
Laterality - Bilateral

Detail: Without sciatica or intervertebral disc displacement

<u>All put together:</u> 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





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

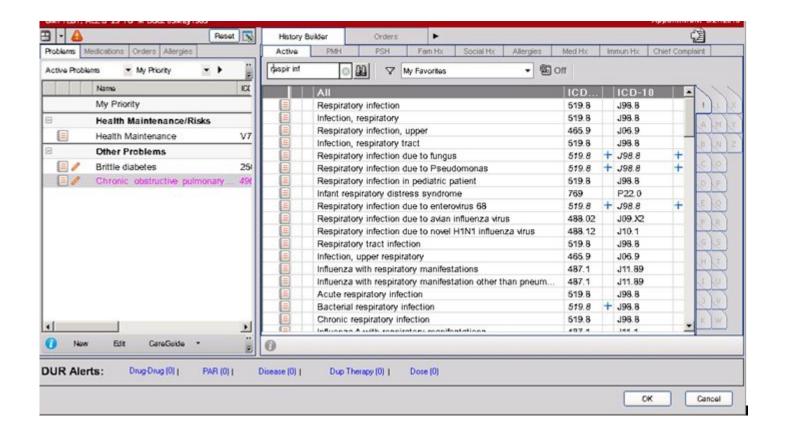
Laterality - Bilateral

Detail: Fever, purulent productive cough,

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



COPD IN AEHR





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

<u>Detail:</u> 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 difficultly 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

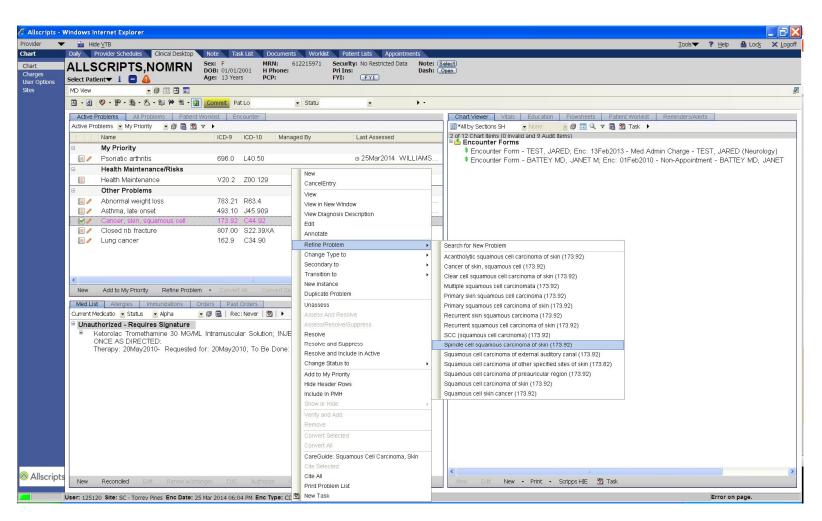
Diabetes with complication code selection:

- 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:





Clinical Qualifiers: A Personalized Setting

Clinical Qualifier Selection tool enhancements

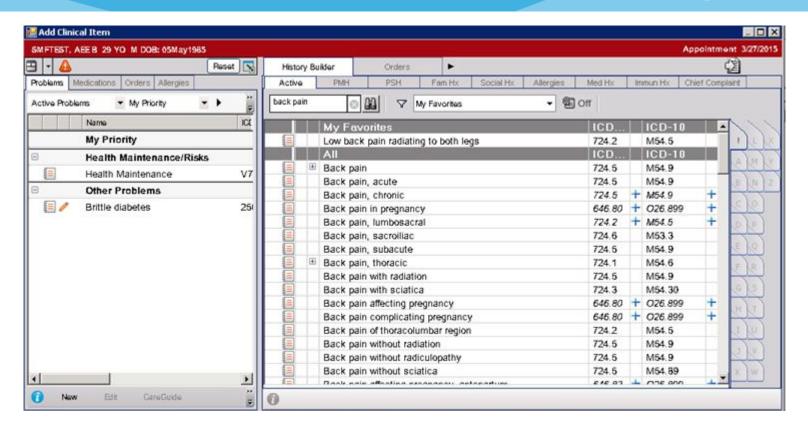
New functionality was added in Allscripts TouchWorks® EHR version 11.4.1 with Hotfix 9 updates to enable you to easily view and select the clinical qualifiers for Intelligent Medical Objects (IMO®) problems.

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



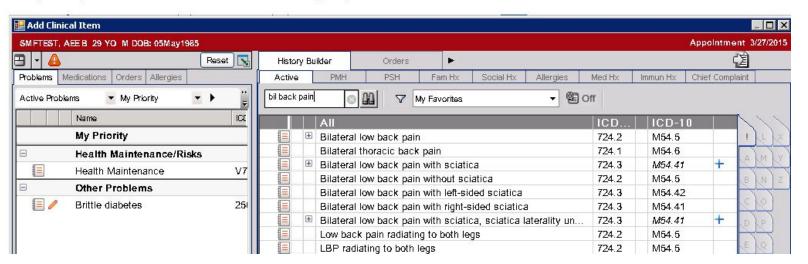
Lower Back Pain Example

Basic Search. Large number of search Results returned



Clinical Qualifiers: Utilization

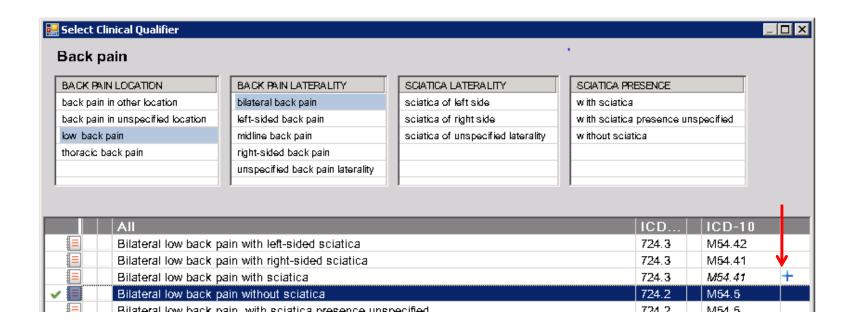
Adding laterality to master search the number of search results is greatly decreased





Clinical Qualifiers: Utilization

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





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
- a. Identify the current fracture site
- b. Provide information regarding the encounter type (e.g., initial, subsequent, sequela).
- c. Specify the healing status (e.g., routine, delayed, nonunion, malunion).
- □ Clarify the cause (e.g., age-related, drug-induced, post-traumatic)
- a. List the specific drug.
- ☐ Report any major osseous defect and detail any past history of healed osteoporosis fractures



*HCC NOTE: Complete three supporting elements for each condition: Final diagnosis, status of the condition, treatment plan

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

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"



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



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



