Documentation Tips for Pulmonary/Critical Care

ICD-10 classifications: The HARD WAY!

J44 Other chronic obstructive pulmonary disease
Includes:
asthma with chronic obstructive pulmonary disease
chronic asthmatic (obstructive) bronchitis
chronic bronchitis with airways obstruction
chronic bronchitis with emphysema
chronic emphysematous bronchitis
chronic obstructive asthma
chronic obstructive bronchitis
chronic obstructive tracheobronchitis

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

J47 Bronchiectasis

J47.0 Bronchiectasis with acute lower respiratory infection

J47.1 Bronchiectasis with (acute) exacerbation

J47.9 Bronchiectasis, uncomplicated

J43 Emphysema

J43.0 Unilateral pulmonary emphysema

J43.1 Pan lobular emphysema

J43.2 Centrilobular Emphysema

J43.8 other emphysema

J43.9 Emphysema, unspecified

J45 Asthma
Includes:
allergic (predominantly) asthma
allergic bronchitis NOS
allergic rhinitis with asthma
atopic asthma
extrinsic allergic asthma
hay fever with asthma
idiosyncratic asthma
intrinsic nonallergic asthma
nonallergic asthma

J45.2 Mild intermittent asthma
   J45.20 Mild intermittent asthma, uncomplicated
   J45.21 Mild intermittent asthma with (acute) exacerbation
   J45.22 Mild intermittent asthma with status asthmaticus

J45.3 Mild persistent asthma
   J45.30 Mild persistent asthma, uncomplicated
   J45.31 Mild persistent asthma with (acute) exacerbation
   J45.32 Mild persistent asthma with status asthmaticus

J45.4 Moderate persistent asthma
   J45.40 Moderate persistent asthma, uncomplicated
   J45.41 Moderate persistent asthma with (acute) exacerbation
   J45.42 Moderate persistent asthma with status asthmaticus

J45.5 Severe persistent asthma
   J45.50 Severe persistent asthma, uncomplicated
   J45.51 Severe persistent asthma with (acute) exacerbation
   J45.52 Severe persistent asthma with status asthmaticus

J45.9 Other and unspecified asthma
   J45.90 Unspecified asthma
      J45.901 Unspecified asthma with (acute) exacerbation
      J45.902 Unspecified asthma with status asthmaticus
      J45.909 Unspecified asthma, uncomplicated
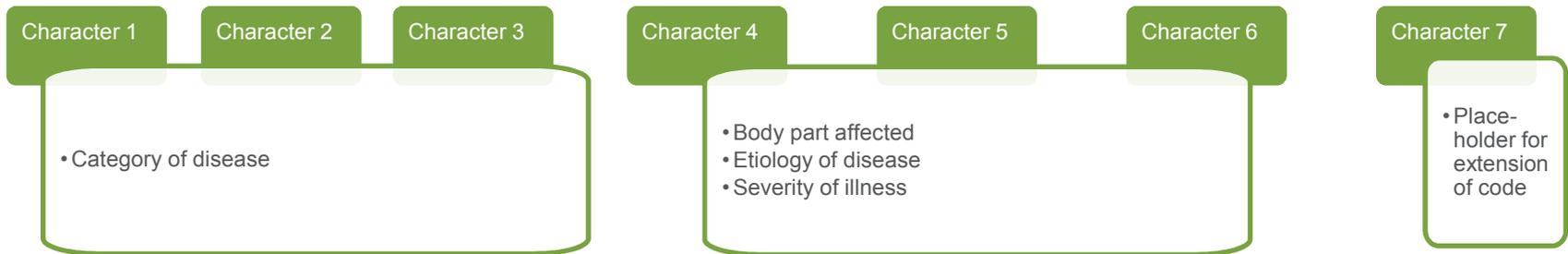   J45.99Other asthma
      J45.991 Cough variant asthma
      J45.998 Other asthma

Document need to state if with lower respiratory tract infection + causal organism; Document type of emphysema

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Introduction 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)

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
• Category of disease			• Body part affected • Etiology of disease • Severity of illness			• Place-holder for extension of code

J45.42	J45 – Asthma	4 – Moderate	2 – with status asthmaticus

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 – 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

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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

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
1. Minor
2. Moderate
3. Major
4. Extreme

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

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 IV fluid therapy 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!

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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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 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

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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
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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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

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 CO_2 of 90 and he is lethargic with marked retractions. His prior admission CO_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 encephalopathy 3. Cigar *(Tobacco)* dependence 4. Procedure – Endotracheal intubation

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Case study – Lung Cancer

ICD-10 Documentation for lung cancer:

- ❑ Document the site Azygos lobe, carina, hilus, lingula, lower lobe, middle lobe, main bronchus etc. & laterality
- ❑ Document the behavior of malignancy as primary, secondary or carcinoma in situ.
- ❑ For secondary sites - Document primary site and if it is still present
- ❑ Document any related tobacco use, abuse, dependence, past history, or smoke exposure e.g., second hand, occupational, etc

Code for Lung Cancer have laterality and body part specifications – Documentation needs to specify the type and site of neoplasm

Character descriptions

1	2	3	4	5	6	7
Section	Body system	Root operation	Body part	Approach	Device	Qualifier

Type of Procedure (Root Operation): specifies the primary objective of the procedure

> Ex: drainage, excision, resection, insertion

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

Central Line

The percutaneous installation of an infusion device into the right subclavian vein. Be sure to document location of the catheter tip

0 5 H 5 3 3 Z

Root operation – insertion
Body part – chest
Approach – percutaneous
Device – infusion device
Qualifier – none

Needle Biopsy

A patient undergoes a percutaneous excision from the right upper lobe

0 B B C 3 Z Z

Root operation – excision
Body part –right upper lobe
Approach – percutaneous
Device –NA
Qualifier – diagnostic

Important Documentation for Procedures

Type of Procedure (Root Operation): specifies the primary objective of the procedure

 Ex: drainage, excision, resection, insertion

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Important Documentation for Procedures

<u>Root Operation</u>: specifies the primary objective of the procedure
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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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ICD 10 Documentation: Pulmonary Diagnoses

Pneumonia

1) Document the type e.g., bacterial, viral, fungal, aspiration, hypostatic, drug-induced, etc.
2) Document any substances aspirated e.g., food, amniotic fluid, meconium, blood, etc.
3) Document the causal organism
4) Document any underlying disease causing the pneumonia

Asthma

1) Document type as childhood, chronic obstructive, allergic, exercise induce etc.
2) Document the severity as high, moderate, sever, persistent, with exacerbation or status asthmaticus etc.

Lung cancer

1) Document the Specify the site – Azygos lobe, carina, hilus, lingula, lower lobe, middle lobe, main bronchus etc.
2) Document the behavior of malignancy as primary, secondary or carcinoma in situ.
3) Document the laterality
4) Document any related tobacco use, abuse, dependence, past history, or smoke exposure e.g., second hand, occupational, etc

Respiratory failure

1) Document the acuity of respiratory failure i.e., acute, chronic, or acute and chronic
2) Differentiate respiratory failure from respiratory distress syndrome, respiratory arrest, and post-procedural respiratory failure
3) Document if hypoxia or hypercapnia accompany respiratory failure
4) Document any related tobacco use, abuse, dependence, past history, or smoke exposure e.g., second hand, occupational, etc

Pneumothorax

1) Document the cause of the pneumothorax e.g., congenital, post-procedural, traumatic, tuberculosis, pyopneumothorax, etc.
2) Document when it is a spontaneous pneumothorax and if it is primary, secondary or tension type
3) Document information regarding the encounter type for a traumatic pneumothorax e.g., initial, subsequent, sequela.

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ICD 10 Documentation: Pulmonary Diagnoses

Pulmonary Insufficiency	Pulmonary embolism	COPD
1) Document severity as acute, chronic etc. 2) Document cause as shock, surgery trauma etc. 3) Specify, if it is insufficiency or failure,	1)Document type, such as: Saddle, Septic 2)Document cor pulmonale if present and whether it is: Acute or Chronic 3) Specify if: -Chronic (still present) versus -Healed/old -"History of PE" might be ambiguous	1) Document if with acute lower respiratory tract infection + causal organism 2) Document if with: Acute exacerbation 3) Document if with respiratory failure and severity: Acute respiratory failure, Chronic respiratory failure, Acute on chronic respiratory failure
Emphysema 1) Type of emphysema as Unilateral, Panlobular, Centrilobular, etc.	**Bronchitis** 1) Document severity as Acute or Chronic 2) If acute, document: -Causal organism, when known 3) If chronic, document: -Simple -Mucopurulent, or both	**Tobacco use** 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

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
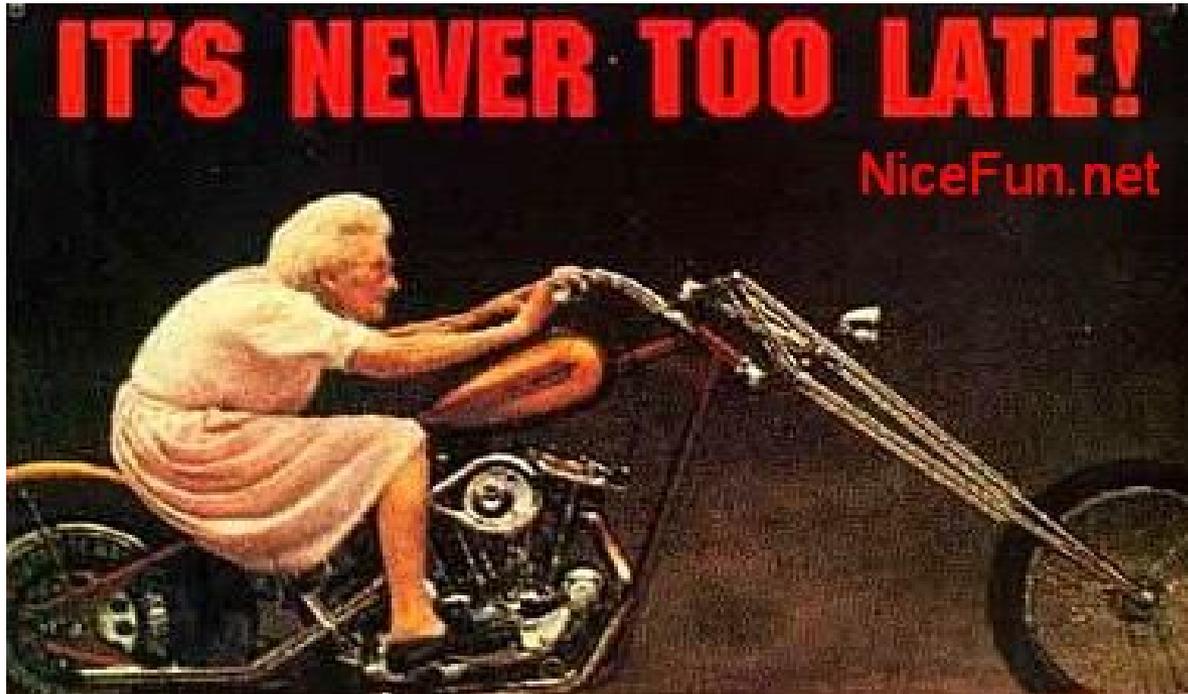
Sharieff.Ghazala@scrippshealth.org

For any questions:

QUESTIONS? CONCERNS?

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