Engaging Oncology/Hematology Providers in CDI and ICD-10

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Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Identify the significance of teaching SOI/ROM documentation
  - Discuss how a secondary Dx makes a difference regardless of effect on reimbursement under MS-DRG system
  - Explain how to avoid a denial using SOI/ROM documentation
  - Explain strategies for physicians engagement and involvement

Introduction of LUMC

- Loyola University Medical Center is a level 1 tertiary medical center
- All physicians are employed
- Hematology/oncology/BMTU are 3 separate areas and are overseen by different attendings that change every 2 weeks
Service Areas

Hematology/oncology/BMT
- Oncology
- BMT
- Hematology
- Surgical oncology
- Gyn oncology

What Helps Encourage Physicians to Work With CDI

• We are a level 1 tertiary care center known to care for the sickest patients
  – Reminders that we are providing level 1 care which needs to be captured
  – What may be common or normal in our population still needs to be documented
What Helps Encourage Physicians to Work With CDI

- How sick are your patients?
  - More accurate documentation shows severity of illness and risk of mortality of your patients
  - Examples of these help the physicians see the need for more specific documentation

Showing in graphs the changes of data regarding RAM (risk adjusted mortality)

For illustrative purposes only
What Helps Encourage Physicians to Work With CDI

• What helps avoid denials?
  – Accurate documentation helps avoid denials and supports the patient’s admission status and length of stay affecting medical necessity

Examples Used to Illustrate SOI/ROM and Effect on LOS

<table>
<thead>
<tr>
<th></th>
<th>DRG</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>810</td>
<td>neutropenic fever with AML &amp; pancytopenia 2/2 chemo</td>
<td>869 presumed bacterial infection in immunocompromised pt w/ AML &amp; pancytopenia 2/2 chemo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RW</th>
<th>LOS</th>
<th>SOI</th>
<th>ROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.19</td>
<td>3.8</td>
<td>2</td>
<td>2</td>
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<th>RW</th>
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<tr>
<td>2.61</td>
<td>6.8</td>
<td>3</td>
<td>2</td>
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</table>
What Helps Encourage Physicians to Work With CDI

- Giving kudos to those physicians that document with specificity
  - Hi Dr. XYZ,
  
  Thank you so much for your clear documentation. You are the only physician that documented that this patient has toxic/metabolic encephalopathy. This documentation will code to show how sick this patient was as well as his expected mortality. Thank you again for your assistance.

Chris

What Helps Encourage Physicians to Work With CDI

- Informing the attendings how well the team is working together

Dear Physicians,

Just wanted to let you know what a great job all of your residents & APNs have been doing this month. Very professional and engaging in conversations to help capture the greatest severity of illness for your patients. They have all been cooperative, respectful, and understanding. They have responded quickly to clarifications which results in charts being coded on time and accurately. Thought you would like to know how well they were doing.
Informing Physicians What Else Their Documentation Impacts

• Impacts adjusted readmission rates
• Impacts research
• Impacts physician profiles
• Impacts hospital profiles
• Third-party contractuals

Importance of Teaching Patient Care Providers

Many providers do not realize what they document affects physician & hospital profiles.

Teaching how their documentation affects severity of illness and risk of mortality gives providers a greater incentive to work with documentation specialists.
Teaching SOI/ROM

- Lectures with residents are done every month giving examples of how different documentation affects SOI/ROM

Examples of SOI/ROM

<table>
<thead>
<tr>
<th>Initial diagnosis</th>
<th>How the change makes an impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute resp distress: SOI 2/ROM 3</td>
<td>Acute resp failure: SOI 4/ROM 4</td>
</tr>
<tr>
<td>Acute renal insufficiency: SOI 1/ROM 1</td>
<td>Acute renal failure/AKI: SOI 3/ROM 3</td>
</tr>
<tr>
<td>Hypotension: SOI 1/ROM 1</td>
<td>Shock (with type specified): SOI 4/ROM 4</td>
</tr>
</tbody>
</table>
### Examples of SOI/ROM

<table>
<thead>
<tr>
<th>Initial diagnosis</th>
<th>How the change makes an impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia/anemia/thrombocytopenia:</td>
<td>Pancytopenia (due to chemo or disease):</td>
</tr>
<tr>
<td>SOI 2/ROM 2</td>
<td>SOI 3/ROM 2</td>
</tr>
<tr>
<td>AMS:</td>
<td>Encephalopathy:</td>
</tr>
<tr>
<td>SOI 1/ROM 1</td>
<td>SOI 3/ROM 3</td>
</tr>
</tbody>
</table>

### Examples of SOI/ROM

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<th>Initial diagnosis</th>
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</thead>
<tbody>
<tr>
<td>HAP/HCAP:</td>
<td>Gram-negative PNA:</td>
</tr>
<tr>
<td>SOI 3/ROM 2</td>
<td>SOI 4/ROM 4</td>
</tr>
<tr>
<td>Neutropenic fever:</td>
<td>Suspected bacterial infection:</td>
</tr>
<tr>
<td>SOI 1/ROM 1</td>
<td>SOI 3/ROM 2</td>
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</table>
Educating Physicians on Missed Diagnoses and Opportunities

• Tip sheets posted where the physicians chart
• Education provided on unit
• Rounding with physicians
• Educating physicians that documentation of ALL secondary diagnosis is how SOI & ROM is captured

Educating Physicians on Missed Diagnoses and Opportunities

• Showing the differences in severity of illness and risk of mortality but also the effect on length of stays due to their documentation or lack of documentation
**Tip Sheets**

- Reminders that POA may be documented at any time during the hospitalization
- 2-column sheet with “instead of” “please consider”:
  - Instead of: AMS
  - Please consider: Encephalopathy (type if known)

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**Tips for Documentation**

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Please consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia, thrombocytopenia, &amp; anemia</td>
<td>Pancytopenia (due to disease, chemo, medication)</td>
</tr>
<tr>
<td>AMS</td>
<td>Encephalopathy (toxic, metabolic, hepatic, hypertensive, septic)</td>
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</tbody>
</table>
## Tips for Documentation

<table>
<thead>
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<th>Instead of</th>
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<tr>
<td>HCAP</td>
<td>Suspected Gram-negative/positive fungal pneumonia</td>
</tr>
<tr>
<td>Bacteremia</td>
<td>Sepsis/SIRS with infection (please document if this was present or evolving on admission &amp; when it resolves)</td>
</tr>
</tbody>
</table>

## Tip Sheet for HDIL2

- Common diagnosis of complications from high dose inter-leukin 2
  - AKI
  - Acidosis
  - SIRS due to HDIL2
  - Hypovolemic shock
## Tips for HDIL2 Patients

### Treatment, signs, symptoms | Consider documenting
--- | ---
Low bicarb treating with bicarb bolus &/or gtt | Acidosis
Elevated creatinine from baseline, monitoring with TID lab draws/decreased urine output treating with dopamine for renal perfusion | AKI (acute kidney injury)

### Treatment, signs, symptoms | Consider documenting
--- | ---
Febrile, tachycardic, tachypneic | SIRS due to (or in the setting of) HDIL2 administration
Hypotensive requiring pressors | Hypovolemic shock due to (or in the setting of) HDIL2 administration
Tachypnea, hypoxia requiring O2 administration | Acute respiratory distress or acute hypoxic respiratory failure if meets that criteria
Education on Unit

- Tip sheets posted
- Work on unit with providers
- Rounds with the different services (BMT/heme/onc)
- Answer questions daily

Commonly Queried Dx on Heme/Onc/BMT

- Pancytopenia: due to chemo &/or disease.
- Sepsis/SIRS: suspected to be present; or evolving on admit; or if present on admit and resolved. Sepsis/SIRS documented in the discharge summary.
**Commonly Queried Dx on Heme/Onc/BMT**

- Acute kidney injury
- Pneumonia type
- Encephalopathy
- Malnutrition/obesity
- Suspected bacterial infection in an immunocompromised patient; pancytopenia due to chemo (has a higher RW and LOS than neutropenic fever)

**Commonly Missed Diagnoses in HDIL2 Patients**

- AKI
- Acidosis
- SIRS due to non-infectious source with end organ damage (AKI)
- Hypovolemic shock due to capillary leak syndrome
**Clinical Scenario HDIL2 Patient**

**Admit for high dose IL-2**

- **Hx:** 63 yo with metastatic renal cell carcinoma admitted for high dose inter-leukin 2 therapy

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<tr>
<td>2.7537</td>
<td>7.2</td>
<td>2</td>
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- **Clinical:** Bicarb level 19, metabolic acidosis treating with bicarb gtt

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**Clinical Scenario HDIL2 Patient**

- **Clinical indicators:** Creatinine on admit 0.86, day 2 Cr 3.99, no urine output from 2200 day 1 to 1400 day 2
- **Tx:** dopamine drip @ 3mcqs/kg, TID labs, strict I/O, daily weights
- **Dx:** AKI

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Clinical Scenario HDIL2 Patient

- Clinical indicators: SIRS criteria: T 36, P 130, R 21, WBC 14.7, grans 7.1 with hypotension, metabolic acidosis, AKI
- Tx: IVF, albumin x2, dopamine gtt, phenylephrine gtt
- Dx: SIRS due to noninfectious w end organ damage (AKI)

| 6.4881 | 16.7 | 4 | 3 |

- Hypovolemic shock in the setting of IL2 infusions, SIRS, and “capillary leak” treated with albumin bolus, dopamine, & phenylephrine gtt

| 6.4881 | 16.7 | 4 | 4 |

Obstacles in Documentation

- Physicians believe their documentation in the outpatient setting carries over into the inpatient record also
- Physicians are employed, so they believe their physician billing is carried over to coding
- Physicians believe they do not have to document all of the problems/diagnoses that the patient has because many are chronic conditions
ICD-10 Needs for Heme/Onc

- In ICD-10, documentation must include:
  - Location of neoplasm
  - Morphology as malignant, benign, in situ, or uncertain behavior
  - Stage of neoplasm
  - Cell type identified by cytology, histology, or path finding
  - When more than one tumor is present in the same organ, it must be clarified as different primaries or metastatic disease within same organ

LUMC Current Documentation

- This documentation currently meets ICD-10 standards:
  - L sided breast cancer IDC, grade 3, pT2 (3cm) pN0 (0/10) cM0- dx 2003
    - ER/ PR positive, Her2 negative
    - s/p L mastectomy SLNB (+), and axillary dissection, chemo and hormonal therapy – (01/2010)*
    - Remission until found to have widespread bony mets thought likely from breast primary (05/2012)
    - s/p Samarium injection (06/2012)
    - s/p palliative XRT to L shoulder and humerus

*Dates intentionally changed
Loyola Current Documentation

• This documentation does NOT currently meet ICD10 standards:
  – Pancytopenia due to chemo and disease
• What is needed for ICD-10:
  – Pancytopenia due to Daunorubicin, Cytarabine, and AML

Conclusion

• In conclusion, I hope this has helped to identify:
  – The significance of teaching SOI/ROM
  – How to avoid denials using SOI/ROM
  – Strategies for physician engagement & involvement
Thank you. Questions?

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section at the front of the workbook.