Foster Physician Involvement and Education Under ICD-10

Live webcast presented on:
September 16, 2013

Copyright Information

Copyright © 2013 HCPro, Inc.

• The “Foster Physician Involvement and Education Under ICD-10” webcast materials package is published by HCPro, Inc. For more information, please contact us at: 75 Sylvan Street, Suite A-101, Danvers, MA 01923.

• Attendance at the webcast is restricted to employees, consultants, and members of the medical staff of the Licensee. The webcast materials are intended solely for use in conjunction with the associated HCPro webcast. The Licensee may make copies of these materials for internal use by attendees of the webcast only. All such copies must bear the following legend: Dissemination of any information in these materials or the webcast to any party other than the Licensee or its employees is strictly prohibited.

• In our materials, we strive to provide our audience with useful and timely information. The live webcast will follow the enclosed agenda. Occasionally, our speakers will refer to the enclosed materials. We have noticed that non-HCPro webcast materials often follow the speakers’ presentations bullet-by-bullet and page-by-page. However, because our presentations are less rigid and rely more on speaker interaction, we do not include each speaker’s entire presentation. The enclosed materials contain helpful resources, forms, crosswalks, policies, charts, and graphs. We hope that you will find this information useful in the future.

• Although every precaution has been taken in the preparation of these materials, the publisher and speaker assume no responsibility for errors or omissions, or for damages resulting from the use of the information contained herein. Advice given is general, and attendees and readers of the materials should consult professional counsel for specific legal, ethical, or clinical questions.

• HCPro, Inc., is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks; the Accreditation Council for Graduate Medical Education, which owns the ACGME trademark; or the Accreditation Association for Ambulatory Health Care (AAAHC).
FOSTER PHYSICIAN INVOLVEMENT AND EDUCATION UNDER ICD-10

If you are experiencing any technical difficulties, please contact our help desk at 888-364-8804.

We will begin shortly!

Foster Physician Involvement and Education Under ICD-10

Live webcast presented on:
September 16, 2013
Presented By:

Cathy Machacyk, MA/LS, BSN, RN
Cathy is a Senior Manager with 3M Health Information Systems’ Consulting Services. She manages acute care services for 3M™ DRG Assurance™, ICD-10 assessments, clinical documentation validations, and operational assessments. She is an ICD-10-Certified Trainer. Cathy is a registered nurse with a BSN, and a master’s degree in liberal studies focusing on cultural anthropology.

Cathy has more than 35 years clinical experience in emergency medicine, medical/surgical, intensive care and sub-acute/rehabilitation care. She has also managed and directed multiple inpatient clinical units and departments, and managed multiple regions for two sub-acute rehabilitation corporations. Prior to working with 3M, Cathy was a senior consultant with Ernst & Young in their clinical documentation management program division.

Presented By:

Robert C. Bauer, RHIA
Rob is a Senior Manager with 3M Health Information Systems’ Consulting Services. He manages acute care services for 3M™ DRG Assurance™, ICD-10 assessments, coding validations, and operational assessments. Rob has more than 25 years experience in health information management, managing under different levels of facilities, ranging from 200 to 1450 beds. He has experience in for-profit, non-profit, and teaching institutions.

Rob has experience in health information management departments, including coding, abstracting, transcription, tumor registry, corporate compliance, and quality management. He has also implemented and converted several systems including transcription, coding, master patient index, and hospital-wide systems. He has prepared for regulatory surveys such as CMS, Joint Commission and Tumor Registry. He has led teams on confidentiality, ethics, and team building issues, and is also an ICD-10-Certified Trainer.
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

AGENDA

1. When should CDI specialists begin clarifying documentation for ICD-10?
2. Review of major specificity changes by body system for ICD-10.
3. How do I gain physician involvement?
   a) Applying strategies which can assist with physician “buy in.”

Polling question

• Which ICD-10 implementation task are you most concerned about?

- Improving clinical documentation
- Physician training
- Maintaining coder productivity
- Predicting financial impact
- Training for coding and CDI teams
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

Neurology Diagnoses

• Cerebral Infarction - See page 5
  • Hemiplegia can be specified by laterality and as flaccid or spastic as well as indicating if the affected side is dominant and non-dominant. If dominant or non-dominant are not documented, coding guidelines instruct the coder which to use for each laterality
  • Migraines can be further specified as to type, with or without aura intractable or not intractable and without or without status migrainosus.
  • In ICD-10-CM, seizure disorder indexes to unspecified epilepsy. Epilepsy can be further specified by type as well as intractable or not intractable and with or without status epilepticus

• Alzheimer’s – See page 6
  • ICD-10-CM classifies intracerebral hemorrhage as hemispheric cortical or sub-cortical, brain stem, cerebellar, intraventricular, multiple localized, and other
  • Convulsions (simple febrile, complex febrile, post traumatic, due to epilepsy, etc.)
Cerebral infarction:

- I-10 classifies cerebral infarction according to type of occlusion, site, and laterality (right, left)

<table>
<thead>
<tr>
<th>Type of Occlusion</th>
<th>Site</th>
<th>Laterality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombosis (I63.0) Embolus (I63.1)</td>
<td>Precerebral Artery Vertebral Carotid Basilar Other Unspecified (I63.2)</td>
<td>Right or Left Right or Left</td>
</tr>
<tr>
<td>Thrombosis (I63.3) Embolus (I63.4)</td>
<td>Cerebral Artery Middle Anterior Posterior Cerebellar Other Unspecified (163.5)</td>
<td>Right or Left Right or Left Right or Left Right or Left</td>
</tr>
<tr>
<td>Thrombosis, nonpyogenic (I63.6)</td>
<td>Cerebral Venous</td>
<td></td>
</tr>
</tbody>
</table>

- I63.8 Other cerebral infarction
- I63.9 Unspecified cerebral infarction

- Alzheimer’s disease
  - I-10 differentiates between early and late onset:
  - An additional code is assigned from category F02.8X for dementia with our without behavioral disturbance
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

ENT/Ophthalmology Diagnoses

• Glaucoma is comprised of many different types such as open-angle (primary, low-tension, pigmentary, capsular with pseudoexfoliation of lens, and residual), primary angle-closure (acute, chronic, intermittent, and residual), secondary to eye trauma, eye inflammation, other eye disorders, or drugs, and other (with increased episcleral venous pressure, hypersecretion, aqueous misdirection, and other). Laterality (left, right or bilateral) must also be documented in order to code to the highest specificity in ICD-10-CM.

• Hearing loss (conductive, sensorineural, etc.) as well as laterality.

• Dysphagia can be further specified as to the phase such as oral, oropharyngeal, pharyngeal, pharyngoesophageal, or other (cervical or neurogenic).


ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

ENT/Ophthalmology Diagnoses

• Cataract can be separately classified by many types such as age-related (morgagnian type, nuclear, incipient, cortical, anterior sub-capsular, posterior sub-capsular), infantile or juvenile, secondary, Soemmering's ring, drug-induced, glaucomatous flecks, with neovascularization, etc. In order to code to the greatest specificity in ICD-10, the laterality of the cataract will also need to be documented.

• Macular degeneration [angioid streaks, congenital or hereditary, cystoid, drusen, exudative, hole, non-exudative, puckering, or toxic as well as specifying laterality (left, right, bilateral)]
ENT/Ophthalmology Diagnoses

- Sleep apnea (primary central, high altitude periodic breathing, obstructive, idiopathic sleep related non-obstructive alveolar hypoventilation, congenital central alveolar hypoventilation syndrome, sleep related hypoventilation in conditions classified elsewhere, central sleep apnea in conditions classified elsewhere, and other)
- Sinusitis can be further specified as to acuity or chronicity as well as the sinus affected (ethmoidal, frontal, maxillary, sphenoidal, or pansinusitis)

Respiratory Disorders

- Asthma- See page 12
- Emphysema (unilateral, panlobular, centrilobular, or other)
- Tobacco Abuse – see page 13
- Upper Respiratory Infection translates to an unspecified code. In order to translate to a specific code, the location of the URI (if known) should be documented. Some examples are acute laryngopharyngitis or acute nasopharyngitis
- Bronchitis can be further specified as acute or chronic and due to the specific organism (strep, rsv, rhinovirus, etc.)
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

Respiratory Disorders

- Acute Respiratory Failure needs further documentation of with hypoxia or hypercapnia
- Pneumonia – need suspected organism included, especially for patients who are readmitted following failed outpatient therapy or if there is a change in antibiotics during hospital course – is this a possible gram negative organism

ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

- I-10 provides separate codes for **asthma** documented as
  - Mild intermittent
  - Mild persistent
  - Moderate persistent
  - Severe persistent
  - With acute exacerbation
  - With status asthmaticus
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

• Tobacco abuse
  • I-10 classifies use of tobacco as:
    • nicotine dependence (F17)
    • use not otherwise specified (Z72.0)
    • personal history of tobacco dependence (Z87.891).
  • Nicotine dependence
    • Type of tobacco
      • cigarettes
      • chewing tobacco
      • other (e.g., pipe, cigars)
    • Presence of complications, if any:
      • uncomplicated
      • in remission
      • with withdrawal
      • with other or unspecified nicotine induced disorders
  • No I-10 index entry for “abuse, tobacco” or “abuse, nicotine.” Main term “use” and subterm “tobacco” must be referenced to obtain Z72.0, tobacco use

ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

Circulatory and Vascular Disorders

• Acuity/chronicity and type (systolic/diastolic) of congestive heart failure was not documented
• ST Elevation Myocardial Infarctions need documentation to support the specific artery of involvement, i.e.: left main coronary and specific location, i.e.: inferior or anterior wall.
• Hypotension (iatrogenic, orthostatic, postural, idiopathic, drug-induced, chronic, postoperative, other, etc.)
• Peripheral vascular disease is documented by the physician. PVD is sometimes used to describe arteriosclerosis, which can be further specified to a site with laterality, native versus bypass graft arteries, at rest versus intermittent claudication, and with or without ulcer or gangrene
• Chest pain can be further specified by exact location or type
• Cardiomyopathy (dilated, obstructive hypertrophic, other hypertrophic, endomyocardial, endocardial, other restrictive, alcoholic or due to drug or external agent, and other)
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

Digestive Disorders
- Constipation (slow transit, outlet dysfunction, or other)
- Barrett's esophagus can be further specified as with low or high grade dysplasia or without dysplasia
- Diverticulitis and diverticulosis translate to unspecified part of intestine. Documentation of these conditions should specify large or small intestine
- Peptic ulcer can be further specified to the exact location and acuity as well as with or without hemorrhage and perforation
- Ischemic colitis can be further specified as acute or chronic
- Abdominal pain can be further specified by exact location such as right lower quadrant, pelvic, etc.

Endocrine and Electrolyte Disorders
- Hyperlipidemia can be further specified as groups A, B, C, D, mixed or combined, familial, etc.
- Hypothyroidism (congenital, due to medicaments and other exogenous substances, post-infectious, atrophy of thyroid, myxedema coma, and other)
- The type of diabetes (type 1 or 2) was not specified in some cases. Documentation should reflect the type of diabetes. Note: In ICD-10-CM, the default for diabetes is type 2
- Diabetic neuropathy can be further specified as mononeuropathy or polyneuropathy
Endocrine and Electrolyte Disorders

- Obesity - See page 18
- Gout - See page 19
- Malnutrition can be further specified as to severity (mild, moderate, severe, etc.)
- Systemic lupus erythematosus can be further specified as to cause or with organ or system involvement such as endocarditis, pericarditis, lung, glomerular, tubulo-interstitial nephropathy, or other organ

Obesity

- With alveolar hyperventilation
- Adrenal
- Complicating childbirth
- Pregnancy
- Puerperium
- Constitutional
- Dietary counseling and surveillance
- Drug-induced
- Due to:
  - Drug
  - Excess calories
  - Morbid
  - Severe
  - Endocrine
  - Endogenous
  - Familial
  - Glandular
  - Hypothyroid - see Hypothyroidism
  - Morbid with alveolar hypoventilation
  - Due to excess calories
  - Nutritional
  - Pituitary
  - Severe
  - Specified type NEC
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

Gout: I-10 classifies gout by acuity, type, site, and laterality:
- Acuity: acute, chronic (if acuity is not stated, it is coded as acute)
- Type: idiopathic, lead induced, drug induced, due to renal impairment, other secondary, and unspecified
- Site: shoulder, elbow, wrist, hand, hip, knee, ankle, foot, vertebrae, multiple sites
- A diagnosis of “acute tophi gouty arthropathy” is still coded as unspecified gout – need to specify type of gout

Skin Disorders
- Psoriasis can be further specified as psoriasis vulgaris, generalized pustular, acrodermatitis continua, pustulosis palmaris et plantaris, guttate psoriasis, arthropathic, or other
- Contact dermatitis can be further specified as either allergic or irritant as well as identifying the agent
- Pressure ulcers are defined by the stage, Stage I-IV, site and laterality
- Non-pressure ulcers are further defined in ICD-10 by site, laterality, and the depth of involvement:
  - Limited to breakdown of skin, with fat layer exposed, with necrosis of muscle, or with necrosis of bone
Musculoskeletal Disorders

- Osteoarthritis can be further specified as the type (primary/secondary) and location
- Rheumatoid arthritis can be further specified as to type and location as well as with and without rheumatoid factor and organ or system involvement
- Chronic pain can be separately classified in ICD-10-CM if due to trauma, post-thoracotomy, or other post-procedural chronic pain. Otherwise, chronic pain is coded to the specific site of the pain
- Back pain can be further specified by exact location

- Hip and knee replacement status- provides laterality
- Scoliosis can be further specified by the type (juvenile or adolescent idiopathic) and the region (cervical, thoracic, lumbar) affected
- Cervical disk displacement and spondylosis can be further specified as to the location within the cervical area such as occipito-atlanto-axial, mid-cervical, or cervicothoracic
- Osteopenia can be further specified by the affected site as well as laterality.
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

• Hip and Knee replacement status – I-10 provides specificity for
  - Presence of artificial hip joint
    - Hip joint replacement (partial) (total)
  - Presence of right artificial hip joint
  - Presence of left artificial hip joint
  - Presence of artificial hip joint, bilateral
  - Presence of unspecified artificial hip joint

• Presence of artificial knee joint
  - Presence of right artificial knee joint
  - Presence of left artificial knee joint
  - Presence of artificial knee joint, bilateral
  - Presence of unspecified artificial knee joint

Urinary and Renal Disorders

• Chronic kidney disease stage is not documented
• Acute renal failure can be further specified as with cortical, medullary, or tubular necrosis
• Urinary tract infection can be further specified to the exact location of the infection (bladder, kidney, urethra, etc.)
• Urinary incontinence [stress, urge, incontinence with sensory awareness, post-void dribbling, nocturnal enuresis, continuous leakage, mixed, or other (overflow, reflex, total)]
• Urinary retention (drug-induced, organic, psychogenic, due to hyperplasia, etc.)
• Hydronephrosis can be further specified as with ureteral stricture, renal and ureteral calculus obstruction, and other
Blood Disorders

- Anemia can be further specified as to cause or type (chronic blood loss, protein-deficiency, etc.)
- Thrombocytopenia (idiopathic, primary, secondary, etc.)

Mental Disorders

- Unspecified depression in ICD-10 is coded to a psychotic major depression so specific type or cause for depression should be identified such as:
  - Depression due to grief reaction or adjustment disorder
- Anxiety can be further specified as generalized, mixed, other (anxiety depression, anxiety hysteria, or panic disorder without agoraphobia)
- Bipolar disorder can be further specified by the current episode as manic, depressed, or mixed with severity of mild, moderate, or severe or in remission or a single manic episode
- Schizophrenia can be further classified by type such as disorganized, catatonic, undifferentiated, etc.
ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

Mental Disorders

- Schizoaffective disorder can be further specified as bipolar type, depressive type, manic type, or mixed type
- Major depression can be further specified as a single or recurrent episodes, and then by severity (mild, moderate, severe without psychotic features, and severe with psychotic features) or in partial or full remission

Infections

- Sepsis can be further specified by the causative organism

Male Disorders

- Undescended testis can be further specified as abdominal versus ectopic perineal, and laterality

Female Disorders

- Ovarian cancer requires mention of laterality in order to code to the highest specificity in ICD-10-CM
Other

- Noncompliance - See page 29
- Note: Some unspecified codes remain in the translations due to inability to translate to a more specific diagnosis code (e.g., diarrhea, sepsis, pneumonia, bundle branch blocks, bradycardia, etc.)
- External cause of injury and place of occurrence codes have expanded significantly (e.g., the exact location within the home of the injury)
Digestive Procedures

- Lysis of adhesions
  - Documentation terminology examples:
    - both superiorly and inferiorly
    - omentum and small bowel
    - adhesiolysis performed for one hour
  - The root operation for adhesiolysis is **Release**
  - Note: “Abdomen” or “intra-abdominal” are not considered body parts for this procedure

- Physicians should be advised to document the specific body part within the small intestine (duodenum, jejunum, ileum, ileocecal valve), large intestine (cecum, appendix, ascending, transverse, descending, sigmoid), or omentum (greater, lesser)

- EGD and Colonoscopy procedures – need documentation of exact location within the colon or upper GI where biopsies are taken. It is not sufficient to only list location by centimeters from orifice

---

Opportunity to improve physician and hospital documentation to achieve the highest level of specificity available in ICD-10 * (continued):

- Exteriorization of Colon
  - Physician documents "in the mid to proximal sigmoid, the lateral white line of Toldt was freely mobilized up along the descending colon medially to Toldt's fascia and so the colon was readily retractable and readily mobile through a left lower quadrant incision that had been made with the balloon port"
  - Unable to determine if the body part used for the colostomy was the sigmoid or the descending
  - Physicians should be educated on the importance of specific identification of affected areas to facilitate future code assignment
ICD-10 Specifics to Improve Physician Documentation for Procedure Codes

Musculoskeletal Procedures

- Spinal fusions
  - Spinal fusion documentation requires specification of approach (anterior/posterior) and column (anterior/posterior)
  - Approach is usually documented; column is not
- Harvesting bone, i.e.: ilium, for spinal fusion needs to include laterality of pelvic bone
- Partial Hip Replacement
  - The operative note did not indicate the acetabular surface material that was inserted
  - The possible options are:
    - Metal
    - Ceramic
    - Polyethylene

Special Procedures

- Contrast for radiology or cardiology services:
  - Some ICD-10-PCS codes descriptions for imaging procedures include the type of contrast utilized (e.g., arteriogram of left vertebral artery)
  - Venous catheterization insertion documentation must state the laterality of the artery or vein accessed if applicable (e.g., left or right subclavian)
  - Note: Documentation for these procedures was very good with the exception of one form where the laterality was not filled out completely
- Blood Product and TPN Administration, Rhogam Injections, Medical Labor Induction
  - ICD-10-PCS further classifies these procedures as: open versus percutaneous approach; peripheral artery or vein versus central artery or vein
ICD-10 Specifics to Improve Physician Documentation for Procedure Codes

- Opportunity to improve physician and hospital documentation to achieve the highest level of specificity available in ICD-10 (continued):

Female Procedures
- Perineal Laceration Repairs
  - Documentation states only first-degree or second-degree perineal laceration repair with minimal details
  - In ICD-10-PCS, the coder must be able to determine the specific body part that was repaired
  - Even a first-degree perineal laceration can include multiple body parts (skin, vagina, vulva, etc.)

ICD-10 Specifics to Improve Physician Documentation for Diagnosis Codes

- Perineal Laceration
  
  | 070.0 | First degree perineal laceration during delivery |
  | 070.1 | Second degree perineal laceration during delivery |
  | 070.2 | Third degree perineal laceration during delivery |
  | 070.3 | Fourth degree perineal laceration during delivery |
  | 070.4 | Anal sphincter tear complicating delivery, not associated with third degree laceration |

Includes episotomies extended by laceration
Excludes high vaginal laceration alone (071.4)
How do I gain physician involvement?

- Leverage Physician Competitiveness
  - Report Cards for quality, Length of Stay, cost versus MS-DRG
  - Demonstrate Areas of Improvement
- Must illustrate areas of opportunity, as well as, opportunities of accomplishment – provide positive feedback
- Comparison Data – can you compare the current documentation of your patient with proposed documentation showing the potential change in patient acuity and risk of not surviving this hospital’s episode
- Leverage physician’s deep rooted desire to teach – ask him/her to explain why they ordering that medication or test.
  - Know the appropriate time to approach the physician
Physician Engagement

- Be persistent (with kindness) – understand the unique challenges of the medical profession in today’s environment
  - Know the appropriate time to approach the physician
- Contracted Physicians – have a more vested interest into the success of any Documentation Improvement Program
  - Review current contract to make them accountable to answering documentation clarifications
  - Add statement making the physician or physician group accountable for answering xx% of all queries
  - Develop penalties for not meeting this expectation.

Questions & Answers

How to submit a question:

1. Go to the Q & A box located on your screen.
2. Type in your question.
3. Click the Icon to send.
If you would like to request a demo for 3M’s ICD-10 Education Program, or for more detailed information, visit us at:

www.3Mhis.com/icd10

THANK YOU!

For more information about CDI Week and its associated activities and resources, please visit:

http://www.hcpro.com/acdis/cdi_week.cfm
This concludes today’s program.