ICD-10
Clinical Documentation Requirements
Agenda

• Getting beyond resistance
• Business Impacts
• Why is good documentation important?
• Getting from assessment to documentation to the right code
  ✓ New definitions and guidelines that impact documentation and metrics
  ✓ Medical concepts and patterns within codes
  ✓ “Unspecified” Codes
• Continuous quality improvement
The Challenge

Current Physician thinking on ICD-10
“There are too many Codes”

• There are lots of words in the dictionary, but that doesn’t seem to trouble authors...
• 34,250 (50%) of all ICD-10CM codes are related to the musculoskeletal system
• 17,045 (25%) of all ICD-10CM codes are related to fractures
• ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
• Only a very small percentage of the codes will be used most providers
Current Distribution of ICD-9 diagnosis codes
3 Years of Data - All claims - All lines of business - 1 million Lives

Total Charges by Code
3 years - $10 Bill

<table>
<thead>
<tr>
<th>Charge %</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.0%</td>
</tr>
<tr>
<td>50.0%</td>
</tr>
<tr>
<td>30.0%</td>
</tr>
<tr>
<td>10.0%</td>
</tr>
<tr>
<td>0.0%</td>
</tr>
</tbody>
</table>
## Varying Code Volume

By Clinical Area

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractures</td>
<td>747</td>
<td>17099</td>
</tr>
<tr>
<td>Poisoning and toxic effects</td>
<td>244</td>
<td>4662</td>
</tr>
<tr>
<td>Pregnancy related conditions</td>
<td>1104</td>
<td>2155</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>292</td>
<td>574</td>
</tr>
<tr>
<td>Diabetes</td>
<td>69</td>
<td>239</td>
</tr>
<tr>
<td>Migraine</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>Bleeding disorders</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Mood related disorders</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Hypertensive Disease</td>
<td>33</td>
<td>14</td>
</tr>
<tr>
<td>End stage renal disease</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Chronic respiratory failure</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>
“Documentation for ICD-10 is an unnecessary burden.”

• The number and type of new concepts required for ICD-10 are not foreign to clinicians
• The focus of documentation is **good patient care**
• Patients deserve to have accurate and complete documentation of their conditions
• If other industries understand the value of accurate and complete documentation of data about encounters and transactions; shouldn’t we?
“ICD-10 won’t help me take care of my patients.”

• Difficult to make the case about how ICD-10 will help Dr. Smith with his encounter with Mary Jones
• Healthcare goes crosses the boundary of time, patients and providers
• Improving healthcare requires a broad understanding of what works and what doesn't work
• Clinicians should be leaders in the healthcare industry by providing accurate data, accurate analysis of the data and change in healthcare to continuously improve the value their patients receive
“ICD diagnosis codes are irrelevant to my business.”

• ICD-9 codes factor into:
  ✓ Payer processing rules
  ✓ The determination of appropriateness
  ✓ Measures of quality (pay for performance)
  ✓ Compliance (meaningful use)
  ✓ Contracting decisions
  ✓ Risk adjustments
  ✓ Fraud waste and abuse
  ✓ Audits
  ✓ Authorizations
“ICD diagnosis codes are irrelevant to my business.”

• ICD-10 codes are likely to factor into:
  ✓ Changes in reimbursement based on both “what” was done and “why”
  ✓ Managing financial risks for contracted populations (ACO’s)
  ✓ Changes in reimbursement based on more robust models of payment adjusted for risk and severity
  ✓ More sophisticated weighting of payments based on DRGs, episodes or other groupers of care.
“There are a bunch of dumb codes that make no sense.”

• Clinician organizations have used codes like; “Hit by a spacecraft” or “Suicide by paintball gun” as examples of the “stupidity” of the ICD-10 codes.
• Interesting to note however is that the codes noted above are ICD-9 codes and have been around for a long time.
• The bottom line; don’t use the codes that don’t make sense or don’t accurately represent your patient’s condition. They may mean something to someone, but shouldn’t bother you.
“There are too many new initiatives and mandates.”

• Now there’s a statement we can all relate to...
• Without accurate standardized data about the patients health condition:
  ✓ Meaningful use isn’t very meaningful
  ✓ Accountable care can’t be accountable
  ✓ It will be difficult to reach the goal of affordable care
  ✓ Health information exchanges may not be interoperable
  ✓ Quality measures will lack quality data
  ✓ Outcomes can’t be independently verified
  ✓ Patient Safety can’t be assured
Business Impacts

- **Coding**
  - EHR updates
  - Super Bill???
  - Training
  - Coding software

- **Contracting**
  - Scope of services
  - Case rates
  - Carve outs

- **Billing**
  - Billing code updates
  - Charge masters
  - Billing Edits

- Benefits and coverage determinations
Business Impacts (Cont.)

- **Compliance**
  - ✓ HIPAA
  - ✓ Reporting
    - ▪ National
    - ▪ State
    - ▪ Regional Initiatives
  - ✓ Contract requirement
  - ✓ Accreditation

- **Reimbursement**
  - ✓ Pay for performance
  - ✓ POA, “never events”, re-admissions, HACs, tiered payment models
  - ✓ Network inclusion
  - ✓ Denials

- **Audits**
  - ✓ RAC
  - ✓ Fraud and abuse
  - ✓ Coding
Clinical / Business/Coding Relationships
Creating a new working relationship

1. The role of the clinician is to document as accurately as possible the nature of the patient conditions and services done to maintain or improve those conditions.

2. The role of the coding professional is to assure that coding is consistent with the documentation.

3. The role of the business manager is to assure that all billing is accurately coded and supported by the documented facts.

Source: Health Data Consulting
• Poor quality documentation is bad for Payers, Providers and Patients.
  ✓ Billing accuracy
  ✓ Quality measures
  ✓ Population management
  ✓ Risk management
  ✓ Healthcare analytics
  ✓ Patient Care
I hereby certify that in compliance with the requirements of the law I have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

**Gunshot wound of right thigh.**

and that he receives a pension of __dollars per month.

Pulse rate per minute, 94; respiration, 25; temperature, 100; height, 5 feet 6 inches; weight, 130 pounds; age, 53 years.
1889

Documentation

...
From the existing condition and the history of this claimant, as stated by himself, it is, in my judgment, not probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in my opinion, entitled to a rating for the disability caused by gunshot wounds, or for that caused by pneumonia, if pensionable, which is not the case.
Progress?
"It appears that my bad documentation was offset by the coder's bad coding, so statistically your health has never been better!"
ICD-10
A Cornerstone of Healthcare Information

Patient
Provider
Condition
Service

ICD-10-CM
ICD-10-PCS
1. Complete *observation* of all objective and subjective facts relevant to the patient condition

2. *Documentation* of all of the key medical concepts relevant to patient care currently and in the future

3. *Coding* that includes all of the key medical concepts supported by the coding standard and guidelines
Documentation

Why is it important?

- Supports proper payment reduced denials
- Assures accurate measures of quality and efficiency
- Assures accountability and transparency
- Captures the level of risk and severity
- Provides better business intelligence
- Supports clinical research
- Enhances communication with hospitals and other providers
- It’s just good care!
Assessment to Documentation to Coding
Where it all begins

- History
- Physical Exam
- Internal Record Review
- External Record Review
- Assessment/Diagnosis
- Studies
Medical Scenario:

A [27 year old] [male] patient is seen in [follow-up] for a [Smith’s fracture] of the [right] [radius] that was exposed through an [open wound] with [minimal opening and minimal tissue damage]. The fracture has [not healed after 6 months].

Though not explicitly stated in this scenario certain expressions imply other concepts:

“Smith’s fracture” >> [distal], [dorsal angulation], [extra-articular], [displaced]

“minimal opening and minimal tissue damage” >> [Gustilo classification I]

“not healed after 6 months” >> [nonunion]
New Concepts
Parameters of Severity and risk

• Co-morbidities
• Manifestations
• Etiology/causation
• Complications
• Detailed anatomical location
• Sequelae
• Degree of functional impairment

• Biologic and chemical agents
• Phase/stage
• Lymph node involvement
• Lateralization and localization
• Procedure or implant related
## Documentation Requirements

### Recurring Concepts

<table>
<thead>
<tr>
<th>Concept</th>
<th>Number of Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>12,704</td>
</tr>
<tr>
<td>Left</td>
<td>12,393</td>
</tr>
<tr>
<td>Initial Encounter</td>
<td>13,932</td>
</tr>
<tr>
<td>Subsequent Encounter</td>
<td>21,389</td>
</tr>
<tr>
<td>Displaced</td>
<td>5,298</td>
</tr>
<tr>
<td>Non-displaced</td>
<td>5,253</td>
</tr>
<tr>
<td>Routine Healing</td>
<td>2,913</td>
</tr>
<tr>
<td>Delayed Healing</td>
<td>2,913</td>
</tr>
<tr>
<td>Nonunion</td>
<td>2,895</td>
</tr>
<tr>
<td>Malunion</td>
<td>2,595</td>
</tr>
</tbody>
</table>
Diabetes Concepts

**Diabetes = 276 ICD-10 Codes / 83 ICD-9 Codes**

Unique concepts within in ICD-10 codes = 62

<table>
<thead>
<tr>
<th>Diabetes Type</th>
<th>Pregnancy</th>
<th>Neurologic complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 diabetes</td>
<td>First trimester</td>
<td>Neurological complication</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>Second trimester</td>
<td>Neuropathy</td>
</tr>
<tr>
<td>Underlying condition</td>
<td>Third trimester</td>
<td>Mononeuropathy</td>
</tr>
<tr>
<td>Drug or chemical induced</td>
<td>Childbirth</td>
<td>Polyneuropathy</td>
</tr>
<tr>
<td>Pre-existing</td>
<td>Puerperium</td>
<td>Autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>Gestational</td>
<td>Antepartum</td>
<td>Amyotrophy</td>
</tr>
<tr>
<td>Poisoning by insulin and oral hypoglycemic</td>
<td>Postpartum</td>
<td>Coma</td>
</tr>
<tr>
<td>Adverse effect of insulin and oral hypoglycemic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underdosing of insulin and oral hypoglycemic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Findings</td>
<td>Renal complications</td>
<td>Ophthalmologic Complications</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Ketoacidosis</td>
<td>Nephropathy</td>
<td>Retinopathy</td>
</tr>
<tr>
<td>Hyperosmolarity</td>
<td>Chronic kidney disease</td>
<td>Macular edema</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>Kidney complication</td>
<td>Cataract</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td></td>
<td>Ophthalmic complication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mild nonproliferative retinopathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate nonproliferative retinopathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe nonproliferative retinopathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proliferative retinopathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Background neuropathy</td>
</tr>
</tbody>
</table>
## Coding ICD-10 CM

**Diabetes Concepts**

<table>
<thead>
<tr>
<th>Vascular Complications</th>
<th>Skin Complications</th>
<th>Joint Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory complications</td>
<td>Dermatitis</td>
<td>Neuropathic arthropathy</td>
</tr>
<tr>
<td>Peripheral angiopathy</td>
<td>Foot Ulcer</td>
<td>Arthropathy</td>
</tr>
<tr>
<td>Gangrene</td>
<td>Skin complications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skin ulcer</td>
<td></td>
</tr>
</tbody>
</table>
## Coding ICD-10 CM

### Diabetes Concepts

<table>
<thead>
<tr>
<th>Oral Complications</th>
<th>Diabetic Control</th>
<th>Encounter</th>
<th>Other Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral complications</td>
<td>Diet-controlled</td>
<td>Initial encounter</td>
<td>Complications</td>
</tr>
<tr>
<td>Periodontal disease</td>
<td>Insulin controlled</td>
<td>Subsequent encounter</td>
<td>Right</td>
</tr>
<tr>
<td>Uncontrolled</td>
<td></td>
<td>Sequela</td>
<td>Left</td>
</tr>
<tr>
<td>Controlled</td>
<td></td>
<td></td>
<td>Accidental</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Intentional self-harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assault</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family history</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal history</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Screening</td>
</tr>
</tbody>
</table>

Health Data Consulting © 2013
Getting Specific

When is unspecified OK?
• What makes a code unspecified?
• Is “not elsewhere classified” unspecified?
• Does the use of codes with 3-4 characters mean that they are less specified than codes with 7 characters?
• Does the use of the term “unspecified” mean that the code is not specific to the nature of the condition as observed?
Coding specificity
What’s an unspecified code?

• Does the use of the term “unspecified” mean that the code is not specific to the nature of the condition as observed?
• Does specificity require more than one code?
• When is unspecified the right choice?
• When should unspecified change to specified?
“Coding that does not fully define important parameters of the patient condition that could otherwise be defined given information available to the observer (clinician) and the coder.”
Coding specificity

NEC or NOS?

• NOS (Not Otherwise Specified) means that the code selected does not specify some level of detail that may be available for similar conditions.
  ✓ In ICD-10 NOS is referred to as “Unspecified”

• NEC (Not Elsewhere Classified) means that the code selected does is not defined in any ICD classification.
  ✓ In ICD-10 NEC is referred to as “Other” or “Other Specified”

• While in theory there is a difference between the two, from data perspective either code is not specific.
Coding specificity
More characters – better?

• 3 characters, but specific:

  **J60** - Coalworker's pneumoconiosis

• 7 characters, but less specific:

  **S069X9A** - Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter
The use of the term “unspecified” may simply refer to one concept of several concepts about a condition. For example:

![S82202J – Unspecified [fracture] of [shaft] of [left tibia], [subsequent encounter] for [open fracture] [type IIIA, IIIB, or IIIC] with [delayed healing]](image)

In this case, multiple details in [red] about this fracture are specified and the only thing not specified is the type of fracture (displaced, non-displaced, spiral, oblique …)
Coding specificity
No term “Unspecified”? 

• The fact that the description does not use the term unspecified, does not mean the code is specific.

  - **C7641** - Malignant neoplasm of right upper limb
  - **M4837** - Traumatic spondylopathy, lumbar region
  - **R6889** - Other general symptoms and signs
Coding specificity
More than one code.

- Beyond the primary code, accurate representation of the patient’s health condition may require other codes to represent:
  - Causation
  - Infectious, chemical, physical or other agents
  - Location of Injury
  - External causes of injury
  - Manifestations
  - Comorbid condition or contributing factors
  - Sequela
  - Findings
  - Multiple other factors associated with the primary condition being treated or evaluated
• Sometimes unspecified makes sense...

- The patient may be early in the course of evaluation
- The claim may be coming from a provider who is not directly related to diagnosis of the patient's condition
- The clinician seeing the patient may be more of a generalist and not able to define the condition at a level of detail expected by a specialist
Coding specificity
No place for “unspecified” codes

• If there is sufficient information available to more accurately define the condition

• For basic concepts such as:
  ✓ Laterality (Right, Left, Bilateral, Unilateral)
  ✓ Anatomical locations
  ✓ Trimester
  ✓ Type of diabetes
  ✓ Known complications or comorbidities
  ✓ Description of severity, acute or chronic or other known parameters...

• Where care is implemented that demands a more specific level of detail

• At specialty level that should be able to define the detail required
Getting to Quality Data

• Good data = (proper assessment + completed documentation + accurate coding)
• Good data will not happen without ongoing audits and continuous feedback
Sometimes the choice is clear...