Working with Physicians on Clinical Documentation for ICD-10

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Agenda

• Benefits of documentation
• Documentation audits
• Common traps and pitfalls
• How ICD-10 intersects
• Working with physicians
Benefits of Proper Documentation

- Improves compliance
- Improves patient care
- Improves clinical data for research and education
- Protects the legal interest of the patient, facility and physician
- Enables proper reimbursement for services performed
Documentation Audits

• Analysis of documentation for content and validity/medical necessity relationship
• Analysis of documentation in relationship to coding and billing
• Identification of patterns and trends in documentation
Documentation Audits

• Identification of risk areas in documentation, i.e. illegibility or improper use of symbols and abbreviations
• Analysis of documentation for compliance issues
• Education and training on documentation improvement opportunities
Supporting Medical Necessity

- Justification of care depends on information found in the medical record
  - Diagnosis codes identify circumstances of patient encounter
  - Medical record documentation must be supportive
Does documentation support code?
Are there policies in play?

Does documentation support reporting requirements
Are disease processes well documented

Are operative notes complete in information
Have all areas of risk been identified and covered by documentation?
“Documentation is only good if the next physician who treats the patient can pick up your record and know exactly what happened”
Criteria for Documentation

• Evidence-based
  – Past and present diagnoses easily accessible
  – Appropriate health risk factors identified
  – If not documented, easily inferred
  – Patient progress and response to any changes in treatment or revisions of diagnosis should be documented
Criteria for Documentation

• Evidence-based
  – Each patient encounter should include:
    • Reason for the encounter with relevant history
    • Examination findings
    • Diagnostic test results
    • Assessments
    • Clinical impressions
    • Plan of care
Criteria for Documentation

• Precision
  – Example:
    • Patient is seen for shortness of breath, chest pain, fever and cough; chest xray indicates aspiration pneumonia-physicians assessment states pneumonia
      – Complete, precise documentation would indicate in the assessment that the patient has aspiration pneumonia- further query of the patient should be done to determine the cause of the aspiration, such as food, milk, solids, microorganisms, etc…
Common Traps and Pitfalls
Assessment #1: 780.52 Insomnia unspecified
Plan:
Follow Up: 6 months
Example Missing Medical Necessity

PREOPERATIVE DIAGNOSIS: Infected Infusaport

POSTOPERATIVE DIAGNOSIS: Infected Infusaport

PROCEDURE: Removal of left subclavian Infusaport and placement of a right subclavian central venous catheter.

The patient was identified as John Books and taken to the procedure suite. He was placed in the supine position on the procedure table. Once adequate sedation was given, the right chest was prepped and draped in the standard surgical fashion.

Using an 18-gauge needle, the right subclavian vein was cannulated. A guidewire was placed. Using a #11 blade, a small nick was made adjacent to the wire and a triple lumen catheter was then placed over the wire. This catheter was secured to the skin using 2-0 Silk suture.

Attention was then directed towards the left chest. The left chest was then prepped and draped in the standard surgical fashion. Using 1% Lidocaine a field block was created over the port site. Using a #15 blade, a linear incision was made. This incision was carried down through the subcutaneous tissue until the port was identified. The sutures connected to the port were divided and the port was removed from the patient. The catheter tract was then closed using 3-0 Vicryl suture and the skin incision was reapproximated using 3-0 nylon suture in an interrupted vertical mattress. Pressure dressing was then placed over this site.
Example Medical Necessity

CC: Patient presents with no complaints
HPI: Pt here with no real complaints doing well........
A/P:
Diabetic neuropathy
Hyperlipidemia
Hypertension
Example: legibility
WORKING WITH PHYSICIANS ON ICD-10
Was it something I said….??

• 7% of your IMPACT is from your WORDS
• 38% from your TONE
• 55% from BODY LANGUAGE
Studies show…

- You only remember
  - 10-20 % of what you hear
  - 30% of what you read
  - 90% of what you do
Further statistics show

• Attractive people earn 10-15% more than their unattractive peers— they will earn an average of $230,000 more in their lifetime
  – They have a 10% better chance of getting a callback on a job interview

• More than half of college graduates under the age of 25 are unemployed or underemployed
  – Over 25% move back in with their parents after graduation
There was a spider… but I think it’s gone now……
NO ONE likes change….

• Period…
  – It’s not about changing how they care for their patients
  – Empathy is important
    • …. At the end of the day it really should be all about good patient care… the rest just falls into place…
All decisions should be this clear
ICD-10 Documentation Assessments

- Best way to begin to prepare clinicians
- Utilize your most frequently billed codes
- Evaluate
- Can we make the transition??
HOW ICD-10 INTERSECTS
Documentation and Revenue

• Use of unspecified codes
  – Will NEVER be covered?
  – Does not guarantee payment?
  – We will pay you less for continued use?

How do I prepare and protect my practice for this?
Common Concepts

• Laterality
• Anatomical location
• Cause/type
• Complication/manifestation
Obesity

- Documentation concept:
  - Cause of obesity
  - BMI as supportive
Bonus Diet Tip

• “Food cannot cause you to put on weight, unless you think it can.”
  – Quote from a self help book…….
Hypothyroidism

- Documentation concept:
  - Type (congenital, acquired)
  - With manifestations
    - If the condition is drug induced there is an instructional note that states to first list the drug or substance.
Ischemic heart disease

- Documentation Concepts:
  - Vessel affected
    - Native coronary etc…
  - With/without angina
  - Heart failure type as well as systolic, diastolic, combination
Cerebrovascular disease

• Documentation concepts:
  – Type
    • cerebral infarction, occlusion, hemorrhage
  – Site/location
    • cerebral, subarachnoid, carotid
  – Cause
    • due to embolism, occlusion, and thrombosis.
Skin ulcers

• Documentation concepts:
  – Pressure or non-pressure
  – Location
  – Laterality
  – Severity
Infections

• Documentation concepts
  – Organism/Cause
More statistics….

- Your office toilet seat has about 50 germs per square inch
- Your office desk has about 21,000 germs per square inch
- Your office telephone has about 25,000 germs per square inch
  - *You should probably quit*……
Mental and Behavioral Health

- Documentation concepts:
  - Type/severity
  - Current episode
  - Status…. Remission (full or partial)
Tobacco Use/addiction

- Documentation concepts
  - Product used
  - Use or addiction
  - Remission or history of
Asthma

- In ICD-10-CM codes for asthma include:
  - mild, mild intermittent, mild persistent, moderate persistent, and severe
- Also includes designations for with or without acute exacerbation.
- Documentation will need to include all of these elements so that the most appropriate code can be reported.
Asthma

- Template guide
  - Symptoms
  - Nighttime Awakenings
  - Rescue Inhaler Use
  - Interference with Normal activity
  - Lung Function
Headaches

- Type of headache:
  - migraine
  - vascular
  - cluster
  - post-traumatic
  - Menstrual
  - drug induced

- The type of headache should be documented when known.
Fractures

- Documentation concepts:
  - Location of fracture
  - Type of fracture
  - Stage of healing