

No part of this presentation may be reproduced or transmitted in any form or by any means (graphically, electronically, or mechanically, including photocopying, recording, or taping) without the expressed written permission of AAPC.

AAPC

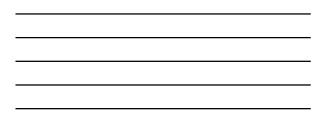
Documentation Concerns for ICD-10-CM

AGENDA

- What is ICD-10's Greatest Challenge?
- What are Clinical Concepts?
- How do they apply to ICD-10-CM?
- Why are they important?
- How to communicate with providers?

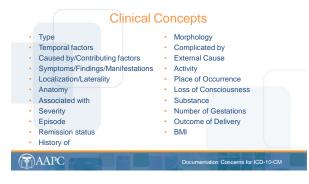
AAPC











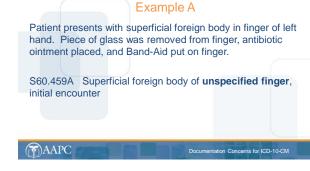


Laterality

• The addition of laterality into the code set is one of the reasons for the increased number of codes in ICD-10-CM.

ICD-9-CM	ICD-10-CM	
	H16.211 Exposure keratoconjunctivitis, right eye	
370.34 Exposure keratoconjunctivitis	H16.212 Exposure keratoconjunctivitis, left eye	
	H16.213 Exposure keratoconjunctivitis, bilateral	
	H16.219 Exposure keratoconjunctivitis, unspecified eye	
AAPC	Documentation Concerns for ICD-10-CM	







Patient presents with superficial foreign body in left **index** finger. Piece of glass was removed from finger, antibiotic ointment placed, and Band-Aid put on finger.

S60.451A Superficial foreign body of **left index finger**, initial encounter

AAPC

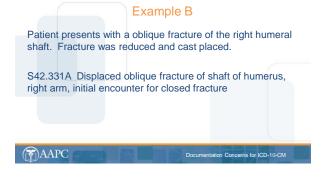
Documentation Concerns for ICD-10-CM



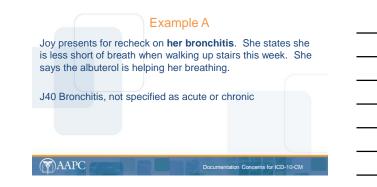
Patient presents with a fracture of the right humeral shaft. Fracture was reduced and cast placed.

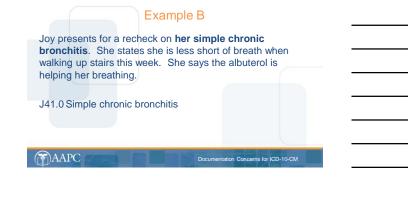
S42.301A Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture

AAPC









Anatomic Location

Many codes in ICD-10-CM have site specificity, including:

- Fracture coding
- Dislocations
- Pressure ulcers
- · Burns and corrosions
- Lacerations
- Open bites

(TAAPC

Example A

Jon is brought in by his mother for a recheck of **his radial Torus fracture of the right arm**. Everything is healing well after 2 weeks. Mom will bring him back next week for possible cast removal.

S52.91XD Unspecified fracture of right forearm, subsequent encounter with routine healing

Documentation Concerns for ICD-10-CM



S52.521D Torus fracture of lower end of right radius, subsequent encounter with routine healing

AAPC

Documentation Concerns for ICD-10-CM

Other and Multiple Concepts

- In some cases, multiple concepts will be present in the same case (temporal factors, anatomic location, laterality).
- Providers need full education on these areas to ensure that unspecified codes will not be used
 - This will prevent multiple provider queries to receive enough information to assign a code.

AAPC

Documentation Concerns for ICD-10-CM

Example A

Patricia brings in her daughter for ear pain. Jane is 2 yearsold and has been pulling at her ears and crying. Patricia noted a fever this morning, so she called to get Jane in to be seen. Upon exam, a bulging, cloudy, immobile tympanic membrane is seen with purulent fluid. Diagnosis: **Purulent otitis media**.

H66.40 Suppurative otitis media, unspecified, unspecified ear





Example B

Patricia brings in her daughter for ear pain. Jane is 2 years-old and has been pulling at her ears and crying. Patricia noted a fever this morning, so she to get Jane in to be seen. Jane has suffered bouts with acute purulent OM 3 times in the past 5 months. She goes on antibiotics, gets better, then the condition recurs. Upon exam, a bulging, cloudy immobile right tympanic membrane is seen with purulent fluid. Left ear is normal. Diagnosis: Right recurrent purulent OM.

H66.004 Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, right ear



Documentation Concerns for ICD-10-CM



Linda is in today for a follow-up of her **atrial fibrillation**. Meds: Cardizem. She states her heart rate is up just a little bit today. No chest pains. No shortness of breath. ECG: AFib with nonspecific ST-T changes.

148.91 Unspecified atrial fibrillation

AAPC

Documentation Concerns for ICD-10-CM

Example B

Linda is in today for a follow-up of her **persistent atrial fibrillation**. Condition **present for more than 2 years**. Meds: Cardizem. She states her heart rate is up just a little bit today. **She is experiencing more frequent symptomatic AFib recurrence with symptoms lasting for 5 days**. No chest pains. No shortness of breath. ECG: AFib with nonspecific ST-T changes.

148.1 Persistent atrial fibrillation

AAPC



CHIEF COMPLAINT: Sinus problems. Symptoms include postnasal drainage, sore throat, facial pain, coughing, headaches and congestion. The symptoms are characterized as moderate to severe. Symptoms are worse in the evening and morning. EXAM: Exam Nose: Intranasal exam reveals moderate congestion and purulent mucus. Exam Facial: There is bilateral sinus tenderness to palpation. IMPRESSION: sinusitis

J32.9 Chronic sinusitis, unspecified

AAPC

entation Concerns for ICD-10-CM



Example B

CHIEF COMPLAINT: Sinus problems. The problem began 2 weeks ago and is constant. Symptoms include postnasal drainage, sore throat, facial pain, coughing, headaches and congestion. The symptoms are characterized as moderate to severe. Symptoms are worse in the evening and morning.

EXAM: Exam Nose: Intranasal exam reveals moderate congestion and purulent mucus. Exam Facial: There is **bilateral maxillary sinus** tenderness to palpation.

IMPRESSION: Acute maxillary sinusitis

J01.00Acute maxillary sinusitis, unspecified

AAPC



35 year old presented to the emergency department with a painful, right wrist. Upon examination the wrist is swollen and there is pain with palpation of the wrist area with limited grip strength of the right hand. Pain is noted to be in the anatomic snuffbox and upon extension a radial deviation is noted. A **mid third scaphoid fracture** is confirmed by plain film. Fracture is **reduced** in office and patient is placed in a long arm cast.

S62.021A Fracture of middle third of navicular [scaphoid] bone of right wrist, initial encounter for closed fracture

	Δ	Δ	DC	
U)	11	11		

Documentation Concerns for ICD-10-CM

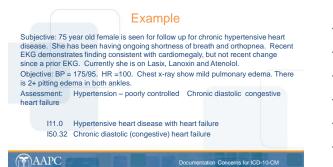


 In order to assist providers with clinical documentation improvement, it is necessary that the coder/auditor/educator understand the documentation requirements of the most commonly coded conditions in their specialty.

AAPC







Type
Contributing factors
Symptoms/Findings/Manifestations
Anatomical location
Laterality



Subjective: A 24-year-old patient presents due to itchy, red hands. The patient recently started a job at a Chinese restaurant as a chef. He washes his hands often and uses a lot of citrus fruit, ginger, onion, and garlic in the foods he prepares. His symptoms began a few months after beginning his job. Objective: Upon examination, his hands were red and swollen. Vesicles

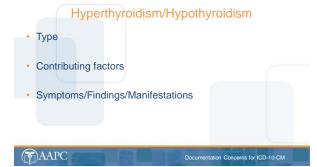
were present on his fingers and he stated that they sometimes crack and bleed.

Assessment: Contact dermatitis due to food handling

L24.6 Irritant contact dermatitis due to food in contact with skin

(TAAPC

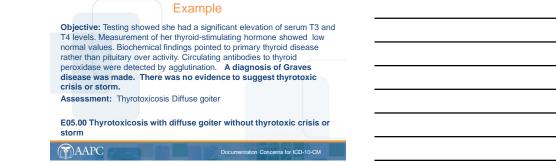
Documentation Concerns for ICD-10-CM



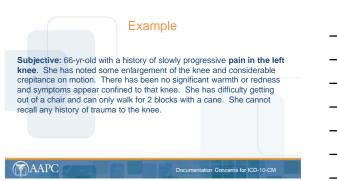
Example

Subjective: A 32-year-old female presents with a 5-month Hx of increased sweating and palpitations with weight loss of 25 lbs. On exam, she was nervous and agitated with an obvious, diffuse, non-tender, smooth enlargement of her thyroid, over which a bruit could be heard. She had a fine tremor of her fingers and a resting pulse rate of 150/minute. She had no evidence of exophthalmos. She believes that a maternal aunt had suffered from 'thyroid disease'.

AAPC







Objective: Exam reveals range of motion limited between 15 and 90 degrees. There is severe crepitance on motion and palpable osteophytes. Minimal effusion is noted. There is moderate genu varus on standing. X-rays demonstrate marked joint space loss particularly in the medial compartment with prominent diffuse osteophytes. Assessment: Primary osteoarthritis confined to the left knee

M17.12 Unilateral primary osteoarthritis, left knee

AA	DC		
(AA			

Documentation Concerns for ICD-10-CM



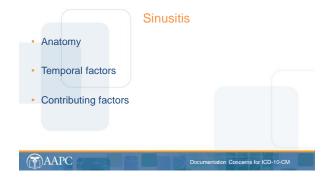
Example

Subjective: Patient presents with complaint of intermittent headaches. He has had similar headaches for 10 years and comes in now because they used to occur 2-3 times a year and now they are occurring 3-4 times a month. The headaches are so severe that he is unable to work while having one. He describes them as a throbbing pain behind his right eye. The headaches are often associated with nausea and in the last few months he has occasionally vomited with them. Light aggravates his symptoms, but he has no visual symptoms associated with the headaches.

Objective: His neurologic exam is unremarkable. **Assessment:** Chronic Migraine

G43.709 Chronic migraine without aura, not intractable, without status migrainosus

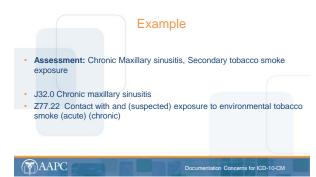
(AAPC



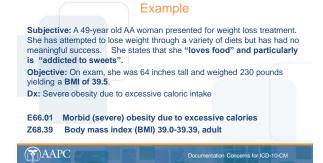
Subjective: This patient is a 7 year-old female who was seen in the office for discomfort in the maxillary region. For the previous 4-5 years the patient had suffered from chronic sinus problems of a similar type. Symptoms included constant nasal congestion, coughing, and snoring. The patient has been exposed to second-hand smoke from family members.

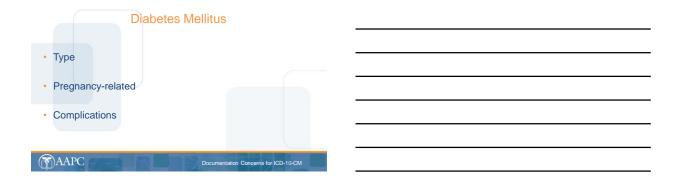
Objective: An initial exam showed edematous red nasal mucosa and colored nasal discharge. Allergy testing results were negative. A CT scan confirmed **bilateral maxillary blockage and bilateral thickening** of the mucus membrane.

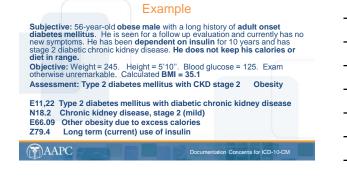
AAPC













Subjective: 48 year old male with long history of Bipolar disorder currently being treated with lithium carbonate. He presents with a recent symptoms of sleep deprivations, lethargy constipation and general malaise. He states that he feels hopeless. He also state that he feels he is being persecuted and the victim of a government plot to kill him. Objective: Appears depressed with slow psychomotor function. Physical and neurologic exam is normal

Assessment: Bipolar disorder, severe, Current major depressive manifestations, Paranoid delusions

F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features

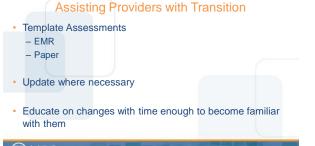
(AAPC

Assisting Providers with Transition

- A real emphasis needs to be made with the practitioners to move away from usage of unspecified codes.
- There is a high risk for denial by payers under ICD-10-CM for certain unspecified code usage.

ſ	1	A	AP	C	

Documentation Concerns for ICD-10-CM



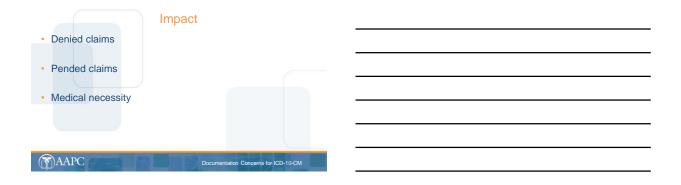
AAPC



Assisting Providers with Transition Documentation Assessments by Provider Run top diagnosis against recent patient visits Pull 10-15 recent charts with that diagnosis Assign ICD-10-CM code(s) Create a report Greate a report Re-assess

Documentation Assessment Forms

		ond Smith, MD Date Ellen Ellis, CPC, CPC-H	
Chart	Patient ID	ICD-10-CM code	ICD-10-CM code description
1	A244893	L25.9	Unspecified contact dermatitis, unspecified cause
ICD-10-CM pe and cau		a code for contact dermatitis to	the highest level of specificity, documentation needs to inc
Chart	Patient ID	ICD-10-CM code	ICD-10-CM code description
2	J990356	L24.1	Irritant contact dermatitis due to oils and grease
Code appea	ars to make transition	to ICD-10-CM.	
Chart	Patient ID	ICD-10-CM code(s)	ICD-10-CM code description
3	K480353	L23.9	Allergic contact dermatitis, unspecified cause
ICD-10-CM pe and cau		a code for contact dermatitis to	the highest level of specificity, documentation needs to inc
AA	APC		Documentation Concerns for ICD-10-CM



Summary

- Understand the unique clinical concepts for your practice/specialty
- Review EMR/EHR to see what additions can be added to assist
- Perform documentation assessments to see where improvements may be needed
- Provide clear concise education on noted weaknesses
- Re-evaluate after implementation

AAPC

