


***ICD-10 DOCUMENTATION:
Get Your Progress Note
Ready for 2014***

Alabama Chapter -
American Academy of Pediatrics
Practice Management Association

Presented by
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September 27, 2013



About the Speaker

Lynn Abernathy Brown, CPC has over twenty years of experience in medical record coding, reimbursement and education in a physician office setting.

Lynn is employed by Children's Of Alabama as the Director of Physician Coding and Education. She is proficient in ICD-9-CM and CPT coding principles specializing in pediatric primary care physician reimbursement issues in the State of Alabama. She is a member of AAPC, MGMA-AL, and ALAAP Practice Management Association. She serves on the AL Medicaid Coding Workgroup and the AL-AAP Pediatric Council.

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- Did provide disclosure information.
- Has no relevant financial arrangements or affiliations with commercial interests.

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Speaker for today's activity:

- Does not intend to discuss any commercial products or services.
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Needs and Objectives

- Upon completion of this live activity, participants will be able to:
 - Document diagnoses more specifically in order to assist in coding ICD-9-CM more accurately;
 - Be better prepared for the 2014 transition of diagnosis coding from ICD-9-CM to ICD-10-CM.

Diagnosis Coding Analysis

- Recently another state Medicaid sent out a letter explaining that state children are extremely unhealthy and ask to partner with the local AAP chapter on initiatives to make the state children healthier.

Check out these low points of TN health care:

- More TN children ages 3-12 (11%) had a diagnosis of COPD than did 70-79 year olds (0.4%)
- 17.6% of teenagers suffered low back pain
- 23% of kids ages 3-12 had mental health problems

Where did they get this data?

- All patients (birth – 100 year olds) continuously insured by MCD for 5 years
- Looked at every claim ICD-9 sent during 5 yrs
- If a child had a dx of e.g. 493.xx once in 5 years, they were considered to “have asthma”
- Grouped the ICD-9 codes into Medicare Diagnosis Related Groups

Consider the data source and you realize...

- The diagnosis of COPD includes any kid who's ever had a diagnosis of 490 (chronic bronchitis), a popular choice among walk-in clinics
- Any kid who's ever been to a chiropractor may get a claim diagnosis of "back pain"
- The mental health diagnosis list includes any child who has **ever** been had a claim filed with: temper tantrums, bedwetting, behavior problems, ADHD, or developmental delay codes

Reality of data

- 490 Chronic Bronchitis
- 466.0 Acute Bronchitis

- Mental disorders fall under ICD-9 codes 290-319



**DATA COMMUNICATION
THROUGH
DIAGNOSIS CODES**



ICD-10-CM HISTORY

Why ICD-10-CM

- ICD-10-CM generally arranged based on
 - Anatomy
 - Etiology
 - Severity
- ICD-10-CM recognizes advancements in pediatrics in the past 30 years

Enhanced Code Descriptions

- ICD-10-CM expands detail in descriptors
 - Severity
 - Laterality
 - Encounter order
 - Classification
 - Site Specificity
- Descriptors match documentation more closely

Payor Reasons to Change

- Burden of illness
- Support level of care
- Payors may deny or reduce for “unspecified”
- Payors may link code specificity to incentive payments

Quality Reasons to Change

- Provides better specificity of patient's condition
- EMR Assessment more accurately documented
- Specificity enhances the
 - quality reporting,
 - supports severity of illness and
 - Supports medical necessity documentation

Data collection

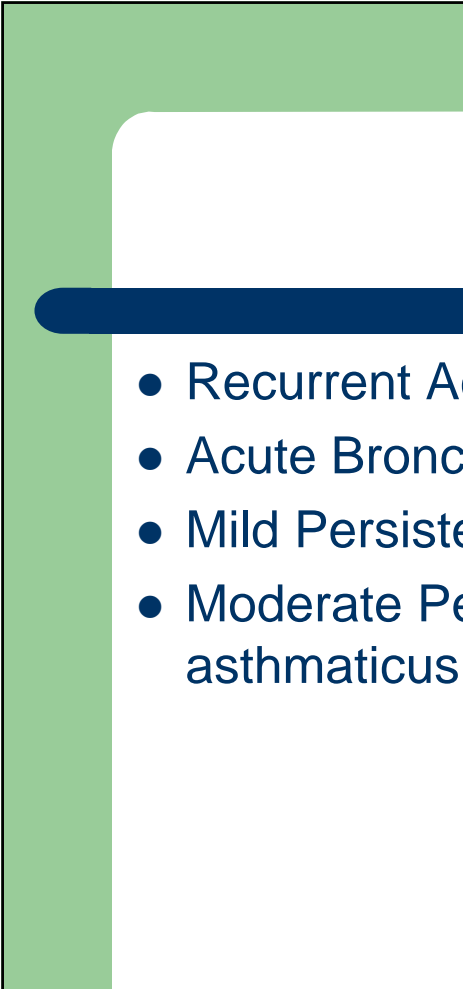

- Encourages international compatibility in collection and management of mortality data and statistical analysis
- Allows comparable data collection between all countries

ICD-10-CM Code Descriptors

- Severity
- Laterality
- Encounter order
- Classification
- Site Specificity

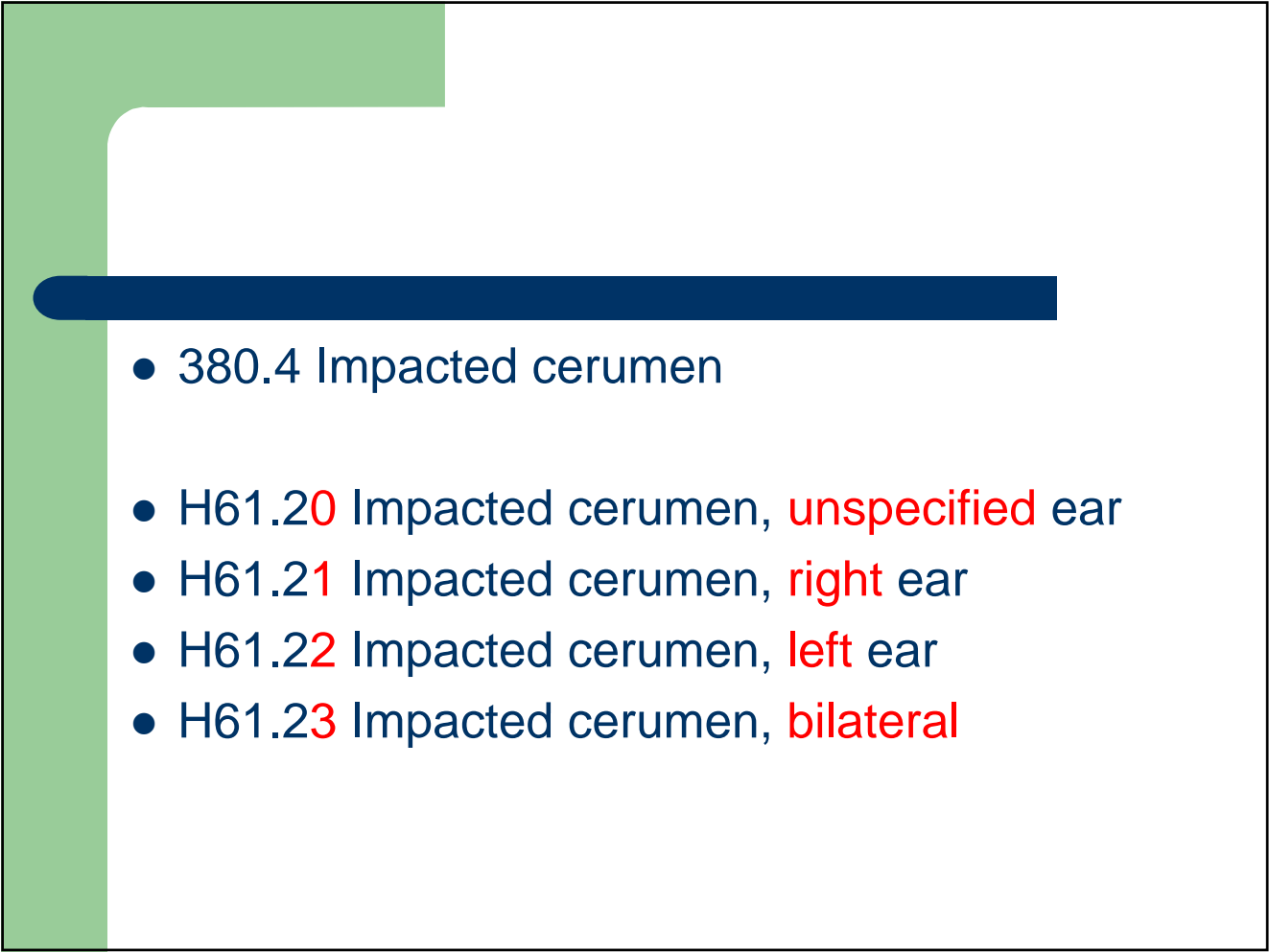
Severity

- Severity included in descriptor such as:
 - Acute, Subacute, Recurrent
 - Chronic
 - Mild, Moderate, Severe
 - Intermittent, Persistent

- 
- 
- Recurrent Acute Serous Otitis Media
 - Acute Bronchiolitis
 - Mild Persistent Asthma, uncomplicated
 - Moderate Persistent Asthma with status asthmaticus

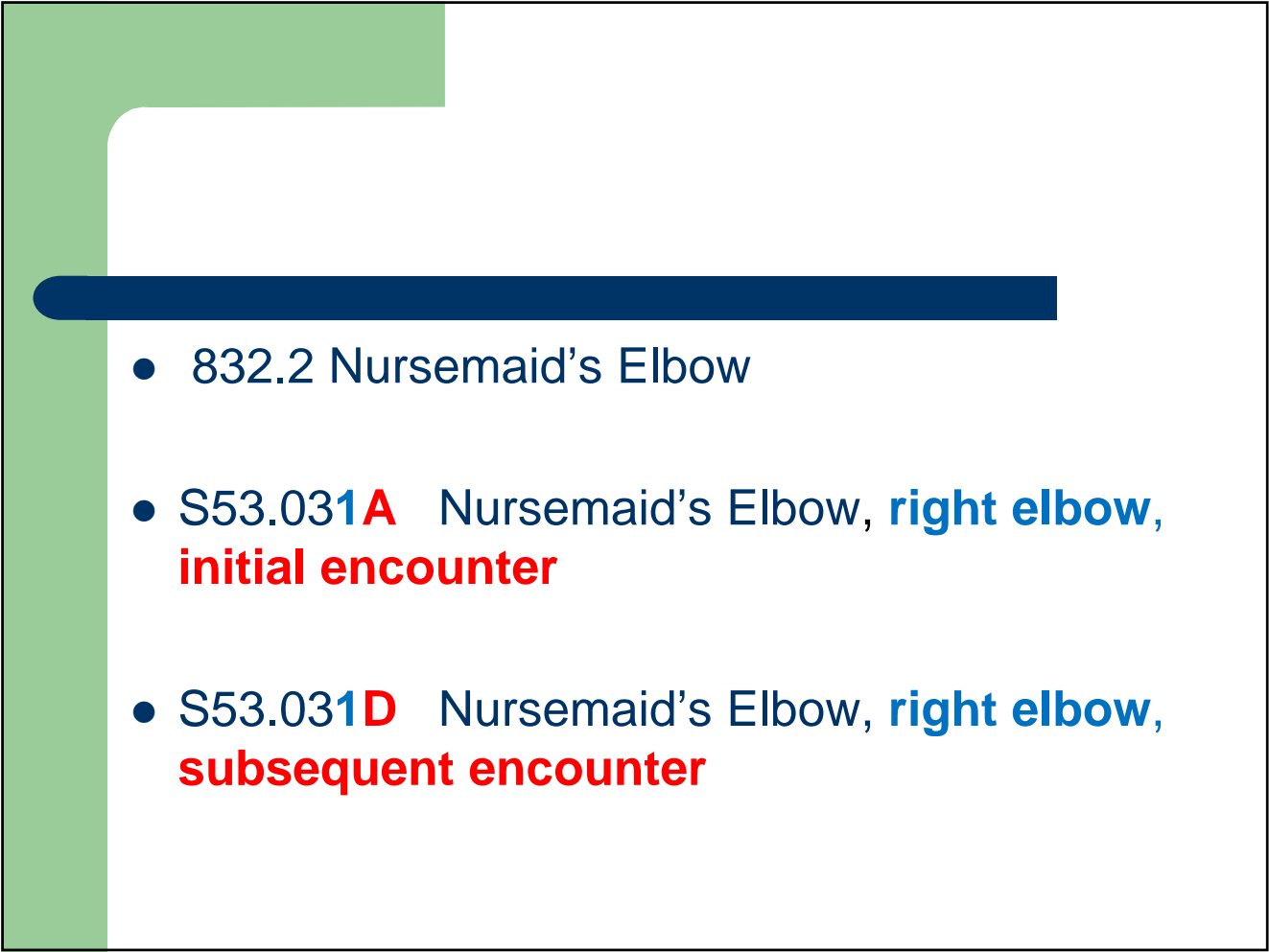
Laterality

- Laterality greatly increases number of codes
- Coding guidelines:
 - “If the side is not identified in the medical record, assign the code for the unspecified side.”
- Left, Right, Bilateral have additional number added to code.

- 
- 380.4 Impacted cerumen
 - H61.20 Impacted cerumen, **unspecified** ear
 - H61.21 Impacted cerumen, **right** ear
 - H61.22 Impacted cerumen, **left** ear
 - H61.23 Impacted cerumen, **bilateral**

Encounter Type

- Initial encounter - patient receives initial active treatment
- Subsequent encounter - care during the healing or recovery phase (ED Follow-Up)
- Sequela - patient receives treatment for complications or conditions that arise as a direct result of a condition.

- 
- 832.2 Nursemaid's Elbow
 - S53.031**A** Nursemaid's Elbow, **right elbow, initial encounter**
 - S53.031**D** Nursemaid's Elbow, **right elbow, subsequent encounter**

Classification

- Specialty classification types can indicate location and/or severity
 - Type of ADHD
 - Inattentive, Hyperactive or combined
 - Diabetes Type I or Type II
 - Salter-Harris Fracture Type I – IX

Site Specificity

- Descriptors include location of an injury or condition

EXAMPLE: If ligament is known, document

- Ankle Sprain, unspecified ligament, LT or RT, initial encounter
- Ankle Sprain, ATFL (anterior talofibular ligament), LT or RT, subsequent encounter

Code Combinations

- Increased number of code combinations
- A diagnosis with an associated secondary process (manifestation)
- A diagnosis with an associated complication



EXAMPLE

- Bronchitis due to rhinovirus or streptococcus
- Influenza due to Type A or B influenza with otitis media
- Pharyngitis due to other specified organisms

Documentation Today

- **NOT DOCUMENTED, NOT DONE**
- **NOT SPECIFIED = UNSPECIFIED**

Mapping

ICD-9 382.9

- Otitis media, unspecified, acute or chronic

ICD-10 H66.9#

- Otitis media, unspecified, unspecified ear
- Otitis media, unspecified, right ear
- Otitis media, unspecified, left ear
- Otitis media, unspecified, bilateral

Documentation Today

- Recommendation:
 - **Enhance current documentation as much as possible for primary care or specialty**
- Add more specificity to documentation **now** to prepare for 10/1/2014 transition date for ICD-10-CM mapping

Documentation Today

- Look at your top 25 - 50 common ICD-9 codes used now
- Be sure that if 490 Chronic Bronchitis is on a charge ticket or in the EMR look-up that it does not state “Bronchitis” only
- Have accurate descriptions in your systems

Finding the Specific Code

- Determine if there are any unspecified codes that can be more specific
- Identify the ICD-9 codes in an easy-to-find format for providers

“Unspecified” Continues

- Unspecified codes will still exist for pediatric primary care
- Cannot be more specific in some cases without definitive testing

Many Similarities

- Many codes will be documented identically:

ICD-9 Code 382.00

- Descriptor: Acute Suppurative (purulent) Otitis Media w/o spontaneous rupture of ear drum

ICD-10 Code H66.001

- Descriptor: Acute Suppurative (purulent) Otitis Media w/o spontaneous rupture of ear drum, **right**

Tell The Story

- Disease Acuity
- Disease or Disorder Site
- Infectious or Causal Agents
- Underlying and Associated Conditions
- Manifestations

Acuity - Acute

- Add documentation which includes:
 - Acute
 - Subacute
 - Recurrent

Example

	ICD-9	ICD-10
● Abdominal pain, unspecified	789.00	R10.9
● Abdomen, acute	789.00	R10.0

Chronic

- Identify diagnosis as **chronic** in the documentation
- Ensure that updates of chronic condition are documented:
 - Current status
 - Medication management
 - Considerations in Plan of Care

Disease or Disorder Site

- Document the site of the disease
- Example site descriptors
 - Abdomen:
 - Generalized or Colic
 - Right/Left quadrant
 - Upper/Lower quadrant
 - Periumbilic
 - epigastric

Cellulitis/Abscess Site Specificity

- Cellulitis and Abscess – Specify site
- 682.9 Cellulitis/Abscess, Unspecified Site

682.0	Face	682.5	Buttock
682.1	Neck	682.6	Leg, except foot
682.2	Trunk	682.7	Foot, except toes
682.3	Upper arm and forearm	682.8	Other sites such as head or scalp
682.4	Hand, except fingers and thumb	681.02	Paronychia of finger
		681.11	Paronychia of toe

Infectious or Causal Agents

- Cause of the disease often necessary to code accurately
- Additional codes will specify organism
 - MRSA
 - Type A or B Influenza with gastroenteritis

Example - Cause of condition

- 477.9 Allergic Rhinitis, unspecified
 - 477.0 Allergic Rhinitis due to pollen
 - 477.1 Allergic Rhinitis due to food
 - 477.2 Allergic Rhinitis due to animal dander
 - 477.8 Allergic Rhinitis due to other allergen
-
- If child has had allergy testing, type should be known – refer to specialist's findings

Underlying and Associated Conditions

- Documentation clarifying conditions that result from underlying conditions
- Fever associated with sickle-cell disease
- Adjustment Disorder with conduct disturbance

Manifestations

- Documentation of common manifestations supports greater burden of illness
- Example documentation:
 - Developmental Delay due to preterm birth, # of gestational weeks
 - Influenza with other respiratory manifestations such as URI

Common General Pediatric Conditions

- Otitis Media
- Strep Throat
- Influenza
- Asthma
- Feeding Problems
- Rash
- Dermatitis
- Cellulitis/Abscess
- Sinusitis
- Injuries
- Behavioral and Emotional Problems

Otitis Media

- Acute, subacute, chronic, or recurrent
- Nonsuppurative, suppurative, purulent
- Chronic OM as serous, mucoid, or allergic
- Specify presence or absence of spontaneous rupture of tympanic membrane
- Document tobacco exposure (V15.89)
- Underlying disease such as viral infection, influenza

Enhancing the Documentation – OM

- 3 yr old patient with history of Otitis Media, presents today for recheck. On exam, TM with purulent fluid, bilaterally.
- 3 yr old patient history of **acute recurrent** Otitis Media, presents today for recheck. On exam, TM with purulent fluid, bilaterally. Second –hand smoke exposure.
- Diagnosis: 382.00
Recurrent Acute Otitis Media, **Bilateral**; **V15.89 Tobacco Exposure**

Asthma

- Additional descriptors in ICD-10-CM:
 - Mild, Moderate, Severe
 - Intermittent, Persistent

Enhancing the Documentation - Asthma

- 8 year old with asthma presents today with respiratory distress
- 8 year old with **moderate persistent** asthma presents today with respiratory distress **due to acute exacerbation**

Rash

- Type of rash
 - Diaper Rash
 - Pustular Rash
- Cause of rash
 - Rash following immunization
- Specific allergy if known
 - Drug Allergy including type of drug

Enhancing the documentation - Dermatitis

- Patient presents with rash on legs.
- Diagnosis: Contact Dermatitis, unspecified
- Patient presents with rash on legs due to **allergic reaction** to poison ivy.
- Diagnosis: **Allergic Contact Dermatitis** due to plants

Enhancing the Documentation - Rash

- Complains of Rash. 4 day course of antibiotic. Today has maculopapular rash. Due to drug allergy.

Complains of Rash. 4 day course of **Amoxicillin**. Today has **generalized** maculopapular rash. Due to **penicillin** allergy.

Injuries

- ICD-10 follows anatomical site
- Includes Ligament/Tendon/Muscle
 - If follow-up visit, reference specialist diagnoses
- Includes specific site and laterality
- Encounter Type
 - initial encounter
 - subsequent encounter
 - Sequela

Injury Scenario

- Scenario:

14 year old female presents with right hand pain, especially right ring finger. She just left cheerleader practice and she has seen no one else for this injury covered under school insurance.

Upon examination, the injury resulted in a contusion of the right ring finger.

Enhancing the Documentation - Injury

- Contusion of the right ring finger
- Accident, cheerleading at school
- 923.3
- E005.4
- Contusion of the right ring finger **without nail damage, initial encounter**
- **Fell at cheerleading practice at school today**

Behavioral and Emotional Disorders

- ICD-10-CM Section will move mental disorders to a pediatric specific section
- “Behavioral and Emotional Disorders with onset usually occurring in childhood and adolescence”

Preventive Care

- Preventive Care
 - Health Supervision adds Normal and Abnormal Findings
 - Screening codes need to be included in diagnosis on progress note
 - Laboratory Screening is not included in “Health Supervision” code

Screening - Laboratory Tests

- Laboratory tests performed to screen for diseases needs to be included in the Diagnosis/Assessment
 - Screening for Anemia
 - Screening for TB
 - Screening for lipoid disorder
 - Screening for lead levels

V20.2 Health Supervision does not include Laboratory Tests

Specific Screening Documentation

Screening For:

- V77.0 thyroid disorders
- V77.1 diabetes mellitus
- V77.8 obesity
- V77.91 lipid disorders
- V77.99 Other endocrine, nutritional, metabolic and immunity disorders

Screening For:

- V78.0 iron deficiency anemia
- V78.2 sickle cell disease or trait
- V82.1 Rheumatoid arthritis
- V82.5 lead level

Screening codes V74 – V82

Summary

- Start coding specific training approx 6 mos prior to 10/1/2014
- Verify with Practice Management and EMR vendors that they can handle dual ICD-9 and ICD-10 databases
- Watch for pediatric-specific webinars in 2014 through AAP and AL-AAP

Summary

- Review your practices coding habits now
- Relate this to documentation and current specificity coding
- Many unspecified codes end in “.9”
- Enhance documentation now for the future

Web Resources

- *AAP Pediatric Coding Newsletter* – Transition to 10 online exclusive articles (subscription)
- <http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014>
- <http://practice.aap.org/>
- <http://brightfutures.aap.org/>
- www.aap.org
- <https://www.bcbsal.org/providers/ICD10.cfm>