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Welcome to PMI’s Webinar Presentation

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Meet the Presenter…

On the topic:
Diagnostic Coding Accuracy

Maxine Collins
MBA, CPA, CMC, CMIS, CMOM
Faculty
Practice Management Institute
Was the ICD-10 Transition the Nightmare Expected?

- **Responses from Physicians/Providers**
  - Majority of participants from recent live classes report “no problems in reimbursement due to ICD-10”.
  - Around 10% indicated that they were having difficulty – mostly due to glitches in software.

- **Responses from Payers**
  - Overall, little impact on day-to-day business operations
  - Florida Blue “We received no calls from our providers, we identified no provider impacts and our operational metrics were indicating that all things were running as expected! Financial neutrality was being achieved.”
  (Source: [www.himss.org/library/icd-10/playbook/smooth-icd-10-transition](http://www.himss.org/library/icd-10/playbook/smooth-icd-10-transition))

- **Responses from Clearinghouses**
  - Emdeon’s (now Change Healthcare) tracking of metrics indicate a compliance rate by providers at 98% within the first 7 days after 10/01/2015.
    - By the end of the month, Emdeon reports the compliance rate by providers had improved to 98.7% and that nearly 99.9% of claims that should have been coded in ICD-10 were coded correctly.
Rejection Rates?

- Holding steady or even lower than under ICD-9.
- Payers are reporting negligible increases in % of pended claims.
- At least one clearinghouse reported no change or even a slight decrease in denials from commercial and governmental payers.
- UHC – ICD-10 specific email site for questions prior to implementation reports that pre-10/01/2015 they were receiving around 20-40 questions per day. Post-10/01/15 is has averaged only 5 per day.

(Source: [www.himss.org/library/icd-10/playbook/smooth-icd-10-transition](http://www.himss.org/library/icd-10/playbook/smooth-icd-10-transition); "Early Indications Suggest Smooth Transition to ICD-10"; Business Edge Newsletter, November 11, 2015)

### CMS.GOV

<table>
<thead>
<tr>
<th>METRICS</th>
<th>OCTOBER 1-27</th>
<th>HISTORICAL BASELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Claims Submitted</td>
<td>4.6 million per day</td>
<td>4.6 million per day</td>
</tr>
<tr>
<td>Total Claims Rejected due to Incomplete or invalid information</td>
<td>2.0% of total claims submitted</td>
<td>2.0% of total claims submitted</td>
</tr>
<tr>
<td>Total Claims Rejected due to invalid ICD-10 codes</td>
<td>0.09% of total claims submitted</td>
<td>Estimated from end-to-end CMS testing in 2015: 0.17% of total claims submitted</td>
</tr>
<tr>
<td>Total Claims Rejected due to invalid ICD-9-CM codes</td>
<td>0.11% of total claims submitted</td>
<td>Estimated from 2015 testing: 0.17% of total claims submitted</td>
</tr>
<tr>
<td>Total claims denied</td>
<td>10.1% of total claims processed</td>
<td>10.0% of total claims processed</td>
</tr>
</tbody>
</table>
“Cooperating Parties” – Contribute to ICD-10-CM Coding Rules in the U.S.

- CMS
- CDC
  - Official Guidelines can be accessed on the CDC website
- AHA
- AHIMA

ICD-10-CM Code Format

- Consist of up to seven digits:
  - The 1st digit is always alpha
  - The 2nd digit is always numeric
  - The remaining five digits can be any combination
The ICD-10-CM Manual

• Coding guidelines located at the front of most manuals – “the rules of coding”
• 21 chapters
• Alphabetic Index
• Neoplasm Table
• Table of Drugs and Chemicals
• External Cause Index
• Tabular List
• Some manuals have additional valuable resources.

ICD-10-CM Three Digit Categories

• CODING SYSTEM CONSISTS OF 21 CHAPTERS
  • CHAPTER 1: (A00-B99) Certain Infectious And Parasitic Diseases
  • CHAPTER 2: (C00-D48) Neoplasms
  • CHAPTER 3: (D50-D89) Diseases Of Blood/Blood-Forming Organs & Certain Disorders Involving Immune Mechanism
  • CHAPTER 4: (E00-E90) Endocrine, Nutritional, And Metabolic Diseases
  • CHAPTER 5: (F01-F99) Mental And Behavioral Disorders
  • CHAPTER 6: (G00-G99) Diseases Of The Nervous System
  • CHAPTER 7: (H00-H59) Diseases Of The Eye And Adnexa
  • CHAPTER 8: (H60-H95) Diseases Of The Ear And Mastoid Process
  • CHAPTER 9: (I00-I97) Diseases Of The Circulatory System
  • CHAPTER 10: (J00-J99) Diseases Of The Respiratory System
  • CHAPTER 11: (K00-K93) Diseases Of The Digestive System
  • CHAPTER 12: (L00-L99) Diseases Of Skin And Subcutaneous Tissue
Chapters

- CHAPTER 13: (M00-M99) Diseases Of Musculoskeletal System/Connective System
- CHAPTER 14: (N00-N99) Diseases Of The Genitourinary System
- CHAPTER 15: (O00-O99) Pregnancy, Childbirth, And The Puerperium
- CHAPTER 16: (P04-P94) Certain Conditions Originating In The Perinatal Period
- CHAPTER 17: (Q00-Q94) Congenital Malformations, Deformations, & Chromosomal Abnormalities
- CHAPTER 18: (R00-R99) Symptoms, Signs, Abnormal Clinical/Laboratory Findings, NEC
- CHAPTER 19: (SOO-T98) Injury, Poisoning Certain Other Consequences Of External Causes
- CHAPTER 20: (V01-Y87) External Causes Of Morbidity
- CHAPTER 21: (Z00-Z99) Factors Influencing Health Status/Contact w/Health Services

Hypertension – ICD-10-CM

Hypertension Listing – Alphabetic Index

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10
  - with
    - heart involvement (conditions in I51.4 - I51.9 due to hypertension) —see Hypertension, heart
    - kidney involvement —see Hypertension, kidney
    - benign, intracranial G93.2
    - borderline R03.0
    - cardiorenal (disease) I13.10
      - with heart failure I13.0
      - with stage 1 through stage 4 chronic kidney disease I13.0
      - with stage 5 or end stage renal disease I13.2
      - without heart failure I13.10
      - with stage 1 through stage 4 chronic kidney disease I13.10
      - with stage 5 or end stage renal disease I13.11
Chapter 9: Diseases of the Circulatory System

- Hypertensive diseases (I10-I15)
  
  *Use additional code to identify:*
  
  - exposure to environmental tobacco smoke (Z77.22)
  
  - history of tobacco use (Z87.891)
  
  - occupational exposure to environmental tobacco smoke (Z57.31)
  
  - tobacco dependence (Z72.0)
  
  - tobacco use (Z72.0)

Chapter 10: Diseases of the Respiratory System

- 4th J04 Acute laryngitis and tracheitis
  
  *Use additional code (B95-B97) to identify infectious agent*
  
  *Excludes1: acute obstructive laryngitis (croup) and epiglottis (J05.-)*
  
  *Excludes2: laryngismus (stridulus) (J38.5)*
  
  J04.0 Acute laryngitis
  
  *Edematous laryngitis (acute)*
  
  *Laryngitis (acute) NOS*
  
  ...........................................
Looking Up Diabetes In Alphabetic Index In ICD-10-CM

- Diabetes, diabetic (mellitus) (sugar) E11.9
  - with
    - amyotrophy E11.44
    - arthropathy NEC E11.618
    - autonomic (poly) neuropathy E11.43
    - cataract E11.36
  - type I E10.9
  - with
  - type 2 E11.9
  - with

- Combination codes that include DM and manifestations
- Default code E11.9

Diabetes In Tabular List In ICD-10-CM

- E08 - Diabetes mellitus due to underlying condition
  (Takes place of 249.xx series of codes in ICD-9-CM –Secondary DM)
  - Code first the underlying condition, such as:
    - Congenital rubella (P35.0)
  - Use additional code to identify any insulin use (Z79.4-

- E09 - Drug or chemical induced diabetes mellitus
  (Also replaces 249.xx series of codes in ICD-9-CM –Secondary DM)
  - Code first poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)
  - Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
  - Use additional code to identify any insulin use (Z79.4-

- E10.- Type 1 Diabetes mellitus
  - 5th E10.1 Type 1 diabetes mellitus with ketoacidosis
    - E10.10 Type 1 diabetes mellitus with ketoacidosis without coma
    - E10.11 Type 1 diabetes mellitus with ketoacidosis with coma

- E11.- Type 2 Diabetes mellitus
  - 5th E11.0 Type 2 diabetes mellitus with hyperosmolarity
    - E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketonic hyperglycemic-hyperosmolar coma (NKHHC)
    - E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma
In ICD-10-CM - Two Types of “Excludes Notes”

- Added definitions for two types of Excludes notes
  - **Excludes 1** – “not coded here” – never used with the code – (Same as the “Excludes” note in “9”)
    - Example: S98.- “Traumatic amputation of ankle and foot” has an Excludes 1 to S92- “Fracture of foot and toe, except ankle”
  - **Excludes 2** – “not included here” – not part of the condition; it is acceptable to use both codes together if patient has both conditions
    - Example: S82.- “Fracture of ankle” has an Excludes 2 to S92- “Fracture of foot and toe, except ankle”

Neoplasm Table – Not Very Different

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen, abdominal</td>
<td>C30.1</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>Liver</td>
<td>C34.9</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>Skin</td>
<td>C44.1</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>C97.2</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- unspecified variant</td>
<td>C44.9</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- specified variant</td>
<td>C44.9</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- primary variant</td>
<td>C44.9</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- secondary variant</td>
<td>C44.9</td>
<td>C79.0</td>
<td>D09.9</td>
<td>D39.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
</tbody>
</table>
### Table of Drugs and Chemicals

(4 columns for Poisonings; 1 column for Adverse reaction; new column for new Underdosing codes)

#### ICD-10-CM TABLE of DRUGS and CHEMICALS

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-propanol</td>
<td>T51.3K1</td>
<td>T51.3K2</td>
<td>T51.3K3</td>
<td>T51.3K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2-propanol</td>
<td>T51.2K1</td>
<td>T51.2K2</td>
<td>T51.2K3</td>
<td>T51.2K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4-Dichlorophenoxyacetic acid</td>
<td>T60.3K1</td>
<td>T60.3K2</td>
<td>T60.3K3</td>
<td>T60.3K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4-Toluene disocyanate</td>
<td>T66.8K1</td>
<td>T66.8K2</td>
<td>T66.8K3</td>
<td>T66.8K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4,5-Tribromo-phenoxycetic acid</td>
<td>T60.1K1</td>
<td>T60.1K2</td>
<td>T60.1K3</td>
<td>T60.1K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>14-Hydroxyxydroxymorphine</td>
<td>T40.2K1</td>
<td>T40.2K2</td>
<td>T40.2K3</td>
<td>T40.2K4</td>
<td>T40.2KX</td>
<td>T40.2K6</td>
</tr>
</tbody>
</table>

#### External Cause – Separate Index

#### ICD-10-CM External Cause of Injuries Index

<table>
<thead>
<tr>
<th>A</th>
<th>Abandonment (causing exposure to weather conditions) (with intent to injure or kill) NEC X58</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Abuse (adult) (child) (mental) (physical) (sexual) X58</td>
</tr>
<tr>
<td>A</td>
<td>Accident (to X58)</td>
</tr>
<tr>
<td>A</td>
<td>- aircraft (in transit) (powered)  see also Accident, transport, aircraft</td>
</tr>
<tr>
<td>A</td>
<td>- - due to, caused by, accident  see also Forces of nature, by type</td>
</tr>
<tr>
<td>A</td>
<td>- animal-rider  see also Accident, transport, animal-rider</td>
</tr>
<tr>
<td>A</td>
<td>- animal-drawn vehicle  see also Accident, transport, animal-drawn vehicle occupant</td>
</tr>
<tr>
<td>A</td>
<td>- automobile  see also Accident, transport, car occupant</td>
</tr>
<tr>
<td>A</td>
<td>- bare foot water skier V84.4</td>
</tr>
<tr>
<td>A</td>
<td>- boat, boating  see also Accident, watercraft</td>
</tr>
<tr>
<td>A</td>
<td>- - striking swimmer</td>
</tr>
<tr>
<td>A</td>
<td>- - - powered V84.11</td>
</tr>
<tr>
<td>A</td>
<td>- - - unpowered V84.12</td>
</tr>
<tr>
<td>A</td>
<td>- bus  see also Accident, transport, bus occupant</td>
</tr>
<tr>
<td>A</td>
<td>- cable car, not on rails V88.0</td>
</tr>
<tr>
<td>A</td>
<td>- - on rails  see also Accident, transport, streetcar occupant</td>
</tr>
</tbody>
</table>
Additional Information That May Be Required to Accurately Code Injuries & Poisonings

- **External Cause Code(s):**
  - Reference “Index to External Causes” in ICD-10-CM Draft Manual
  - Provide information to “paint the picture” of information available to further describe the injury and/or poisoning:
    - What happened? (External cause code(s))
    - Where did the incident happen? (Place of occurrence)
    - How did the incident happen? (An Activity code if it further describes the injury/poisoning)
    - What was the Status of the patient at the time of the injury? (External Cause Status)

Code Extensions in ICD-10-CM

- 7th character code extensions have been added for injuries and external causes:
  - A Initial encounter
  - D Subsequent encounter
  - S Sequelae

Example:
- S91.212A - Laceration without foreign body of left great toe with damage to nail, initial encounter.
  
  "Dummy placeholder X" is used to fill in any missing characters when a 7th character extension is required for the code.
Most Frequent Questions Being Received

- Codes that require 7th character extensions:
  - A – initial encounter
  - D - subsequent encounter
  - S - sequela
- Fracture codes, of course, require additional 7th characters
- Some 7th character code requirements are numeric

Fracture Codes

- 7th Character identifies if the fx is open or closed for an initial encounter or if a subsequent encounter is for routine healing, delayed healing, nonunion, malunion, or sequelae. The extensions are:
  - A Initial encounter for closed fx
  - B Initial encounter for open fx
  - D Subsequent encounter for fx with routine healing
  - G Subsequent encounter for fx with delayed healing
  - K Subsequent encounter for fx with nonunion
  - P Subsequent encounter for fx with malunion
  - S Sequelae
ICD-10-CM – 7th Character Describing Encounter

- **Initial encounter:** As long as patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter and evaluation and treatment by a new physician.
- **Subsequent encounter:** After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.
  - Examples of subsequent treatment are: cast change or removal, removal of external or internal fixations device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
- **Sequela:** Complications or conditions that arise as a direct result of a condition (e.g., scar, formation after a burn).
- **Note:** For aftercare of injury, assign acute injury code with 7th character for subsequent encounter.

Example of Laterality and Location: Pain In Limb

- M79.60 – M79.609 – arm/leg; laterality
- M79.62 - M79.639 - upper arm/forearm/laterality
- M79.64 - M79.646 - hand or fingers, left or right
- M79.65 - M79.669 - thigh or lower leg, left or right
- M79.67 – M79.676 - foot and toes, left or right
Payer Edit Policies

• Example: BCBSKS
  – ICD-10-Laterality Edits
  – “The following edits will be implemented for BCBSKS (47163) only, and will begin with the acceptance of ICD-10-CM coding on 10/1/2015.”
    • “Purpose: EDI front end edits for Professional, Institutional and Dental claims will be implemented to encourage providers to document and specify the most appropriate code related to a condition. Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the right, left, or is bilateral. If a claim is received with an unspecified codes, the claim will reject. You will need to check with the provider to determine which side(s) are affected and submit the claim with the specific code. Accurate coding allows BCBSKS to administer policy benefits in an efficient and effective manner.”

Example of Excludes 2 Notes

• Example:
• Chapter 3: Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)
  – Excludes2: autoimmune disease (systemic) NOS (M35.9)
  • certain conditions originating in the Perinatal period (P00-P96)
  • complications of pregnancy, childbirth and the puerperium (O00-O9A)
  • congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
  • endocrine, nutritional and metabolic disease (E00-E88)
  • Human immunodeficiency virus (HIV) disease (B20)
  • injury, poisoning and certain other consequences of external causes (S00-T88)
  • neoplasms (C00-D49)
  • symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
Chapter Blocks Very Helpful

• Chapter 3 – Continued:
  – This chapter contains the following blocks:

  *D50-D53* Nutritional anemias
  *D55-D59* Hemolytic anemias
  *D60-D64* Aplastic and other anemias and other bone marrow failure syndromes
  *D65-D69* Coagulation defects, purpura and other hemorrhagic conditions
  *D70-D77* Other disorders of blood and blood-forming organs
  *D78* Intraoperative and postprocedural complications of the spleen
  *D80-D89* Certain disorders involving the immune mechanism

Chapter-Specific Guidelines and Examples

• “Chapter 10: Diseases of the Respiratory System (J00-J99)”
  – Chronic obstructive pulmonary disease (COPD) and asthma
    • “1. Acute exacerbation of chronic obstructive bronchitis and asthma
      The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.”

    *Acute streptococcal bronchitis with acute exacerbation of COPD:*
    *J20.2* Acute bronchitis due to streptococcus
    *J44.0* Chronic obstructive pulmonary disease with acute lower respiratory infection
    *J44.1* Chronic obstructive pulmonary disease with (acute) exacerbation.”

    “Explanation: ICD-10-CM uses combination codes to create organism-specific classifications for acute bronchitis. Category J44 codes include combination codes with severity components, which differentiate between COPD with acute lower respiratory infection (acute bronchitis), COPD with acute exacerbation and COPD without mention of a complication (Unspecified).”

    (Source: [www.optumcoding.com](http://www.optumcoding.com), ICD-10-CM Expert for Physicians; The complete official code set; Codes valid October 1, 2015 through September 30, 2016, page 617.)
Clinical Documentation Improvement

• Can be a continuing challenge
• SNOMED
• Clinical information will be vital to receiving appropriate reimbursement for several reasons now and into the future
• ICD-10’s role in future reimbursement systems

Clinical Documentation Improvement Tips

• Alcohol, Tobacco, and Substance Use
   – Identify the type of drug/substance
   – Describe type:
     • Use
     • If physician documents use and abuse, code abuse
     • If physician documents abuse and dependence, code dependence
     • In remission?
   – Describe specifically as nicotine; cigarettes, chewing tobacco, pipe and/or gum
   – Indicate intoxication/withdrawal as uncomplicated or with delirium
   – Document existing withdrawal symptoms
   – Document any associated conditions; state whether there are any related complications.
   – Blood alcohol level, if applicable and available
   – Indicate any related mood disorders, delusions, hallucinations, anxiety, sleep disorders, sexual dysfunctions, or related conditions
   – Document treatments provided such as detoxification, counseling, psychotherapy, medication management, pharmacotherapy

Source: “ICD-10-CM/PCS Documentation Tips”, AHIMA
Clinical Documentation Improvement Tips

• Anemia – D50-D64
  – Type of anemia – Nutritional, Hemolytic, Aplastic, Due to blood loss, other specific information
  – For Nutrition anemia document whether due to nutrition or mineral deficits
  – Indicate if anemia is due to a primary or secondary malignant neoplasm
  – State if anemia is related or due to chemotherapy or radiotherapy
  – Indicate any cause and effect relationship between the intervention and the blood or immune disorder
  – If drug induced, specify the specific drug
  – Link lab findings to a related diagnosis
  – Document any related or associated conditions.

Source: "ICD-10-CM/PCS Documentation Tips", AHIMA

Clinical Documentation Improvement Tips

• Appendicitis – K35-K38:
  – Document the severity as:
    • Acute, Chronic, Recurrent, Subacute
  – Document any related conditions as:
    • Perforated or ruptured appendix, Peritoneal abscess, Generalized or Localized Peritonitis,
Clinical Documentation Improvement Tips

• Asthma:
  – Document with related conditions such as:
    • Acute lower respiratory infection
    • COPD
    • Chronic obstructive bronchitis
    • Exacerbation
    • Status asthmaticus
  – Document severity as:
    • Mild intermittent, mild persistent, moderate persistent, severe persistent
  – Document form or type as:
    • Cough variant, Childhood, exercise induced bronchospasm, extrinsic allergic, idiosyncratic, intrinsic nonallergic, late-onset, mixed, other.
  – Document any related/associated diagnoses/conditions

• Cellulitis – L03-:
  – Document anatomic site
  – Indicate Laterality:
    • Right, Left, Bilateral
  – If Cellulitis of “other parts of limb”, specify as:
    • Right, Left, Upper, Lower
  – If Cellulitis of the “cheek”, specify as:
    • Internal, External
  – Document any associated conditions
Clinical Documentation Improvement Tips

- **Diabetes** – Document:
  - **Type** as:
    - Type 1
    - Type 2
    - Drug/chemically induced
    - Due to underlying condition
    - Other specified type
  - **Severity** as:
    - Inadequate control, Out of control, Poorly controlled, Hypoglycemia, Hyperglycemia
  - **Insulin use**
  - **Any associated conditions**
  - **Manifestations/complications such as**:
    - Circulatory complications, Hyperosmolarity; with or without coma, Hypoglycemia, Ketoacidosis; with or without coma, Kidney complications, Neurological complications, Ophthalmic complications, Skin complications, Arthropathy, Other

Clinical Documentation Improvement Tips

- **Crohn’s Disease/Regional Enteritis** – Document:
  - **Complications** such as:
    - Abscess, Fistula, Intestinal Obstruction, Rectal bleeding, Other
  - **Site**:
    - Small intestine, Large intestine, Both small and large intestine
  - **Any associated/related conditions**
Clinical Documentation Improvement Tips

- Cerebrovascular Diseases (I60-I69)
- CVA – Document:
  - If due to Hemorrhage:
    - Location or source of hemorrhage as:
      - Subarachnoid with specification of artery, if known
      - Intracerebral with specific location, if known
      - Intracranial:
        - Subdural – indicate if Acute, Subacute, or Chronic
        - Extradural
    - Laterality
    - Any associated conditions
  
- If due to causes other than Hemorrhage:
  - Cause
    - Thrombosis
    - Embolism
    - Other
    - Unspecified Occlusion or stenosis
  
  - Site:
    - Precerebral Arteries with specified artery, if known
    - Cerebral Arteries with specified artery, if known
  
  - Laterality
  - Any associated conditions
Clinical Documentation Improvement Tips

- **Glaucoma – (H40-H42) - Document:**
  - **Type with specified eye(s) affected** such as:
    - **Open angle**
      - **Type** – primary, low-tension, pigmentary, capsular, residual stage
    - **Narrow angle (angle-closure)**
      - **Type** – acute, chronic, intermittent, residual stage
  - **Glaucoma in diseases, such as:**
    - Amyloidosis, Diabetes, Other
  - **Glaucoma suspected**
  - **Secondary glaucoma due to:**
    - Drugs, Eye inflammation, trauma, other
  - **Stage with specified eye(s) affected:**
    - Mild
    - Moderate
    - Severe, Advanced, End-stage
    - Indeterminate
  - **Any associated conditions**

Example of Manifestation Code

- **H42 Glaucoma in diseases classified elsewhere**
  - **Code first underlying condition, such as:**
    - Amyloidosis (E85.-)
    - Aniridia (Q13.1)
    - Lowe’s syndrome (E72.03)
    - Reiger’s anomaly (Q13.81)
    - **Specific metabolic disorder( E70-E88)**
Chapter-Specific Guidelines For Eyes

• “a. Glaucoma
  – 1. Assigning glaucoma codes
    • Assign as many codes from category H40 (Glaucoma) as need to identify
      the type of glaucoma, the affected eye, and the glaucoma stage
  – 2. Bilateral glaucoma with same type and stage
    • When a patient has bilateral glaucoma and both eyes are documented as
      being the same type and stage, and there is a code for bilateral glaucoma,
      report only the code for the type of glaucoma, bilateral with the seventh
      character for the stage.
• Example: Bilateral severe stage pigmentary glaucoma:
  – H40.1333  Pigmentary glaucoma, bilateral, severe stage
  – Explanation: In this scenario, the patient has the same type and stage
    of glaucoma in both eyes. As this type of glaucoma has a code for
    bilateral, assign only the code for the bilateral glaucoma with the 7th
    character for the stage.”

Clinical Documentation Improvement Tips

• Hand and/or Foot Disorders/Conditions – Document:
  – Laterality – Left, right, bilateral
  – Location/Specificity – foot and/or hand; upper or lower limb
  – Status – Acute, Chronic, Intermittent, Recurrent
  – Specifics - Rigid or flexible; Type of neuroma, if applicable; Bone vs joint
  – Cause – Traumatic, Primary or Secondary, Post traumatic, Other disease (OA, RA, Gout) with notation
    of Generalized or Specific Joints.
## Clinical Documentation Improvement Tips

### Hearing Loss – Document:

- **Laterality** – Bilateral or Unilateral
- **Extent** of Hearing Loss – Left/right ear with unrestricted hearing on the contralateral side
- **Types:**
  - Conductive, Sensorineural, Mixed, Other
- **Any associated conditions**

### Heart Failure – Document:

- **Acuity** – Acute, Chronic, Acute on Chronic
- **Type** – Diastolic, Systolic, Combined systolic and diastolic
- **Due to or associated with:**
  - Cardiac or other surgery
  - Hypertension
  - Valvular disease
  - Rheumatic heart disease – Endocarditis, Pericarditis, Myocarditis
  
- **Other**
Clinical Documentation Improvement Tip

**MRSA/MSSA – Document:**

**Methicillin-resistant Staphylococcus aureus:**
- Indicate “MRSA infection” when patient has the condition
- Indicate if Sepsis and/or Septic Shock is present
- Any associated conditions

**Methicillin susceptible Staphylococcus aureus:**
- Include “MSSA infection” when patient has the condition
- Indicate if Sepsis and/or Septic Shock is present
- Any associated conditions

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Clinical Documentation Improvement Tip

- **Major Depressive Disorder – Document:**
  - **Episode** – Single or Recurrent
  - **Severity** -
    - Mild
    - Moderate
    - Severe
      - With psychotic features
      - Without psychotic features
  - In **partial or full remission** if that applies
  - Any **associated conditions**
Clinical Documentation Improvement Tip

• Other:
  – Cancer – history of cancer vs active cancer, primary & secondary sites
  – Pain – acute/chronic, neoplasm-related, post-traumatic, post-thoracotomy, etc.
  – Cerebral infarction – vessel/event, current vs old, sequelae, traumatic vs nontraumatic hemorrhage
  – Peptic ulcer – location & complications
  – Cholecystitis/cholelithiasis – location, obstruction, acute vs chronic
  – Diverticulosis/diverticulitis – location, complications
  – Arthritis – type, poly vs single joint, sequela of trauma, secondary to underlying disease

Clinical Documentation Improvement Tips

– Osteoporosis – pathological fracture, bone density test
– Internal derangement of knee – old vs current injury, location, type
– Pregnancy – trimester, weeks of gestation, incidental pregnancy
– Multiple gestation – chronicity/amnionicity, 7th character for fetus
– Diabetes and hypertension in pregnancy – gestational and pre-existing, diet vs insulin, PIH, pre-eclampsia
– Fracture type – displaced, spiral oblique, transverse, physeal, Gustillo, etc.
– Traumatic brain injury, LOC, and coma scale
– External cause of injury/illness – cause, place of occurrence, activity, status
Monitoring the Metrics

- Claims rejected by clearinghouse
  - Reason?
  - % ?
- Claims rejected by payer
  - Reason?
  - % ?
- Do you “put the pencil” to claims rejections/denials/underpayments in addition to using computer reports?
  - Use a denial tool to locate the root cause of these and isolate any need for improvement in processes.

Reason Codes Related to Diagnosis to Monitor

- CARC – Claims adjustment reason codes
- RARC - Remittance advice remark codes
Review, Review, Review

- National Coverage Determinations; Local Coverage Determinations; Private Payer Policies
- Denial % by payer, line item, claim, type of service, specific codes, modifiers
- Frequency % of claims rejected or suspended by clearinghouse with reason(s)
- If inaccurate coding, share information with staff and access needs for improvement
- Establish goals and monitor for success.
- Teamwork is key.

Number “Crunching” for Successful Billing

- Reimbursement for main codes by payer; compare % to Medicare allowable
- % of Gross Charges collected:
  - Collections divided by Gross Charges
  - What % of the Charges billed did I collect?
- % of Net charges collected:
  - Collections divided by (Gross Charges less Adjustments)
  - A more accurate estimate of possible Accounts Receivables that will be collected.
- Days in Accounts Receivable –
  - Current balance in A/R divided by Average Monthly Charges = Month’s in A/R
  - Multiplied by average days in month (i.e. 30.4) = average number of days accounts are staying in A/R
Questions?

• Q & A

• Tips To Share With Others?

• Pmi’s Discussion Forum: http://www.pmimd.com/pmiForums/default.aspx

• THANK YOU!
  • Don’t forget to register for our upcoming New Orleans National Conference. Great time to gather and learn with your PMI family. Use my code to register: MCWEB.
  • Contact me at: mcollins@pmimd.com.