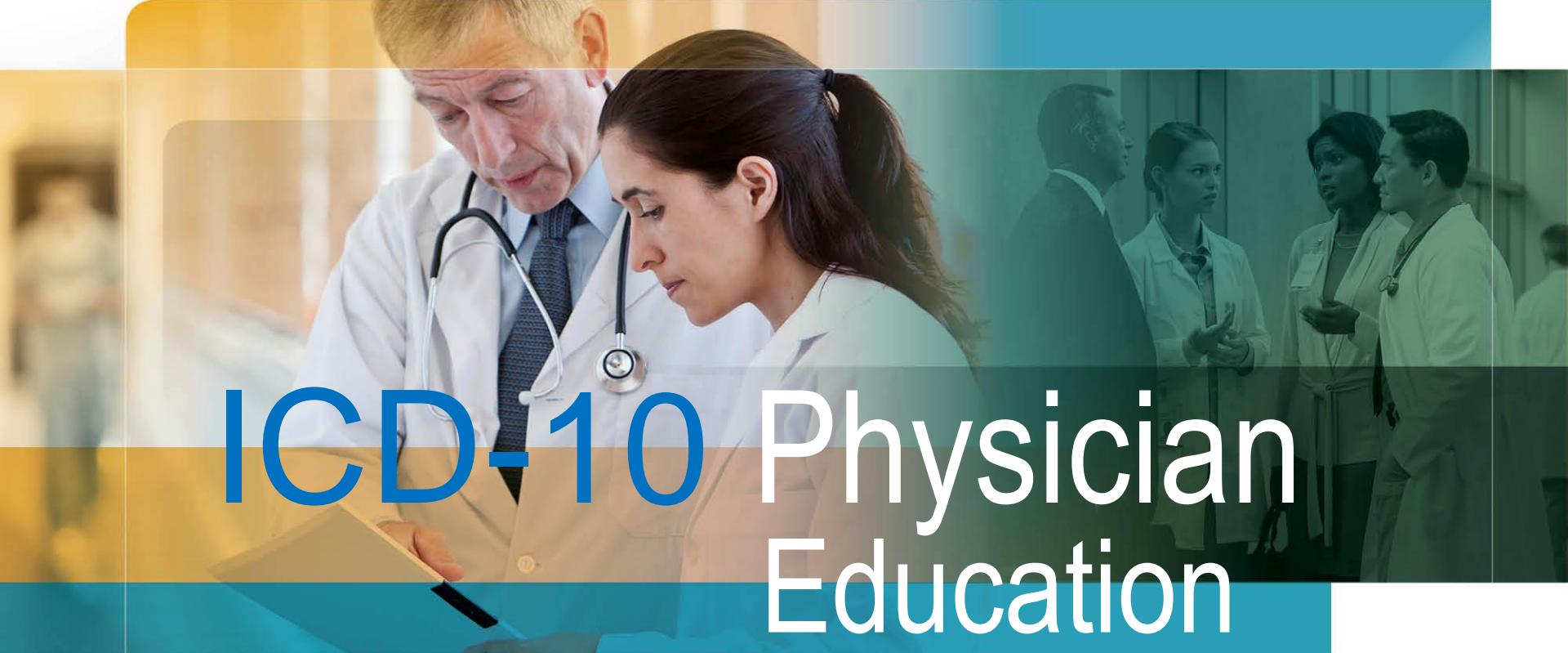


3M™ DRG Assurance™ Program



ICD-10 Physician Education

UMass Memorial Health Care
Psychiatry

I-10 Clinical Documentation Improvement Goals and Objectives

- After participating in the CME activity, participants should be able to:
- Articulate the timelines and rationale from CMS regarding moving to ICD-10 cm/pcs coding
- Understand how the implementation of ICD-10 will impact physician documentation within their specialty
- Understand how physician documentation is utilized in publically reported hospital and physician quality data for hospital medical staff

I-10 Clinical Documentation Improvement Goals and Objectives (cont.)

UMass Memorial Health Care Physician Documentation Improvement Program

- Provide Physician to Physician guidance responsive to the unique needs of each physician specialty
- Demonstrate value of accurate and complete documentation
- Capture the Severity of Illness and Risk of Mortality of the clinical condition of each of your patients in the inpatient hospital setting
- Assure appropriate profiling: hospital and physician
 - Optimize hospital and physician quality reports and profiles
- Introduce documentation requirements for ICD-10
- Discuss clinical examples and case studies by specialty
- Questions and Answers

I-10 Clinical Documentation Improvement Goals and Objectives (cont.)

- Identify documentation needs regarding most common diagnoses within the physicians specialty as well as the most common secondary diagnoses associated with their patient population within their specialty
- Explain how specificity of diagnosis is important when documenting clinical conditions
- Apply appropriate documentation of post-operative conditions, distinguishing between expected clinical entities and complications
- Integrate required documentation for ICD-10 of diagnoses within their specialty, and;
- Understand how UMass Memorial CDI Specialists will assist the physicians to concurrently query the physicians and the role of the physician to complete documentation tasks/requirements

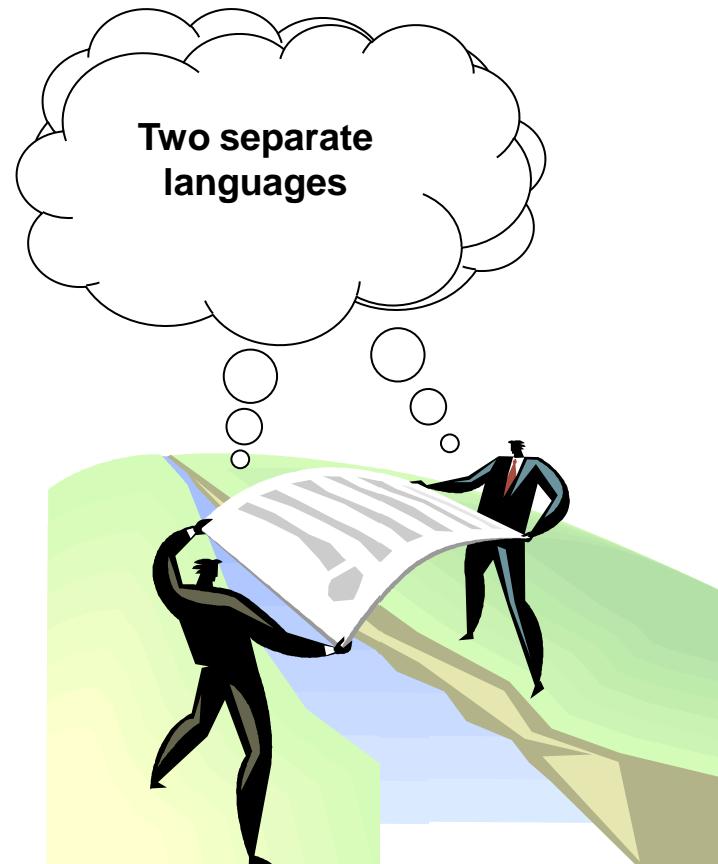
ICD-9 Codes to be replaced by ICD-10

For the last 30 years, the United States has used ICD-9
CMS-0013-F mandates the implementation date of ICD-10 on
October 1, 2015

- ICD-9 codes will not be accepted for services provided on or after October 1, 2015
- Prior to October 1, 2015, it is necessary to submit claims using ICD-9 codes

Documentation & Coding Issues

Physician
Document in
CLINICAL terms



Documentation for
coding, profiling &
compliance requires
specificity in
DIAGNOSIS terms

This gap will be increased with ICD-10

Documentation
Improvement can help bridge the gap

Clinical Terms (Documentation needs clarification)	Diagnostic Statement (Accurate code may be assigned)
Heavy alcohol intake	Alcohol abuse vs. alcohol dependence/addiction ; specify if in remission; document any alcohol induced disorders such as anxiety disorder, hallucinations, delirium, delusions
Using cocaine, polysubstance use/abuse	Drug abuse vs. drug dependence/addiction ; specify if in remission; document any drug induced disorders such as anxiety disorder, hallucinations, delirium, delusions; indicate each drug
Depression, first episode	Document type such as major depression, adjustment disorder, grief reaction, anxiety depression, depressive neurosis (Note: documentation of "depression" defaults to major depressive disorder, single episode, if not further specified)
Major depressive disorder	Document single vs. recurrent episode; specify if mild, moderate or severe and if with or without psychotic features; if in remission, document whether full remission or partial remission
Recent depression, now hyper excitable	Bipolar disorder (document current or most recent episode such as hypomanic, manic, depressed, mixed; specify severity such as mild, moderate or severe and with or without psychotic features; document remission [full vs. partial])

Pediatric Mental Health

Clinical Terms (Documentation needs clarification)	Diagnostic Statement (Accurate code may be assigned)
Intellectual disability	Specify IQ or degree such as borderline, mild, moderate, severe, profound and note if any associated autism
Learning disability	Indicate if spelling, language, knowledge acquisition
Autism	Include any associated intellectual disabilities or learning disabilities
Attention deficit disorder (ADD)	Indicate if ADD is predominately inattentive, hyperactive or combined
Patient fearful, experiencing delusions & hallucinations	Schizophrenia (specify type such as, latent, schizoaffective, simple, undifferentiated; specify severity level such as acute, chronic, chronic with acute exacerbation, subchronic, subchronic with acute exacerbation, in remission [ICD-9-CM only])
Eating disorder	Specify type bulimia or anorexia (document specific type such as binge-eating/purging type or restricting type)
Emaciated, ↓ albumin, weight loss, BMI 4.75%, nutritional consult, ordered Pediasure	Malnutrition (specify type such as protein calorie, protein energy; and severity such as mild, moderate or severe or first, second or third degree)

DSM -5 Diagnosis/ ICD-10 Ready

ICD-10
Requires
further
specificity
related to
acuity:
Mild,
Moderate,
Severe

296.40	F31.0	Bipolar I disorder, Current or most recent episode hypomanic
296.41	F31.11	Bipolar I disorder, Current or most recent episode manic, Mild
296.42	F31.12	Bipolar I disorder, Current or most recent episode manic, Moderate
296.43	F31.13	Bipolar I disorder, Current or most recent episode manic, Severe
296.44	F31.2	Bipolar I disorder, Current or most recent episode manic, With psychotic features
296.51	F31.31	Bipolar I disorder, Current or most recent episode depressed, Mild
296.52	F31.32	Bipolar I disorder, Current or most recent episode depressed, Moderate
296.53	F31.4	Bipolar I disorder, Current or most recent episode depressed, Severe
296.54	F31.5	Bipolar I disorder, Current or most recent episode depressed, With psychotic features
296.45	F31.73	Bipolar I disorder, Current or most recent episode hypomanic, In partial remission
296.45	F31.73	Bipolar I disorder, Current or most recent episode manic, In partial remission
296.46	F31.74	Bipolar I disorder, Current or most recent episode hypomanic, In full remission

ICD-10 Mental Health Documentation Tips

- Use adjectives
 - Acute, chronic, acute on chronic, mild, moderate, major, severe, persistent
 - *Example: Bipolar disorder, current episode manic, **moderate***
 - *Example: **Persistent** anxiety depression*
- Indicate cause and effect
 - Use “due to” or “secondary to”
 - *Example: Dementia **due to** Alzheimer’s disease*
- Be specific about aspects of the disease
 - Use current terminology
 - *Example: Alcohol/drug **abuse, dependence** or **use***
 - *Example: Schizophrenia: **paranoid, disorganized, undifferentiated**, etc.*
- Use exact dates
 - Example: “Patient with vascular dementia due to stroke on 12/2/2013”

Depression

- A diagnosis of “depression” is classified to the following code in ICD-10-CM:
 - F32.9 Major depressive disorder, single episode, unspecified
- Document specific type or cause of depression if not actually **major** depression:
 - Adjustment disorder – Grief reaction, culture shock
 - With depression/depressed mood
 - With anxiety
 - Mixed anxiety and depression
 - Anxiety depression (specify as mild or not persistent)
 - Dysthymic disorder – depressive neurosis
 - Persistent anxiety depression

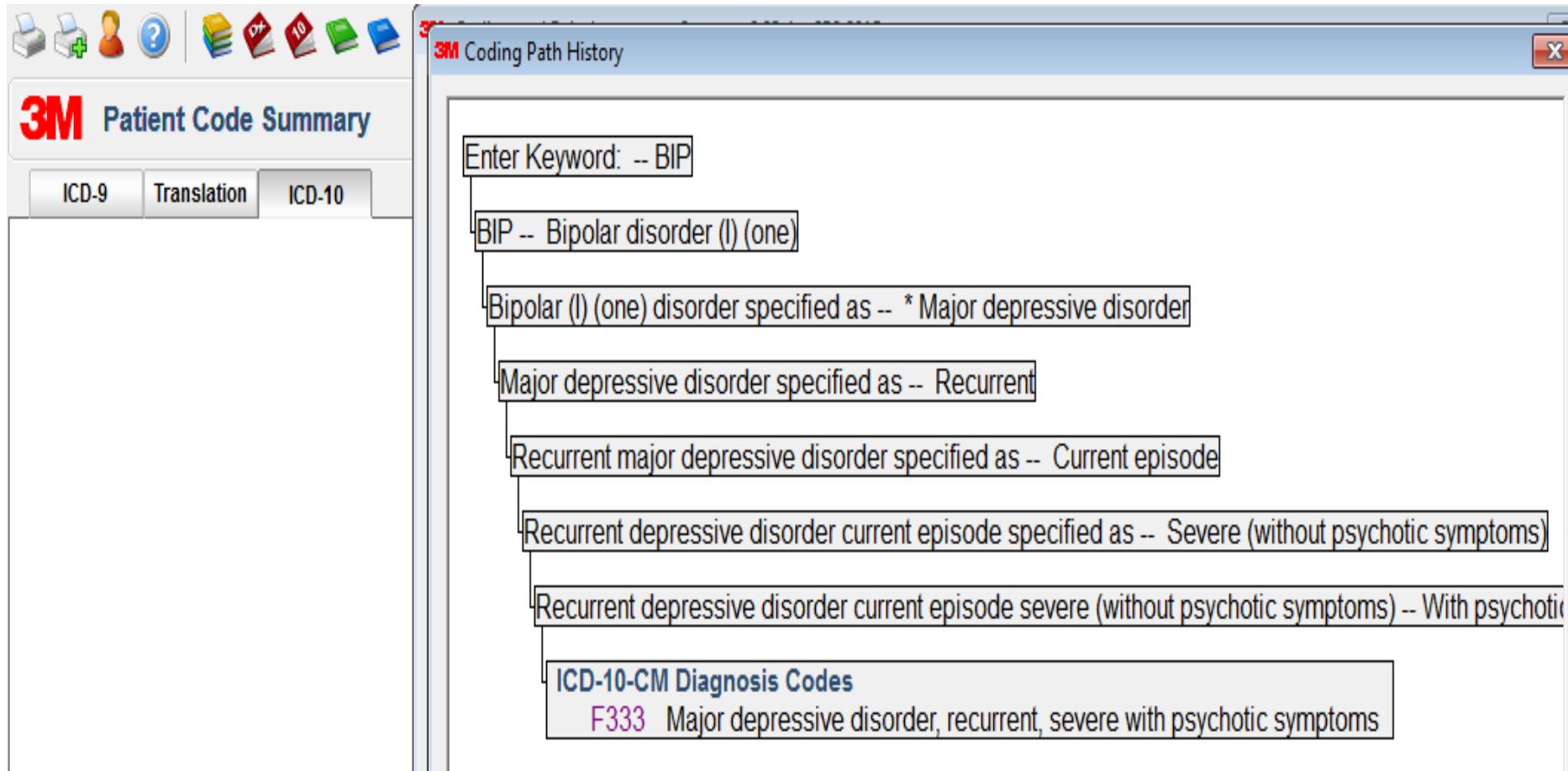
ICD-10-CM Code Structure – example F33 - (MDD)

- First 3 characters are the category: F33
 - F33.- Major depressive disorder (MDD), recurrent
 - 4th Character is Current Severity

0	Mild
1	Moderate
2	Severe, without psychotic features
3	Severe with psychotic features
4	If in remission then a 5 th character is needed: 0 remission, 1 partial or 2 full remission
8	Other recurrent major depressive
9	MDD, recurrent, unspecified

- Complete Code: F33.3 MDD Severe with psychotic symptoms

Code Structure F33 – 3M Encoder



The screenshot shows the 3M Patient Code Summary software interface. On the left, there is a toolbar with icons for printer, plus sign, user, question mark, and several document types. Below the toolbar, the title "3M Patient Code Summary" is displayed, followed by tabs for "ICD-9", "Translation", and "ICD-10". The main window is titled "3M Coding Path History". In the top left of this window, there is an input field labeled "Enter Keyword: -- BIP". Below this, a list of search results is shown in a vertical stack of boxes:

- BIP -- Bipolar disorder (I) (one)
- Bipolar (I) (one) disorder specified as -- * Major depressive disorder
- Major depressive disorder specified as -- Recurrent
- Recurrent major depressive disorder specified as -- Current episode
- Recurrent depressive disorder current episode specified as -- Severe (without psychotic symptoms)
- Recurrent depressive disorder current episode severe (without psychotic symptoms) -- With psychotic

At the bottom of the list, there is a section titled "ICD-10-CM Diagnosis Codes" with the code "F333 Major depressive disorder, recurrent, severe with psychotic symptoms" listed.

Code Structure

The screenshot shows the 3M Coding Path History software interface. The top bar displays the title "3M Coding Path History". The left sidebar features the "3M Patient Code Summary" logo and navigation tabs for "ICD-9", "Translation", and "ICD-10". The main panel contains a search bar with the text "Enter Keyword: -- MALN" and a list of search results. The results are organized into a tree structure:

- MALN -- Malnutrition
- Malnutrition -- Protein
- Protein malnutrition -- Calorie
- Protein calorie malnutrition -- Moderate
- Malnutrition with (screen will repeat) -- Starvation
- Encounter for treatment of injury or condition specified as -- Subsequent
- External causes of injury or condition -- Do not wish to code external cause
- Malnutrition with (screen will repeat) -- Do not wish to code more
- Procedures for malnutrition (screen will repeat) -- * No procedures

At the bottom of the list, a box highlights "ICD-10-CM Diagnosis Codes" with two entries:

- E440 Moderate protein-calorie malnutrition
- T730XXD Starvation, subsequent encounter

Additional Specificity

Cerebella ataxia 3343	Early onset cerebellar ataxia	G111
	Late onset cerebellar ataxia	G112
	Cerebellar ataxia due to alcohol (Degeneration of nervous system due to alcohol)	G312

3M Patient Code Summary

ICD-9 Translation ICD-10

ICD-9-CM Diagnosis

3310 Alzheimer's disease

ICD-10-CM Translation Options

[G300](#) Alzheimer's disease with early onset

[G301](#) Alzheimer's disease with late onset

[G308](#) Other Alzheimer's disease

[G309](#) Alzheimer's disease, unspecified

29411 Dementia in conditions classified elsewhere with behavioral disturbance (manifestation)

[F0281](#) Dementia in other diseases classified elsewhere with behavioral disturbance

V4031 Wandering in diseases classified elsewhere (manifestation)

[Z9183](#) Wandering in diseases classified elsewhere

Clinical Example: Anorexia

- CHIEF COMPLAINT:
 - Patient presents for follow-up of Anorexia and complains of headache.
- ASSESSMENT:
 - Anorexia nervosa with binging and purging, with a headache.

3071	Anorexia nervosa		<hr/>	<u>F5000</u>	Anorexia nervosa, unspecified
			<hr/>	<u>F5001</u>	Anorexia nervosa, restricting type
			<hr/>	<u>F5002</u>	Anorexia nervosa, binge eating/purging type

Clinical Example: Anorexia continued

- Headache – Options in ICD-10:
 - Atypical face pain (G441)
 - Vascular headache, not elsewhere classified (G441)
 - Headache (R510)
- Codes assigned:
 - F50.02 Anorexia nervosa with binging and purging
 - R51.0 Headache, unspecified

Clinical Example: Developmental Delays

- CHIEF COMPLAINT:

- Patient referred with Autism Spectrum Disorder

- ASSESSMENT:

- Intellectual developmental disorder
 - Mixed receptive expressive language disorder
 - Articulation disorder
 - Rule out ASD

- ICD-10 Codes

- Intellectual Disabilities/Disorder

- Need specificity for severity

- mild, moderate, severe, (F70-F79)

- Mixed receptive expressive disorder

- Mixed receptive expressive disorder (F80.2)

- Central auditory processing disorder (H923.5)

Clinical Example: Continued

- **CHIEF COMPLAINT:**
 - Patient referred with Autism Spectrum Disorder
- **ASSESSMENT:**
 - Intellectual developmental disorder
 - Mixed receptive expressive language disorder
 - Articulation disorder
 - Rule out ASD

- **ICD-10 Codes**
- **Articulation disorder**
 - Phonological Disorder (F80.0)
 - Non specific ICD-9 code
- **Rule out ASD**
 - ASD should not be coded for outpatient and physician settings.

Underdosing

- Underdosing is a new concept in ICD-10-CM
 - Document whether underdosing is:
 - Intentional vs. Unintentional
 - Initial encounter vs. Subsequent encounter
 - Due to Financial hardship vs. Age-related debility or other causes

ICD-10-CM Diagnosis Codes

T423X6D Underdosing of barbiturates, subsequent encounter
Z91120 Patient's intentional underdosing of medication regimen due to financial hardship

ICD-10-CM Diagnosis Codes

T424X6A Underdosing of benzodiazepines, initial encounter
Z91130 Patient's unintentional underdosing of medication regimen due to age-related debility

ICD-10-CM Diagnosis Codes

Z91128 Patient's intentional underdosing of medication regimen for other reason

Intellectual Disabilities

- Documentation should specify IQ or degree of intellectual disability

IQ Difference between ICD-9-CM and ICD-10-CM

Degree	ICD-9-CM	ICD-10-CM
Borderline		IQ above 70 to 84
Mild	IQ 50-70	IQ 50-55 to approx. 70
Moderate	IQ 35-49	IQ 35-40 to 50-55
Severe	IQ 20-34	IQ 20-25 to 35-40
Profound	IQ under 20	IQ below 20-25

Drug Related Disorders

- Document:
 - Abuse
 - Dependence
 - Use unspecified
- Document the associated manifestations:
 - Intoxication
 - Mood disorder
 - Psychotic disorders (e.g., delusions, hallucinations)
 - Other disorders (e.g., anxiety, sexual dysfunction, sleep disorder)
- Drug dependence also includes:
 - In remission
 - Withdrawal (e.g., delirium, perceptual disturbance)

Attention Deficit Hyperactivity Disorder

- Document type
 - Predominantly inattentive type
 - Includes attention deficit disorder without hyperactivity
 - Predominantly hyperactive type
 - Combined type

- Document type of anxiety
 - Anxiety depression (mild or not persistent)
 - Need established cause and effect
 - Anxiety hysteria
 - Dysthymic disorder (persistent anxiety depression)
 - Generalized anxiety disorder
 - Mixed anxiety disorder
 - Panic disorder without agoraphobia – panic attack, panic state

Major Depressive Disorder

- Specify:
 - Number of episodes:
 - Single
 - Recurrent
 - Severity level
 - Mild
 - Moderate
 - Severe, with psychotic behavior
 - Severe, without psychotic behavior
 - In full, partial or unspecified remission

Schizophrenic Disorder

- Document type:
 - Latent
 - Schizoaffective or schizophreniform
 - Specify type: bipolar or depressive
 - Simple
 - Undifferentiated

- Specify severity:
 - Mild without psychotic symptoms
 - Moderate without psychotic symptoms
 - Severe without psychotic symptoms
 - Severe with psychotic symptoms
- Specify remission status:
 - In partial remission
 - In full remission

- Specify:
 - Current episode or most recent episode:
 - Depressed
 - Hypomanic
 - Manic with or without psychotic features
 - Mixed
 - Specify severity level:
 - Mild
 - Moderate
 - Severe, with psychotic behavior
 - Severe, without psychotic behavior
 - Specify remission status:
 - Full remission
 - Partial remission

- Document underlying cause of delirium, if known:
 - Alcohol-induced
 - Also document if alcohol abuse or dependence
 - Due to drug intoxication – specify drug (cocaine, opioid)
 - Also document if drug abuse or dependence
 - Due to adverse effect of drug – specify drug
 - Due to mental condition such as dementia
 - Post-procedural

Conversion Disorder

- Document any associated:
 - Motor symptoms or deficits
 - Seizures or convulsions
 - Sensory symptoms or deficits
 - Mixed symptom presentation

Hallucinations

- Document type of hallucination:
 - Alcohol-induced
 - Auditory hallucination
 - Due to drug psychosis (document specific drug)
 - Gustatory
 - Olfactory
 - Tactile
 - Visual hallucinations

- Document

- With depressed mood
- With anxiety
- With mixed anxiety and depressed mood
- With disturbance of conduct
- With mixed disturbance of emotions and conduct
- With other symptoms

Sleep Disorders

- Document specific type:
 - Due to drug/alcohol
 - Nonorganic sleep disorder
 - Hypersomnia
 - Insomnia
 - Parasomnia
 - Organic sleep disorder
 - Circadian rhythm sleep disorders
 - Hypersomnia
 - Insomnia
 - Narcolepsy and cataplexy
 - Parasomnia

- Document terms such as:
 - Anorexia
 - Cachexia
 - Malnutrition (specify mild, moderate or severe)
 - Underweight

Why Document Obesity and Body Mass Index?

- BMI may be used to:
 - Predict likelihood of joint replacement
 - Predict how well patient will do during and after surgery
 - Obese/morbidly obese may have malnutrition
 - Malnutrition impacts SOI/ROM wound healing

<u>Z68.4</u>	Body mass index (BMI) 40 or greater, adult
<u>Z68.41</u>	Body mass index (BMI) 40.0-44.9, adult
<u>Z68.42</u>	Body mass index (BMI) 45.0-49.9, adult
<u>Z68.43</u>	Body mass index (BMI) 50-59.9, adult
<u>Z68.44</u>	Body mass index (BMI) 60.0-69.9, adult
<u>Z68.45</u>	Body mass index (BMI) 70 or greater, adult

- Coders can use dietitian or nursing documentation for the BMI, **but you must document the corresponding diagnosis (e.g., morbid obesity, overweight, malnutrition, underweight) in your notes.**
- Inconsistent documentation of BMI between physicians or other non-physician providers may warrant a query for clarification of stage.

Reaction to Medication – Poisoning vs. Adverse Reaction

Determine if drug was taken correctly

■ Poisoning

- Medication was taken incorrectly
 - Wrong patient, wrong drug, wrong dose, or wrong route of administration
- Includes:
 - Drug taken with alcohol
 - Interaction between prescribed with non-prescribed drug
 - Overdose
 - Prescribed incorrectly
 - Suicide/homicide attempt
- Document circumstance
 - **Accidental (unintentional)**
 - **Intentional self-harm**
 - **Assault**
- Document any associated manifestations

■ Adverse Reaction

- Medication was taken correctly
 - Correct patient, correct drug, correct dose, or correct route of administration
- Includes:
 - Allergic reaction
 - Hypersensitivity
 - Interaction between prescribed drugs
 - Synergistic reaction
 - Toxicity (drug buildup)
- Document any associated manifestations
- Document all drugs taken
- If not documented as taken incorrectly, it will default to an adverse reaction

■ Points to Consider:

- ❖ Differentiate between alcohol/substance abuse vs. dependence/addiction. Do not document “use” as a substitute for abuse or dependence. Indicate all substances patient is abusing or dependent on.
- ❖ Document all active chronic comorbid conditions which may be affecting the patient ‘s current condition (e.g., asthma, diabetes, seizure disorder), which are being evaluated, monitored or treated.
- ❖ BMI and associated diagnoses such as underweight, cachexia, malnutrition, overweight, obese, morbid obesity.

The Goal of Clinical Documentation Improvement:

- **Complete and accurate capture of Severity of Illness and Risk of Mortality** using the diagnostic terms required in ICD-10
- Optimize the financial performance of the hospital and physicians
- **Assure accurate physician profiles and quality hospital scores**