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
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

Two separate languages

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
## Adult Mental Health

<table>
<thead>
<tr>
<th>Clinical Terms</th>
<th>Diagnostic Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy alcohol intake</td>
<td><strong>Alcohol abuse vs. alcohol dependence/addiction:</strong> specify if in remission; document any alcohol induced disorders such as anxiety disorder, hallucinations, delirium, delusions</td>
</tr>
<tr>
<td>Using cocaine, polysubstance use/abuse</td>
<td><strong>Drug abuse vs. drug dependence/addiction:</strong> specify if in remission; document any drug induced disorders such as anxiety disorder, hallucinations, delirium, delusions; indicate each drug</td>
</tr>
<tr>
<td>Depression, first episode</td>
<td>Document type such as <strong>major depression, adjustment disorder, grief reaction, anxiety depression, depressive neurosis</strong> <em>(Note: documentation of “depression” defaults to major depressive disorder, single episode, if not further specified)</em></td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>Document single vs. recurrent episode; <strong>specify if mild, moderate or severe</strong> and if with or without psychotic features; if in remission, document whether full remission or partial remission</td>
</tr>
<tr>
<td>Recent depression, now hyper excitable</td>
<td><strong>Bipolar disorder</strong> <em>(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]</em>)</td>
</tr>
</tbody>
</table>
### Pediatric Mental Health

<table>
<thead>
<tr>
<th>Clinical Terms</th>
<th>Diagnostic Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intellectual disability</strong></td>
<td>Specify IQ or degree such as borderline, mild, moderate, severe, profound and note if any associated autism</td>
</tr>
<tr>
<td><strong>Learning disability</strong></td>
<td>Indicate if spelling, language, knowledge acquisition</td>
</tr>
<tr>
<td><strong>Autism</strong></td>
<td>Include any associated intellectual disabilities or learning disabilities</td>
</tr>
<tr>
<td><strong>Attention deficit disorder (ADD)</strong></td>
<td>Indicate if ADD is predominately inattentive, hyperactive or combined</td>
</tr>
<tr>
<td><strong>Patient fearful, experiencing delusions &amp; hallucinations</strong></td>
<td><strong>Schizophrenia</strong> (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])</td>
</tr>
<tr>
<td><strong>Eating disorder</strong></td>
<td>Specify type <strong>bulemia</strong> or <strong>anorexia</strong> (document specific type such as binge-eating/purging type or restricting type)</td>
</tr>
<tr>
<td><strong>Emaciated, ↓ albumin, weight loss, BMI 4.75%, nutritional consult, ordered Pediasure</strong></td>
<td><strong>Malnutrition</strong> (specify type such as protein calorie, protein energy; and severity such as mild, moderate or severe or first, second or third degree)</td>
</tr>
</tbody>
</table>
### DSM-5 Diagnosis/ ICD-10 Ready

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

ICD-10 Requires further specificity related to acuity: Mild, Moderate, Severe
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
  - 4\(^{th}\) Character is Current Severity

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mild</td>
</tr>
<tr>
<td>1</td>
<td>Moderate</td>
</tr>
<tr>
<td>2</td>
<td>Severe, without psychotic features</td>
</tr>
<tr>
<td>3</td>
<td>Severe with psychotic features</td>
</tr>
<tr>
<td>4</td>
<td>If in remission then a 5(^{th}) character is needed:</td>
</tr>
<tr>
<td></td>
<td>0 remission, 1 partial or 2 full remission</td>
</tr>
<tr>
<td>8</td>
<td>Other recurrent major depressive</td>
</tr>
<tr>
<td>9</td>
<td>MDD, recurrent, unspecified</td>
</tr>
</tbody>
</table>

- **Complete Code: F33.3 MDD Severe with psychotic symptoms**
Code Structure F33 – 3M Encoder

Enter Keyword: -- BIP

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

ICD-10-CM Diagnosis Codes

F333 Major depressive disorder, recurrent, severe with psychotic symptoms
Enter Keyword: -- MALN

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

ICD-10-CM Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E440</td>
<td>Moderate protein-calorie malnutrition</td>
</tr>
<tr>
<td>T730XXD</td>
<td>Starvation, subsequent encounter</td>
</tr>
</tbody>
</table>
### Additional Specificity

<table>
<thead>
<tr>
<th>Cerebella ataxia 3343</th>
<th>Early onset cerebellar ataxia</th>
<th>G111</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Late onset cerebellar ataxia</td>
<td>G112</td>
</tr>
<tr>
<td></td>
<td>Cerebellar ataxia due to alcohol (Degeneration of nervous system due to alcohol)</td>
<td>G312</td>
</tr>
</tbody>
</table>

#### Patient Code Summary

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis</th>
<th>ICD-10-CM Translation Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>3310 Alzheimer's disease</td>
<td>- G300 Alzheimer's disease with early onset</td>
</tr>
<tr>
<td></td>
<td>- G301 Alzheimer's disease with late onset</td>
</tr>
<tr>
<td></td>
<td>- G303 Other Alzheimer's disease</td>
</tr>
<tr>
<td></td>
<td>- G309 Alzheimer's disease, unspecified</td>
</tr>
<tr>
<td>29411 Dementia in conditions classified elsewhere with behavioral disturbance (manifestation)</td>
<td>- F0281 Dementia in other diseases classified elsewhere with behavioral disturbance</td>
</tr>
<tr>
<td>V4031 Wandering in diseases classified elsewhere (manifestation)</td>
<td>- Z9183 Wandering in diseases classified elsewhere</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>3071</th>
<th>Anorexia nervosa</th>
</tr>
</thead>
<tbody>
<tr>
<td>F5000</td>
<td>Anorexia nervosa, unspecified</td>
</tr>
<tr>
<td>F5001</td>
<td>Anorexia nervosa, restricting type</td>
</tr>
<tr>
<td>F5002</td>
<td>Anorexia nervosa, binge eating/purging type</td>
</tr>
</tbody>
</table>
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 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

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

Z91128  Patient’s intentional underdosing of medication regimen for other reason
## Intellectual Disabilities

- Documentation should specify IQ or degree of intellectual disability

<table>
<thead>
<tr>
<th>Degree</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borderline</td>
<td>IQ 50-70</td>
<td>IQ above 70 to 84</td>
</tr>
<tr>
<td>Mild</td>
<td>IQ 35-49</td>
<td>IQ 50-55 to approx. 70</td>
</tr>
<tr>
<td>Moderate</td>
<td>IQ 20-34</td>
<td>IQ 20-25 to 35-40</td>
</tr>
<tr>
<td>Severe</td>
<td>IQ under 20</td>
<td>IQ below 20-25</td>
</tr>
<tr>
<td>Profound</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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
Manic Episode

- 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
Bipolar Disorder

- 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
Delirium

- 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
Adjustment Disorder

- 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
Undernutrition

- 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

Coders can use dietician 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**

<table>
<thead>
<tr>
<th>Poisoning</th>
<th>Adverse Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication was taken incorrectly</td>
<td>Medication was taken correctly</td>
</tr>
<tr>
<td>- Wrong patient, wrong drug, wrong dose,</td>
<td>- Correct patient, correct drug, correct dose, or</td>
</tr>
<tr>
<td>or wrong route of administration</td>
<td>correct route of administration</td>
</tr>
<tr>
<td>Includes:</td>
<td>Includes:</td>
</tr>
<tr>
<td>- Drug taken with alcohol</td>
<td>- Allergic reaction</td>
</tr>
<tr>
<td>- Interaction between prescribed with non-</td>
<td>- Hypersensitivity</td>
</tr>
<tr>
<td>prescribed drug</td>
<td>- Interaction between prescribed drugs</td>
</tr>
<tr>
<td>- Overdose</td>
<td>- Synergistic reaction</td>
</tr>
<tr>
<td>- Prescribed incorrectly</td>
<td>- Toxicity (drug buildup)</td>
</tr>
<tr>
<td>- Suicide/homicide attempt</td>
<td></td>
</tr>
<tr>
<td>Document circumstance</td>
<td>Document any associated manifestations</td>
</tr>
<tr>
<td>- Accidental (unintentional)</td>
<td></td>
</tr>
<tr>
<td>- Intentional self-harm</td>
<td></td>
</tr>
<tr>
<td>- Assault</td>
<td></td>
</tr>
<tr>
<td>Document any associated manifestations</td>
<td></td>
</tr>
</tbody>
</table>

- 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.
Summary

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**