ICD-10 is Still Coming!

The U.S. Senate recently passed a bill that will delay the implementation of ICD-10 for one year. At the time of the writing of this newsletter, the bill has not yet been signed by the President, but it is expected that it will be. During this 12 month extension, we will continue training and testing in preparation for ICD-10's implementation in October 2015.

Do you want your quality profile data collected by Medicare and other publicly reported databases to reflect how sick your patients really are? Hamilton Medical Center's clinical documentation team wants to help you validate this through your documentation in the medical record. Your words really do matter! Any documentation queries that you receive are intended to ensure accurate coding and reflect the true clinical picture of your patient.

As a part of our ongoing efforts to improve documentation and to help you prepare for ICD-10, queries left for physicians going forward will begin to reflect the new specificity requirements for ICD-10. In addition, each physician newsletter will provide key documentation points related to specific diseases or disease categories. This issue deals with respiratory diseases.

Chapter 10: Diseases of the respiratory system (J00-J99)

An additional instructional guideline also appears at the beginning of Chapter 10 which instructs the coding professional to use an additional code, where applicable to identify:

- Exposure to tobacco smoke (Z77.22)
- Exposure to tobacco smoke in the perinatal period (P96.81)
- History of tobacco use (Z87.891)
- Occupational exposure to environmental tobacco smoke (Z57.31)
- Tobacco dependence (F17.-) or
- Tobacco use (Z72.0)

Physician documentation should include:

- Respiratory failure: Include whether it's consistent with hypoxic or hypercapnic respiratory failure in addition to the type (acute, chronic and acute on chronic).
- Asthma: There are new classifications and new terms to describe asthma. Mild intermittent and three degrees of persistent—mild persistent, moderate persistent, and severe persistent.
- Pneumonia: Because cultures often fail to identify the infectious agent, providers need to identify the suspected causative organism based on patient history, presentation, and treatment protocol. Example: Evidence of (suspected organism) pneumonia based on XYZ, "unable to isolate organism in culture". (Gram negative pneumonia must now be specified as "aerobic" to be considered a "complex pneumonia"). Remember, the use of the term "covering for" a suspected organism does not allow the organism to be coded; instead, the term "treating for" does reflect a more complex pneumonia. The provider needs to restate the suspected organism in the discharge summary.
- Code J95.851 (Ventilator acquired pneumonia) should not be assigned for cases where the patient has pneumonia and is on a mechanical ventilator and the provider has not specifically stated that the pneumonia is ventilator-associated pneumonia. If the documentation is unclear as to whether the patient has a pneumonia that is a complication attributable to the mechanical ventilator, a query will be placed to the provider.
- Endstage COPD- O2 dependent to capture the severity of illness, needs to be specified as COPD with acute exacerbation or COPD with chronic respiratory failure (hypercapnic or hypoxemic).
- Specify if a condition is an acute exacerbation or an infection superimposed on a chronic condition.

Please visit cms.gov/ICD10 for the latest news and resources to help you prepare. Or contact Fran Andrews at 706.272.6000, extension 1541 or at fandrews@hhcs.org. Or you may contact Julie Bell at 706.272.6000, extension 1523 or at jbell@hhcs.org.

Resources: ICD-10-CM coder Training Manual, AHIMA, 2014 Official ICD-10-CM Guidelines for Coding and Reporting and HCPro ICD-10-CM Education.