Disease Specific Inpatient Documentation

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Its about semantics!

- 67 yr old with rectal bleed and Hgb of 7 and BP 89/67
- Diagnosis: Anemia, hypotension and LGIB
- Will we get paid? Not unless medical record states:
  - Acute blood loss anemia with likely source of bleed from rectum with hemodynamic instability requiring 2 units of blood transfusion for stabilization with a history of polyps and atrial fibrillation
Its about Semantics!

- **semantics**
- səˈmantiks/
- *noun*
- *noun: semantics; noun: logical semantics; noun: lexical semantics*

- the branch of linguistics and logic concerned with meaning. There are a number of branches and subbranches of semantics, including *formal semantics*, which studies the **logical aspects of meaning**, such as sense, reference, implication, and logical form, *lexical semantics*, which studies word meanings and word relations, and *conceptual semantics*, which studies the cognitive structure of meaning.
Introduction

Spectrum of regulators

Importance of Documentation

Red flags in documentation

Hospital reimbursement

CMS Semantics

ICD 10 update
Two or more chronic conditions affecting 36% of Part A and 41% of Part B beneficiaries account for 86% of total Part A payments and 70% of total Part B payments.

Average Medicare spending is higher by a factor of 5.4 in Part A and 2.35 in Part B for beneficiaries with exactly one chronic condition compared to beneficiaries without any chronic conditions.
The study also shows that stroke / transient ischemic attack and chronic kidney disease are the costliest chronic conditions for Part A payments, and cancer and chronic kidney disease are the costliest for Part B payments.
Red Flags within Documentation for Hospitalists

http://www.the-hospitalist.org/details/article/1234639/Red_Flags_within_Documentation_for_Hospitalists.html

Make a defensible medical record

Most credible evidence in a legal proceeding

The most common documentation error is illegible handwriting

Date, time, and the name of the physician, as well as their title and designation

Corrections

Chronological order, with no spaces between the entries

Extra words should not be squeezed onto a line

Ditto marks should never be used

No paper should be removed from the clinical file

Each progress note should have three unique patient identifiers
Missed Secondary Diagnosis

- Acidosis/Alkalosis
- Atelectasis
- BMI>40 or <14
- Cachexia
- Dementia senile/vascular
- Gastrostomy tube repositioning/cleaning/replacement
- Dementia with acute change
- Encephalopathy
- COPD/Asthma exacerbation
- Hemiparesis
- Malnutrition and stage
- Pressure ulcers
# Charting Medical Necessity

- Patient Status (Admit, Obs, Outpatient)
- Time and Date (both required)
- Legible Orders (reduce errors and interruptions)
- Legible Signature
- Pager Number
- Severity of Illness (SI)
- Condition, H&P
- Intensity of Service (IS)
- Orders
Documentation to support Disease process

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>CHF</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Sepsis</td>
</tr>
<tr>
<td>COPD</td>
<td>Pulmonary Embolism</td>
</tr>
<tr>
<td>Syncope</td>
<td>Acute Myocardial Infarction</td>
</tr>
<tr>
<td>Atrial fibrillation/flutter</td>
<td>UTI</td>
</tr>
<tr>
<td>TIA</td>
<td>GI hemorrhage</td>
</tr>
<tr>
<td>Renal failure</td>
<td></td>
</tr>
</tbody>
</table>
ICD 10: Disease process

Consider realignment with documentation based on expansion of number and specificity of requirements in the ICD 10 version of billing regulations.
How Will ICD-10 Affect Clinical Documentation?

ICD-10 Captures Familiar Clinical Concepts

- Initial Encounter, Subsequent Encounter, or Sequelae
- Acute or Chronic
- Right or Left
- Normal Healing, Delayed Healing, Nonunion, or Malunion

How Will ICD-10 Affect Clinical Documentation?

Many ICD-10 codes—more than one-third—are identical except for indicating laterality, or whether the right or left side of the body is affected.

The advantage of ICD-10 codes is that they enable clinicians to capture laterality and other concepts in a standardized way that supports data exchange and interoperability for a more efficient health care system.

Complications / Comorbid Conditions (CC)

Major Complications / Comorbid Conditions (MCC)

CC = co-morbidity or complicating condition

- secondary diagnosis that significantly increases severity of illness, morbidity, mortality, length-of-stay, and/or utilization of resources.

Major CC (MCC) = a CC that contributes substantially greater severity than simple CC

CC and MCC are defined by CMS in Federal Register
Hospital Reimbursement

Pneumonia

Secondary Dx: CHF
MS-DRG 195 Simple Pneumonia w/o CC/MCC

$3,493
Hospital Reimbursement

Aspiration Pneumonia

Secondary Dx: CHF
MS-DRG 179 Complex Pneumonia w/o CC/MCC

$5,089
Hospital Reimbursement

Aspiration Pneumonia

Secondary Dx: Systolic heart failure

MS-DRG 178 Complex Pneumonia with CC

$7,878
Aspiration Pneumonia

Secondary Dx: Acute on Chronic Systolic heart failure

MS-DRG 177 Complex Pneumonia with MCC

$11,032
Documentation to support Pneumonia diagnosis

Diagnosis determined by a physician

Results of CXR

Sputum culture

WBC count

Temperature
Signs and symptoms in retrospective identification of pneumonia

The documentation of

- cough,
- sputum production,
- pleuritic chest pain,
- fever $>37.5^\circ C$,
- shortness of breath,
- crackles (crepitations),
- and aspiration was also sought (definitely present, definitely absent or not recorded);
Pneumonia prediction tools

Pneumonia Severity Index: Fine and associates

Prediction rule to estimate pneumonia in patients with higher mortality

140000 patients and 14 key clinical variables
Pneumonia prediction tools

CURB-65 and CRB-65 Severity Scores for Community-Acquired Pneumonia (CAP)

Clinical factor: Confusion

Blood urea nitrogen > 19 mg per dL

Respiratory rate > 30 breaths per minute

Systolic blood pressure < 90 mm Hg or

Diastolic blood pressure < 60 mm Hg

Age > 65 years
Absence of these factors increases Audit Risk Score

Documentation requirements

- Oxygen therapy
- Antibiotics
- Pulse oximetry monitoring
- Hydration
- Re-evaluation note
## ICD-10 Chapter X: Diseases of the respiratory system

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J00–J99</td>
<td>Diseases of the respiratory system</td>
</tr>
<tr>
<td>1.1 (J00–J06)</td>
<td>Acute upper respiratory infections</td>
</tr>
<tr>
<td>1.2 (J09–J18)</td>
<td>Influenza and Pneumonia</td>
</tr>
<tr>
<td>1.3 (J20–J22)</td>
<td>Other acute lower respiratory infections</td>
</tr>
<tr>
<td>1.4 (J30–J39)</td>
<td>Other diseases of upper respiratory tract</td>
</tr>
<tr>
<td>1.5 (J40–J47)</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>1.6 (J60–J70)</td>
<td>Lung diseases due to external agents</td>
</tr>
<tr>
<td>1.7 (J80–J84)</td>
<td>Other respiratory diseases principally affecting the interstitium</td>
</tr>
<tr>
<td>1.8 (J85–J86)</td>
<td>Suppurative and necrotic conditions of lower respiratory tract</td>
</tr>
<tr>
<td>1.9 (J90–J94)</td>
<td>Other diseases of pleura</td>
</tr>
<tr>
<td>1.10 (J95–J99)</td>
<td>Other diseases of the respiratory system</td>
</tr>
</tbody>
</table>
ICD-10-CM J17

Part of Diagnostic Related Group(s) (MS-DRG v28.0):

- 177 Respiratory infections & inflammations with mcc
- 178 Respiratory infections & inflammations with cc
- 179 Respiratory infections & inflammations without cc/mcc

ICD-10-CM officially replaces ICD-9-CM on October 1, 2014, therefore, J17 and all ICD-10-CM diagnosis codes should only be used for training or planning purposes until then.
Aspiration pneumonia requires documentation of diagnosis of pneumonia and aspiration.

Candidal pneumonia: mention diagnosis. Do not assume that auditor will infer from yeast on sputum culture.

Cystic fibrosis: mention the organs affected: pulmonary, GI.
Coding

- **Gram – pneumonia:** Confirmed by culture. Gram stain not conclusive evidence.
- **Gram + pneumonia:** Same as above.
- **Hypoxemia:** Additional diagnosis. Cannot be assumed to be due to pneumonia.
- **Influenza:** Mention influenza with pneumonia.
Coding

Lobar pneumonia = pneumonococcal pneumonia

Lobar pneumonia ≠ right lower lobe pneumonia

Pneumonitis: mention cause of pneumonitis

If pneumonia is due to more than one organism and the organisms are identified, each type of pneumonia should be coded
A sputum gram stain finding of gram-positive cocci is not necessarily indicative of a bacterial pathogen.

Postobstructive pneumonia: identify the cause—tumor, foreign body.

Respiratory failure due to Pneumocystis carinii that is due to AIDS: mention HIV/AIDS status.
<table>
<thead>
<tr>
<th>Respiratory CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Exacerbation</td>
</tr>
<tr>
<td>Atelectasis</td>
</tr>
<tr>
<td>COPD w/ Acute Exacerbation</td>
</tr>
<tr>
<td>Emphysema w/ Exacerbation of Chronic Bronchitis</td>
</tr>
<tr>
<td>Hemoptysis</td>
</tr>
<tr>
<td>Pulmonary Edema</td>
</tr>
<tr>
<td>Respiratory Alkalosis / Acidosis</td>
</tr>
<tr>
<td>Respiratory Distress, Acute; ARDS</td>
</tr>
<tr>
<td>Respiratory Failure, Chronic</td>
</tr>
<tr>
<td>Respirator Weaning or Dependence</td>
</tr>
</tbody>
</table>
Metabolic CC

- Acidosis / Alkalosis
- Adult BMI <19, Adult BMI >40
- Cachexia
- Hypernatremia / Hyponatremia
- Malnutrition (unless severe)
- Obesity Hypoventilation Syndrome
Other CC

- Bacteremia; CLABSI
- Complication / Infection of Device, Implant, Graft
- Shock – postop w/o specifying type
- SIRS due to Noninfectious Process
- Thrush
- Transplant Status – most organs
Respiratory & Infectious Disease:

- Aspiration Bronchitis, Aspiration Pneumonia
- HIV Disease
- Pneumonia, Including Viral
- Pulmonary Edema, Acute (Noncardiogenic)
- Respiratory Failure, Acute
- Respiratory Failure, Acute Following Trauma / Surgery
- Sepsis, Severe Sepsis, Septic Shock
- Spontaneous Tension Pneumothorax
Other MCCs:

- Acute Renal Failure with Acute Tubular Necrosis (ATN)
- Acute Liver Failure
- Aplastic Anemia due to drugs / chemo, infection, radiation
- Diabetic Ketoacidosis, Diabetes w/ Hyperosmolarity or Other Coma
- Encephalopathy – Metabolic, Toxic, Other or Unspecified
- End Stage Renal Disease
- GI Disorder w/ Hemorrhage (Gastritis, Duodenitis, Diverticular Disease)
- GI Ulcer w/ Perforation, Hemorrhage or Obstruction
- Ischemic Colitis, Acute
- Locked-In State
Other MCCs:

- Major Injuries
- Malnutrition, Severe or Emaciation
- Pancreatitis, Acute
- Pancytopenia, Chemo or Drug-Induced
- Peritonitis
- Pressure Ulcer, Stage III or IV
- Quadriplegia, Functional Quadriplegia
- SIRS due to Noninfectious Process w/ Acute Organ Dysfunction
- Volvulus
<table>
<thead>
<tr>
<th><strong>CMS Semantics</strong></th>
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</thead>
<tbody>
<tr>
<td>Azotemia: Obstructive Uropathy, Acute Renal Failure, Chronic Kidney Disease (specify stage)</td>
</tr>
<tr>
<td>Diabetes Mellitus: Diabetic Gastroparesis, Diabetic Nephrosis, DKA, etc.</td>
</tr>
<tr>
<td>Hypertension: Hypertensive Encephalopathy, Accelerated Hypertension,</td>
</tr>
<tr>
<td>Hypertension with Chronic Kidney Disease (specify stage)</td>
</tr>
<tr>
<td>Hypoalbuminemia: Malnutrition (specify mild, moderate, severe)</td>
</tr>
<tr>
<td>Hypercapnea: Acute Respiratory Failure or Acute Exacerbation of COPD</td>
</tr>
<tr>
<td>Anemia: Acute Blood Loss Anemia, Aplastic Anemia or Sideroblastic Anemia,</td>
</tr>
<tr>
<td>Pancytopenia (specify if due to drug effects such as chemo)</td>
</tr>
<tr>
<td>GI Bleed: GI Bleed due to Gastritis or other specific GI condition</td>
</tr>
<tr>
<td>Cardiac Arrhythmia: Atrial Flutter, Paroxysmal Ventricular Tachycardia, etc.</td>
</tr>
<tr>
<td>Cardiomegaly: Acute or Chronic, Systolic or Diastolic Heart Failure</td>
</tr>
<tr>
<td>Schizophrenia: Chronic Schizophrenia or other more specific type</td>
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