Capturing Severity of Illness (SOI) in ICD-10-CM Terms

A patient's SOI is conveyed to CMS and quality organizations via ICD-10-CM/PCS codes, assigned by a coder reading the medical record. Document known or suspected relationships between concomitant conditions wherever possible to ensure accurate capture of the patient's true risk of mortality and/or readmission.

If Observing…	Please Consider Documenting… (Higher SOI)
Protein-Calorie Malnutrition	Acuity • Mild Degree** • Moderate Degree** • Unspecified**
Chronic Kidney Disease	Identify the Stage: I-V Stages IV** & V**
BMI ≥40 or BMI <19****	Provider must document the correlating medical diagnoses: • Morbid obesity • Obesity • Cachexia**

If Documenting Signs/Symptoms…	Please Consider Documenting… (Higher SOI)
Fever	Clarify underlying condition (*due to*) Infection – (e.g. sepsis, pneumonia)
Chest Pain	Clarify underlying cause (*due to*): • GERD • Chest wall pain • Atelectasis** • Costochondritis • Cholecystitis** / Cholelithiasis**
Altered Mental Status	• Encephalopathy – Type: hepatic, metabolic*, hypertensive**, septic*, toxic* – Acuity: acute* • Urinary Tract Infection**
Hematuria	Clarify if: Gross, Benign, or Microscopic
Admit with Sign/Symptom → Discharge with a Diagnosis	

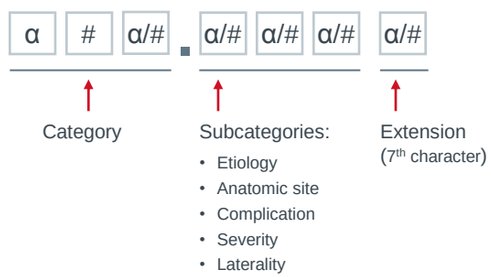
*High Impact Diagnosis **Low Impact Diagnosis

ICD-10-CM/PCS Structural Code Change Overview

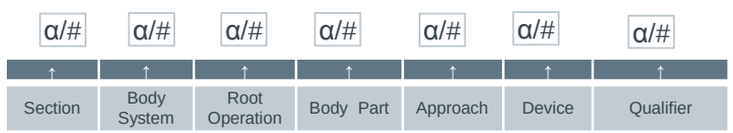
The coding system used to classify diseases and other conditions will transition to International Classification of Diseases version 10, or ICD-10-CM.

Anatomy is the primary axis of classification of ICD-10-CM, or diagnosis. The structure of ICD-10-CM diagnosis codes captures a greater degree of detail than could be captured using the ICD-9-CM classification.

ICD-10-CM codes are 3–7 Characters (alphanumeric) with all codes starting with an alphabetic character:



ICD-10-PCS procedure codes contain 7 alphanumeric characters.



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Documentation Tips

Emergency Medicine

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Documentation Overview

Your documentation tells a patient's story.

- H&P = Introduction
- Progress/Op Notes = Body
- Discharge summary = Conclusion

It is critical to paint a clear picture from start to finish and cover the initial situation, changes through the stay, and a clear summary that brings it all together.

Documentation Best Practices

- Always document the diagnosis(es) that is the **reason for admission**, rather than just the presenting symptoms, as soon as it is determined
- Document diagnoses, rather than descriptors (e.g. "metabolic encephalopathy", not "altered mental status")
- Indicate acuity/severity of all diagnoses: acute, chronic, acute on chronic, or exacerbation.
- Link all diseases /diagnoses to their underlying causes if known. (For example, "GI bleed **due to** peptic ulcer with hemorrhage")
- Indicate "**suspected," "possible,"** or "**likely**" when treating a condition empirically, such as a gram negative pneumonia. Coding guidelines require that uncertain diagnoses are documented as such at the time of discharge.
- Use supporting documentation from dietary and wound care specialists to accurately document nutritional disorders and pressure ulcers.
- Clarify what is present on admission (POA)
- Clearly indicate what has been ruled out (e.g., "post-op infection: ruled out")
- Avoid use of temporal indicators, unless they are pertinent and are intended to describe complications rather than expected events.
- Consider documenting if systemic inflammatory response syndrome (SIRS) is present in trauma, burn, and pancreatitis cases when VS and labs support this
- Avoid use of arrows/symbols (e.g., use hyponatremia instead of ↓Na)

Key Emergency Documentation Requirements in ICD-10-CM/PCS:

ICD-10-CM codes require additional specificity for code assignment. To reduce coder queries and ensure coded data properly capture conditions treated, provide the following additional specificity. **Unspecified diagnoses do not exist for <u>some</u> conditions in ICD-10-CM**.

Respiratory Failure		
Respiratory Failure ***Note:*** *Clarify Postoperative ventilator management as expected or unexpected and identify the cause*	**Acuity**	• Acute* • Acute on Chronic* • Chronic**
	Specificity	With • Hypoxia* • Hypercapnia* • Unspecified*
	Tobacco Use	Document if patient has • Exposure to environmental tobacco smoke • History of tobacco use • Occupational exposure to tobacco smoke

Sepsis		
Sepsis*	Identify organism	Document what Sepsis is *due to:* e.g. Streptococcus (Group A or B), Staphylococcus aureus, MSSA, MSRA, Hemophilus influenzea, anaerobes. Gram-negative organism, Escherichia Coli, Serratia, Enterococcus
Severe Sepsis*	Acuity	"Severe"
	Identify Organ Failure	• Acute renal failure • Acute respiratory failure • Acute liver failure "shock liver" • Septic shock • Encephalopathy
	Document with or without organ dysfunction •With acute organ dysfunction •With multiple organ dysfunction •SIRS d/t infectious process with acute organ dysfunction	
	Document with or without Septic Shock	

Note: The term "Urosepsis" is not considered synonymous with sepsis. Should a provider use this term a query must be submitted for clarification.

SIRS Criteria	
Temperature	< 96.8°F(36°C) or > 100.4°F (38°C)
Heart Rate	> 90 bpm
Respiratory Rate	> 20 breaths/min **or** $PaCO_2$ < 32 mmHg
White Blood Cell Count	> 12,000 or < 4,000 cells/mm^3 **or** > 10% bands

CVA	
Acuity	
Laterality	
Hand dominance of patient	
Was tPA administered in a different facility in the last 24 hours?	
Site of non-traumatic intracerebral hemorrhage	• Hemisphere* • Brain stem* • Cerebellum* • Intraventricular* • Multiple localized*
Symptoms	• Hemiparesis** • Hemiplegia**
Cerebral infarctions documentation should include:	• Embolism* • Thrombosis* • Stenosis/occlusion* • Artery, *(if known)*

Glasgow Coma Score						
Criteria Type & Points	**1**	**2**	**3**	**4**	**5**	**6**
Eyes Open	Never*	To pain*	To sound	Spontaneous	N/A	N/A
Best Verbal Response	None*	Incompre-hensible words*	Inappropriate words	Confused conversation	Oriented; converses normally	N/A
Best Motor Response	None*	Extension to painful stimuli*	Abnormal flexion to painful stimuli	Flexion withdrawal from painful stimuli*	Localizes painful stimuli	Obeys commands

Present On Admission

Present On Admission (POA) indicators must be submitted for all diagnoses on claims involving inpatient admissions to acute care hospitals.

- ✓ There is **<u>no required timeframe</u>** as to when the provider should identify or document a condition as POA.
- ✓ POA codes assignment directly impact quality reporting

Documentation Examples:
- UTI due to indwelling Foley, POA
- MRSA infection due to central venous catheter, POA

Fractures	
Specific anatomical location	**Open[1]** vs. Closed** **[1]Gustilo Classification Type I, II, III, IIIA, IIIB, or IIIC**
Displaced or Nondisplaced	**Extension (Episode of Care)** ***(****Example: Initial**, Subsequent, Sequelae)*
Type (Severity): *(Examples: Compound, Depressed, Elevated, Greenstick, Impacted, Late Effects, Linear, Malunion, Missile, Nonunion, Oblique, Puncture, Segmental, Sequelae, Simple, Transverse, etc.)*	**Laterality** (R/L/unspecified, or R/L/bilateral/unspecified)
Routine vs. Delayed Healing	**Nonunion** vs. Malunion****
List other related injuries (e.g. tendons, nerves, arteries, viens, etc.)	**Specify any associated or underlying disease** *(e.g. osteoporosis)*
Information regarding the activity, location, and circumstances surrounding the injury, if known: *(e.g. skiing accident on XXXX Mountain)*	

Encounter Type for Injuries and Poisonings	
Initial Encounter	Acute care or first time seen by the physician
Subsequent Encounter	Patient is receiving routine care during healing or recovery phase
Sequelae	Visit for a sequelae or late effect of a previous problem *(Not used for the initial acute problem)*

Pneumonia*	
Identify the organism	Viral: e.g. adenoviral, respiratory syncytial, parainfluenza, human metapneumovirus, viral unspecified Bacterial: e.g. Streptococcus, Hemophilus, E. coli, Klebsiella Pneumoniae, Pseudomonas, Staphylococcus, MRSA, MSSA
Aspiration	Identify if: • Due to solids or liquids • Due to anesthesia during L/D • Due to anesthesia during puerperium
Link any associated conditions to the pneumonia:	• Influenza with secondary gram negative pneumonia • Sepsis due to pneumonia • Acute respiratory failure due to pneumonia