Urinary Tract Infections

The ICD-10 Success Series
Webconference
October 1, 2014
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Brief Overview: The ICD-10 Success Series Webconferences

Across the coming months, the Advisory Board’s Clinical Advisor Team will be hosting numerous Webconferences on a variety of documentation topics critical to a seamless and successful transition to ICD-10. As providers, please take a look at the list of upcoming sessions and save time to attend those most pertinent to your practice. We have created them to be succinct and to the point, and will be presenting lessons you can begin to incorporate into your documentation immediately (in an ICD-9 world). Below is a list of all upcoming sessions:

1. September 24th – Sepsis/Septicemia
2. **October 1st** – UTI
3. October 8th – Pressure Ulcers
4. October 15th – Stroke
5. October 22nd – Encephalopathy
6. October 29th – AMI & Coronary Artery Disease
7. November 5th – Respiratory Failure, Pneumonia, COPD
8. November 12th – Orthopedic Surgery, Joints, Spine
9. November 19th – Diabetes
10. December 3rd – Anemia
11. December 10th – Cellulitis
12. December 17th – Ambulatory

**All sessions will be hosted from 12:00 – 1:00 pm EST. Recordings will be made available for follow up viewing on the intranet and physician websites.**
About Today’s Speaker

Dan Avstreih, MD FACEP

• Medical Director at the Advisory Board Company
• Board certified physician in Emergency Medicine
• Since 2006, Dr. Avstreih has practiced at an ultra high-volume, tertiary care/level 1 trauma emergency department in Northern Virginia
• Dr. Avstreih holds clinical professor appointments at both the Virginia Commonwealth School of Medicine and the George Washington University School of Medicine
• Dr. Avstreih is an Associate Medical Director of the largest fire-rescue department in Virginia, overseeing the emergency medical care of more than 1.1 million citizens
• Serves in emergency management roles for both Northern Virginia and the National Capital Region.

For more information, contact:

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Brief Overview: Code Expansion in ICD-10 Requires Greater Documentation Specificity

Expanded Code Set in ICD-10: ~16K to ~140K

The main difference between ICD-9 and ICD-10 codes, outside of structural changes, is the SPECIFICITY of the code.

ICD-10 codes specify several components not found in ICD-9, such as stage, laterality, severity, root operation, etc.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>~13K ICD-9</td>
<td>~68K ICD-10</td>
</tr>
<tr>
<td>~3K ICD-9</td>
<td>~72K ICD-10</td>
</tr>
</tbody>
</table>

Key ICD-10 Concepts Required in Documentation

<table>
<thead>
<tr>
<th>Stage or grade of disease</th>
<th>Severity: mild, moderate, severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific anatomical location</td>
<td>Episode of care: initial vs. subsequent</td>
</tr>
<tr>
<td>Acute or chronic</td>
<td>Unilateral or bilateral condition</td>
</tr>
</tbody>
</table>
Road Map for Discussion

1. Key Requirements for Documenting UTIs in ICD-10

2. Clinical Scenario

3. Upcoming Teleconferences
Key Concepts of Proper Documentation of UTIs

While there are a few changes you should be aware of when documenting urinary tract infections in ICD-10, continue to focus on some of the key concepts you kept top of mind in ICD-9 to ensure the appropriate ICD-10 code and SOI & ROM are assigned.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Key phrases</th>
<th>Key Considerations</th>
<th>Documentation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linking</td>
<td>• “due to”</td>
<td>• Link a complication of medical care to its suspected cause</td>
<td>• Urinary tract infection due to Foley catheter</td>
</tr>
<tr>
<td></td>
<td>• “secondary to”</td>
<td>• Lists, commas, and the word “and” do not link conditions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “with”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POA Status</td>
<td>• “present on admission”</td>
<td>• Document all known details</td>
<td>• Urinary tract infection present on admission</td>
</tr>
<tr>
<td></td>
<td>• “likely present on admission”</td>
<td>• Include type of encounter (initial, subsequent, sequelae)</td>
<td>• Foley POA likely cause of UTI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Make sure infection d/t device is clear that it is POA</td>
<td></td>
</tr>
<tr>
<td>Identifying Organism</td>
<td>• “Organism name”</td>
<td>• Link suspected organism to infection</td>
<td>• Candidal urinary tract infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can be before of after; UTI as long as it is identified</td>
<td></td>
</tr>
</tbody>
</table>
A Brief Aside: Revisiting Severity of Illness and Risk of Mortality (SOI & ROM)

Let’s revisit these key quality metrics to ensure all those on the line have a thorough understanding of A) how your documentation directly impacts these metrics and B) how these metrics play a large role in the publicly reported quality scores that are increasingly available to the non-clinical audience out there.

### Breakdown of SOI/ROM and their Implication on Quality Measures

Four mutually exclusive SOI/ROM categories exist (1-4), and are determined based on a number of factors including primary and secondary diagnoses, comorbidities, demographics, patient history, treatment/procedure delivered, etc.

<table>
<thead>
<tr>
<th>Level</th>
<th>Assigned SOI/ROM Category</th>
<th>Impact on Expected: LOS, Cost of Care, and Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>1</td>
<td>Increase in Value</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Extreme</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Linking UTIs to Associated Causes and Conditions is Key

Be sure to use words such as “due to”, “with”, and “secondary due”

Sepsis = SIRS linked to an infection

- The word “sepsis” must be documented by the physician
- “Bacteremia” is an abnormal finding with a low SOI
- Always link diseases and document the suspected organism
- “Sepsis due to” is a diagnosis with a higher SOI (i.e., sepsis due to: pneumonia, UTI, bacterial endocarditis, diverticulitis, gangrene of, etc.)

Key Considerations

- “Urosepsis” is no longer an acceptable term
Present on Admission (POA) Review

• POA indicators must be submitted for all diagnoses on claims involving inpatient admissions to acute care hospitals.

**Indicators:**
- **Y** = present at the time of the inpatient admission
- **N** = not present at the time of inpatient admission
- **U** = documentation is insufficient to determine if condition is present on admission
- **W** = provider is unable to clinically determine whether the condition was present on admission or not

• There is no required timeframe as to when the provider must identify or document a condition as POA
• In some cases, it may be days before a definitive diagnosis is reached. This does not mean it was not POA.
• POA codes assignment directly impact quality reporting

**Hospital Acquired Conditions (HACs):**
1. Are high cost or high volume or both,
2. Result in the assignment of a case to an MS-DRG that has a higher payment when present as a secondary diagnosis, and
3. Could reasonably have been prevented through the application of evidence-based guidelines.
Importance of POA Documentation

Variance in relative weight and geometric mean length of stay based on POA flag

<table>
<thead>
<tr>
<th>DRG</th>
<th>DRG Description</th>
<th>RW</th>
<th>GMLOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>179</td>
<td>Respiratory infections and inflammations w/o CC/MCC</td>
<td>0.9741</td>
<td>3.7</td>
</tr>
<tr>
<td>178</td>
<td>Respiratory infections and inflammations w/o CC</td>
<td>1.3955</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Pneumonia due to staphylococcus, UTI, POA Y or W
Hospital Acquired Condition (HAC)

In FY 2008, CMS selected ten conditions as “Hospital Acquired Conditions” if the POA indicator is N or U, including:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press Ulcers with Staging III/IV</td>
<td>Catheter Associated UTI</td>
</tr>
<tr>
<td>Air Embolism</td>
<td>Blood Incompatibility</td>
</tr>
<tr>
<td>Vascular Catheter-Associated Infections</td>
<td>Manifestations of Poor Glycemic Control</td>
</tr>
<tr>
<td>DVT/Pulmonary Embolism</td>
<td>Surgical site Infections following:</td>
</tr>
<tr>
<td>Total Knee Replacement</td>
<td>Mediastinitis s/p CABG</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>Bariatric Surgery</td>
</tr>
<tr>
<td>Patient Falls/Trauma</td>
<td>Orthopedic Procedures</td>
</tr>
<tr>
<td>Surgical site Infections following:</td>
<td></td>
</tr>
<tr>
<td>Foreign Object retained after surgery</td>
<td></td>
</tr>
</tbody>
</table>

For FY 2013, CMS added two additional:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)</td>
<td>Iatrogenic Pneumothorax with Venous Catheterization</td>
</tr>
</tbody>
</table>
UTI Present on Admission Documentation impact on HACs

The documentation of whether a UTI was present upon the patient’s admission to the hospital may have significant impacts on the organization’s overall healthcare quality measures.

HAC 06: Catheter-Associated Urinary Tract Infection (UTI) Definition

**Potential HAC Trigger**

Secondary dx code (with POA = “N” or “U”)
- T83.51XA, Infection and inflammatory reaction due to indwelling urinary catheter, initial encounter

**HAC Confirmed When**

T83.51XA is coded and one of the following secondary dx codes is present with POA = “N” or “U”
- B37.41, Candidal cystitis and urethritis
- B37.49, Other urogenital candidiasis
- N10, Acute tubulo-interstitial nephritis
- N11.9, Chronic tubulo-interstitial nephritis, unspecified
- N12, Tubulo-interstitial nephritis, not specified as acute or chronic
- N13.6, Pyonephrosis
- N15.1, Renal and perinephric abscess
- N28.84, Pyelitis cystica
- N28.85, Pyeloureteritis cystica
- N28.86, Ureteritis cystica
- N30.00, Acute cystitis without hematuria
- N30.01, Acute cystitis with hematuria
- N34.0, Urethral abscess
- N39.0, Urinary tract infection, site not specified

**HAC Penalty Calculations**

- Catheter-Associated Urinary Tract Infections and Central Line-Associated Blood Stream Infections make up 65% of the total CMS Hospital Acquired penalty calculation.
- Bottom quartile hospitals will be hit with 1% decrease in reimbursement
Signs, Symptoms, & Test Results

Documentation Tip

• Signs, Symptoms and Test Results *do not* impact SOI/ROM

• Medical conditions increase SOI/ROM when *linked* with a related conditions in ICD-10 compliant verbiage

• Reminder: Consultants manage medical conditions, but the Attending physician is responsible for:
  • Documenting all conditions in the discharge summary
  • Resolving conflicts in the documentation
Road Map for Discussion

1. Key Requirements for Documenting Sepsis in ICD-10

2. Clinical Scenario

3. Upcoming Webconferences
Clinical Scenario Highlighting Insufficient Documentation

**Clinical Scenario:** 75 y/o male admitted with cough and fever. He has a history of urinary retention and chronic indwelling Foley catheter. **Vitals:** Temp 100.2, Pulse 88, Blood Pressure 110/60, Respiratory Rate 20, Sputum culture positive for MRSA, and Urine culture positive for Candidiasis.

Patient admitted with a diagnosis of pneumonia and UTI.

Sputum culture + for MRSA; Urine culture + for Candidiasis. Patient started on IV antibiotics.

After further evaluation it was determined that the UTI was a result of the indwelling Foley catheter. Foley was removed and sent for culture.

**Common Insufficient Documentation**

“75y/o male with cough and fever. Impression: Pneumonia and UTI. Treat with IV antibiotics.”
Clinical Scenario Highlighting Best Practice Documentation

Clinical Scenario: 75 y/o male admitted with cough and fever. He has a history of urinary retention and chronic indwelling Foley catheter. **Vitals**: Temp 100.2, Pulse 88, Blood Pressure 110/60, Respiratory Rate 20, Sputum culture positive for MRSA, and Urine culture positive for Candidiasis.

After further evaluation it was determined that the UTI was a result of the indwelling Foley catheter. Foley was removed and sent for culture.

Patient admitted with a diagnosis of pneumonia and UTI.

Sputum culture + for MRSA; Urine culture + for Candidiasis. Patient started on IV IV Vanco and Diflucan.

Common Insufficient Documentation

“75y/o male with a history of urinary retention and chronic indwelling Foley catheter. **Impression**: Pneumonia due to MRSA and Candidal UTI secondary to indwelling Foley catheter, present on admission.”

Linking condition to underlying organism

Linking conditions

POA flag
Breakdown of ICD-10 Code

Show how the words used coded out using the current language

**Urinary Tract Infection, Site Not Specified**

- **N** 3 9 0
- Other disease of the urinary system (UTI)
- Site not specified

**Acute Cystitis with Hematuria**

- **N** 3 0 0 1
- Other disease of the urinary system (Cystitis)
- Severity

**Additional Codes Needed to Identify Associated Organism**

**B95** Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere

**B96** Other bacterial agents as the cause of diseases classified elsewhere

**B97** Viral agents as the cause of diseases classified elsewhere

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Summary of Best Practice Documentation Teaching Points

Key Lessons Learned

• Always identify whether a UTI was present on admission (POA); if it is unclear if the condition was POA, then state such

• Be sure to link UTIs to any associated causes or conditions using phrases such as “due to”, “with”, “secondary to”

• Remember to link to a device if one is present (“due to” / “with”)

• Lists of diagnoses/conditions or the word “and” do not link conditions

• If known, document the associated organism

• There is no ICD-10 code for “Urosepsis”. Please clarify UTI or Sepsis within your documentation
Road Map for Discussion

1. Key Concepts for Documenting Sepsis in ICD-10

2. Clinical Scenario

3. Upcoming Webconferences
Upcoming Webconferences

Through the ICD-10 Success Series, The Valley Hospital will have access to multiple Webconferences that cover a range of ICD-10 Documentation Topics. Please make time to attend topics pertinent to your practice!

Upcoming Sessions:

- October 8th – Pressure Ulcers
- October 15th – Stroke
- October 22nd – Encephalopathy
- October 29th – AMI & Coronary Artery Disease
- November 5th - Respiratory Failure, Pneumonia, COPD
- And more…

*Please reach out to John McConnell, mccojo@valleyhealth.com if you need assistance registering..
*All sessions are from 12-1pm EST
CME Survey

https://www.surveymonkey.com/s/ICD-10UTIs
Questions?

Please do not forget to fill out your CME Survey Link!