Key Documentation Concepts for Stroke
The ICD-10 Success Series
Webconference
October 15, 2014
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Managing Your Screen

To minimize the control panel

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Minimizes the control panel to the right side of your screen
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The blue button with the white square will maximize the presentation to fill your screen
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

Robert Marder, MD

- Senior Medical Director at the Advisory Board Company
- Board certified physician in Pathology
- Served as Director of Clinical Immunology at Northwestern Memorial Hospital in Chicago
- Served National Project Director for Indicator Development with the Joint Commission on Accreditation of Healthcare Organizations
- Served as Assistant Vice President for Quality Management at Rush-Presbyterian-St. Luke’s Medical Center
- Served as Vice President for Medical Affairs at Holy Cross Hospital in Chicago, IL
- Regular columnist for Medical Staff Briefings and Medical Staff Leader newsletters

For more information, contact:

Robert Marder, MD  202.266.5600
Senior Medical Director  MarderR@advisory.com
Brief Overview: Code Expansion in ICD-10-CM/PCS Requires Greater Documentation Specificity

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

Why So Many New Codes?

The main difference between ICD-9-CM and ICD-10-CM/PCS codes, outside of structural changes, is the specificity of the code.

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

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 Documentation Related to Stroke in ICD-10

2. Clinical Scenario

3. Upcoming Webconferences
Concepts Drive Changes in Documentation Requirements

Key Considerations for Neurology: ICD-10-CM

The size of the circles indicates the relative frequency in which the concepts appear in the claims of a population of industry hospitals.
Documentation Impacts the Perception of Quality of Care

Regardless of the ICD system we are in, documentation improvement efforts have significant impact on publicly reported quality metrics.

1. **Physician Documentation** → **ICD Codes (9 or 10!)** → **MS-DRG**

   - Perception of Physician Quality of Care
   - Data Analysis & Comparison
   - Quality Reported Data
Proper Stroke Documentation Built on Key Concepts

Focus on incorporating these key concepts into your documentation to ensure the appropriate code and SOI & ROM are assigned.

### Key Concepts Applicable to Stroke Documentation

<table>
<thead>
<tr>
<th>Concept</th>
<th>Key Considerations</th>
</tr>
</thead>
</table>
| **Site specificity and location** | • Where is the site of the non-traumatic hemorrhage?  
  • Hemisphere  
  • Brain stem  
  • Cerebellum  
  • Intraventricular  
  • Multiple localized  
  • Cerebral infarctions  
  documentation must include:  
  • Embolism  
  • Thrombosis  
  • Stenosis/occlusion  
  • Artery, (if known)                                                                                                                                 |
| **Laterality**                | • What side of the body did the stroke affect?  
  • Hand dominance – automatically defaults to right handed if not specified                                                                                                                                 |
| **Acuity**                   | • Does the patient have a history of a stroke, or is it a new/acute stroke                                                                                                                                              |
| **Capturing Manifestations & Complications** | • Documenting these conditions impact SOI & ROM, such as hemiparesis, hemiplegia, aphasia, dysphagia, etc.                                                                                                           |

Please specify if…

…tPA was given in a facility setting in the last 24 hours
Specificity Required Around Site Identification, Location, and Laterality

As the examples below highlight, the ICD-10 code sets allows for more detail to be captured. This additional specificity better reflects patient severity and the relationship between conditions.

<table>
<thead>
<tr>
<th>ICD-9-CM code</th>
<th>ICD-10-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occlusion and stenosis of carotid artery with cerebral infarction</td>
<td>Cerebral infarction due to <strong>thrombosis</strong> of <strong>right</strong> carotid artery</td>
</tr>
<tr>
<td>Subarachnoid hemorrhage</td>
<td><strong>Nontraumatic</strong> subarachnoid hemorrhage from <strong>left posterior communicating artery</strong></td>
</tr>
<tr>
<td>Intracerebral hemorrhage</td>
<td><strong>Nontraumatic</strong> intracerebral hemorrhage <strong>in hemisphere, cortical</strong></td>
</tr>
<tr>
<td>Cerebral embolism with cerebral infarction</td>
<td>Cerebral infarction due to embolism of <strong>right cerebellar artery</strong></td>
</tr>
</tbody>
</table>
Individual Categories of Glasgow Coma Scale Captured in ICD-10-CM

There are individual ICD-10-CM codes for the categories of eyes open, best verbal response, and best motor response in the GCS.

<table>
<thead>
<tr>
<th>GCS Score</th>
<th>Points</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes Open</td>
<td>Never¹</td>
<td>To pain¹</td>
<td>To sound</td>
<td>Spontaneous</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Best Verbal Response</td>
<td>None¹</td>
<td>Incomprehensible words¹</td>
<td>Inappropriate words</td>
<td>Confused conversation</td>
<td>Oriented; converses normally</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Best Motor Response</td>
<td>None¹</td>
<td>Extension to painful stimuli¹</td>
<td>Abnormal flexion to painful stimuli</td>
<td>Flexion withdrawal from painful stimuli¹</td>
<td>Localizes painful stimuli</td>
<td>Obeys commands</td>
<td></td>
</tr>
</tbody>
</table>

Insufficient Documentation

“Patient GCS score 8 ”

Best Practice Documentation

“GCS Scores: Eyes Open 2; Best Verbal Response 2; Best Motor Response 4. Total GCS Score 8.”
Not Documenting Individual GCS Category Scores Leaves Severity on the Table

CCs and MCCs can only be captured if the individual GCS category scores are documented.

**Insufficient Documentation**

“Patient scores 8 on the GCS”

**Possibilities of GCS Category Scores for a GCS Score of 8**

<table>
<thead>
<tr>
<th>Eyes Open</th>
<th>Best Verbal Response</th>
<th>Best Motor Response</th>
<th>Total MCCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 (no MCC)</td>
<td>3 (no MCC)</td>
<td>2 (MCC)</td>
<td>1</td>
</tr>
<tr>
<td>4 (no MCC)</td>
<td>3 (no MCC)</td>
<td>1 (MCC)</td>
<td>1</td>
</tr>
<tr>
<td>2 (MCC)</td>
<td>2 (MCC)</td>
<td>4 (MCC)</td>
<td>3</td>
</tr>
</tbody>
</table>
Road Map for Discussion

1. Key Requirements for Documentation Related to Stroke in ICD-10

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Clinical Scenario Highlighting Insufficient Documentation

Stroke Specificity

Clinical Scenario:
75 y/o female admitted via ER with hemorrhagic stroke, CT ordered – finding showed bleed with 5mm midline shift. Unilateral weakness noted and difficulty with speech.

Common Insufficient Documentation

Impression: 75 y/o with hemorrhagic stroke with right vertebral bleed with extension to the right ventricle and 5MM MLS.
**Clinical Scenario Highlighting Best Practice Documentation**

**Stroke Specificity**

**Clinical Scenario:**

75 y/o female admitted via ER with hemorrhagic stroke, CT ordered – finding showed bleed with 5mm midline shift. Unilateral weakness noted and difficulty with speech.

**Impression:** “75 y/o with non-traumatic subarachnoid hemorrhagic - right vertebral artery bleed with extension to the right ventricle and 5mm MLS causing likely brain compression and herniation with hemiparesis and aphasia.”
What You Write Matters

Specificity in documentation impacts DRG assignment, LOS, SOI-ROM and quality

Documentation Example 1

Impression:
“75 y/o with hemorrhagic stroke with right vertebral bleed with extension to the right ventricle and 5MM MLS.”

DRG 066: Hemorrhagic stroke w/o CC/MCC
RW: 0.7566
GMLOS: 2.5 Days
Expected mortality: 3.39%

Documentation Example 2

Impression:
“75 y/o with nontraumatic subarachnoid hemorrhagic - right vertebral artery bleed with extension to the right ventricle and 5mm MLS causing likely brain compression and herniation with hemiparesis and aphasia.”

DRG 064: Hemorrhagic stroke w/ MCC
RW: 1.7417
GMLOS: 4.7 days
Expected mortality: 20.70%
Stroke

Cerebrovascular infarction due to thrombosis of right vertebral artery
Key Considerations When Documenting Stroke

- Was tPA given in a facility setting in the last 24 hours?
- Acuity
- Laterality
- Hand dominance of patient (right or left handed or ambidextrous)
- Identify if hemorrhage or infarction:
  - Site of non-traumatic intracerebral hemorrhage
    - Hemisphere
    - Brain stem
    - Cerebellum
    - Intraventricular
    - Multiple localized
  - Cerebral infarctions documentation must include:
    - Embolism
    - Thrombosis
    - Stenosis/occlusion
    - Artery, *(if known)*
- Symptoms must be documented
  - Hemiparesis
  - Hemiplegia
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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:

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- October 29th – AMI & Coronary Artery Disease
- November 5th - Respiratory Failure, Pneumonia, COPD
- November 12th - Orthopedic Surgery, Joints, Spine
- November 19th - Diabetes
- And more…

*Please reach out to John McConnell, mccojo@valleyhealth.com if you need assistance registering..
*All sessions are from 12-1pm EST
https://www.surveymonkey.com/s/ICD10-Stroke
Questions?

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