Key Documentation Concepts for Encephalopathy

The ICD-10 Success Series
Webconference
October 22, 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

Emeric Palmer, MD, FACP, FHM

- Senior Medical Director at the Advisory Board Company
- Board certified physician in Internal Medicine and Wound Care and Hyperbaric Medicine.
- Experience in Primary Care and Hospital Medicine with large, nation-wide systems as well as private group practices.
- Served as an Assistant Professor of Medicine at the University of Illinois, Chicago with Advocate Christ Medical Center.
- Earned the Healthcare IT Leadership Certificate from the American College of Physician Executives
- Former chair of the Health Information Management and Physician EHR committees at Meritus Medical Center in Hagerstown, Maryland
- Worked as an Internal Medicine Hospitalist with Kaiser’s Mid Atlantic Permanente group.
- Special areas of interest include process improvement, quality and safety, high reliability, team dynamics, and communication.

For more information, contact:

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Senior Medical Director

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

Expanded Code Set in ICD-10: ~16K to ~150K

Why So Many New Codes?

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 cause 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 Documenting Encephalopathy in ICD-10

2. Clinical Scenario

3. Upcoming Teleconferences
“Encephalopathy is a term for any diffuse disease of the brain that alters brain function or structure. Encephalopathy may be caused by infectious agent (bacteria, virus, or prion), metabolic or mitochondrial dysfunction, brain tumor or increased pressure in the skull, prolonged exposure to toxic elements (including solvents, drugs, radiation, paints, industrial chemicals, and certain metals), chronic progressive trauma, poor nutrition, or lack of oxygen or blood flow to the brain.”

-National Institute of Neurological Disorders and Stroke

Encephalopathy: Documentation Improvement Opportunity Explained

• Altered mental status (AMS) is classified as a “sign and symptom code” which are associated with a low Severity of Illness (SOI) and Risk of Mortality (ROM)

• Many patients who present to the hospital with the symptoms of altered mental status are actually found to have an additional medical cause for this symptom. It is always important to link signs and symptoms on admission to the definitive diagnosis, suspected or known, “after study”

• Encephalopathy is often identified by an Altered Mental Status (AMS), or delirium, or disturbance of consciousness characterized by a reduced ability to focus, sustain, or shift attention that cannot be accounted for by preexisting dementia.

• Delirium and encephalopathy are not interchangeable in coding terminology.

• If your patient has “altered mental status”, to accurately reflect the severity of illness and risk of mortality, it is recommended to clarify the underlying etiology. Common diagnoses to consider include:
  • Encephalopathy (clarify type)
  • Acute delirium due to (identify the cause such as infection, medications, etc.)
  • Dementia with acute delirium

• These opportunities for clarification exist today, in ICD-9-CM, and in the future, as we transition to ICD-10-CM.
**Encephalopathy and Clinical Judgment**

The diagnosis and treatment of encephalopathy is based on the clinical judgment of the provider.

**Diagnosis may be based on:**

- History and physical examination
- Laboratory findings: CBC, liver function tests, ammonia and blood glucose levels, lactate levels, kidney function tests, blood cultures, virology testing, and or ABGs
- Neuroimaging studies
- EEG findings

**Documentation Considerations:**

- What is the patient’s baseline mental status compared to the current mental status?
- Have the abnormal lab findings been treated and did the symptoms resolve?
- Has the infection been treated?
- What additional treatment, monitoring or nursing resources are being consumed due to the alteration in the patient’s mental status?
- Have additional consultations been requested?
- Have additional studies been requested
Encephalopathy and Clinical Judgment

The diagnosis and treatment of encephalopathy is based on the clinical judgment of the provider

Treatment:

• Treatment of the altered mental status varies but is **ultimately dependent on the treatment of the underlying condition**

Best practice documentation:

• Documentation within the medical record should identify the degree of the AMS
• Documentation should also link these symptoms to the most likely cause
• Documentation should be consistent throughout the record and demonstrate the medical decision making of the provider:
  • Document the patients mental status daily
  • Identify specific treatments to address the mental status (Patient proximity to the nursing station, use of “sitters”, medication changes, IVF, etc.)
## Types of Encephalopathy

Physicians should clarify the underlying etiology of encephalopathy (*if known*); further specificity can impact SOI/ROM

<table>
<thead>
<tr>
<th>Types of Encephalopathy</th>
<th>Please clarify the underlying etiology, such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic</td>
<td></td>
</tr>
<tr>
<td>Hepatic (further specify):</td>
<td>Acuity: Acute, Subacute, Chronic, Unspecified</td>
</tr>
<tr>
<td></td>
<td>Severity: With coma or without coma</td>
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<tr>
<td>Hypertensive</td>
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<tr>
<td>Metabolic</td>
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<td>Septic</td>
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<tr>
<td>Toxic</td>
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<tr>
<td>Unspecified</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Due to diseases classified elsewhere</td>
<td>“due to” influenza, syphilis, hydrocephalus, neoplastic disease, drugs</td>
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</tbody>
</table>
Linking Conditions Critical to Capturing Patient Severity

There is a significant increase in the number of “combination codes” available in the ICD-10-CM code set. These codes can help capture the highest level of complexity and acuity in publicly reported data.

- Linking clinically relevant conditions, where appropriate, is the key takeaway physicians to need incorporate into their documentation today. Remember, coders cannot assume such clinical relationships.

Examples: Linking Diseases

- Hypertensive Encephalopathy
- Dementia with acute delirium secondary to UTI
- Encephalopathy secondary to Influenza
- Hepatic encephalopathy with coma secondary to cirrhosis

Use terms like “due to” or “with”

Note: Lists, commas, and the word “and” do not link conditions
Road Map for Discussion

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3. Upcoming Teleconferences
Documentation Impacts Severity
Specificity in documentation impacts DRG assignment, LOS, SOI/ROM and Quality

Documentation Example 1

**Impression:**
“75 y/o presented w fever, leukocytosis, dysuria and altered mental status”

**DRG 864: Fever**
**RW:** 0.8443  
**GMLOS:** 2.9 Days  
**SOI:** 2 - Moderate  
**ROM:** 2 - Moderate

Documentation Example 2

**Impression:**
“75 y/o with sepsis secondary to UTI with septic encephalopathy. Sepsis and UTI due to Klebsiella. Sitter required for patient safety.”

**DRG 871: Septicemia or Severe Sepsis w/o MV 96+hours w/ MCC**
**RW:** 1.8527  
**GMLOS:** 5.1 days  
**SOI:** 4 - Extreme  
**ROM:** 4 - Extreme
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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:**

- 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/Encephalopathy
Questions?

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