Respiratory Failure, Pneumonia, and COPD

The ICD-10 Success Series
Webconference
November 5, 2014
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To minimize the control panel

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- Minimizes the control panel to the right side of your screen
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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

Ron McKechnie, MD

- Senior Medical Director at the Advisory Board Company
- Board certified physician in Internal Medicine, Cardiovascular Medicine and Interventional Cardiology
- Dr. McKechnie actively practices interventional cardiology in the Hampton Roads area of Virginia.
- Dr. McKechnie had achieved professional status of Fellowship to the American College of Cardiology and Fellowship of the Society for Cardiovascular Angiography and Interventions.
- Dr. McKechnie is published in several international peer-reviewed journals and participates in the cardiovascular education for Eastern Virginia Medical School

For more information, contact:

Ron McKechnie, MD  202.266.5600
Senior Medical Director  McKechnR@advisory.com
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>Concept</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage or grade of disease</td>
<td>~13K</td>
<td>~68K</td>
</tr>
<tr>
<td>Specific anatomical location</td>
<td>~3K</td>
<td>~87K</td>
</tr>
<tr>
<td>Acute or chronic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity: mild, moderate, severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episode of care: initial vs. subsequent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unilateral or bilateral condition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Road Map for Discussion

Key Requirements for Documentation Related to Pneumonia, Respiratory Failure and COPD

Clinical Scenario Highlighting Best Practice Documentation
# Pneumonia

## ICD-10-CM Pneumonia Documentation Concepts

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Example of ICD-10-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>486 Pneumonia, organism</td>
<td>• Other pneumonia, unspecified organism</td>
</tr>
<tr>
<td>unspecified</td>
<td>• Pneumonia, unspecified organism</td>
</tr>
<tr>
<td>1:2 code conversion in ICD-10</td>
<td></td>
</tr>
<tr>
<td>CM</td>
<td></td>
</tr>
</tbody>
</table>

## Further Specificity for Pneumonia in ICD-10-CM

<table>
<thead>
<tr>
<th>Identify the organism</th>
<th>Viral or Bacterial?...name the organism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Example: “Probable pneumonia due to MRSA”</td>
</tr>
<tr>
<td></td>
<td><em>Remember: Probable, Likely and Suspected are all acceptable terms (chest x-ray and culture not necessary)</em></td>
</tr>
<tr>
<td>Aspiration PNA</td>
<td>Identify if:</td>
</tr>
<tr>
<td></td>
<td>• Due to solids or liquids</td>
</tr>
<tr>
<td></td>
<td>• Due to anesthesia during L/D</td>
</tr>
<tr>
<td></td>
<td>• Due to anesthesia during puerperium</td>
</tr>
<tr>
<td>Link any associated conditions</td>
<td>• Influenza with secondary gram negative pneumonia</td>
</tr>
<tr>
<td>to the pneumonia (due to):</td>
<td>• Sepsis due to pneumonia</td>
</tr>
<tr>
<td></td>
<td>• Acute respiratory failure due to pneumonia</td>
</tr>
</tbody>
</table>
# COPD & Emphysema

## ICD-10-CM Documentation Concepts

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Example of ICD-10-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>496 Chronic airway obstruction, not elsewhere classified</td>
<td>1:1 code conversion in ICD-10-CM</td>
</tr>
<tr>
<td>492.8 Other emphysema</td>
<td>1:5 code conversion in ICD-10-CM</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Further Specificity for COPD in ICD-10-CM

Other considerations include:

- Compensatory
- Due to inhalation of chemical gases, fumes, or vapors
- With chronic (obstructive) bronchitis
- Interstitial
- Mediastinal
- Neonatal interstitial
- Surgical (subcutaneous)
- Traumatic subcutaneous
# Respiratory Failure

## ICD-10-CM Respiratory Failure Documentation Concepts

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Example of ICD-10-CM Code</th>
</tr>
</thead>
</table>
| 518.81 Acute respiratory failure | 1:6 code conversion in ICD-10-CM:  
Respiratory failure:  
• Type: acute, unspecified  
• With:  
  • Hypoxia  
  • Hypercapnia  
  • Unspecified |
| 518.83 Chronic respiratory failure | 1:3 code conversion in ICD-10-CM:  
Chronic Respiratory failure:  
• With:  
  • Hypoxia  
  • Hypercapnia  
  • Unspecified |

## Physician Documentation Tips:

- Mild, moderate or severe respiratory distress and respiratory insufficiency do not equal respiratory failure
- Blood gases and mechanical ventilation are not required
- Clarify the need for continuous home oxygen – dependence on home oxygen also does not capture severity of illness
ICD-10-CM requires documentation of tobacco exposure, specifically for:

- Pulmonary & Digestive diseases
- Diseases of the head, neck, mouth and esophagus
- During pregnancy, birth and puerperium

<table>
<thead>
<tr>
<th>Document Level of Usage</th>
<th>Type of Usage/Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Use</td>
<td></td>
</tr>
</tbody>
</table>
| Exposure                | • During pregnancy, birth and puerperium  
|                         | • Environmental tobacco smoke (2\textsuperscript{nd} hand smoke) |
| Use                     | • Tobacco use (current)  
|                         | • Tobacco use (past) |
| Dependence              | • Nicotine dependence and source (e.g. cigarettes, chewing tobacco, other)  
|                         | • Nicotine dependence in remission  
|                         | - Uncomplicated  
|                         | - In remission  
|                         | - With withdrawal  
|                         | - With or without other nicotine-induced disorders |
**Key Documentation Concepts Required for Intubation and Mechanical Ventilation**

### Intubation

<table>
<thead>
<tr>
<th>ICD-10 Documentation Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Root Operation</strong></td>
</tr>
<tr>
<td><strong>Body Part</strong></td>
</tr>
<tr>
<td><strong>Approach</strong></td>
</tr>
<tr>
<td><strong>Device</strong></td>
</tr>
<tr>
<td><strong>Qualifier</strong></td>
</tr>
</tbody>
</table>

**Example: OBH17EZ** - Insertion, Trachea, Natural Opening, Intraluminal Device, No Qualifier

### Mechanical Ventilation

<table>
<thead>
<tr>
<th>ICD-10 Documentation Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Root Operation</strong></td>
</tr>
<tr>
<td><strong>Body Part</strong></td>
</tr>
<tr>
<td><strong>Duration</strong></td>
</tr>
<tr>
<td><strong>Function</strong></td>
</tr>
<tr>
<td><strong>Qualifier</strong></td>
</tr>
</tbody>
</table>

**Example: 5A1935Z** - Performance, Respiratory, <24 consecutive hours, Ventilation, No Qualifier

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**Don’t Forget Time of Extubation**

While date/time of intubation is generally well documented, always be sure to document the time of extubation as well.
Road Map for Discussion

1. Key Requirements for Documentation Related to Pneumonia, Respiratory Failure and COPD

2. Clinical Scenario Highlighting Best Practice Documentation
Clinical Example I

**H&P:** Presented with altered mental status, cough with sputum, SOB, and fever from ECF. Has been on azithromycin. RR 28, T 100.2, P 88. WBC 11.4. Started on BiPAP and 40% oxygen in the ED. CXR with bilateral lower lobe infiltrate. Na 126. Plan: IV vancomycin and Zosyn. IV NS at 150 ml/hr. Recheck labs in AM. Assessment: HCAP, severe respiratory distress.

**PN day 5:** Fever resolved, continue broad spectrum antibiotics, remains confused/disoriented despite resolution of fever. Continue sitter.

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HCAP</td>
<td>• HCAP</td>
<td>• HCAP</td>
</tr>
<tr>
<td>• Respiratory distress</td>
<td>• Acute respiratory Distress</td>
<td>• Acute hypoxic respiratory failure</td>
</tr>
<tr>
<td>• AMS</td>
<td>• Acute confusion due to infection</td>
<td>• Metabolic encephalopathy</td>
</tr>
<tr>
<td>• ↓ Na</td>
<td>• Hyponatremia</td>
<td>• Hyponatremia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario</th>
<th>MS-DRG</th>
<th>Description</th>
<th>Weight</th>
<th>GMLOS</th>
<th>Exp. Mort. Rate</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>195</td>
<td>Simple Pneumonia and Pleurisy without CC/MCC</td>
<td>0.6997</td>
<td>2.9</td>
<td>1.27%</td>
<td>Low</td>
</tr>
<tr>
<td>2</td>
<td>194</td>
<td>Simple Pneumonia and Pleurisy with CC</td>
<td>0.9771</td>
<td>3.8</td>
<td>1.94%</td>
<td>Medium</td>
</tr>
<tr>
<td>3</td>
<td>193</td>
<td>Simple Pneumonia and Pleurisy with MCC</td>
<td>1.4550</td>
<td>5.0</td>
<td>7.13%</td>
<td>High</td>
</tr>
</tbody>
</table>
Clinical Example I Continued

**H&P:** Presented with altered mental status, cough with sputum, SOB, and fever from ECF. Has been on azithromycin. RR 28, T 100.2, P 88. WBC 11.4. Started on BiPAP and 40% oxygen in the ED. CXR with bilateral lower lobe infiltrate. Na 126. Plan: IV vancomycin and Zosyn. IV NS at 150 ml/hr. Recheck labs in AM. Assessment: HCAP, severe respiratory distress.

**PN day 5:** Fever resolved, continue broad spectrum antibiotics, remains confused/disoriented despite resolution of fever. Continue sitter.

**Scenario 4**
- Likely Gram Negative Pneumonia
- Respiratory distress
- AMS
- ↓ Na

**Scenario 5**
- Likely Gram Negative Pneumonia
- Acute respiratory distress
- Acute confusion due to infection
- Hyponatremia

**Scenario 6**
- Likely Gram Negative Pneumonia
- Acute hypoxic respiratory failure
- Metabolic encephalopathy
- Hyponatremia

<table>
<thead>
<tr>
<th>Scenario</th>
<th>MS-DRG</th>
<th>Description</th>
<th>Weight</th>
<th>GMLOS</th>
<th>Exp. Mort. Rate</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>179</td>
<td>Respiratory Infections and Inflammation without CC/MCC</td>
<td>0.9741</td>
<td>3.7</td>
<td>3.41%</td>
<td>Low</td>
</tr>
<tr>
<td>5</td>
<td>178</td>
<td>Respiratory Infections and Inflammation with CC</td>
<td>1.3955</td>
<td>5.1</td>
<td>3.76%</td>
<td>Medium</td>
</tr>
<tr>
<td>6</td>
<td>177</td>
<td>Respiratory Infections and Inflammation with MCC</td>
<td>1.9934</td>
<td>6.4</td>
<td>12.00%</td>
<td>High</td>
</tr>
</tbody>
</table>
Pneumonia

Pneumonia due to methicillin resistant Staphylococcus aureus

Influenza and Pneumonia (Bacterial pneumonia)

Specific Organism

- MSSA
- MRSA
- Other
- Unspecified

Note:
- When the organism is not identified, the default is Pneumonia, unspecified
- Documentation of the terms Healthcare Acquired (HAC) / Hospital Acquired (HAP) / Community-Acquired (CAP) Pneumonias default to pneumonia, unspecified
Clinical Example II

ED: Patient presented to ED with c/o dyspnea and increased work of breathing. Hx of COPD on home oxygen 24/7 @ 2L. Dyspnea progressed with increased work of breathing and use of accessory muscles despite nebs and IV steroids. Placed on BiPAP and will admit to ICU. Impression: COPD exacerbation, severe respiratory distress, oxygen dependence

<table>
<thead>
<tr>
<th>Scenario</th>
<th>MS-DRG</th>
<th>Description</th>
<th>Weight</th>
<th>GMLOS</th>
<th>Exp. Mort. Rate</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>192</td>
<td>Chronic Obstructive Pulmonary Disease without CC/MCC</td>
<td>0.7120</td>
<td>2.8</td>
<td>0.25%</td>
<td>Low</td>
</tr>
<tr>
<td>2</td>
<td>191</td>
<td>Chronic Obstructive Pulmonary Disease with CC</td>
<td>0.9343</td>
<td>3.5</td>
<td>0.53%</td>
<td>Medium</td>
</tr>
<tr>
<td>3</td>
<td>190</td>
<td>Chronic Obstructive Pulmonary Disease with MCC</td>
<td>1.1708</td>
<td>4.2</td>
<td>1.96%</td>
<td>High</td>
</tr>
<tr>
<td>4</td>
<td>189</td>
<td>Pulmonary Edema and Respiratory failure</td>
<td>1.2184</td>
<td>3.9</td>
<td>8.68%</td>
<td>High</td>
</tr>
</tbody>
</table>

Scenarios 1
- COPD exacerbation
- Severe respiratory distress
- Dependence on oxygen

Scenario 2
- COPD exacerbation
- Chronic respiratory failure

Scenarios 3 and 4
- COPD exacerbation
- Acute on chronic respiratory failure
Summary of Best Practice Documentation Teaching Points

Key Documentation Concepts

• Pneumonia requires:
  – Suspected organism based on treatment and associated risk factors
  – Aspiration needs to be supported by aspiration risk factors
  – Medication Resistance, specify the medication
  – With or without sepsis, influenza or acute respiratory failure

• Influenza requires:
  – Whether or not there are novel influenza viruses
  – Link to other illness such as URI, myocarditis, laryngitis, pneumonia

• Conflicting, incomplete, or ambiguous documentation will lead to a query

• Carry all documentation over from diagnostic test into the progress notes to ensure it will be captured in the coded record

• Documentation of tobacco exposure is crucial

• Mechanical ventilator time frames have changed to allow capture of < 24 hours, < 24 - 96 hours, and > 96 hours; Capture extubation time

• Mild, moderate or severe respiratory distress/insufficiency do not equal respiratory failure

• Blood gases and mechanical ventilation are not required
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:**

- November 12th – Orthopedic Surgery, Joints, Spine
- November 19th – Diabetes
- December 3rd – Anemia
- December 10th – Cellulitis
- 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-RespiratoryFailure
Questions?

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