Cellulitis

The ICD-10 Success Series
Webconference
December 10, 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 24\textsuperscript{th} – Sepsis/Septicemia
2. October 1\textsuperscript{st} – UTI
3. October 8\textsuperscript{th} – Pressure Ulcers
4. October 15\textsuperscript{th} – Stroke
5. October 22\textsuperscript{nd} – Encephalopathy
6. October 29\textsuperscript{th} – AMI & Coronary Artery Disease
7. November 5\textsuperscript{th} – Respiratory Failure, Pneumonia, COPD
8. November 12\textsuperscript{th} – Orthopedic Surgery, Joints, Spine
9. November 19\textsuperscript{th} – Diabetes
10. December 3\textsuperscript{rd} – Anemia
11. December 10\textsuperscript{th} – Cellulitis
12. December 17\textsuperscript{th} – 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:

Emeric Palmer, MD, FACP, FHM  202.266.5600
Senior Medical Director  PalmerE@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

| Stage or grade of disease | Severity: mild, moderate, severe |
| Specific anatomical location | Episode of care: initial vs. subsequent |
| Acute or chronic | Unilateral or bilateral condition |
Road Map for Discussion

1. Documentation Requirements for Cellulitis in ICD-10

2. Clinical Scenario

3. Upcoming Webconferences
The Good News: Limited Concept Changes in ICD-10 for Cellulitis

Focus on incorporating these key concepts into your documentation to ensure the appropriate ICD-10 code is assigned and your patients severity of illness is accurately reflected.

### Key Concepts Applicable to Cellulitis Documentation

<table>
<thead>
<tr>
<th>Concept</th>
<th>Key Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site specificity</td>
<td>• Anatomic Location</td>
</tr>
<tr>
<td>Laterality</td>
<td>• Right, Left, unspecified</td>
</tr>
<tr>
<td>Identify organism or infectious agent causing the problem</td>
<td><em>(known or suspected)</em></td>
</tr>
<tr>
<td>Ascertain any underlying conditions</td>
<td><em>(i.e. foreign body, Crohn’s disease, trauma)</em></td>
</tr>
<tr>
<td></td>
<td><em>Note: If trauma related – identify source (dog bite, spider bite, motorcycle accident, etc.)</em></td>
</tr>
</tbody>
</table>

Cellulitis of most anatomical sites (excluding finger and toe) are designated as being clinically significant diagnoses that may affect DRG assignment.
# Specificity Required Around Site Identification, Location, and Laterality

Be sure to identify the laterality and specific location of the cellulitis

## Location and Laterality Left on the Table in ICD-9

<table>
<thead>
<tr>
<th>ICD-9 code</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis and abscess of upper arm and forearm</td>
<td>Cellulitis of <em>(right, left, unspecified) (axilla, upper limb, lower limb, unspecified)</em></td>
</tr>
<tr>
<td>Cellulitis and abscess of trunk</td>
<td>Cellulitis of <em>(back, chest wall, groin, perineum, umbilicus, buttock)</em></td>
</tr>
<tr>
<td>Unspecified cellulitis and abscess of finger</td>
<td>Cellulitis of <em>(right, left, unspecified)</em> finger</td>
</tr>
</tbody>
</table>

*1) ICD-10 CM code conversion represents only cellulitis codes, not abscess codes*
Cellulitis and Abscess Assigned Different Levels of Severity in ICD-10

New in ICD-10-CM!

Cellulitis and Abscess are classified separately by severity. Ensure documentation is specific regarding extent of infection to avoid misrepresentation of severity.

When to Document Cellulitis vs. Abscess:

<table>
<thead>
<tr>
<th>Cellulitis</th>
<th>Abscess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection is spread throughout the skin, subcutaneous tissue</td>
<td>Infection is encapsulated or contained</td>
</tr>
</tbody>
</table>
Consider Alternate Principal Diagnosis When Appropriate

Severity can vary when more serious conditions are documented

Clarify the severity of a cellulitis infection. Has it progressed from a localized site to adjacent tissues or to a systemic process? Cellulitis is a diagnosis that has increased risk for potentially serious fatal consequences from progression to a systemic infection due to circulating pathogens. Review for the presence of SIRS criteria to assist in determining the patient’s severity of illness.

Sepsis Documentation Should:

- Link the underlying local infection (e.g. cellulitis) to the systemic infection
- Identify the (suspected) organism
  - And any drug resistant organism
- Link or clarify if there is associated:
  - Organ failure
  - Shock

Other Diagnoses to Consider…

- Skin Ulcer *(acute or chronic)*
- Osteomyelitis *(linkage to diabetes if appropriate)*
**Circling Back: The Importance of Physician Documentation**

<table>
<thead>
<tr>
<th>Documentation Needs to Support…</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Medical necessity for inpatient admission</td>
</tr>
<tr>
<td>✓ Failure of outpatient treatment (<em>if appropriate</em>)</td>
</tr>
<tr>
<td>✓ Capturing all secondary diagnoses (comorbid conditions)</td>
</tr>
<tr>
<td>✓ Documentation of any associated procedures (<em>if performed</em>):</td>
</tr>
<tr>
<td>• Excisional debridement</td>
</tr>
<tr>
<td>• Nonexcisional debridement</td>
</tr>
<tr>
<td>• Fasciotomy</td>
</tr>
</tbody>
</table>
Road Map for Discussion

1. Documentation Requirements for Cellulitis in ICD-10

2. Clinical Scenario

3. Upcoming Webconferences
Clinical Scenario I – Alternate PDX

In order to capture true severity of the patient, secondary diagnoses must be linked when appropriate.

**Clinical Scenario:** Patient presents with lower leg wound that is swollen, red, and painful. VS: Temp 100.9, RR 20, Pulse 100, BP 100/60. Labs: WBC 14.8 with 12% Bands. PMH: DM, neuropathy. Impression: Cellulitis, history of DM and neuropathy. Treatment; IV Vanco. Physician is queried regarding a possible sepsis.

**Common Insufficient Documentation**
- Cellulitis is principal diagnosis *(without identifying location/site)*
- Diabetes, unspecified as a secondary diagnosis *(without linkage to neuropathy)*

**Best Practice Documentation**
- “Sepsis secondary to cellulitis left lower leg”
- “Type 2 Diabetic neuropathy”
- *Documentation links the diabetes to the neuropathy*

**Resultant Metrics Assigned:**
- DRG 603 Cellulitis w/o CC/MCC
- RW 0.8402
- GMLOS 3.6 days
- Reimbursement = $4,377¹

**Resultant Metrics Assigned:**
- DRG 872 Septicemia or severe sepsis w/o MV 96+ hours w/o MCC
- RW 1.0687
- GMLOS 4.1 Days
- Reimbursement = $5,567¹

¹) Based on National Average Base Rate of $5,209
Clinical Scenario II

Cellulitis Specificity

Clinical Scenario: 61 year old female patient admitted chronic lower extremity ulcer with surrounding erythema. Wound bed clean. Patient is afebrile. WBC increased at 12.2. Past medical history significant for peripheral venous status ulcers, hypertension, CKD, and atrial fibrillation. Pt was started on PO antibiotics two days prior to admission. Now with increasing erythema and presented to the ED per suggestion of the home health nurse.

Impression: Chronic ulcer of the lower extremity
Clinical Scenario Example II Continued

Cellulitis Specificity

Clinical Scenario: 61 year old female patient admitted chronic lower extremity ulcer with surrounding erythema. Wound bed clean. Patient is afebrile. WBC increased at 12.2. Past medical history significant for peripheral venous status ulcers, hypertension, CKD, and atrial fibrillation. Pt was started on PO antibiotics two days prior to admission. Now with increasing erythema and presented to the ED per suggestion of the home health nurse.

Best Practice Documentation:

Impression: Cellulitis of the right lower extremity s/p failed outpatient treatment of chronic RLE peripheral venous status ulcer. CKD stage IV, Benign hypertension, Chronic Atrial fibrillation, controlled rate.
Breakdown of ICD-10 code for Cellulitis

Cellulitis of right upper limb

- **L**
- **0**
- **3**

- Cellulitis of other parts of limb

Anatomic Site

- 1
- 1
- 3

Laterality

- Right Lower
- Right Upper
- Left Upper
- Left Lower
- Unspecified
Summary of Best Practice Documentation Teaching Points

Key Documentation Concepts

• Specify anatomical site and laterality of the cellulitis infection
• Identify causative organism or infectious agent *(if known or suspected)*
• If cellulitis is related to trauma, document the detail related to the trauma (i.e. dog bite, spider bite)
• Consider alternative diagnoses such as sepsis, skin ulcer as clinically appropriate
• Document any failed outpatient treatment and justify reason for inpatient admission
• If debridement is part of the treatment plan, remember to capture the type of debridement (“excisional” or “nonexcisional”) in your documentation as appropriate
Road Map for Discussion

1. Documentation Requirements for Diabetes 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:

- **December 17th** – Ambulatory

*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-Cellulitis
Questions?

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