Why it matters to your office and your physicians
Documentation Principles

- Can’t code what is not documented.
  
  “If it ain’t written it didn’t happen.”

- Always be as specific and accurate as possible.

- Process of coding is the same for ICD-10.

- Need more detail.

- Still use CPT codes but need to match ICD-10 codes.

ALWAYS ASK “DUE TO”
Documentation - Why it Matters

Poor/Inadequate Documentation → Less Specific Code → Less Acuity

CLINICAL
- Underestimate Severity
- Overestimates Complications

FINANCIAL
- Denial of Claim
- Failed Appeal
- CPT Code Mismatch

Poor Profile (aka *Low Quality MD* As defined by CMS) → Poor Reimbursement
Circulatory System
Examples of needed documentation

- Document “smoking status” Exposure, Use, and Dependency.
- Need Location and Age of MI.
- Avoid “Chest Pain” as reason for Admission. It leads to Audits.
- MI defaults to STEMI.
Musculoskeletal System
Examples of needed documentation

- Be specific with site of injury or disease.
- ICD-10 goes by site, ICD-9 goes by type.
- Make sure to designate Acute or Chronic.
- Must know type of encounter:
  - A= initial or active Rx for closed Fx
  - B= initial or active Rx for open Fx
  - D= subsequent (routine F/U)
  - S= sequela (complication)
The Wrist Fracture

<table>
<thead>
<tr>
<th>ICD-9 less specific</th>
<th>More specific ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fracture wrist seen in ED</td>
<td>• Fracture both bones right forearm</td>
</tr>
<tr>
<td></td>
<td>• Distal</td>
</tr>
<tr>
<td></td>
<td>• Closed</td>
</tr>
<tr>
<td></td>
<td>• No joint involvement</td>
</tr>
<tr>
<td></td>
<td>• Displaced</td>
</tr>
<tr>
<td></td>
<td>• Initial encounter for treatment</td>
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</tbody>
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When ORIF is needed in the OR which documentation do you think is more likely to be coded and paid correctly?
Infectious Disease
Examples of needed documentation

- Document Organisms or suspected organism (you don’t need a + culture).
- Document “drug resistance”.
- Document manifestation of infection. i.e. what did the infection cause.
- No more “septicemia” sepsis or severe sepsis.
Infectious Disease (cont.)

• “Severe sepsis” must have an organism and a manifestation.
• In ICD-9 “urosepsis” = UTI (low S.I. and low $).
• In ICD-10 “urosepsis” = nothing (no S.I. and no $).
QUESTIONS?