“Documentation Requirements—
Fact or Fiction?”

Presented by The APMA Coding Committee
APMA Educational Information:

- Webinars are online – apma.org/webinars
- Questions – Health Policy and Practice Department
  - coding.hpp@apma.org or 301-581-9200
- Favorite for ICD-10 updates – apma.org/icd10
- Coding Resource Center – apmacodingrc.org
- Register for upcoming webinars – apma.org/icd10
APMA Educational Information:

• [www.apma.org/icd10](http://www.apma.org/icd10)
APMA Coding Resource Center

• You now have the ability to search and look at all the ICD-10-CM codes at: www.apmacodingcrc.org
ICD-10 is Here Webinar Series

"ICD-10 is Here" Webinar Schedule

APMA, under the direction of the Coding Committee, presents "ICD-10 is Here," a webinar series for 2014. Webinars will be held the first and third Thursday of each month beginning in January, and will take place 8–9 p.m. ET. The webinars are produced for APMA members only, and will be recorded and available online for later viewing. Due to the holiday season, the first and second webinars will take place on January 9 and January 23, and then continue with the regular schedule in February.

January

Webinar 1: ICD-10-CM Timelines/Rules/Basics
Presented by the APMA Coding Committee Panel
January 9, 2014

Webinar 2: Documentation Requirements—Fact or Fiction?
Presented by the APMA Coding Committee Panel
January 23, 2014

February

Webinar 3: Skin and Subcutaneous Disorder-L00-L51; L51-L99 Guidelines and Examples
Presented by Paul Kinberg, DPM, and Michael King, DPM
February 6, 2014

Webinar 4a: M00-M50 MSK Part 1
Presented by Lawrence Santi, DPM
February 20, 2014
Welcome to the APMA ICD-10 is Here Webinar Series

• Over the next 9 months the coding committee will be providing APMA members ICD-10 training.

• Each webinar will address different portions of the 68,000 codes that are pertinent in podiatry.

• We feel we have addressed the vast majority of diagnosis codes you need to learn but by no means can every code be covered during the series.
Tonight’s Webinar

Topics

1) Documentation & Specificity
2) Character Review
3) Documentation Rules
4) Are We Going to Get Paid?

Coding Committee Participants

1) Dr. Michael Warshaw
2) Dr. Jon Goldsmith
3) Dr. Animesh Bhatia
4) Dr. Michael King
5) Dr. Mitchell Hilsen (Moderator)

*Refer to the APMA Coding Seminar Speakers Bureau for more details.*
Documentation Fact or Fiction?

• We must always document to the fullest specificity.
  
  **Fact** – This has always been the rule.

• With ICD-10 we have to increase our documentation specificity to justify our diagnosis code?
  
  **Fact** – Why?
Specificity is WHY?

- With ICD-10 we will have the ability to diagnose a problem and describe:
  - Etiology
  - Manifestation or state of disease or condition
  - Anatomic site
  - Laterality
  - Severity
  - Time of event
Specificity

• That provides us with a lot of power with the specificity.

• We can express to doctors, insurance companies, billers and coders, workers compensation, and others what we are *clinically seeing*.

• *But we must document all that we see.*
Specificity

- Codes must be completed to the appropriate character – it can be up to 7 characters.

  *Fact*

- If you leave a character off you will probably not get paid.

  *Fact*

- If your documentation does not support up to 7 characters you might not get paid.

  *Fact*
• Documentation must reflect Specificity.

**FACT**

(Again this has always been the case but we need to document to ICD-10 levels not ICD-9)
So, will we get paid?

- Unfortunately we need to talk about this so you **do** get paid for the services you render.

- APMA has provided a large amount of resources to help Podiatrists learn ICD-10
  - So each of us **MUST** have an understanding of ICD-10
• *Doctors should just wait for our EMR Systems to update the codes and this should be enough to get our practices up to speed.*

*Fiction*
Other Potential Problems

• **Clearinghouse?**
  They will be ready, right?

• **Insurance companies?**
  They have to be ready, right?
Dr. Michael Warshaw

• Character Review: *Not just up to 5, possible up to 7*
Character Review: 
*NOT just up to 5, possible up to 7*

- 1\textsuperscript{st} Character: Alpha A-Z
- 2\textsuperscript{nd} Character: 0-9
- 3\textsuperscript{rd} Character: 0-9

- These describe:
  - Systems or disease processes
• **4\textsuperscript{th} Character Numeric**
  
  : Defines the site, etiology, manifestation or state of the disease or condition
  
  : Space holder = X

• **5\textsuperscript{th} Character Numeric**
  
  : A level of specificity – can be a “dummy code” or space holder
  
  : Space holder = X

\textbf{4\textsuperscript{th}, 5\textsuperscript{th}, and 6\textsuperscript{th} characters can have a space holder = X}
• 6th Character Numeric
  : Describes specific location or cause
  : For laterality
    1 or 4 = right
    2 or 5 = left
    3 or 6 = unspecified

X = Space holder
7th Character

- Typically letters, that describe conditions or timing of the visit.
- Used to give more information about the events related to the reason for the visit or service –
  - or the *Episode of Care*
Character Review

The appropriate 7th character is to be added to each code from category S92.

A. Initial encounter for closed fracture
B. Initial encounter for open fracture
C. Subsequent encounter for fracture with routine healing
D. Subsequent encounter for fracture with delayed healing
E. Subsequent encounter for fracture with nonunion
F. Subsequent encounter for fracture with malunion
G. Sequela
• I have to use a 7th Character on all of the ICD-10 codes.

*The applicable 7th character is required for all of the codes within the category, or as the notes in the Tabular Index instructs.
• These 7th character extensions are found predominantly in:

  • **Chapter 19** – Injury, Poisoning and Certain Other Consequences of External Causes, and
  • **Chapter 15** – Pregnancy, Childbirth and the Puerperium

• Non-fracture and fracture 7th character codes
  • See Next Slide
• **Non-fracture care**
  • A – initial encounter
  • D – subsequent encounter
  • S – sequela

• **Fracture care**
  • A – initial encounter for closed fracture
  • B – initial encounter for open fracture
  • D – subsequent encounter for normal healing fracture
  • G – subsequent encounter for delayed healing fracture
  • K – subsequent encounter for fracture with non-union
  • P – subsequent encounter for fracture with mal-union
  • S – sequela of fracture
• Doctors must document to the 7th character when applicable.

FACT
Dr. Jon Goldsmith

- Documentation Rules
Documentation Rules

• ICD-10 challenges us to provide more detail to payers in order to be reimbursed. More detail may very well mean a longer code ... 4, 5, 6 or even 7 characters in length. Obviously, the documentation must support the coding.
Coding & Documentation

• Codes must be used appropriately to identify diagnoses, symptoms, conditions, problems, complaints, or other reasons for the visit – all of which need to clearly evident in the medical record.

• For example ...
Signs and Symptoms

• Codes which describe signs and symptoms *are* acceptable when a related definitive diagnosis has not been established/confirmed by a provider.

• It is not necessary on the other hand to code signs and/or symptoms that are typically associated with the primary condition.

• Signs and symptoms which are *not* routinely associated with disease or condition or deformity should be coded when present.
Dr. Animesh Bhatia

• Multiple Coding
• Acute and Chronic Conditions
Multiple Coding for a Single Condition

- Etiology and Manifestation Convention
  - Need two codes to fully describe a single condition that affects multiple body systems.
  - There are also single conditions that require more than one code.
Multiple Coding for a Single Condition

• The **Etiology/Condition** is coded *first* followed by Manifestation

  • “*use additional code*”: will be in tabular list on the Etiology – indicating you need an additional code.

  • “*code first*”: will be on the Manifestation – indicating underlying etiology/condition should be coded first.
Multiple Coding for a Single Condition

• Most manifestation codes will have:
  • “in diseases classified elsewhere”

• These codes are never to be used first or as primary diagnosis codes.
  • They must have primary diagnoses
Multiple Coding – continued

• “Code also”
  • Indicates that 2 codes are needed to describe a condition but sequencing is discretionary, depending on the severity of the condition and the reason for the encounter.

• “Code, if applicable, any causal condition first”
  • Indicates that this code may be assigned as a principle diagnosis when the causal condition is unknown or not applicable.
Acute and Chronic Conditions

• If the condition is described as both acute (subacute) and chronic, and separate subentries exists in the Alphabetical Index at the same indentation level:

  Code both and sequence acute (subacute) code first.
Dr. Michael King

- Combination Code
- Sequela
- Reporting the same diagnosis code more than once
Combination Code

• A combination code is a single code used to classify:
  • Two diagnoses
  Or
  • A diagnosis with an associated secondary process (manifestation)
  Or
  • A diagnosis with an associated complication
Combination Code

• Combination codes are identified by referring to sub-term entries in the Alphabetical Index and by reading inclusions and exclusions in the Tabular Index.

• Multiple coding should be used when the combination code lacks the necessary specificity in describing the manifestation or condition.
Diabetic Combo Code

• **Diagnosis:** A type 2 diabetic patient is evaluated for a chronic diabetic left foot ulcer with necrosis of muscle. The patient takes insulin on a daily basis.
  • **E11.621** Type 2 diabetes mellitus with left foot ulcer
  • **L97.523** Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
  • **Z79.4** Long term (current) use of insulin

• **Rationale:** The note under code E11.621 states to use additional code to identify site of ulcer (L97.4-L97.5-).
Sepsis with Septic Shock

- 3 codes  ICD-9-CM
  - 038.9  Unspecified septicemia
  - 995.92 Severe sepsis
  - 785.52 Septic shock

- 2 codes  ICD-10-CM
  - A41.9  Septicemia, unspecified
  - R65.21 Severe sepsis with septic shock
Sequela (Late Effects)

- A sequela is a residual effect or condition that was produced after the acute phase of an illness or injury has terminated.
  
- There is *NO* time period when a sequela code can be used.
Sequela

• Generally 2 codes need to be used in the following order:
  • The condition or nature of the sequela is coded first.
  • Then the sequela code is second.

**Exception**: if the sequela is followed by a manifestation code in the Tabular List or if sequela is expanded to include manifestation.

• The code for the acute phase of an injury or illness that led to the sequela is **NEVER** used with code for the late effect.
Sequela of Prior Ankle Sprain

• Chronic left ankle instability following Grade III sprain of the calcaneofibular ligament six months prior.
  
  • **M24.272**: Disorder of ligament, left ankle
  
  • **S93.412S**: Sprain of calcaneofibular ligament of the left ankle, sequela
Chronic Left Ankle Instability Following Grade III Sprain - continued

• **Rationale:**

  • A Grade III ankle sprain involves complete tear of the involved ankle ligaments. Instability of the ankle is reported with a code from subcategory **M25.37-** if the condition is not further qualified as due to an old ligament injury. However, since we know that the instability is due to a Grade III sprain (complete tear) of the calcaneofibular ligament, the correct subcategory is **M24.27-**
Sequela of Injury

• **Injury Guidelines For Sequela**
  
  • The code that describes the sequela is reported first, followed by the code for the specific injury with a 7th character of ‘S’ to identify the condition as a sequela of the injury.
  
  • Coding guidelines for Chapter 19 – Injuries, Poisoning, and Certain Other Consequences of External Causes state the following in regard to coding of sequelae:
Sequela of Injury - continued

- **7th character ‘S’**
  - Sequela, is for the use for complications or conditions that arise as a direct result of a condition.
    - (Scar formation after a burn. The scars are sequelae of the burn.)
  - When using 7th character ‘S,’ it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself.
  - The ‘S’ is added only to the injury code, not the sequela code. The 7th character ‘S’ identifies the injury responsible for the sequela.
  - The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.
Reporting the Same Diagnosis Code More Than Once

- Only applies for bilateral conditions where there are not distinct codes for laterality.

  or

- Two different conditions classified to the same ICD-10 diagnosis code.

  - Laterality:
    - Left, right, bilateral
    - If no bilateral code is provided, assign separate codes for both left and right side – as above.
Same Diagnosis, Different Spot

M79.67 Pain in foot and toes
  M79.671 Pain in right foot
  M79.672 Pain in left foot
  M79.673 Pain in unspecified foot
  M79.674 Pain in right toe(s)
  M79.675 Pain in left toe(s)
  M79.676 Pain in unspecified toe(s)
• We are going to have to expand our documentation.  
  **FACT**

• We can close our eyes and hope it does not go into effect.  
  **FICTION**

• We are going to get through this with APMA’s help?  
  **FACT**
Questions & Answers