MEDiSERV

Results you can count.

ICD-10 for Emergency Department Providers

WHAT YOU NEED TO KNOW

Introduction

- **Begins October 1, 2015**

- **No clinical practice change; driven by goal to collect more accurate data**

- **Really not an increased burden in documentation**

- **Documenting facts that we are already gathering**

- **Appendix for additional resources**

Episode of Care

Must reference episode of patient's care

- **<u>Initial Encounter</u> (generally most ED visits)**
  - *ex. Patient receives laceration repair*

- **<u>Subsequent Encounter</u>**
  - *ex. Patient returns for med adjustment*

- **<u>Sequela</u>**
  - *ex. Patient presents to the ER complaining of pain from the site of the healed laceration*

**Takeway: 99% of an ED provider's visits will be "Initial Encounters"

Stage/Severity

- **For certain conditions, document the stage or severity, if known.**

- **Examples:**
  - o **Diabetes: Type 1 or 2**
  - o **Decubitis/Pressure Ulcer Staging 1-5**
  - o **Chronic Kidney Disease Staging 1-5, ESRD**
  - o **Asthma:**
    - o **Intermittent or Persistent; AND**
    - o **Mild, Moderate or Severe**
  - o **Respiratory Failure: Acute or Chronic**
  - o **Burns: 1st, 2nd, 3rd**

Laterality

- **Detail of right, left or bilateral must be documented**

- **Not just for injuries—both medical and traumatic conditions**

- **Examples:**
  o Acute, Suppurative, Otitis Media, right ear
  o Laceration, left ankle
  o Left upper quadrant (LUQ) abdominal pain

- **Other common conditions that require notation of laterality:**

  o Joint pain/effusion
  o Fractures
  o Arthritis
  o Cerebral infarction

  o Injury
  o Dislocations
  o Pressure ulcers

Specific Anatomy

ICD-10-CM supports much more precise anatomic description of the injury or condition

- Arm or Leg – upper/lower or proximal/distal
- Hand - document individual metacarpals
- Foot - document individual metatarsals
- Phalanges - document whether proximal, mid or distal phalanges
- Face - document whether upper or lower eyelids and lips
- Abscess/Cellulitis - document the precise anatomic location

External Causes of Injury

- **Document how the "how-what-why" of the cause of the injury**

- **Ridiculous examples, but do not stress**

  - **<u>Poisoning</u>**
    - o Document the type of drug (ex., aspirin)
    - o Indicate how it occurred (accidental or unintentional)

  - **<u>Under-dosing</u>** *(New ICD-10 concept)*
    - o Document the type of drug
    - o Intentional or Unintentional

  - **<u>Falls</u>**
    - o Document how the injury occurred
    - o Indicate any sequential events that result in an injury (subsequent striking against sharp glass)
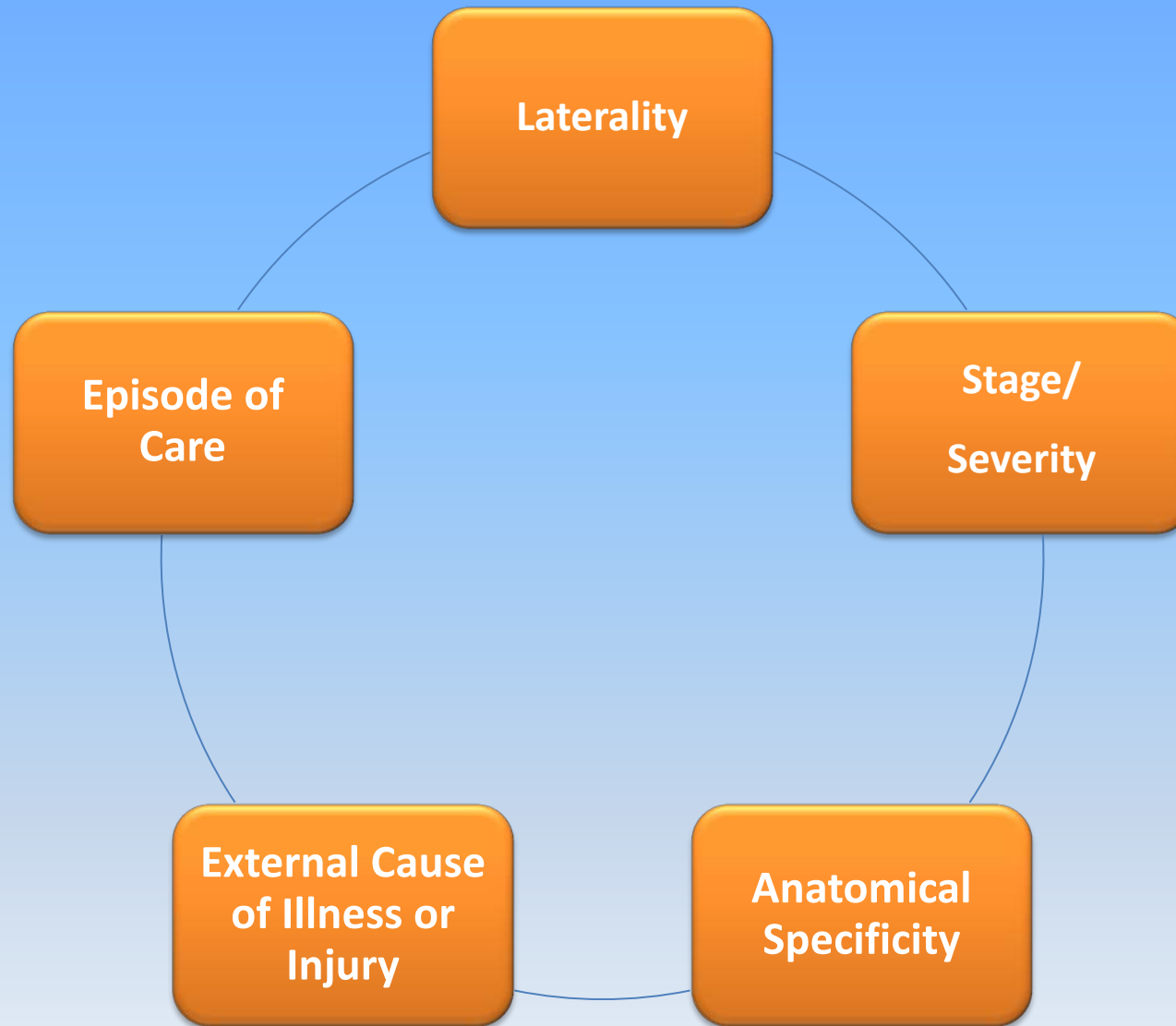
UTI/Sepsis

- **ICD-10 eliminates the concept of urosepsis**

- **Tips for documenting UTI:**
  - Document Type: cystitis, pregnancy related, STD
  - Note infection agency if known: e.coli, candidiasis
  - Document location: cystitis, urethritis

- **If the patient is septic from a urinary condition, then document "sepsis" first, and identify UTI as the cause**

Location of ICD-10 in Record

- **Include diagnosis details in MDM section or diagnosis section**

- **Do not rely on references scattered throughout record or ancillary documents (lab reports, nurses notes, radiology reports, etc.)**

Keys Concepts for ICD-10 Success

Laterality

Stage/ Severity

Anatomical Specificity

External Cause of Illness or Injury

Episode of Care

APPENDIX
Recommended Resources for Emergency Physicians

- **ICD-10 CM for the Busy Emergency Physician**
  https://www.acep.org/uploadedFiles/ACEP/practiceResources/issuesByCategory/reimbursement/ICD-10-CM%20For%20The%20Busy%20Emergency%20Physician%206_2014.pdf

- **ICD-10 ED Clinical Examples**
  https://www.acep.org/uploadedFiles/ACEP/practiceResources/issuesByCategory/reimbursement/ICD-10-CM%20ED%20Clinical%20Examples%206_2014.pdf

- **ICD-10 FAQs**
  http://www.acep.org/Physician-Resources/Practice-Resources/Administration/Financial-Issues-/-Reimbursement/ICD-10-FAQ/