

Closing Gaps & Meeting Metrics

Florida Blue Medicare

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Documentation Tips for Prevalent Conditions

When ICD-9 was in effect, unspecified codes were frequently used. These codes may also have a role in ICD-10, according to the Centers for Medicare & Medicaid Services. However, some physicians and coders still rely too much on unspecified codes because of the complexity and steep learning curve for using ICD-10 codes.

In addition, when specialties like radiology are involved, referring physicians do not always provide enough clinical information, and as a result, there is no choice but to use an unspecified code.

It's important that physicians or other providers who frequently use unspecified codes revisit how they use these codes to reduce denial rates.

Steps to reduce the use of unspecified codes:

1. Identify where and why unspecified codes are being used.
2. If you determine unspecified codes are primarily used because referring physicians are not providing necessary clinical data, establish processes to ensure information is provided to you in a timely manner.

Documentation Tips for Prevalent Risk-Adjusted Categories

COPD and Emphysema

- Document if with acute lower respiratory tract infection and causal organism when known, such as pseudomonas pneumonia
- Document if with acute exacerbation
- Document severity if with respiratory failure:
 - ◊ Acute respiratory failure
 - ◊ Chronic respiratory failure
 - ◊ Acute and chronic respiratory failure
- Document if oxygen dependent

- Use additional code to identify tobacco use or dependence, exposure to environmental tobacco smoke or history of tobacco dependence

Emphysema

Document type: unilateral, panlobular, centrilobular or other type

Diagnostic Tools:

- Pulmonary function tests (PFT)
- Imaging tests (chest x-ray, CT scan)
- Heart problems
- Pulse oximetry (measures oxygen saturation in blood)

ICD-10	Description
J44.-	Other chronic obstructive pulmonary disease (COPD) <ul style="list-style-type: none">• Asthma with COPD• Chronic asthmatic (obstructive) bronchitis• Chronic bronchitis with airways obstruction• Chronic bronchitis <i>with emphysema</i>• Chronic <i>emphysematous</i> bronchitis• Chronic obstructive asthma• Chronic obstructive bronchitis• Chronic obstructive tracheobronchitis
J44.0	Chronic obstructive pulmonary disease <i>with (acute) lower respiratory infection</i>
J44.1	Chronic obstructive pulmonary disease <i>with (acute) exacerbation</i>
J44.9	Chronic obstructive pulmonary disease, <i>unspecified</i> <ul style="list-style-type: none">• Chronic obstructive airway disease not otherwise specified (NOS)• Chronic obstructive lung disease NOS
J43.9	Emphysema unspecified, <i>Emphysema with COPD</i>

Documentation Tips for Prevalent Conditions

Specified Heart Arrhythmia

When documenting arrhythmias, include the following:

- Location (e.g., atrial, ventricular, supraventricular)
- Rhythm type (e.g., flutter, fibrillation, type 1 atrial flutter, long QT syndrome, sick sinus syndrome)
- Acuity (acute, paroxysmal, chronic, permanent, longstanding persistent or other persistency)
- Cause (e.g., hyperkalemia, hypertension, alcohol consumption, digoxin, amiodarone, verapamil HCl)

ICD-10 Codes for Atrial Fibrillation	
ICD-10 Code	Description
I48.0	Paroxysmal atrial fibrillation (AFib)
I48.11	Longstanding persistent AFib
I48.19	Other persistent AFib
I48.20	Chronic AFib, unspecified
I48.21	Permanent AFib
I48.91	Unspecified AFib

Diagnostic tools:

- Medical history and physical exam
- Electrocardiogram (ECG or EKG)
- Holter monitor
- Echocardiogram

Diabetes

Diabetes documentation must include:

- Type of diabetes (type I or type II)
- Body system affected
- Complication or manifestation
- If a patient with type 2 diabetes mellitus is using insulin long-term, a secondary code for current long-term use of insulin use is required.

Examples:

- Type II diabetes with mild nonproliferative diabetic retinopathy with macula edema of left eye: E11.3212
- Diabetes type II complicated by chronic kidney disease stage III: E11.22, N18.3
- Insulin dependent type II diabetes with peripheral arteriosclerosis of bilateral legs: E11.51, I70.203, Z79.4

Diagnostic tools:

- Urinalysis (check for glucose, protein, ketones, etc.)
- Blood tests (fasting or random blood sugar, glucose tolerance tests, glycohemoglobin/Hgb A1C, metabolic profiles)

Vascular Disease

In ICD-10, peripheral vascular disease (PVD) without further specificity codes to I73.9, peripheral vascular disease, unspecified. To document specifically for PVD, it's important to include these components in your documentation:

- Location of vein/artery affected
- Whether the vein/artery is native or a graft (and type of graft if known)
- Complications such as intermittent claudication, ulceration or rest pain
- Laterality (left, right, or bilateral) and specify if one or both sides are affected by complicating conditions of atherosclerosis.

Examples:

PVD without complication:

Patient has atherosclerosis of native artery bilateral lower extremities without ulceration or claudication.
This documentation would result in code: I70.203.

More complicated case of PVD:

Patient has atherosclerosis of native artery of right lower extremity with rest pain.

This documentation would result in code I70.221, which is very specific and includes the complication of rest pain. A briefer method, such as peripheral artery disease (PAD) due to atherosclerosis of native artery right lower extremity (RLE) with resting pain would also code to I70.221.

Diagnostic tools:

- Medical history and physical exam
- Ankle-brachial index (ABI) test (compares blood pressures at the ankle and on the arm)
- Ultrasound of the lower extremities
- Angiography of the arteries of the lower extremities

