Capturing Severity of Illness (SOI) in ICD-10-CM Terms

A patient’s SOI is conveyed to CMS and quality organizations via ICD-10-CM/PCS codes, assigned by a coder reading the medical record. Document known or suspected relationships between concomitant conditions wherever possible to ensure accurate capture of the patient’s true risk of mortality and/or readmission.

If Observing… Please Consider Documenting… (Higher SOI)

<table>
<thead>
<tr>
<th>Protein-Calorie Malnutrition</th>
<th>Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Mild Degree**</td>
</tr>
<tr>
<td></td>
<td>• Moderate Degree**</td>
</tr>
<tr>
<td></td>
<td>• Unspecified**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic Kidney Disease</th>
<th>Identify the Stage: I-V Stages IV** &amp; V**</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI ≥40** or BMI &lt;19**</td>
<td>Provider must document the correlating medical diagnoses:</td>
</tr>
<tr>
<td></td>
<td>• Morbid obesity</td>
</tr>
<tr>
<td></td>
<td>• Obesity</td>
</tr>
<tr>
<td></td>
<td>• Cachexia**</td>
</tr>
</tbody>
</table>

Fever

Clarify underlying condition, suspected or confirmed (due to) Infection – e.g. sepsis, pneumonia

Mass effect or midline shift

Clarify significance with terms such as:

- Cerebral edema*
- Vasogenic edema*
- Brain herniation*
- Brain compression*
- Insignificant radiology finding

Altered Mental Status

- Encephalopathy
  - Type: hepatic, metabolic*, hypertensive**, septic*, toxic*
  - Acuity: acute*
- Urinary Tract Infection**
- Delirium with acute and cause
- Acute confusion**

Hematoma

Type: Gross, Reticular, or Microscopic

Admit with Sign/Symptom ➔ Discharge with a Diagnosis

Present On Admission

Present On Admission (POA) indicators must be submitted for all diagnoses on claims involving inpatient admissions to acute care hospitals.

• There is no required timeframe as to when the provider can identify or document a condition as POA.

• POA codes assignment directly impact quality reporting

Documentation Examples:

• UTI due to indwelling Foley, POA
• MRSA infection due to central venous catheter, POA

ICD-10-CM/PCS Structural Code Change Overview

The coding system used to classify diseases and other conditions will transition to International Classification of Diseases version 10, or ICD-10-CM.

Anatomy is the primary axis of classification of ICD-10-CM, or diagnosis. The structure of ICD-10 diagnosis codes captures a greater degree of detail than could be captured using the ICD-9 classification.

ICD-10-CM codes are 3–7 Characters (alphanumeric) with all codes starting with an alphabetic character:

- Category
- Subcategories: • Etiology • Anatomic site • Complication • Severity • Laterality
- Extension (7th character)

ICD-10-PCS procedure codes contain 7 alphanumeric characters.

Section Body System Root Operation Body Part Approach Device Qualifier

Documentation Tips

Neurology

**Documentation Overview**

Your documentation tells a patient’s story.

• H&P = Introduction
• Progress/Op Notes = Body
• Discharge summary = Conclusion

It is critical to paint a clear picture from start to finish and cover the initial situation, changes through the stay, and a clear summary that brings it all together.

**Documentation Best Practices**

• Always document the diagnosis(es) that is the reason for admission, rather than just the presenting symptoms, as soon as it is determined

• Document diagnoses, rather than descriptors (e.g. “metabolic encephalopathy”, not “altered mental status”)

• Indicate acuity/severity of all diagnoses: acute, chronic, acute on chronic, or exacerbation.

• Link all diseases/diagnoses to their underlying causes if known. (For example, “TIA symptoms due to hypertensive encephalopathy”)

• Indicate “suspected,” “possible,” or “likely” when treating a condition empirically, such as a gram negative pneumonia. Coding guidelines require that uncertain diagnoses are documented as such at the time of discharge.

• Use supporting documentation from dietary and wound care specialists to accurately document nutritional disorders and pressure ulcers.

• Clarify what is present on admission (POA)

• Clearly indicate what has been ruled out (e.g., “post-op infection: ruled out”)

• Avoid use of temporal indicators, unless they are pertinent and are intended to describe complications rather than expected events.

• Consider documenting if systemic inflammatory response syndrome (SIRS) is present in trauma, burn, and pancreatitis cases when VS and labs support this

• Avoid use of arrows/symbols (e.g., use hypotension instead of ↓Na)
Key Neurology Documentation Requirements in ICD-10:

ICD-10-CM codes require additional specificity for code assignment. To reduce coder queries and ensure coded data properly capture conditions treated, provide the following required specificity. Unspecified diagnoses do not exist for some conditions in ICD-10.

<table>
<thead>
<tr>
<th>Criteria Type &amp; Points</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes Open</td>
<td>Never*</td>
<td>To pain*</td>
<td>To sound</td>
<td>Spontaneous</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Best Verbal Response</td>
<td>None*</td>
<td>Incomprehensible words*</td>
<td>Inappropriate words</td>
<td>Confused conversation</td>
<td>Oriented; converses normally</td>
<td>N/A</td>
</tr>
<tr>
<td>Best Motor Response</td>
<td>None*</td>
<td>Extension to painful stimuli*</td>
<td>Abnormal flexion to painful stimulus</td>
<td>Flexion withdrawal from painful stimulus*</td>
<td>Localizes painful stimuli</td>
<td>Obey commands</td>
</tr>
</tbody>
</table>

Paralytic Conditions:

- **What is the Type of Condition?**
  - Monoplegia
  - Diplegia**
  - Hemiplegia (flaccid or spastic)**

- **What is the Cause?**
  Can include:
  - Congenital cerebral palsy*
  - Hysterical paralysis
  - Neurogenic bladder due to cauda equina syndrome**
  - Seizure
  - Cerebrovascular disease
  - Trauma

- **Duration**
  - Periodic paralysis
  - New
  - Old (long-standing)

- **When Documenting...**
  Clearly Indicate The Following...
  - Quadriplegia*
    - What level?
    - Complete or incomplete?
    - Functional?*
  - Paraplegia**
    - Complete or incomplete?
  - CVA
    - Acuity
    - Laterality
    - Hand dominance of patient
  - Was tPA administered in a different facility in the last 24 hours?
  - Site of non-traumatic intracerebral hemorrhage
    - Hemispheric*
    - Brain stem*
    - Cerebellum*
    - Intraventricular*
    - Multiple localized*
  - Symptoms
    - Hemiparesis**
    - Hemiplegia**
    - Eik卜olosis*
    - Thrombosis*
    - Stenosis/constriction*
    - Artery, (if known)
  - Cerebral infarctions documentation should include:
    - Vascular syndromes
    - Carotid artery syndrome (hemispheric) – Multiple and bilateral precerebral artery syndrome – Vertebro-basilar artery syndrome
    - Amusia
    - Transient global amnesia
    - Transient retinal artery occlusion
    - Past history of (PHI) TIA or cerebral infarction without residual deficits

- **Epilepsy**
  - Clarify if:
    - Localization-related (focal) (partial)
      - Idiopathic
        - Intractable or not intractable**
        - With or without status epilepticus**
      - Symptomatic
        - Simple partial or complex partial**
        - With or without status epilepticus**
    - Generalized idiopathic epilepsy
      - Intractable or not intractable**
      - With or without status epilepticus**
    - Absence epileptic syndrome / Epileptic seizures related to external causes / Juvenile myoclonic epilepsy
      - Intractable or not intractable**
      - With or without status epilepticus**
  - Cause
    - Link Epilepsy to cause, if known (e.g. due to alcohol, drugs, stress)

- **Migraines**
  - What Type of Migraine?
    - Hemiplegic migraine
    - Migraine with aura and link to seizures
    - Migraine without aura
    - Persistent migraine aura without cerebral infarction**
    - Link to type of infarction
    - Persistent migraine aura without cerebral infarction**
    - Chronic migraine
    - Menstrual migraine
    - Other migraine without aura or status (e.g. cyclical vomiting, ophthalmoplegic migraine)
  - Aura Present?
    - With aura
    - Without aura
  - Intractable?
    - Intractable
    - Not intractable
  - Status Migrainosus?
    - With status migrainosus
    - Without status migrainosus

If patient is seen while in inpatient status, documentation must provide justification for medical necessity of inpatient admission.