

SNOMED CT[®], ICD-9 and ICD-10 Documenting Common Conditions in the Electronic Health Record

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Topics for today

- SNOMED CT[®] and Integrated Problem List (IPL) refresher
- ICD-9 and ICD-10 overview
- Documentation of common conditions to support ICD-9 and ICD-10 encounter coding

Introduction

- Current documentation practices do not support the detail that ICD-9 offers.
- ICD-10 is even more granular so the documentation gap is even larger.
- The new Integrated Problem List (IPL) changes how clinicians will manage problems and select encounter diagnoses.
 - The IPL offers opportunities to improve documentation for both current ICD-9 encounter coding and to prepare for a smoother transition to ICD-10.
 - We will demonstrate simple strategies to improve encounter documentation to support ICD coding.

What is SNOMED CT® ?

Systematized **N**omenclature of **M**edicine **C**linical **T**erms® (SNOMED CT®)

- SNOMED CT® is a comprehensive international multilingual clinical terminology that provides clinical content and expressivity for clinical documentation.
- SNOMED CT® is required for Meaningful Use 2014 and is used to document problems, encounter diagnoses, clinical indications, and family history conditions.
- SNOMED CT® and its mapping tools will help IHS in the ICD-10 transition.

Source: IHTSDO, www.snomed.org

SNOMED CT[®] in EHR

- SNOMED CT[®] terms (human readable descriptions) are selected and used in the Problem List, Encounter Diagnoses, Clinical Indications and Family History.
- A concept ID and description ID (computer readable codes) are stored and used for health information exchange.

SNOMED CT® in EHR (cont.)

The terms are combined with any optional “provider text” to create the displayed Provider Narrative for problems, Purpose of Visits (POVs), clinical indications.

Previous provider narrative:

Osteoarthritis right knee

New Provider narrative:

Format: SNOMED term | provider text

Example: Osteoarthritis of knee | right

Status	Onset Date	Priority	Provider Narrative
<input type="checkbox"/> Episodic			Decubitus ulcer of sacrum Stage 3
<input type="checkbox"/> Episodic			Osteoarthritis of knee right

SNOMED CT[®] in EHR (more)

ICD-9 and ICD-10 codes will be automatically mapped when appropriate, and when they cannot be mapped automatically the coder will assign an ICD code.

- It is important for providers to understand what to document to support ICD-9 and ICD-10 coding of encounters.
- This can be done in several ways in EHR.

Integrated Problem List Display

Integrated Problem List		Expand All		<input checked="" type="checkbox"/> Chronic	<input type="checkbox"/> Episodic	<input checked="" type="checkbox"/> Sub-acute				
				<input checked="" type="checkbox"/> Social/Env	<input type="checkbox"/> Inactive	<input type="checkbox"/> Current/Most recent Inpatient				
Status	Onset Date	Provider Narrative	Comments	PHx	PIP	IP	ICD			
<input type="checkbox"/> Chronic		Closed fracture of proximal ulna, comminuted left, traumatic acute, swelling and hematoma at site					813.04			
<input type="checkbox"/> Sub-acute		Abnormal findings on diagnostic imaging of skull and head					793.0			
<input type="checkbox"/> Chronic		Abnormal findings diagnostic imaging heart+coronary circulat					793.2			
<input type="checkbox"/> Social/Environmental		Leishmaniasis					085.9			
<input type="checkbox"/> Chronic	08/05/2013	Lactocele This is a test	This is a test :				611.5			
<input type="checkbox"/> Chronic	06/30/2013	Asthma	Exacerbations required emergent intubation and respiratory support x 2 in past 2 years :				493.90			
<input type="checkbox"/> Chronic	07/24/2013	Diabetes mellitus type 2					250.00			
<input type="checkbox"/> Chronic	11/02/2013	Chronic otitis externa right					380.23			
<input type="checkbox"/> Chronic	07/16/2008	Obesity Can add clarification	I can add a comment :				278.00			

How are ICD codes assigned in EHR?

1. Clinicians select a SNOMED CT[®] Problem and sets as POV (encounter diagnosis).
2. Clinician enters provider text for visit from POV dialog (optional).
3. Coder reviews provider narrative, qualifiers, encounter notes and accepts or changes mapped codes, assigns code to uncoded entries and adds any additional codes.
 - After the conversion to ICD-10, additional “map advice” is passed to coding staff to assist with transition to ICD-10.

What is ICD-9?

ICD-9-CM (Clinical Modification)

- International Classification of Diseases, 9th Revision, developed by the World Health Organization (WHO).
- Dates from **1973**, in use since **1979** in the United States – updated in U.S. at least annually.
- Volumes 1 and 2 are used for diagnoses.
- Approximately 14,000 specific codes.
- Volume 3 is used for inpatient procedures.
- U.S. is scheduled to transition to ICD-10 October 1, 2015.

What is ICD-10?

ICD-10:

- 10th Revision of ICD code set from WHO
- In use worldwide since 1994
- Approximately 2000 disease families

ICD-10-CM (Clinical Modification):

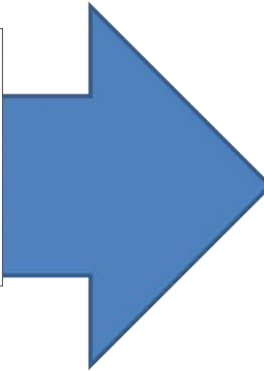
- U.S. expanded set to meet U.S. reporting needs
- Approximately 69,000 specific codes

ICD-10-PCS (Procedure Classification System):

- Inpatient (hospital) coding only
- Replaces ICD-9-CM procedures
- CPT/HCPCS are unaffected (outpatient use)

Why ICD-10? Why now?

ICD-9 code development was completed in 1973.



The HY-KERS vettura laboratorio (experimental vehicle) is an

Source: Christi Dant, CMS Office of E-Health Standards & Services, 2-02-2012, "The ICD-10 Story"

Comparison: ICD-9-CM and ICD-10-CM

Characteristics	ICD-9-CM	ICD-10-CM
Character Type	Numeric, only V & E used	Alphanumeric
Code length	5 digit max	3-7 character max
# of Codes	14,315	69,099
Supplementary codes	V & E Codes	None (incorporated in main code book)
Laterality (left v. right)	No	Yes
Trimester	No	Yes (1 st , 2 nd , 3 rd)
Structure of injuries	Wound Type, Laceration, etc.	Body part

ICD-9-CM vs ICD-10-CM

Torus fracture of lower end of right radius, initial encounter for closed fracture

ICD-9	Narrative	ICD-10	Narrative
813.80	Unspecified part, (closed) Forearm	S52	Fracture of forearm (category)
813.40	Lower end of forearm, unspecified	S52.5	Fracture of lower end of radius (anatomic site)
813.45	Torus fracture of radius (alone)	S52.52	Torus Fracture of lower end of radius (clinical detail)
	Same as above	S52.521	Torus Fracture lower end of right radius (clinical laterality)
	Same as above	S52.521A	Torus Fracture lower end of right radius, initial encounter

Source: "The Differences Between ICD-9 and ICD-10, Preparing for the ICD-10 code set", AMA. <http://www.ama-assn.org/ama1/pub/upload/mm/399/icd10-icd9-differences-fact-sheet.pdf>

SNOMED CT[®] to ICD-9 Mapping Examples

SNOMED Term	ICD-9	Storage of Mapped codes
Sunburn of second degree	Sunburn of second degree 692.76	1:1: This is a 1:1 match so will store in POV when selected.
Diabetic Nephropathy	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled 250.00 Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere 583.81	1:1: This is a 1:1 match so will store both ICD-9 codes. When problem is selected as POV, 2 POVs will store.
Ganglion of the wrist	Ganglion of joint 727.41	Narrow to Broad: Closest ICD-9 code is less specific than the SNOMED. This will store in POV when selected.

When there is no mapping available OR when the closest ICD-9 code is more specific than the SNOMED, then the system will assign .9999 un-coded. The code assigned by coders will depend on the SNOMED term selected and the remainder of the visit documentation

SNOMED CT® to ICD-10 Mapping Examples (cont.)

SNOMED Term	ICD-10	Comment
Essential Hypertension	Essential hypertension I10	“Always true” rule is a 1:1 match. Will store in POV when selected.
Type II diabetes mellitus uncontrolled	Type 2 diabetes mellitus with hyperglycemia E11.65	This is a 1:1 match so this will map automatically when selected as POV. Also contains map advice which coders can see - <i>Use additional code to identify any insulin use (Z79.4).</i>
Cerebral Edema	Cannot be automatically mapped	<i>Passes map advice which can be seen by coders as they hover on problem list or in PCC data entry.</i>

“Always true” map rule is a 1:1 mapping. SNOMEDs assigned any other map rules require additional data to determine codes and the system will assign ZZZ.999 un-coded diagnosis.

Any “map advice” from the SNOMED to assist coders in selecting ICD-10 code is passed for viewing in EHR and PCC data entry.

Map Advice

- Part of the SNOMED CT[®] to ICD-10 mapping tool released by the National Library of Medicine (NLM).
- Advice is specific for selected SNOMED CT[®] code and part of the information that is retrieved from the SNOMED CT[®] database.
- Provides coders with a target code (and secondary codes when applicable) and tips to help them assign ICD-10 based on the encounter documentation .
- Visible via hover on the IPL in the EHR and in PCC Data Entry for each SNOMED CT[®] concept .
- Can help coding staff educate providers about required documentation for ICD-10:
 - Map advice does not replace validating code look-up – map advice is a tool.

Example of Map Advice for SNOMED CT[®] Term “Cerebral Edema”

Rule #1 Target Code: G93.6
ALWAYS G93.6

Rule #2 Target Code: P11.0
IF CEREBRAL EDEMA DUE TO BIRTH INJURY CHOOSE P11.0

Rule #3 Target Code: S01.80X?
IF TRAUMATIC CEREBRAL EDEMA WITH OPEN INTRACRANIAL WOUND CHOOSE S01.80X?
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

Rule #4 Target Code: S06.1X0?
IF TRAUMATIC CEREBRAL EDEMA CHOOSE S06.1X0?
CONSIDER ADDITIONAL CODE TO IDENTIFY SPECIFIC CONDITION OR DISEASE
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

Rule #5 Target Code: S06.1X0?
IF TRAUMATIC CEREBRAL EDEMA WITH OPEN INTRACRANIAL WOUND CHOOSE S06.1X0?
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

Rule #6 Target Code: S06.1X0?
IF TRAUMATIC CEREBRAL EDEMA WITHOUT OPEN INTRACRANIAL WOUND CHOOSE S06.1X0?
EPISODE OF CARE INFORMATION NEEDED
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

Rule #7 Target Code: N/A
MAP SOURCE CONCEPT CANNOT BE CLASSIFIED WITH AVAILABLE DATA

SNOMED CT® Search

The screenshot shows the 'SNOMED CT Lookup' application window. At the top, there are search options: 'Diagnosis Lookup' with radio buttons for 'Fully specified name' (selected) and 'Synonym', and a 'Search Date' dropdown set to '05/08/2014'. Below this, 'Maximum Results' are set to '25'. The search input field contains 'hyperlipidemia'. There are two buttons: 'IHS SNOMED' and 'ALL SNOMED'. On the left, a 'Subset' list is visible with categories like 'Abnormal Findings', 'Administrative', 'Asthma', etc. The main area is a table with columns: 'Problem', 'is a' relationship, and 'Mapped ICD'. The table lists several hyperlipidemia-related terms and their relationships to ICD codes.

Problem	'is a' relationship	Mapped ICD
Hyperlipidemia	is a Disorder of lipoprotein storage and metabolism (disorder)	E78.5
Mixed hyperlipidemia	is a Hyperlipidemia (disorder)	ZZZ.999
Secondary hyperlipidemia	is a Hyperlipidemia (disorder)	ZZZ.999
Hyperlipidemia screening	is a Screening for disorder (procedure)	ZZZ.999
Familial combined hyperlipidemia	is a Primary combined hyperlipidemia (disorder)	E78.4
Secondary combined hyperlipidemia	is a Mixed hyperlipidemia (disorder)	E78.2
Chemically induced hyperlipidemia	is a Secondary hyperlipidemia (disorder)	ZZZ.999
Familial multiple lipoprotein-type hyperlipidemia	is a Hyperlipidemia (disorder)	E78.4

- Automatically mapped codes are visible to the user for information only.
- Clinicians should not be dissuaded from selecting a SNOMED CT® that describes the problem well simply because there is not an automatically mapped ICD code.

What About ICD-10 for Clinicians?

SNOMED CT[®] is now the EHR interface for problems and diagnoses.

“Awesome - so as a provider, I don’t have to worry about ICD-10?”

Incorrect!

- *Although you will not be assigning the actual ICD-10 code, clinicians **must** understand and are responsible for the documentation required to support ICD-10 diagnoses and to work to improve clinical documentation and avoid denial of payment of claims.*

Potential Risks with ICD-10 Transition

Reduced provider productivity

Mitigation:

- Meaningful Use 2014 introduces a new process for documenting problems and encounter diagnoses that incorporates SNOMED CT[®] and maps to ICD.
- Providers will already be accustomed to the new Integrated Problem List, and ICD-10 transition will be relatively transparent.
- Documentation improvement will reduce queries from coding for clarification.

Potential Risks with ICD-10 Transition (cont.)

Reduced coder productivity

Mitigation:

- Maps and stores ICD-10 when appropriate
- Exposes “map advice” to coders and providers
- Documentation improvement will reduce queries to providers for clarification

Documentation improvement is required to mitigate potential productivity impact for both provider and coding staff.

Clinical Documentation is the KEY to success
with SNOMED CT[®] and ICD diagnosis coding

Process for Coding Visits

- Much of the process is unchanged.
- Coders still validate and assign appropriate ICD codes for encounter diagnoses (POVs) based on Provider Narrative, which is comprised of the SNOMED CT® term and Provider text, qualifiers, asthma control, encounter note.

Provider narrative will be more consistent.

Format:	SNOMED CT term	provider text
	<i>Standard Term</i>	<i>Clinician Free Text</i>
Example:	Hyperlipidemia	uncontrolled

Tips for POV Documentation in IPL

- Appropriate SNOMED CT[®] term selection for problem.
- May use qualifier dropdowns on problem list if desired but not mandatory.
- **Leverage the “provider text” to incorporate data needed for clinical documentation:**
 - May enter “provider text” specific to the encounter.
 - Displayed for coders .
 - Included in Note Templates.
- Encounter note may still be used for any additional information.

POV Selection Tool for Clinicians

- This tool provides the opportunity for clinicians to enter provider text specific to the encounter:
 - "Provider Text" entered in the POV selection tool is stored along with the SNOMED CT® term as part of the Provider Narrative for the POV.
 - This provides a simple way to add context to the POV.

Problem entry example, use as POV for initial encounter:

Fracture of distal end of radius | *right, from fall off bike with edema*

Problem used as POV for fracture follow up

Fracture of distal end of radius | *right, edema resolved, normal healing*

POV Selection Tool Example: Initial Visit for Ankle Fx and HTN

Scenario: Patient presents for ankle fracture. The patient also has had a few blood pressure checks and the provider is now diagnosing patient with hypertension.

Problem/POV documentation: Add problems. Mark “use as POV” on Add Problem dialog. Note addition of fracture and accident detail placed in “provider text”.

The screenshot displays a medical software interface. At the top, there are tabs for 'Problem List', 'Family History', 'Surgical Hx', 'Patient Goals', 'AMI', 'Anticoagulation', and 'A'. Below these tabs is a section for 'Integrated Problem List' with an 'Expand All' button and several checkboxes: 'Chronic' (checked), 'Episodic' (checked), 'Sub-acute' (checked), 'Social/Env' (checked), 'Inactive' (unchecked), and 'Current/Most recent Inpa' (unchecked). Below this is a table with columns for 'Status', 'Onset Date', and 'Provider Narrative'. The table contains two rows: one for 'Sub-acute' with the narrative 'Closed fracture of lateral malleolus | left, playing basketball, with contusions and edema', and one for 'Chronic' with the narrative 'Essential hypertension'. Overlaid on the bottom right is a 'Visit Diagnosis' dialog box with a red cross icon and 'Ed' and 'I' buttons. It contains a table with columns for 'SNOMED CT' and 'Provider Narrative'. The table has two rows: one for 'Closed fracture of lateral malleolus' with the narrative 'Closed fracture of lateral malleolus | left, playing basketball, with contusions and edema', and one for 'Essential hypertension' with the narrative 'Essential hypertension |'.

Status	Onset Date	Provider Narrative
Sub-acute		Closed fracture of lateral malleolus left, playing basketball, with contusions and edema
Chronic		Essential hypertension

SNOMED CT	Provider Narrative
Closed fracture of lateral malleolus	Closed fracture of lateral malleolus left, playing basketball, with contusions and edema
Essential hypertension	Essential hypertension

POV selection tool example: Follow Up Visit for Ankle Fx and HTN

Scenario: Patient presents for follow up. Ankle contusions and edema have resolved, x-ray reveals normal expected healing. Blood pressure is controlled.

Problem/POV documentation: Highlight problems and click POV button.

- If the Problem has no Provider Text, any text you add will be used only for this encounter (does not add to the Problem notation).
- If the Problem has Provider Text, any text you add will replace it for this encounter only.

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed
1377	Episodic	Essential hypertension	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> N <input type="checkbox"/> EX <input type="checkbox"/> LA <input type="checkbox"/> MED <input type="checkbox"/> P
1377	Episodic	Closed fracture of lateral malleolus left, playing basketball, with contusions and edema	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	left, playing basketball, with contusions and edema				<input type="checkbox"/> DP <input type="checkbox"/> N <input type="checkbox"/> LA <input type="checkbox"/> P

Primary POV
Essential hypertension

SNOMED CT	Provider Narrative
Closed fracture of lateral malleolus	Closed fracture of lateral malleolus left, contusion and edema resolved, normal healing
Essential hypertension	Essential hypertension controlled, continue current therapy

Diabetes

Required documentation for ICD-9	Required documentation for ICD-10
<ul style="list-style-type: none"> - Type and Control: <ul style="list-style-type: none"> Type 1 controlled/not specified Type 1 uncontrolled Type 2 controlled/not specified Type 2 uncontrolled Secondary diabetes controlled/not specified - Identify body system affected - Identify insulin use for type 2 & secondary diabetes 	<ul style="list-style-type: none"> - Type - Type 1, Type 2, Drug/chemical induced, Due to underlying condition, Specified type - Control (supports E&M coding) –Poorly controlled, Hypoglycemia, Hyperglycemia - Manifestation/Complication – Arthropathy, Circulatory complications, Hyperosmolarity with or without coma, Hypoglycemia with or without coma, Ketoacidosis with or without coma, Kidney complications, Neurological complications, Ophthalmic complications, Oral complications, Skin complications, Without complications - Insulin use – not required for type 1

Diabetes Coding Example

Patient is a 35-year-old Native American female patient who presents for follow-up appointment for type 2 diabetes. Her latest urine reveals microalbuminuria again. Her HGBA1C today is 10, which is up from 7.5 six months ago. On exam this is a petite woman. WT 130 lbs., P76, RR14, BP 120/80.

Diagnosis: Diabetes mellitus type 2, uncontrolled with persistent microalbuminuria.

Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

EHR Documentation

SNOMED CT® Problem: Type 2 diabetes mellitus

Provider Text: uncontrolled with persistent microalbuminuria

SNOMED CT® Problem: Type 2 diabetes mellitus

Encounter note documentation: Diabetes is uncontrolled with persistent microalbuminuria

SNOMED CT® Problem: Persistent microalbuminuria associated with type 2 diabetes mellitus

Provider text: uncontrolled

SNOMED CT® Problem: Type II diabetes mellitus uncontrolled

Provider Text: persistent microalbuminuria

Any of the combinations are acceptable.

Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

Problem List

	Chronic	Diabetes mellitus type 2
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POV Entry

ID	Status	Prov. Narrativ	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Inst
1377	Episodic	Diabetes mellitus type 2	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity				

Primary POV

Diabetes mellitus type 2

Provider Text

uncontrolled with persistent microalbuminuria

OK Cancel

Visit Diagnosis Display

SNOMED CT	Provider Narrative
Diabetes mellitus type 2	Diabetes mellitus type 2 uncontrolled, with persistent microalbuminuria


Note

Assessment and Plan

1) Diabetes mellitus type 2 | uncontrolled with persistent microalbuminuria [P]

Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria



Problem List

 Chronic	Diabetes mellitus type 2
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POV entry
(no added
Provider Text)

POV						
ID	Status	Prov. Narrative	POV	Episodicity	Prov. Text	Go
1377	Chronic	Diabetes mellitus type 2	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity		

Visit Diagnosis Display

 Visit Diagnosis  	
SNOMED CT 	Provider Narrative
Diabetes mellitus type 2	Diabetes mellitus type 2

Note (info added to note
by user)

```

Assessment and Plan
1) Diabetes mellitus type 2 | [P]
   uncontrolled, with persistent microalbuminuria
   start ACEI
    
```

Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

Problem List

Chronic Persistent microalbuminuria associated with type II diabetes mellitus

POV Entry

ID	Status	Prov. Narrative	POV	Episodicity	Prov. Text	Goal Notes	Care Plans	Visit Instr
1377	Episodic	Persistent microalbuminuria associated with type II diabetes mellitus	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity				

Primary POV
 Persistent microalbuminuria associated with type II diab

Provider Text

uncontrolled

OK Cancel

Visit Diagnosis Display

Visit Diagnosis Ed i	
SNOMED CT	Provider Narrative
Persistent microalbuminuria associated with type II diabetes mellitus	Persistent microalbuminuria associated with type II diabetes mellitus uncontrolled

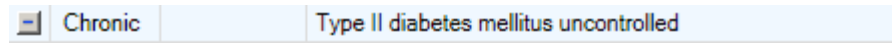
Note

Assessment and Plan

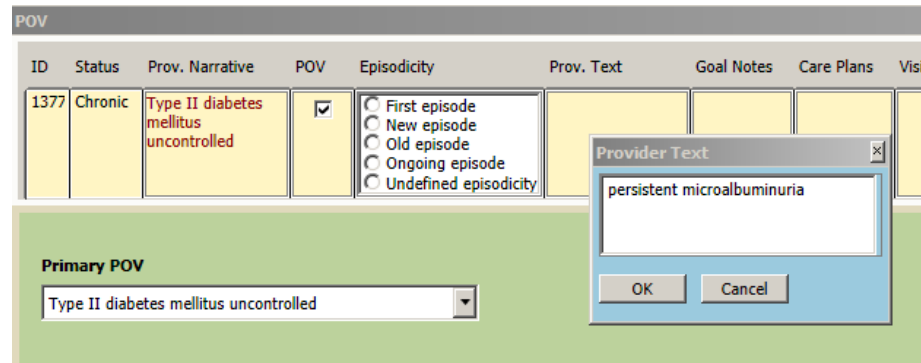
1) Persistent microalbuminuria associated with type II diabetes mellitus | uncontrolled [P]

Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

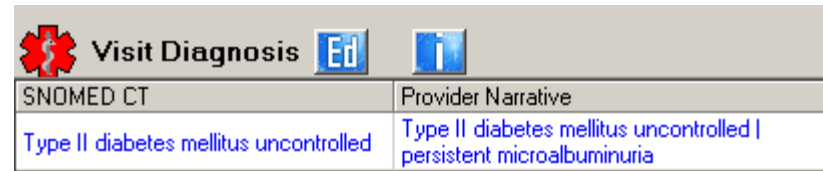
Problem List



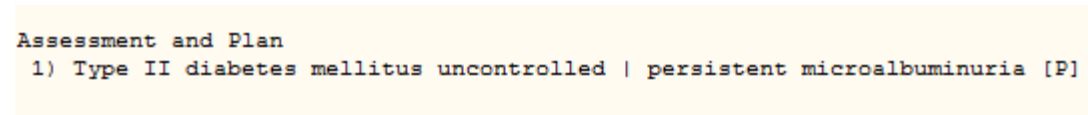
POV Entry



Visit Diagnosis Display



Note



Pregnancy

Required documentation for ICD-9	Required documentation for ICD-10
<p>Identify the condition Gestational diabetes (648.8-)</p> <p>Identify episode of care Antepartum condition Delivered</p> <ul style="list-style-type: none"> • With or without mention of antepartum condition • With mention of postpartum complication <p>Postpartum condition Unspecified/Not Applicable</p> <p>Insulin use (for diabetes)</p> <ul style="list-style-type: none"> • 648.83 Abnormal glucose tolerance, antepartum condition or complication • V58.67 Long-term (current) use of insulin 	<p>Identify the condition Abnormal glucose (O99.81-) Gestational diabetes (O24.4-)</p> <p>Identify the maternal episode of care Pregnancy Childbirth Puerperium</p> <p>Specify method of control (for diabetes) Diet controlled Insulin controlled Unspecified control</p> <p>Weeks Gestation</p> <ul style="list-style-type: none"> • O24.414 Gestational diabetes mellitus in pregnancy, insulin controlled • Z3A.33 33 weeks gestation of pregnancy

Pregnancy Coding Example

Patient is a 26-year-old Native American female at **33 weeks gestation** who presents to OB clinic for her follow-up appointment for **gestational diabetes**.

Patient had an abnormal glucose tolerance test 6 weeks ago and has been followed by the dietician. She was **started on insulin therapy 2 weeks ago**.

Fasting BGL and postprandial levels have been WNL since beginning of insulin therapy.

On exam this is a young woman. Wt. 175 HR 88, RR14, BP 138/86. Gravid abdomen, single fetus. FHR 150. No edema noted in extremities. NST unremarkable, biophysical profile shows normal for GA fetus, adequate amniotic fluid. Patient will **continue on insulin therapy**.

Diagnosis: Gestational Diabetes

Gestational Diabetes, Controlled on Insulin Therapy

EHR Documentation

SNOMED CT® Problem: Gestational diabetes mellitus

Provider Text: controlled, continue insulin

EGA (vital entry): 33 weeks 1 day

SNOMED CT® Problem: Gestational diabetes mellitus

Provider Text: 33 weeks 1 day, controlled, continue insulin

SNOMED CT® Problem: Gestational diabetes mellitus

Provider text:

Encounter note subjective text: 33 weeks 1 day

Encounter note assessment/plan text: Gestational diabetes is controlled on insulin therapy. Continue insulin.

Any of the combinations are acceptable.

Gestational Diabetes, Controlled on Insulin Therapy

Problem List

Episodic	Gestational diabetes mellitus
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POV Entry

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal Notes	Care Plans	Visi
1377	Episodic	Gestational diabetes mellitus	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	<div data-bbox="1309 592 1723 829"> <p>Provider Text</p> <p>controlled, continue insulin</p> <p>OK Cancel</p> </div>			

Primary POV

Gestational diabetes mellitus

Visit Diagnosis
Display

SNOMED CT	POV Provider Text
Gestational diabetes mellitus	Gestational diabetes mellitus controlled, continue insulin

Note

Objective:
EGA:33 1/7, PU:88, RS:14, BP:138/86, WT:175.00 (79.45 kg), BMI:21.53, HT:64.00 (162.56 cm)

Assessment/Plan
1) Gestational diabetes mellitus | controlled, continue insulin [P]

Gestational Diabetes, Controlled on Insulin Therapy

Problem List

Episodic		Gestational diabetes mellitus
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POV Entry

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal Notes	Care Plans
1377	Episodic	Gestational diabetes mellitus	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity			

Provider Text

33 weeks 1 day, controlled, continue insulin

OK Cancel

Primary POV

Gestational diabetes mellitus

Visit Diagnosis Display

Visit Diagnosis	
SNOMED CT	POV Provider Text
Gestational diabetes mellitus	Gestational diabetes mellitus 33 weeks 1 day, controlled, continue insulin


Note

Assessment/Plan

1) Gestational diabetes mellitus | 33 weeks 1 day, controlled, continue insulin [P]

Gestational Diabetes, Controlled on Insulin Therapy

Problem List

 Episodic		Gestational diabetes mellitus
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POV Entry

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal
1377	Episodic	Gestational diabetes mellitus	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity		

Primary POV

Gestational diabetes mellitus

Visit Diagnosis
Display

 Visit Diagnosis  	
SNOMED CT	POV Provider Text
Gestational diabetes mellitus	Gestational diabetes mellitus

Note (info added to
note by user)

Subjective:

Chief Complaint: Patient presents at 33 weeks 1 day gestation for follow up for Gestational Diabetes.

Assessment/Plan

1) Gestational diabetes mellitus [P]
controlled on insulin therapy. Continue insulin.

Asthma

Required documentation for ICD-9	Required documentation for ICD-10
<ul style="list-style-type: none">- Identify Type<ul style="list-style-type: none">ExtrinsicIntrinsicChronic ObstructiveExercise Induced bronchospasmCough variant - Identify asthma as complicated by:<ul style="list-style-type: none">Acute exacerbationStatus asthmaticus	<ul style="list-style-type: none">- Identify Type<ul style="list-style-type: none">• Mild<ul style="list-style-type: none">IntermittentPersistent• Moderate Persistent• Severe Persistent• Other specified types<ul style="list-style-type: none">Exercise induced bronchospasmCough variantOther - Identify Complications:<ul style="list-style-type: none">UncomplicatedWith acute exacerbationWith status asthmaticus

Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

EHR Documentation

SNOMED CT® Problem: Asthma

Classification (entered on Problem Add/Edit): Moderate persistent

Asthma control (entered on Problem Add/Edit if select as POV):

Provider text: exacerbation

SNOMED CT® Problem: Asthma

Provider text: moderate persistent, not well controlled, exacerbation

SNOMED CT® Problem: Asthma

Provider Text:

Encounter note assessment/plan: moderate persistent asthma, not well controlled, current exacerbation

SNOMED CT® Problem: Moderate persistent asthma

Provider Text: not well controlled, exacerbation

Any of the combinations are acceptable

Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

Problem List

Chronic Asthma

Class/Control

Asthma **Classification** **Control**

MODERATE PERSISTENT NOT WELL CONTROLLED

POV

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal Notes	Care Plans
1377	Chronic	Asthma	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	<div style="border: 1px solid gray; padding: 5px;"> Provider Text exacerbation </div>		

Primary POV

Visit Diagnosis Display

SNOMED CT	POV Provider Text	Provider Text	ICD	Priority	Asthma Control
Asthma	Asthma exacerbation	exacerbation	493.90	Primary	NOT WELL CONTROLLED

Note

Assessment/Plan
 1) Asthma | exacerbation [P] Control: NOT WELL CONTROLLED (May 17, 2014)

Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

Problem List



POV Entry

The image shows the 'POV Entry' interface. It contains a table with the following columns: ID, Status, Prov. Narrative, POV, Episodicity, Alternate POV Provider Text, Goal Notes, and Care Plans. The first row has ID 1377, Status 'Chronic', and Prov. Narrative 'Asthma'. The 'POV' column has a checked checkbox, and the 'Episodicity' column has radio buttons for 'First episode', 'New episode', 'Old episode', 'Ongoing episode', and 'Undefined episodicity'. A 'Provider Text' dialog box is open over the table, containing the text: 'moderate persistent, not well controlled, exacerbation'. Below the table, there is a 'Primary POV' indicator and 'OK' and 'Cancel' buttons.

Visit Diagnosis Display

The image shows the 'Visit Diagnosis Display' interface. It features a red gear icon and the text 'Visit Diagnosis' followed by 'Ed' and 'i' icons. Below this is a table with two columns: 'SNOMED CT' and 'POV Provider Text'. The first row contains 'Asthma' in the 'SNOMED CT' column and 'Asthma | moderate persistent, not well controlled, exacerbation' in the 'POV Provider Text' column.

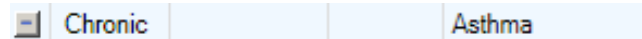
Note

Assessment/Plan

1) Asthma | moderate persistent, not well controlled, exacerbation [P] Control: NOT WELL CONTROLLED(May 17, 2014)

Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation



Problem List



POV Entry

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text
1377	Chronic	Asthma	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	

Visit Diagnosis Display

Visit Diagnosis  	
SNOMED CT	POV Provider Text
Asthma	Asthma

Note (info added to note by user)

```
Assessment/Plan  
  
1) Asthma |  
    moderate persistent, not well controlled, exacerbation
```

Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

Problem List

	Chronic	Moderate persistent asthma
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POV

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal Notes	Care Plans
1377	Chronic	Moderate persistent asthma	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	<div style="border: 1px solid gray; padding: 5px;"> <p>Provider Text</p> <p>not well controlled, exacerbation</p> <p>OK Cancel</p> </div>		

Primary POV

Visit Diagnosis Display

Visit Diagnosis	
SNOMED CT	POV Provider Text
Moderate persistent asthma	Moderate persistent asthma not well controlled, exacerbation

Note

Assessment/Plan

1) Moderate persistent asthma | not well controlled, exacerbation [P]

Conclusion

- Documentation improvement is ongoing .
- Use EHR Tools to support good documentation:
 - POV dialog and provider text for encounter
 - Templates
 - Consistent location of documentation
 - Use of map advice (for ICD-10)
- Use current internal and external audits, and reviews to support successful Meaningful Use and ICD-10 implementation.

Conclusions – Internal Audits/Reviews

- Accreditation data – trended and specific data
- Ongoing Medical Record Reviews
- Point of Care Reviews
- Peer Reviews
- Coding and Compliance Reviews

Build on current audits and reviews to identify opportunities to incorporate specificity of ICD-10 and support meeting Meaningful Use.

Conclusion - External Audits

- Recovery Audit Contractors (RACs) – Medicare
- Zone Program Integrity Contractor (ZPIC) – Medicare
- Medicare Administrative Contractors (MACs) – Medicare
- Comprehensive Error Rate Testing (CERT) – Medicare
- Medicaid Integrity Contractors (MIC) – Medicaid
- Department of Justice (DOJ) – Both
- Office of Inspector General (OIG) – Both
- Independent Payment Advisory Board (IPAB) – Both
- Program for Evaluating Payment Patterns Electronic Report (PEPPER)
- Current RAC Audits
- CERT Audits

QUESTIONS?

Resources

SNOMED CT[®] issues – select “SNOMED (DTS) for application

<http://www.ihs.gov/rpms/index.cfm?module=Feedback>

Enhancement requests – select “Electronic Health Record (EHR)” for application

<http://www.ihs.gov/rpms/index.cfm?module=Feedback>

ICD 10 Documentation examples

<http://www.crozerkeystone.org/healthcare-professionals/icd-10-update/icd-10-documentation/>

New Problem and POV Selection Process (changes in *italics and marked with an asterisk**)

When a provider enters a problem, s/he may do one of the following:

- *Enter SNOMED CT® term.**
- *Add provider text (part of the provider narrative), if desired.**

When a provider enters POV, s/he may do one of the following:

- *Select problem from problem list and store as POV.**
- *SNOMED CT® concept (number) and mapped ICD (or .9999) along with provider narrative, which contains SNOMED CT® term (human readable text) stored in POV.**

New Problem and POV Selection Process (changes in *italics and marked with an asterisk**)

Data entry/coding reviews POV and documentation and:

- Accepts mapped code.
- Corrects ICD code if indicated based on visit documentation.
- Adds ICD code(s) if indicated.
- Assigns ICD code if un-coded.
- *For ICD-10, will also see “map advice” to assist in code assignment and correction.**
- *Provider Narratives displayed in PCC and EHR are no longer highly variable because they are selecting SNOMED CT® terms. Narratives will be more consistent with mapped code.**