

**SNOMED CT<sup>®</sup>, 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 Nomenclature of Medicine Clinical Terms® (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](http://www.snomed.org)

4

Per IHTSDO (International Health Terminology Standards Development Organisation) “SNOMED CT is considered to be the most comprehensive multilingual health terminology in the world”

## 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
Episodic			Deubitus slier of sacrum   Stage 3
Episodic			Osteoarthritis of knee   right

## SNOMED CT® in EHR (cont.)

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 aortic swelling and hematomas 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 circuit					793.2
<input type="checkbox"/> Social/Environmental		Leishmaniasis					085.9
<input type="checkbox"/> Chronic	05/05/2013	Lactococci   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	07/15/2008	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, 9<sup>th</sup> 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

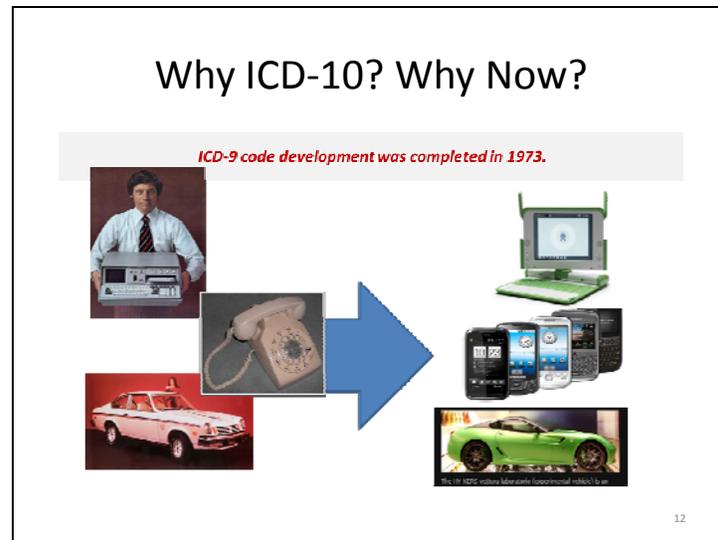
- 10<sup>th</sup> Revision of ICD code set from WHO
- In use worldwide since 1994
- Approximately 2000 disease families

### 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)



There's no denying ICD-10 is big. Bigger than most of us imagined. So why change? What's in it for us?

Why? Modernization requires it. The ICD-9 code set is almost 40 years old, developed and vetted in the early 1970s, and completed in 1973. Pre-Electronic Data Interchange (EDI). Pre- A LOT of modern medical developments -- back when a mainframe computer's direct response was via a teletype and responses were spit out at a whopping 10 characters per second. So essentially, we are driving our health system using the equivalent of a 1973 Chevy Vega.

ICD-9 code set lacks specificity (and space). It lacks key concepts such as laterality, staging, and trimesters. The codes are overly broad resulting in only one in five hospital bills being paid without additional requests for information.

The WHO (the World Health Organization, not the band) recognizing the limitations of ICD-9, developed the much more robust and granular ICD -10 code set in the early 90s and the rest of the world moved on to ICD-10 starting in 1994.

We're late.

## 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
<b># of Codes</b>	<b>14,315</b>	<b>69,099</b>
Supplementary codes	V & E Codes	None (incorporated in main code book)
Laterality (left v. right)	No	Yes
Trimester	No	Yes (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )
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	<b>S52</b>	Fracture of forearm (category)
813.40	Lower end of forearm, unspecified	S52.5	Fracture of <b>lower end of radius</b> (anatomic site)
813.45	Torus fracture of radius (alone)	S52.52	<b>Torus</b> Fracture of lower end of radius (clinical detail)
	Same as above	S52.521	Torus Fracture lower end of <b>right</b> radius (clinical laterality)
	Same as above	S52.521A	Torus Fracture lower end of right radius, <b>initial encounter</b>

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

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 - <b>Use additional code to identify any insulin use (Z79.4).</b>
Cerebral Edema	Cannot be automatically mapped	Passes map advice which can be seen by coders as they hover on problem list or in PCC data entry.

*"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 uncoded 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

17

NLM – National Library of Medicine

IPL – Integrated Problem List

## 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

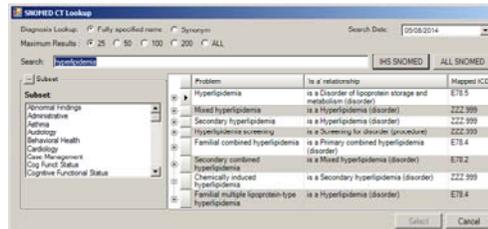
Rule #4 Target Code: S06.1X0?  
IF TRAUMATIC CEREBRAL EDEMA CHOOSE S06.1X0?  
CONSIDER ADDITIONAL CODE TO IDENTIFY SPECIFIC CONDITION OR DISEASE  
EPISODE OF CARE INFORMATION NEEDED  
POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

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



- 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.

Mappings reflect what codes can be automatically assigned based on the SNOMED CT® concept. This does not mean that an ICD code does not exist for the problem. The map is provided for information only and may help select between two very similar terms; however clinicians should not be dissuaded from selecting a SNOMED CT® that accurately describes the problem simply because there is not an automatically mappable ICD-10 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<sup>®</sup> and ICD  
diagnosis coding



## 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

25

Using less specific SNOMED CT® terms: Clinicians may find that in some cases a less specific SNOMED CT® is best for a problem, particularly some chronic problems. For example, it may be easier to use a fairly generic Diabetes Mellitus Type 2 as the term on the problem list. When using this problem as POV, the user can then add “uncontrolled, on insulin with episodes of hypoglycemia past 2 months” or “well controlled” in the provider text to add context at the time of the encounter. This provides information for the coders to assign a more detailed code. SNOMED CT®: Diabetes Mellitus Type 2 PROVIDER TEXT: add encounter specific when selecting as POV

Using more specific SNOMED CT® terms: Clinicians may find in other cases a more specific SNOMED CT® is best for a problem. For example, if a patient sustains a right femur fracture, using the most specific SNOMED CT® is best and reduces documentation as this problem is managed. SNOMED CT®: Closed avulsion fracture of greater trochanter of femur PROVIDER TEXT: Right and add encounter specific detail when selecting as POV

## 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*

26

“Provider Text” entered on the POV dialog does not change the “Provider Text” on the problem list.

## 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', and 'Anticoagulation'. Below these tabs is a 'Problem List' section with a table containing two entries:

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

Below the table is a 'Visit Diagnosis' dialog box with a red gear icon and the title 'Visit Diagnosis'. It has two columns: 'SNDMED CT' and 'Provider Narrative'. The first row contains 'Closed fracture of lateral malleolus' and 'Closed fracture of lateral malleolus | left, playing basketball, with contusions and edema'. The second row contains 'Essential hypertension' and '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.



## Diabetes

Required documentation for ICD 9	Required documentation for ICD 10
<ul style="list-style-type: none"> <li>- <b>Type and Control:</b> <ul style="list-style-type: none"> <li>Type 1 controlled/not specified</li> <li>Type 1 uncontrolled</li> <li>Type 2 controlled/not specified</li> <li>Type 2 uncontrolled</li> <li>Secondary diabetes controlled/not specified</li> </ul> </li> <li>- <b>Identify body system affected</b></li> <li>- <b>Identify insulin use for type 2 &amp; secondary diabetes</b></li> </ul>	<ul style="list-style-type: none"> <li>- <b>Type</b> - Type 1, Type 2, Drug/chemical induced, Due to underlying condition, Specified type</li> <li>- <b>Control (supports E&amp;M coding)</b> –Poorly controlled, Hypoglycemia, Hyperglycemia</li> <li>- <b>Manifestation/Complication</b> – 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</li> <li>- <b>Insulin use</b> – not required for type 1</li> </ul>

## 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

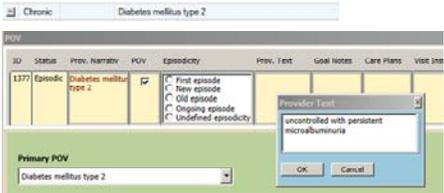
**SNOMED CT® Problem:** Type II diabetes mellitus uncontrolled

**Provider Text:** persistent microalbuminuria

*Any of the combinations are acceptable*

### Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

Problem List  
POV entry



Visit Diagnosis  
Display



Note



32

**SNOMED CT® Problem:** Type 2 diabetes mellitus

**Provider Text:** uncontrolled with persistent microalbuminuria

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of control, body system affected

Supports ICD-10 documentation of Type, manifestation or complication

### Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

**Problem List** 

**POV entry  
(no added  
Provider text)** 

**Visit Diagnosis  
Display** 

**Note (info  
added to  
note by user)** 

33

**SNOMED CT® Problem:** Type 2 diabetes mellitus

**Provider Text:**

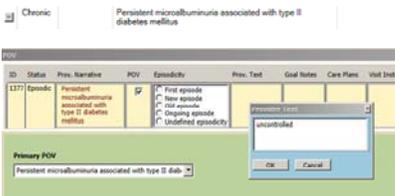
**Encounter note:** User types in additional information required into encounter note  
“uncontrolled, with persistent microalbuminuria, start ACEI”

Supports ICD-9 documentation of control, body system affected  
Supports ICD-10 documentation of Type, manifestation or complication

### Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

**Problem List**

**POV entry**



**Visit Diagnosis**

**Display**



**Note**



34

**SNOMED CT® Problem:** Persistent microalbuminuria associated with type II diabetes mellitus  
**Provider Text:** uncontrolled

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of control, body system affected  
Supports ICD-10 documentation of Type, manifestation or complication

### Diabetes Mellitus Type 2, Uncontrolled, with Persistent Microalbuminuria

**Problem List**      Chronic      Type II diabetes mellitus uncontrolled

**POV entry**



**Visit Diagnosis Display**



**Note**



35

**SNOMED CT® Problem:** Type 2 diabetes mellitus uncontrolled

**Provider Text:** persistent microalbuminuria

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of control, body system affected

Supports ICD-10 documentation of Type, manifestation or complication

## Pregnancy

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

## 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:**

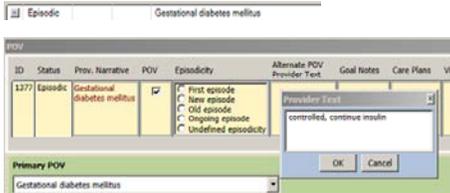
**Encounter note subjective text:** 33 weeks 1 day

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

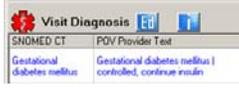
*Any of the combinations are acceptable*

### Gestational Diabetes, Controlled on Insulin Therapy

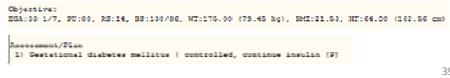
Problem List  
POV entry



Visit Diagnosis  
Display



Note



39

**SNOMED CT® Problem:** Gestational diabetes mellitus

**Provider Text:** controlled, continue insulin

**EGA entered via Vital Measurements:** 33 weeks 1 day

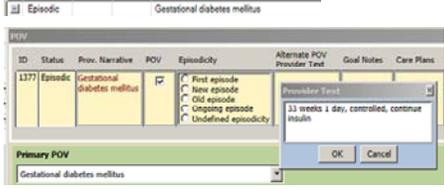
**TIU Objects can incorporate Vital Measurements (EGA) and Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of episode of care and insulin use

Supports ICD-10 documentation of episode of care, weeks gestation, method of control

### Gestational Diabetes, Controlled on Insulin Therapy

Problem List  
POV entry



Visit Diagnosis  
Display



Note



40

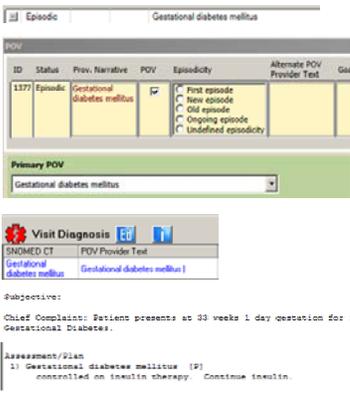
**SNOMED CT® Problem:** Gestational diabetes mellitus  
**Provider Text:** 33 weeks 1 day, controlled, continue insulin

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of episode of care and insulin use  
Supports ICD-10 documentation of episode of care, weeks gestation, method of control

### Gestational Diabetes, Controlled on Insulin Therapy

Problem List  
POV entry



Visit Diagnosis  
Display

Note (info  
added to  
note by user)

41

**SNOMED CT® Problem:** Gestational diabetes mellitus  
**Provider Text:**

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

**Encounter note text:** Gestational diabetes mellitus [P]  
controlled on insulin therapy. Continue insulin.

**TIU Objects can incorporate Chief Complaint and Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of episode of care and insulin use

Supports ICD-10 documentation of episode of care, weeks gestation, method of control

# Asthma

Required documentation for ICD 9	Required documentation for ICD 10
<ul style="list-style-type: none"><li>- <b>Identify Type</b><ul style="list-style-type: none"><li>Extrinsic</li><li>Intrinsic</li><li>Chronic Obstructive</li><li>Exercise Induced bronchospasm</li><li>Cough variant</li></ul></li><li>- <b>Identify asthma as complicated by:</b><ul style="list-style-type: none"><li>Acute exacerbation</li><li>Status asthmaticus</li></ul></li></ul>	<ul style="list-style-type: none"><li>- <b>Identify Type</b><ul style="list-style-type: none"><li>• <b>Mild</b><ul style="list-style-type: none"><li>Intermittent</li><li>Persistent</li></ul></li><li>• <b>Moderate Persistent</b></li><li>• <b>Severe Persistent</b></li><li>• <b>Other specified types</b><ul style="list-style-type: none"><li>Exercise induced bronchospasm</li><li>Cough variant</li><li>Other</li></ul></li></ul></li><li>- <b>Identify Complications:</b><ul style="list-style-type: none"><li>Uncomplicated</li><li>With acute exacerbation</li><li>With status asthmaticus</li></ul></li></ul>

## Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

EHR Documentation
<b>SNOMED CT® Problem:</b> Asthma <b>Classification</b> (entered on Problem Add/Edit): Moderate persistent <b>Asthma control</b> (entered on Problem Add/Edit if select as POV): <b>Provider text:</b> exacerbation
<b>SNOMED CT® Problem:</b> Asthma <b>Provider text:</b> moderate persistent, not well controlled, exacerbation
<b>SNOMED CT® Problem:</b> Asthma <b>Provider Text:</b> <b>Encounter note assessment/plan:</b> moderate persistent asthma, not well controlled, current exacerbation
<b>SNOMED CT® Problem:</b> Moderate persistent asthma <b>Provider Text:</b> not well controlled, exacerbation

*Any of the combinations are acceptable*

### Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

**Problem List**

**Class/Control**

**POV**

**Visit Diagnosis Display**

**Note**

ID	Status	Prov. Narrative	POV	Episode	Alternate POV	Goal Notes	Care Plans
1377	Chronic	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episode	Provider Text		

SNOMED CT	POV Provider Text	Provider Text	ICD	Priority	Asthma Control
Asthma	Asthma   exacerbation	exacerbation	491.90	Primary	NOT WELL CONTROLLED

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

**SNOMED CT® Problem:** Asthma  
Classification: Moderate persistent  
Control: Not well controlled  
**Provider Text:** exacerbation

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) and Asthma Control in the encounter notes**

Supports ICD-9 documentation of type  
Supports ICD-10 documentation of episode of type, complications

### Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

**Problem List**    Chronic    Asthma

**POV entry**

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal Notes	Care Plans
1277	Chronic	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

**Visit Diagnosis Display**

SNOMED CT	POV Provider Text
Asthma	Asthma moderate persistent, not well controlled, exacerbation

**Note**

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

**SNOMED CT® Problem:** Asthma

**Provider Text:** moderate persistent, not well controlled, exacerbation

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of type

Supports ICD-10 documentation of episode of type, complications

### Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

Problem List Chronic    Asthma

POV entry

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text
1277	Chronic	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/> First episode <input type="checkbox"/> New episode <input type="checkbox"/> Old episode <input type="checkbox"/> Ongoing episode <input type="checkbox"/> Undefined episodicity	

Visit Diagnosis Display

SNOMED CT	POV Provider Text
Asthma	Asthma

Note (info added to note by user)

Assessment/Plan

1) Asthma :  
moderate persistent, not well controlled, exacerbation

46

**SNOMED CT® Problem:** Asthma

**Provider Text:**

**Note text:** moderate persistent, not well controlled, exacerbation

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes. User may free text additional information.**

Supports ICD-9 documentation of type

Supports ICD-10 documentation of episode of type, complications

### Asthma, Moderate Persistent, Not Well Controlled with Current Exacerbation

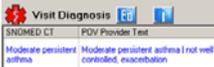
**Problem List**



**POV**



**Visit Diagnosis Display**



**Note**

Assessment/Plan

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

47

**SNOMED CT® Problem:** Moderate persistent asthma

**Provider Text:** not well controlled, exacerbation

**TIU Objects can incorporate Provider Narrative (SNOMED CT® term + provider text) in the encounter notes**

Supports ICD-9 documentation of type

Supports ICD-10 documentation of episode of type, complications

## 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 Patters 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.\**