

Documenting to satisfy reporting requirements

Documenting to satisfy diagnostic reporting requirements^{1,2}

With the implementation of ICD-10-CM came the need for greater detail in clinical documentation. The primary purpose of documentation is to effectively identify, categorize and communicate severity of conditions to better track quality of care, validate medical necessity, and predict future health care expenditures. The ICD-10-CM Official Guidelines for Coding and Reporting reiterate the importance of good documentation, "The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved."¹ The Guidelines also set the expectation for correct coding, stating that "Each healthcare encounter should be coded to the level of certainty known for that encounter."¹

This tool outlines the required elements of the language of documentation for some of the more common chronic conditions, which will lead to coding that is both accurate and complete. This type of documentation will minimize coder query and can also help expedite claims processing, resulting in more timely payment. When possible, we included practical examples of documentation that satisfy reporting requirements. Documenting in this way will also result in better communication of the conditions being treated or considered when treating, better portrayal of medical necessity for appropriate reimbursement, improved communication between clinicians, better continuity of care and improved patient outcomes.

Diabetes^{3,4}

When documenting diabetes, specify:

- **Type of diabetes:** Type 1, type 2, secondary – drug or chemical induced (document first poisoning or adverse effect specific to drug), due to underlying condition (document first the underlying condition), postprocedural or due to genetic defects
- **Control status:** "Controlled;" if "inadequately controlled," "out of control" or "poorly controlled" (diabetes, by type, with hyperglycemia); if "uncontrolled," specify as hyperglycemic or hypoglycemic
- **Complications or any other body systems affected:** "Diabetic chronic kidney disease" – document also the stage of CKD; "diabetic ulcer" – document also the ulcer by type, laterality, site and depth; "diabetic glaucoma" – document also the type, stage and affected eye; other diabetic complication – specify the complication including stated or implied relationship (for example, "diabetic CAD")
- **Treatment:** Insulin use and/or oral antidiabetic or hypoglycemic drugs, and non-insulin injection.

Chronic kidney disease (CKD)

When documenting CKD, specify:

- **Underlying cause:** Diabetes or hypertension. If CKD is unrelated to diabetes or hypertension, document the cause, if known.
- **Stage of CKD:** Stage 1, stage 2 (mild), stage 3 (moderate), stage 4 (severe), stage 5 or end-stage renal disease (ESRD). Avoid documenting a range of severity, such as "moderate to severe." The diagnosis of CKD cannot be coded from diagnostic reports alone. Clearly state review of reports and pertinent findings including the GFR.
- **Presence of:** AV fistula or shunt for dialysis; complication due to renal dialysis access device, implant or graft (such as embolism, hemorrhage, infection, occlusion, pain, stenosis or thrombosis)
- **Dialysis dependence:** Hemodialysis or peritoneal dialysis
- **Associated diagnoses/conditions:** "Diabetes with," "hypertension with" or "secondary hyperparathyroidism due to CKD" and state the stage of CKD
- **Transplant status:** Kidney transplant status (for those patients who still have some form of CKD, document the current stage of the CKD posttransplant)

Hypertension^{3,4,5}

When documenting hypertension, specify:

- **Type:** "Essential hypertension," "hypertension secondary to renal artery stenosis," "renovascular hypertension," "drug resistant," "accelerated," etc.
- **Acuity of hypertension:** "Hypertensive urgency"
- **Systemic involvement:** "Hypertension with ventricular hypertrophy," "hypertension with diastolic dysfunction," "hypertension with heart failure" and state the type and severity of heart failure (systolic, diastolic, combination, acute, chronic, acute-on-chronic) or "hypertension with chronic kidney disease" and state the stage of CKD
- **Underlying cause:** For example: underlying renal conditions or hormonal disorders, sedentary lifestyle, excessive amounts of alcohol, stress, etc.
- **Tobacco Use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

Heart failure^{3,5}

When documenting heart failure, specify:

- **Underlying cause:** “Chronic diastolic failure due to hypertension,” “heart failure due to hypertension with chronic kidney disease,” “hypertension with chronic diastolic heart failure,” coronary artery disease (CAD), diabetes, cardiomyopathy, endocarditis, heart valve disorders, cardiac arrhythmias, congenital defects, thyroid disorders, alcohol and illicit drug use, HIV, AIDS, chemotherapy
- **Comorbidities:** For example: renal insufficiency, diabetes, atrial fibrillation, chronic obstructive pulmonary disease, sleeping disorders, anemia, iron deficiency, etc.
- **Circumstance:** Postprocedural
- **Specific type(s), if known:** “Left ventricular failure,” “systolic heart failure,” “diastolic heart failure,” “combined systolic and diastolic heart failure,” “rheumatic heart failure,” “right heart failure,” “biventricular heart failure,” “high output heart failure,” “end stage heart failure,” or “other heart failure.”
- **Severity:** Acute, chronic, acute-on-chronic, cardiac arrest

If a provider documents, “congestive heart failure,” it will be coded to heart failure, unspecified.

Arteriosclerosis (coronary artery disease [CAD] and peripheral arterial disease [PAD])

When documenting arteriosclerotic disease, specify:

- **Comorbidities:** Diabetes, alcoholism, dyslipidemia, hypertension, obesity, severe stress, etc.
- **Site (vessel):** Aorta, cerebral, carotid, coronary, extremities, mesenteric, pulmonary, renal, vertebral, etc.
- **Laterality:** Right, left, bilateral
- **Severity:**
CAD: With or without angina
ASPWD: Manifestations (intermittent claudication, rest pain, ulceration, gangrene); if ulceration, document the type, laterality, site and depth
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

CAD⁵

When documenting atherosclerotic heart disease with angina pectoris, include the following:

- **Cause:** Assumed to be atherosclerosis; document if there is another cause
- **Stability:** “Stable angina pectoris,” “unstable angina pectoris”; if “angina equivalent,” document the associated symptoms
- **Vessel:** Note which artery (if known) is involved and whether the artery is native or autologous (for example, mammary, radial, etc.), chronic total occlusion of coronary artery
- **Graft involvement:** If appropriate, whether a bypass graft was involved in the angina pectoris diagnosis; also note the original location of the graft and whether it is autologous or biologic
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

PAD

When documenting PAD, include the following:

- **Cause:** Diabetic, arteriosclerotic/atherosclerotic
- **Site of disease (vessel):** If native, name of vessel; if bypass graft, autologous, nonautologous biological, nonbiological
- **Manifestations:** Intermittent claudication, rest pain, ulceration – specify type, laterality, site, severity; gangrene
- **Laterality:** Right, left, bilateral
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

Stroke and sequelae of stroke

When documenting stroke, specify:

- **Type:** Embolic, hemorrhagic, ischemic, occlusive, stenotic, thrombotic
- **Site (vessel):** Cerebral (middle cerebral artery, anterior cerebral artery, posterior cerebral artery, cerebellar artery, other artery), precerebral (vertebral artery, basilar artery, carotid artery, other artery)
- **Laterality:** Right, left, bilateral
- **Circumstance:** In evolution, intraoperative (whether during cardiac surgery or during other surgery), postprocedural (following cardiac surgery or following other surgery)
- **Residuals of prior stroke (specify deficit):** Cognitive deficit – specify exact type; speech and language deficit, monoplegia of upper or lower limb, hemiplegia and hemiparesis, other paralytic syndrome, other sequela (apraxia, dysphagia – specify type; facial weakness, ataxia, other – specify)
- **Score:** National Institutes of Health Stroke Scale score
- **Substance Use/Exposure:** Alcohol abuse or dependence; any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

Chronic obstructive pulmonary disease (COPD)

When documenting COPD, specify:

- **Type:** For example, asthma with COPD – also document the asthma by severity, frequency and level of exacerbation; chronic asthmatic bronchitis, chronic obstructive bronchitis, chronic bronchitis with emphysema, and chronic obstructive tracheobronchitis
- **Severity:** Acute exacerbation, hypoxia, hypercapnia or chronic respiratory failure
- **Circumstance:** Sepsis, shock, respiratory failure, emphysema, obesity hypoventilation syndrome, severe obesity, ALS, restrictive diseases such as interstitial fibrosis and thoracic deformities
- **Infection:** Any lower acute lower respiratory infection and the infectious agent, if known
- **Cause:** Identify any additional lung disease due to external agent and specify agent (for example, organic dust, chemical, gases, fumes, vapors, ventilation system, etc.)
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

Asthma^{3,4}

When documenting asthma, specify:

- **Severity:** Mild, moderate, or severe
- **Frequency:** Intermittent or persistent
- **Level of exacerbation:** Uncomplicated, acute exacerbation, or status asthmaticus
- **Key terms:** Allergic, allergic bronchitis, allergic rhinitis with asthma, atopic asthma, chronic obstructive asthma, extrinsic allergic asthma, intrinsic non-allergic asthma, idiosyncratic asthma, exercise induced bronchospasm, and cough-variant asthma
- **Cause:** Exercise induced, cough variant, related to smoking, chemical or particulate cause, occupational; establish a cause and effect relationship (for example, detergent asthma, miner's asthma, asthma due to dusts, etc.) – identify causative agent, if known
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history, or exposure (second hand, occupational, etc.)

Arrhythmias⁵

When documenting arrhythmias, include the following:

- **Location:** Atrial, ventricular, supraventricular, etc.
- **Rhythm name:** Flutter, fibrillation, type 1 atrial flutter, long QT syndrome, sick sinus syndrome, etc.
- **Acuity:** Acute, paroxysmal, chronic, etc.
- **Cause:** Hyperkalemia, hypertension, alcohol consumption, digoxin, amiodarone, verapamil HCl, etc.
- **Other:** Document any other abnormality of heartbeat (tachycardia, bradycardia – document if adverse effect of a drug and specify drug; palpitations)

Major depressive disorder (MDD)

When documenting MDD, specify:

- **Episode type:** Single or recurrent
- **Severity:** Mild, moderate, severe
- **Symptoms:** Presence or absence of psychotic symptoms or features
- **Remission status:** Full or partial

Obesity and body mass index (BMI)

When documenting obesity, specify:

- **Type:** Overweight, obese, morbidly (severely) obese, morbid obesity with alveolar hypoventilation (Pickwickian's), obesity hypoventilation syndrome
- **Cause:** Due to excess calories, drug-induced obesity – specify drug
- **Weight and the BMI:** Documenting the BMI alone is not enough to satisfy the HEDIS® requirement
- **Associated comorbid conditions:** For example, hypertension, diabetes, COPD

Protein-calorie malnutrition (PCM)

When documenting PCM, specify:

- **Severity:** Mild (first degree), moderate (second degree), severe (third degree); avoid documenting a range of severity, such as “moderate to severe;” if documenting cachexia, document underlying cause, if known
- **Associated conditions:** Alcohol abuse and/or dependence, alcoholic hepatitis, anemia, cancer, celiac disease, CHF, cirrhosis, cystic fibrosis, depression, ESRD, liver disease, obesity, pancreatitis

Rheumatoid arthritis (RA)⁶

When documenting rheumatoid arthritis, specify:

- **Type:** Juvenile, seronegative, seropositive (presence of rheumatoid factor), other
- **Joint(s) affected by RA:** Specific joint or multiple sites
- **Laterality:** Right, left, bilateral
- **Systemic involvement:** Rheumatoid: carditis, lung involvement, myopathy, polyneuropathy, splenomegaly and leukopenia, vasculitis, visceral involvement

HEDIS[®] and Five-Star Quality Rating Considerations^{7,8}

Here are some things to remember when documenting that help to satisfy the Healthcare Effectiveness Data and Information Set (HEDIS) Five-Star Quality Rating requirements for documentation:

Diabetes:

- Document the date and value of the hemoglobin A1C in the progress note.
- Document the date of and the review of the retinal eye exam and any pertinent positive or negative findings. Document if the patient had a negative retinal eye exam the prior year.
- Document the date and the findings of the nephropathy test and if the nephropathy is evidenced, the order for the prescription to treat.
- Document if patient has steroid-induced diabetes as that is an exclusion under HEDIS/Five-Star Quality Rating for the Diabetes Care measure.

Hypertension:

- Document the initial diagnosis of hypertension.
- Document the blood pressure reading at each subsequent visit to demonstrate control.
- Document medication adherence for hypertension.
- Document if patient has ESRD or has had a kidney transplant as those are exclusions under HEDIS/Five-Star Quality Rating for the Controlling Blood Pressure measure.

COPD:

- Document the order for spirometry for any new diagnosis of COPD or any newly exacerbated COPD.
- Document pharmacotherapy management of COPD.

Obesity and BMI:

- Document both the weight and the calculated BMI value.
- Document the patient's refusal to weigh to explain why the HEDIS/Five-Star Quality Rating requirement was not met.

Rheumatoid arthritis (RA):

- Document the diagnosis of rheumatoid arthritis.
- Document the prescription for a disease modifying anti-rheumatic drug (DMARD).
- Document if the patient has HIV as that is an exclusion under HEDIS/Five-Star Quality for the RA measure.

Lastly, document whenever a screening is not indicated, is contraindicated, and any patient refusal or noncompliance as this will explain to the auditor why the quality measure was not met.

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For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcanddstarratings>

1. DHHS. ICD-10-CM Official Guidelines for Coding and Reporting FY 2018. Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/icd10cmguidelines_2018_final.pdf. Published October 1, 2017. Accessed October 12, 2017.
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3. CMS. ICD-10: Clinical Concepts for Family Practice. Centers for Medicare & Medicaid Services. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ListservClinicalConcepts.pdf>. Accessed November 8, 2018.
4. CMS. ICD-10: Clinical Concepts for Internal Medicine. Centers for Medicare & Medicaid Services. <http://www.cms.gov/medicare/coding/icd10/downloads/icd10clinicalconceptsinternalmedicine1.pdf>. Accessed November 8, 2018.
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7. NCQA. HEDIS & Quality Measurement. HEDIS Measures 2019. <http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018>. Accessed November 8, 2018.
8. CMS. Medicare 2019 Part C & D Star Rating Technical Notes. Centers for Medicare & Medicaid Services. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2019-Technical-Notes-Preview-2.pdf>. Published August 8, 2018. Accessed August 8, 2018.