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. It often is an exacerbation of a stable comorbid condition that extends the length of stay of surgical patients.

### Documentation Tips

**Cardiothoracic Surgery**

**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 contributed to the reason for admission, rather than just the presenting symptoms
- 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, unstable angina secondary to atherosclerosis)
- Indicate “suspected,” “possible,” or “likely” when treating a condition empirically, such as a gram negative pneumonia. These diagnoses need to be reconfirmed at the time of discharge to capture the medical decision making and resource consumption
- Use supporting documentation from the dietician or wound care specialists to accurately document nutritional disorders and pressure ulcers.
- Clarify diagnoses that are present on admission (POA)
- Clearly indicate what has been ruled out (e.g. post operative hemorrhage ruled out, hematoma evacuated likely secondary to anticoagulation, hematoma secondary to anticoagulation)
- Avoid use of arrows/symbols (e.g., use hyponatremia instead of ↓Na)
- Clarify the significance of laboratory, radiology and other procedures by summarizing these results in your documentation

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**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 –CM diagnosis codes captures a greater degree of detail than could be captured using the ICD-9-CM classification.

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

<table>
<thead>
<tr>
<th>Alphabet</th>
<th>Number</th>
<th>Subcategory</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>#</td>
<td>a/#</td>
<td>a/#</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Root Operation</th>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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**Pre-renal azotemia or acute renal insufficiency**

Clarify underlying condition, suspected or confirmed (due to): Acute kidney injury**.

**Congestive heart failure**

Consider acute pulmonary edema, non – cardiogenic** to capture the patient with pulmonary edema that is secondary to fluid administration and unrelated to the underlying CHF or other heart disease.

**Chronic Kidney Disease**

Identify the Stage: I-V Stages IV* & V**

**Pre-admissions**

Hematuria

| Gross, Benign, or Microscopic |

**Admit with Sign/Symptom**

**Discharge with a Diagnosis**

**Have more questions about documentation?**

Reach out to your Clinical Documentation Improvement Team

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Key Cardiovascular Documentation Requirements in ICD-10:

ICD-10-PCS Changes to Procedural Documentation Requirements

PCS includes significant changes to how procedures must be captured and coded, with more specificity required for code assignment. All 7 characters of the PCS code need to be captured. Documentation of procedures should identify sufficient information to capture these items to avoid excessive queries from your CDI or coding staff.

### Bypass Procedures

<table>
<thead>
<tr>
<th>Body part</th>
<th>Qualifier</th>
<th>Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body part bypasses &quot;from&quot;</td>
<td>Body part bypassed &quot;to&quot;</td>
<td>Autologous tissue substitute</td>
</tr>
<tr>
<td>Coronary bypasses, the body part is identified by the number of vessels bypassed &quot;from&quot;</td>
<td>Coronary bypasses, the body part (vessel) bypassed &quot;from&quot;</td>
<td>Nonautologous tissue substitute</td>
</tr>
</tbody>
</table>

**Note:**
- If multiple coronary artery sites are bypassed, a separate procedure is coded for each coronary artery site that uses a different device or qualifier.
- Autografts obtained from a different body part are captured with an additional procedure code.
- An IMA (Internal mammary artery) is a transfer of the artery and not considered a device.

<table>
<thead>
<tr>
<th>Percutaneous Aorta-Femoral Bypass</th>
<th>Coronary Artery Bypass</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documentation Required</strong></td>
<td><strong>Documentation Required</strong></td>
</tr>
<tr>
<td>Root Operation</td>
<td>Bypass</td>
</tr>
<tr>
<td>Body Part</td>
<td>e.g. Abdominal aorta (bypass from)</td>
</tr>
<tr>
<td>Approach</td>
<td>e.g. percutaneous endoscopic</td>
</tr>
<tr>
<td>Device</td>
<td>Synthetic substitute</td>
</tr>
<tr>
<td>Qualifier</td>
<td>Bilateral femoral arteries (bypass to)</td>
</tr>
<tr>
<td><strong>Device</strong></td>
<td>Aorta (bypassed from)</td>
</tr>
<tr>
<td><strong>Procedure Site</strong></td>
<td>Bypass Coronary Artery: One Site from Aorta with Autologous Venous Tissue, Open Approach</td>
</tr>
</tbody>
</table>

**PTAs and PTCAs**

- Coronary vessels are identified by the number of sites treated, not the name or number of arteries.

  **Number of sites treated:**
  - One site within coronary artery(ies)
  - Two sites within coronary artery(ies)
  - Three sites within coronary artery(ies)
  - Four or more sites within coronary artery(ies)

- **Type of Stent Placed** (if relevant)
  - Intraluminal Device, Drug-eluting
  - Intraluminal Device
  - Radiolutive Intraluminal Device
  - No Device

**Example:**

- **0271346 Dilatation of Coronary Artery, Two Sites, Balloon, with Drug-eluting Intraluminal Device, Percutaneous Approach**

  **Note:**
  - Physician documentation of procedures needs to clearly identify all portions of each procedure to allow the appropriate PCS coding.
  - Separate body part values are used to specify the number of sites treated when the same procedure is performed on multiple sites.

**Pacemakers**

- **Intent of procedure**
  - Insertion of new device
  - Removal or replacement of device
  - Connecting a malfunctioning device

- **Device**
  - Single Chamber
  - Single Chamber Rate Responsive
  - Cardiac Resynchronization Pacemaker Pulse Generator, Etc.

- **Valve replacements**
  - Aortic
  - Pulmonary
  - Mitral

- **Approach**
  - Open
  - Percutaneous
  - Percutaneous endoscopic

- **Device**
  - Aortic Valve
  - Synthetic Valve
  - Nonautologous Tissue Substitute

### Key Cardiovascular Diagnosis Documentation Requirements in ICD-10-CM

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 additional specificity. Unspecified diagnoses do not exist for some conditions in ICD-10-CM.

**Acute Myocardial Infarction**

<table>
<thead>
<tr>
<th>Myocardial Infarction</th>
<th>Initial</th>
<th>Subsequent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute MI</td>
<td>A second MI occurring within 4 weeks of previous MI</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>STEMI</td>
<td>NSTEMI</td>
</tr>
<tr>
<td><strong>Site – Wall</strong></td>
<td>Anterior wall</td>
<td>Inferior wall</td>
</tr>
<tr>
<td><strong>Site – Specific Artery Involved</strong></td>
<td>Left main</td>
<td>Left anterior descending</td>
</tr>
<tr>
<td></td>
<td>Right coronary artery</td>
<td>Left Circumflex</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Note:**
- AMI without further specificity as to type will default to STEMI.
- Capture I:\PA use either at this or transferring facility.

**Atherosclerosis**

<table>
<thead>
<tr>
<th>Vessel type</th>
<th>Clarify type of vessel/graft</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Native coronary artery</td>
</tr>
<tr>
<td></td>
<td>Coronary artery bypass grafts</td>
</tr>
<tr>
<td></td>
<td>Autologous bypass grafts</td>
</tr>
<tr>
<td></td>
<td>Nonautologous biological bypass grafts</td>
</tr>
<tr>
<td></td>
<td>Native coronary arteries of transplanted heart</td>
</tr>
<tr>
<td></td>
<td>Other coronary artery bypass grafts</td>
</tr>
</tbody>
</table>

**Associated with**

- Unstable angina
- Unstable angina with spasms
- Unspecified angina
- Other specified angina

*High Impact Diagnosis **Low Impact Diagnosis