**H&P = Introduction**

**Severity**

- Cachexia*
- Morbid obesity

Always document

**Progress/Op Notes = Body**

**Laterality**

- Moderate Degree*
- Complication
- Anatomic

Consider documenting if systemic

**Discharge summary = Conclusion**

**Obesity**

Avoid use of arrows/symbols (e.g., use hyponatremia instead of ↓Na)

**Etiology**

Link all diseases /diagnoses to their underlying causes if known

- Unspecified*

Indicate

Document diagnoses, rather than descriptors (e.g. “metabolic encephalopathy”,

Indicate acuity/severity of all diagnoses: acute, chronic, acute on chronic,

Clearly indicate what has been ruled out (e.g., “post

These items to avoid excessive queries from your CDI or coding staff.

Documentation of procedures should identify sufficient information to capture

More specificity required for code assignment. All 7 characters of the PCS code need to

PCS includes significant changes to how procedures must be captured and coded, with

If Observing…

Please Consider Documenting… (Higher SOI)

<table>
<thead>
<tr>
<th>Protein-Calorie Malnutrition</th>
<th>Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI ≥40** or BMI &lt;19**</td>
<td></td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td></td>
</tr>
<tr>
<td>Provider must document the correlating medical diagnoses:</td>
<td></td>
</tr>
<tr>
<td>- Morbid obesity</td>
<td></td>
</tr>
<tr>
<td>- Obesity</td>
<td></td>
</tr>
<tr>
<td>- cachexia**</td>
<td></td>
</tr>
<tr>
<td>BMI &lt;19**</td>
<td></td>
</tr>
</tbody>
</table>

ICD-10-PCS Changes to Procedural Documentation Requirements

PCPs 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.

<table>
<thead>
<tr>
<th>Mastectomy with Reconstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documentation Required</strong></td>
</tr>
<tr>
<td><strong>Possible Options</strong></td>
</tr>
</tbody>
</table>

**Root Operation**

- Replacement

**Body Part**

- Skin & Breast

**Approach**

- Open

**Device**

- Autologous Tissue Substitute
- Synthetic Substitute
- Nonaugotous Tissue Substitute

**Qualifier**

- Latissimus Dorsi Myocutaneous Flap
- Transverse Rectus Abdominis Myocutaneous Flap
- Deep Inferior Epigastric Artery Perforator Flap
- Superficial Inferior Epigastric Artery Flap
- Gluteal Artery Perforator Flap
- No Qualifier

Requires two codes:

- 0HTU0ZZ - Resection of Left Breast, Open Approach
- 0HRU079 - Replacement of Left Breast using gluteal artery perforator flap, open approach

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 (alphanumeric) with all codes starting with an alphabetic character:

```
Category  Subcategories:  Extension (7th character)
```

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

```
Section  Body System  Root Operation  Body Part  Approach  Device  Qualifier
```

Have more questions about documentation? Reach out to your Clinical Documentation Improvement Team

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**Documentation Tips**

**Oncology**

**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, “Pancytopenia due to chemotherapy”)
- Indicate “suspected,” “possible,” or “likely” when treating a condition empirically, such as a gram negative pneumonia. Coding guidelines require that uncertain diagnoses are documented as such at the time of discharge.
- Use supporting documentation from dietician and wound care specialists to accurately document nutritional disorders and pressure ulcers.
- Clarify what is present on admission (POA).
- Clearly indicate what has been ruled out (e.g., “post-op infection: ruled out”) avoid use of temporal indicators, unless they are pertinent and are intended to describe complications rather than expected events.
- Consider documenting if systemic inflammatory response syndrome (SIRS) is present in trauma, burn, and pancreatitis cases when VS and labs support this
- Avoid use of arrows/symbols (e.g., use hypotension instead of ↓Na)
If documenting Signs/Symptoms… Please Consider Documenting… (Higher SOI)

**Fever**
- Clarify underlying condition (due to):
  - Infection (e.g. sepsis, pneumonia)
  - Neutropenic fever
  - Neutropenic sepsis

**Pain**
- Clarify underlying cause (due to):
  - Neoplasm
  - Other cause

Identify treatments including:
- Pain pumps, Intrathecal treatments, etc.

**Altered Mental Status**
- Encephalopathy
  - Type: hepatic, metabolic*, hypertensive**, septic*, toxic*
  - Acuity: acute*
- Urinary Tract Infection**

Key Oncology 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 required specificity. Unspecified diagnoses do not exist for some conditions in ICD-10-CM.

### Leukemia

| Acuity   | • Acute**
|----------|-------------------
| Type     | • Acute lymphoblastic
|          | • Chronic lymphocytic
|          | • Hair cell
|          | • Adult T cell

| Status    | • Not having achieved remission
|           | • In remission
|           | • In relapse

### Anemia

| Acuity   | • Acute
|----------|-------------------
| Type     | • Nutritional Anemia (e.g. iron deficiency, vitamin B12 deficiency, Folate, other, unspecified)
|          | • Hemolytic Anemia**
|          |  - Enzyme disorders (e.g. glutathione metabolism, glycolytic enzymes)
|          |  - Thalassemia (e.g. alpha, beta, delta-beta, minor)
|          | • Aplastic Anemia (e.g. constitutional **, Drug induced*, Due to external agent*, idiopathic*)

| Etiology  | • Post hemorrhagic
|           | • Drug induced (autoimmune or non-autoimmune)
|           | • Chemotherapy/Immuno/Therapy/Radiation
|           | • Malignancy
|           | • Manifestation of an adverse effect or poisoning

### Sickle Cell

| Type     | • Hb-SS
|----------|-------------------
|          | • Thalassemia
|          | • Hb-C
|          | • Other (Hb-Sd or Hb-SE)

Clarity if patient is in Crisis if yes, document type
- • Acute chest syndrome*
- • Splenic sequestration*

Document any associated fever (R50.81)

**Note:**
- If type of Sickle Cell Disorder is not specified – Default is Sickle Cell Disease without crisis D57.1 (Low SOI)

### 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 codes, assigned by a coder reading the medical record. Document known or suspected relationships between concomitant conditions wherever possible to ensure accurate capture of the patient’s true risk of mortality and/or readmission.

#### If documenting Signs/Symptoms…

Please Consider Documenting… (Higher SOI)

| Fever         | Clarify underlying condition (due to):
|---------------|-------------------
|               | • Infection – (e.g. sepsis, pneumonia)
|               | • Neutropenic fever
|               | • Neutropenic sepsis

| Pain          | Clarify underlying cause (due to):
|---------------|-------------------
|               | • Neoplasm
|               | • Other cause

Identify treatments including:
- Pain pumps, Intrathecal treatments, etc.

| Altered Mental Status | • Encephalopathy
|-----------------------|-------------------
|                       |  - Type: hepatic, metabolic*, hypertensive**, septic*, toxic*
|                       |  - Acuity: acute*
|                       |  - Urinary Tract Infection**

Admit with Sign/Symptom → Discharge with a Diagnosis (includes probable, likely, suspected)

### Neoplasms

| Site     | Sites are more specific, instead of breast, it includes the quadrant of the breast
|          | Breast neoplasms are also identified by gender

Type
- Identify if:
  - Benign
  - Malignant
  - In situ
  - Uncertain behavior

If malignant
- Primary
- Secondary
- If secondary, is primary site still present

**Note:**
- If the secondary site is the focus of treatment, that will be the principal diagnosis on the claim
- Capture all secondary sites
- Personal history of: clarify if this is a cancer that is no longer present, or a cancer that is still being monitored.

### Lymphoma

| Type     | • Hodgkin’s
|          | • Mycosis fungoides
|          | • Multiple myeloma
|          | • Follicular
|          |  - includes identification of grade.
|          | • Non-follicular
|          | • Mature T/NK Cell
|          | • Other specified

**Note:**
- If the secondary site is the focus of treatment, that will be the principal diagnosis on the claim
- Capture all secondary sites
- Personal history of: clarify if this is a cancer that is no longer present, or a cancer that is still being monitored.

### Anemia

| Acuity   | • Acute
|----------|-------------------
| Type     | • Hemolytic Anemia**
|          |  - Enzyme disorders (e.g. glutathione metabolism, glycolytic enzymes)
|          |  - Thalassemia (e.g. alpha, beta, delta-beta, minor)
|          | • Aplastic Anemia (e.g. constitutional **, Drug induced*, Due to external agent*, idiopathic*)

**Etiology**
- • Post hemorrhagic
- • Drug induced (autoimmune or non-autoimmune)
- • Chemotherapy/Immuno/Therapy/Radiation
- • Malignancy
- • Manifestation of an adverse effect or poisoning

Is the anemia secondary to hemorrhage associated with a procedure – Documentation should specify if Complication or Expected Outcome?

### Pancytopenia

| Clarify Cause and Effect* | • Related to neoplasms
|                          | • Related to antineoplastic therapy*
|                          | • Bone marrow failure*
|                          | • Bone marrow infiltrations

Provider link the cause and effect with terms like “due to”. Pancreatitis s/p chemo does determine a cause and effect relationship.