CDI Topic of the Month : Words Matter

Due to complex, sometimes nonsensical coding rules, perfectly acceptable and clinically accurate terminology is occasionally not enough to translate diagnoses into the precise ICD-10 codes that can accurately reflect the patient's true condition.

Acute. There is no ICD-10 code that a CVA is "really terrible", or that the blood loss was "severe", or even that the respiratory failure was "life-threatening". There are only two words that Medicare must know for the diagnosis to be accurately coded : is it "Chronic" or is it "Acute".

Uncertainty. Because both clinical judgment and uncertainty are elements of medicine, acceptable terminology for final coding diagnoses includes: "consistent with," "indicative of," "comparable with," "suggestive of," "compatible with," and "appears to be," as well as "probable" and "possible."

Insufficiency. "Chronic renal insufficiency" will not establish your patient's severity of illness (SOI) or comorbidity (CC). "Chronic kidney disease (CKD)", stage 1 to 5 is a more accurate description.
"Acute renal Insufficiency" codes to "disorder of kidney and ureter, unspecified," SOI of 1.
The more descriptive "Acute renal failure" or "Acute kidney injury" represent a CC and carry an SOI of 3.
"Respiratory insufficiency" codes to "abnormalities of breathing," SOI of 1
"Acute respiratory failure" is a major comorbidity with a maximum SOI and ROM of 4/4.

History of. Writing "history of hypertension", even though the disease is still being monitored and treated, means that the physician will not receive appropriate credit for their work of dealing with that problem. "*History of*" means the *issue is now resolved* and therefore is not coded as an active diagnosis.

Copying and pasting. A report pasted into the notes is not sufficient for coders to assign a diagnosis. For a diagnosis to be coded both the abnormal findings and their clinical significance need to be documented by the physician.

• Ref.: "A Guide to Better Physician Documentation "November 2006 https://www.macpeds.com"Addressing the 'bad' and 'ugly' in physician documentation"
ACDIS, La Charité, MD 2012 "Coding Corner" ACP Hospitalist, Pinson, MD, FACP https://acphospitalist.org/archives