



## Clinical Documentation Tips

*Tips, Hints & Pointers...*

**Issue: 6 / October 2015**

### Educational and Resource Opportunities

**The Commons:** [www.commonlearning.com](http://www.commonlearning.com)

- 52 ICD-10 specialty modules
- ICD-10 Just the Facts
- ICD-10 Survival Guide **newly released**
- ICD-10 Stuff You Should Know **newly released**
- ICD-10 Problem List Calculator **newly released**
- ICD-10 Concepts your Should Know **newly released**

### ICD-10 Specialty Tip Cards

- [ICD-10 Documentation Tip Cards](#): Providence Intranet>Clinicians Tab>ICD-10 education> Pocket Cards link

#### ICD-10 Apps

*(Note– the Providence IS Help Desk will not support these apps)*

#### Android Devices (need a Google browser to open)

- <https://play.google.com/store/apps/details?id=com.ipremiumapps.icd10cm.lite&hl=en>
- <https://play.google.com/store/apps/details?id=com.ipremiumapps.icd10cm.premium&hl=en>
- <https://play.google.com/store/apps/details?id=com.precyseuniversity.icd10docgd&hl=en>

#### iOS Devices

- <https://itunes.apple.com/us/app/icd-10-hd-2013/id435279707?mt=8>
- <https://itunes.apple.com/us/app/icd10/id446693950?mt=8>
- <https://itunes.apple.com/us/app/icd-10-mobile/id403355307?mt=8>

### We're live on ICD-10

The conversion to ICD-10 across PHS, Community Connect & SHS continues to be relatively smooth. The volume of issues has grown incrementally during the first week, but is minimal compared to the overall impacted departments, personnel, work streams and systems that have made the conversion.

The ease of the transition is testament to all of your hard work in preparing and being engaged. We are monitoring claims as payments are just now being processed under ICD-10 with the dates of service for 10/1/2015 and after.

Thank you to all of the support teams and their responsiveness and diligence in addressing identified ICD-10 issues.

### EPIC ICD-10

[Accessing Epic resource documentation for ICD 10](#)

**ICD-10 Websites that may be helpful to your practice**  
*(Note – not Providence endorsed)*

**ICD-10 Specialty reference and codes:**

<http://www.roadto10.org/specialty-references/>

**Build your clinic ICD-10 action plan:**

<http://www.roadto10.org/action-plan/get-started/>

**ICD-10 codes and General Equivalency Mapping:**

<http://cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>

**ICD-10 codes:** [www.ICD10data.com](http://www.ICD10data.com)

For additional information or questions, please contact:  
<http://in.providence.org/sss/initiatives/icd/Pages/ICD-10-Program.aspx>



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## Well-Child Visit (preview)

Well-Child Visits require two documentation elements:

1. Age of the child

**AND**

2. Findings:  
WITH Abnormal findings (**Z00.121**) (*if there are abnormal findings*)

**OR:**

WITHOUT Abnormal Findings (**Z00.129**)

When a finding requires future surveillance (based on your clinical judgment) it should be reported as an additional diagnosis.

- Report: **Z00.121** as the first code and then add the code for the finding

## Preventive and Routine Gynecological Exam

Encounter for routine gynecological examinations is reported based on the presence or absence of abnormal findings – see codes:

- **Z00.00**
- **Z00.01**
- **Z01.411 – Z01.419**

Some of the codes for routine health examinations distinguish between “*with*” and “*without*” abnormal findings.

Code assignment depends on the information that is known at the time the encounter is being coded.

**Example:** If no abnormal findings were found during the examination, but the encounter is being coded before test results are back, it is acceptable to assign the code for “*without abnormal findings*.”

When assigning a code for “*with abnormal findings*,” additional code(s) should be assigned to identify the specific abnormal finding(s).

## Cardiovascular: Acute MI Documentation Tips

- Always specify whether it is a STEMI or NSTEMI
- Always document the **site** of the MI if known (e.g. anterior wall, inferior wall)
- Always document the **coronary artery involved** if known
- Always document the **age** of the MI
  - ICD-10 uses 4 weeks to distinguish between an **acute** and **old** MI (it was 8 weeks previously with ICD-9)
  - A **subsequent myocardial infarction** is a MI that occurs within 4 weeks of the first MI.

## Problem List SmartLinks

Two new Problem List SmartLinks will display problems with corresponding ICD codes (for encounters after 10.1.15):

### SmartLink “PROBWICDANDPOA”

- Displays active hospital problems
- Principal problem listed first and preceded with an asterisk
- Problems sorted by priority
- Displays ICD10 code after each problem followed by date noted and present on admission (POA) status

### SmartLink “PROBWICD”

- Displays active non-hospital problems (for ambulatory)
- Problems sorted by priority
- Displays ICD10 code after each problem followed by date noted

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