Physician Documentation and ICD-10
Meeting on Middle Ground

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2015 AAPC HEALTHCON, Las Vegas NV
How do you eat an elephant?
Where to begin

• Where are the code variances hidden?
  – Laterality
    • Do your providers already document?
    • One option is now FOUR
  – Exact location
    • If not documented, look for ancillary reports
      – Imaging reports
      – Medical assistant or nursing comments
    • HPI does not have to be documented by provider only
Where are the code variances hidden?

• Episode of care
  – Pre-existing
  – Initial
  – Ongoing care
  – Complications
  – Sequela
  – History of

• Pregnancy
  – Trimester/weeks
  – Outcome of delivery
Look for key words

- Referred from
  - ED, another provider
- Returns
- Follow-up care
- Associated with
- Due to
- Onset
- Complication
- Non-healing
- Read ancillary/imaging reports
Query when you need more information

Use as a teaching tool
Old news

Concurrent sampling
ONE bite at a time

• Pick ONE item every 1–2 weeks

• Make it COUNT
  – Pick phrases that will have the biggest impact
  – Use frequency sampling from practice management if you need help
Pick your battles

• If your payer accepts
  – 382.9 Unspecified otitis media

• They will probably accept
  – H66.9 Otitis media unspecified

• However acute myocardial infarction (AMI) should state:
  – ST elevation or non ST elevation
  – Site of MI
  – Nontransmural or subendocardial with site noted
  – Subsequent
Make it count

• Give facts
  – Tell them where their documentation is good
  – Tell them where it won’t make a difference
  – Tell them where it WILL make a difference

• Get their buy-in

• Show the impact to the coding and subsequent money

• Honest praise
Progress comes from small acts day after day
Thank you.

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