Successful Documentation in the Skilled Nursing Setting

KOTA Conference
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Miranda McCormack, OTR/L
Course Objectives

• Recognize the significance of appropriate ICD-10 coding
• Identify the importance of key components in the O.T. evaluation
• Describe the necessity and purpose for the use of skilled terminology
• Demonstrate effective daily note writing skills and the value of its use
• Recognize the importance of accurate, point of service documentation
ICD-10 Coding

• Purpose
  – Gather and classify diseases, incidents, and disorders in order to create data for the healthcare industry.
  – Depicts an accurate picture of the patients being treated
  – Necessary for Reimbursement
“ICD-10 allows us to speak the same language as the people that are going to be telling our story—for outcomes, for data assessment, and for billing. It is incredibly important to have the severity of disease we are managing accurately portrayed.”

Mark Bieniarz, MD
ICD-10 Coding

- Know what your facility expects for the Primary medical diagnosis on the OT evaluation.
  - Develop a plan with your IDT team
ICD-10 coding

• Treatment diagnosis
  – Listing of various ICD-10 treatment codes
  – Provide supporting documentation in therapeutic necessity and goals.
## Commonly used ICD-10 codes for Occupational Therapy

<table>
<thead>
<tr>
<th>Sign/Symptom</th>
<th>ICD 10 Code</th>
<th>Description</th>
</tr>
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</table>
| Specific Developmental Disorder of Motor Function | F82         | Clinical Information  
  - A disorder characterized by an impairment in the development of an individual’s motor coordination skills; this impairment in motor development is not due to a medical condition.  
  - Marked impairments in the development of motor coordination such that the impairment interferes with activities of daily living. (from DSM-IV, 1994)  

  Applicable To  
  - Clumsy child syndrome  
  - Developmental coordination disorder  
  - Developmental dyspraxia  

  Description Synonyms  
  - Clumsiness  
  - Clumsiness -motor delay  
  - Clumsiness, motor delay  
  - Developmental delay, gross motor  
  - Fine motor developmental delay  
  - Gross motor development delay  
  - Gross motor developmental delay  
  - Motor delay  
  - Neuromuscular disorder, clumsiness  

| Unspecified Disorders of Psychological Development | F89         | Clinical Information  
  - A disorder diagnosed in childhood that is marked by either physical or mental impairment or both, which in turn affects the child from achieving age related developmental milestones.  
  - As encompassed in federal legislation for educational assistance to handicapped children, includes disabilities originating before age 18 that constitute substantial barriers to normal
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<tr>
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</table>
| Flaccid Hemiplegia unspecified Side | G81.0       | - Paralysis of one side of the body resulting from disease or injury to the brain or spinal cord.  
                             |             | - Paralysis of one side of the body.                                                   
                             |             | - Severe or complete loss of motor function on one side of the body. This condition is usually caused by brain diseases that are localized to the cerebral hemisphere opposite to the side of weakness. Less frequently, brain stem lesions; cervical spinal cord diseases; peripheral nervous system diseases; and other conditions may manifest as hemiplegia. The term hemiparesis (see paresis) refers to mild to moderate weakness involving one side of the body.  
<pre><code>                         |             | - Severe or complete loss of motor function on one side of the body; this condition is usually caused by brain diseases that are localized to the cerebral hemisphere opposite to the side of weakness; less frequently, brain stem lesions; cervical spinal cord diseases, peripheral nervous system diseases, and other conditions may manifest as hemiplegia. |
</code></pre>
<p>| Unspecified visual Disturbance  | H53.9       | - A diminished ability to see                                                        |
|                                 |             | <strong>Description Synonyms</strong>                                                            |
|                                 |             | - Disorder of vision                                                               |
|                                 |             | - Distortion of visual image                                                        |
|                                 |             | - Metamorphopsia                                                                   |
|                                 |             | - Vision disorder                                                                  |
|                                 |             | - Visual distortion                                                                |
|                                 |             | - Visual disturbance                                                               |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-10 Code(s)</th>
<th>Clinical Information</th>
<th>Applicable To</th>
<th>Description Synonyms</th>
</tr>
</thead>
</table>
| Central Auditory Processing Disorder | H93.25        | A disorder characterized by impairment of the auditory processing, resulting in deficiencies in the recognition and interpretation of sounds by the brain. Causes include brain maturation delays and brain traumas or tumors. | Congenital auditory imperception  
Word deafness | Acquired auditory processing disorder  
Auditory processing disorder  
Bilat acquired auditory processing disorder  
Bilateral acquired auditory processing disorder  
Both sides acquired auditory processing disorder  
Left acquired auditory processing disorder  
Right acquired auditory processing disorder |
| Specific Derangement of Joint   | Right 24.841   |                                                                                      |                                                   | Developmental dislocation of bilat hands  
Developmental dislocation of bilateral hands  
Developmental dislocation of hand |
| Stiffness of Wrist              | M25.639        |                                                                                      |                                                   | Stiffness of wrist  
Wrist stiff |
| Stiffness of Hand               | M25.649        |                                                                                      |                                                   | Hand joint stiff  
Stiffness hand joint  
Stiffness of hand  
Stiffness of hand joint |
<table>
<thead>
<tr>
<th>Condition</th>
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<th>Clinical Information</th>
<th>Description Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torticollis</td>
<td>M43.6</td>
<td>A symptom, not a disease, of a twisted neck. In most instances, the head is tipped toward one side and the chin rotated toward the other. The involuntary muscle contractions in the neck region of patients with torticollis can be due to congenital defects, trauma, inflammation, tumors, and neurological or other factors. Contracted state of the cervical muscles, producing twisting of the neck and an unnatural position of the head.</td>
<td>Neck stiffness, Sandifer syndrome, Stiff neck, Stiffness of neck</td>
</tr>
<tr>
<td>Generalized Weakness</td>
<td>M62.81</td>
<td>A disorder characterized by a reduction in the strength of muscles in multiple anatomic sites. A reduction in the strength of muscles in multiple anatomic sites.</td>
<td>Muscle weakness</td>
</tr>
<tr>
<td>Immaturity of Newborn less than 28 weeks</td>
<td>P07.20</td>
<td>Applicable To: Gestational age less than 28 completed weeks NOS. ICD-10-CM Coding Rules: P07.20 is only applicable to newborns of age 0 years. P07.20 should only be used on the newborn record - not on the maternal record.</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Code</td>
<td>Description Synonyms</td>
<td>ICD-10-CM Coding Rules</td>
</tr>
<tr>
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</tr>
<tr>
<td>Congenital Hypertonia</td>
<td>P94.1</td>
<td>• Hypertonicity in infancy</td>
<td>• P94.1 is only applicable to newborns of age 0 years.</td>
</tr>
<tr>
<td>Congenital Hypotonia</td>
<td>P94.2</td>
<td>• Benign congenital hypotonia</td>
<td>• P94.2 is only applicable to newborns of age 0 years.</td>
</tr>
<tr>
<td>• Neonatal hypotonia</td>
<td></td>
<td></td>
<td>• P94.2 should only be used on the newborn record - not on the maternal record.</td>
</tr>
<tr>
<td>Disorder of muscle tone unspecified</td>
<td>P94.9</td>
<td></td>
<td>• P94.9 is only applicable to newborns of age 0 years.</td>
</tr>
<tr>
<td>• P94.9 should only be used on the newborn record - not on the maternal record.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disturbance of Skin Sensation</td>
<td>R20.8</td>
<td></td>
<td>• R20.8 is grouped within Diagnostic Related Group(s) (MS-DRG v30.0):</td>
</tr>
<tr>
<td>• 091 Other disorders of nervous system with mcc</td>
<td></td>
<td></td>
<td>• 091 Other disorders of nervous system with mcc</td>
</tr>
<tr>
<td>• 092 Other disorders of nervous system with cc</td>
<td></td>
<td></td>
<td>• 092 Other disorders of nervous system with cc</td>
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<tr>
<td>• 093 Other disorders of nervous system without cc/mcc</td>
<td></td>
<td></td>
<td>• 093 Other disorders of nervous system without cc/mcc</td>
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<tr>
<td>Commonly used ICD-10 codes for Occupational Therapy</td>
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<tr>
<td>---------------------------------------------------</td>
<td></td>
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<tr>
<td>Lack of coordination</td>
<td>R27.8</td>
<td>Description Synonyms</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dysgraphia</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Dysmetria</td>
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<tr>
<td></td>
<td></td>
<td>• Dyspraxia</td>
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<tr>
<td></td>
<td></td>
<td>• Neuromuscular disorder, dysmetria</td>
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<tr>
<td></td>
<td></td>
<td>• Neuromuscular disorder, dyspraxia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stumbling due to lack of coordination</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facial Weakness</th>
<th>R29.810</th>
<th>Clinical Information</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• A disorder characterized by a reduction in the strength of the facial muscles.</td>
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<tr>
<td></td>
<td></td>
<td>• A reduction in the strength of the facial muscles.</td>
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<tr>
<td></td>
<td></td>
<td>Applicable To</td>
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<tr>
<td></td>
<td></td>
<td>• Facial droop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Description Synonyms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Weakness of face muscles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unspec. lack of expected normal physiological development of childhood</th>
<th>R62.50</th>
<th>Applicable To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Infantilism NOS</td>
</tr>
<tr>
<td>Description Synonyms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developmental delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developmental delay, mild-moderate</td>
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<tr>
<td>• Developmental delay, severe</td>
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<tr>
<td>• Growth retardation</td>
<td></td>
<td></td>
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<tr>
<td>• Lack of expected normal physiological development</td>
<td></td>
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<tr>
<td>• Mild to moderate developmental delay</td>
<td></td>
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<tr>
<td>• Physiological development failure</td>
<td></td>
<td></td>
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<tr>
<td>• Severe developmental delay</td>
<td></td>
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</tr>
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<td>Commonly used ICD-10 codes for Occupational Therapy</td>
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<tr>
<td><strong>Feeding Difficulties</strong></td>
<td><strong>R63.3</strong></td>
<td></td>
</tr>
<tr>
<td>Applicable To</td>
<td>Feeding problem (elderly) (infant) NOS</td>
<td></td>
</tr>
<tr>
<td>Description Synonyms</td>
<td>- Developmental delay in feeding</td>
<td></td>
</tr>
<tr>
<td>- Developmental delay, feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Elderly feeding problem</td>
<td></td>
<td></td>
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<tr>
<td>- Feeding delay, developmental</td>
<td></td>
<td></td>
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<tr>
<td>- Feeding problem in elderly</td>
<td></td>
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<tr>
<td>- Feeding problem in infant</td>
<td></td>
<td></td>
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<tr>
<td>- Infant feeding problem</td>
<td></td>
<td></td>
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<tr>
<td>- Overconsumption of milk in childhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Overconsumption of milk, child</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unspecified general sensations and perceptions</strong></td>
<td><strong>R44.9</strong></td>
<td></td>
</tr>
<tr>
<td>Applicable To</td>
<td>ICD-10-CM R44.9 is grouped within Diagnostic Related Group (MS-DRG v30.0):</td>
<td></td>
</tr>
<tr>
<td>- 951 Other factors influencing health status</td>
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Effective Documentation Strategies for Evaluations

- Reason for Referral
- Skilled/Medical Necessity
- Prior Level of Function
- Deficits/Impairments
- Short and Long Term Goals
Evaluations cont’d

• Reason for Referral
  – Request is made by physician, another healthcare professional, or a client
  – Components to include:
    • The medical condition’s impact on physical function, **psychological** function, or **cognitive** function.
    • Psychological or psychosocial Aspects: history of OT
Occupational Therapy during WWI

Bedridden wounded are knitting
Occupational Therapy: Toy making in psychiatric hospital

World War I era
• Reason for Referral
  – Example: Patient is a 75 year old male s/p hospitalization due to right side CVA significantly impacting ability to sequence and perform ADL tasks, as well as loss of fine motor control, sensation, and strength of left UE.
• Skilled/Medical Necessity
  – Medicare guidelines require specific criteria to deem OT services as necessary and reimbursable.
  – *All therapy services must be reasonable and necessary and specific and effective treatment for the patient’s condition.*
  – Skilled necessity should relate to the selected treatment diagnosis, deficits, and goals.
• Skilled/Medical Necessity
  – Services provided must be at a level of complexity that requires the skills of a therapist
  – Services are necessary for the establishment of a restorative program
  – The patient requires education/training to manage his condition
• What factors are not deemed as necessity?
  – When non-skilled services more appropriate
  – Solely for strength and endurance purposes
  – Ignore prior level of function, set unrealistic goals
  – Excessive frequency
What factor are deemed as necessary?

– According to Medicare guidelines: ...prescribed treatment concerned with improving or restoring functions which have been impaired by illness or injury, or where function has been permanently lost or reduced by illness or injury, to improve the individual’s ability to perform those tasks required for independent functioning.
• Example of Skilled/Medical Necessity
  – Skilled occupational therapy is necessary to improve postural control and left UE use due to loss of function from recent stroke in order to increase independence with daily activities and return home.
Evaluations cont’d

• Prior Level of Function
  – Paint the picture
  – Relate to goals
  – Relate to discharge plan

• Deficits and Impairments
  – Reflects your treatment diagnosis, skilled necessity
  – Reflects in the goals

• Short and Long Term Goals
  – Content, duration
Proper Documentation for the Daily Note

• Use of abbreviations
• Proof-reading
• Support of the Goals
• Use of Skilled Terminology
• Use of Correct CPT Codes
• Abbreviations
  – Know what is approved
  – Each work site should have a list of approved abbreviations
  – Risks involved with use of unapproved abbreviations
• Proof Reading
  – Auto correction, misinterpreted spoken dictation, commas misplaced
DOCUMENTATION GONE WRONG!
• “She is numb from her toes down.”
• “Since she cannot get pregnant with her husband, I thought you would like to work her up.”
• “By the time he was admitted, his rapid heart had stopped, and he was feeling better.”
• “Patient has chest pain if she lies on her left side for over a year.”
• “On the second day the knee was better and on the third day it had completely disappeared.”
• “She has had no rigors or shaking chills, but her husband said she was very hot in bed last night.”
• “Patient eats death threats for breakfast.”
• “Patient told me she lost her heart the last time she was admitted.”
• “Patient lives at home with his mother, father, and pet turtle, who is presently enrolled in day care three times a week."
• Supporting the goals
  – Daily notes should support the goals as outlined in the OT POC
  – Any deviations should first be discussed and assessed by the OTR prior
  – Address each short term goal daily
• Skilled Terminology
  – Use your clinical knowledge
  – Use Action Verbs
  – Do NOT give OUR profession away
Clinical Knowledge

- Use clinically terms and theory
  - Ipsilateral, contralateral, PNF patterns, associated reaction, bilateral integration, Rood principles...
• Use Action Verbs
  – Facilitated
  – Assessed
  – Coordinated
  – Identified
  – Improved
  – Directed
  – Motivated
  – Developed
Terms to Avoid
- No change noted
- Maintain
- Monitor
- Poor potential
- Subjective documentation
- Phrases such as apparently, seems to be, or appears
DO NOT GIVE OUR PROFESSION AWAY
• Use of CPT codes
  – Only use those listed on the OT evaluation
  – Know the proper definition of each code and what belongs under each code
Other Key Areas in Documentation

• Co-treatment Requirements
• Education of the Patient and/or Caregiver
• Point of Service Documentation
Other Key Areas in Documentation

• Co-treatment Requirements
  – Components: duration, discipline, each disciplines distinct and separate service, and what goal is benefited
  – When is co-treatment not justified?
    • Time constraints
    • Scheduling conflicts
    • Personal conflicts
    • Any reason that does not support patient’s benefit
Other Key Areas in Documentation

• Education of the Patient and/or Caregiver
  – Components to include: who was educated, what training was conducted, and the response to the training
  – *Patient education is a key to disease management and overall wellness maintenance.*
  – Importance in Today’s industry
    • Shorter length of stays
Other Key Areas in Documentation

• Point of Service Documentation
  – Accuracy and Efficiency
    • Your documentation will likely be more complete, and your clinical data is more easily measured. Furthermore, point-of-care documentation results in real-time data capture, which can, in turn, lead to better clinical outcomes.
Resources

- Roadto10.org
- Swsc.org
- Wikipedia.org
- oig.hhs.gov
- www.aota.org
- www.cms.hhs.gov
- Apta.org
- Pbworks.com
- www.rcpmagazine.com