

Weekly tips from ERG documentation committee to improve our documentation under the new 2023 CMS Guidelines – Week 7

Our charts are now coded based on three categories

1. **Problem**
2. Data
3. Risk

The **complexity of problem addressed (also referred to as COPA)** is a combination of the **patient's history** that is relevant to the presenting complaint as well as the **differential**.

PMH:

- *Just having problems listed in the history does not qualify them for COPA.*
- **You must document how their history of X is relevant to their presentation.**
 - Level 4:
 - 1 or more chronic illness with exacerbation, side effect, progression
 - 2 or more stable chronic illnesses
 - 1 undiagnosed new problem with uncertain prognosis
 - 1 acute illness with systemic symptoms
 - 1 acute, complicated injury
 - Level 5:
 - 1 or more chronic illness with **SEVERE exacerbation, progression or systemic symptoms**
 - 1 acute illness or chronic illness with **threat to life or bodily function**.
 - You must **CLICK THESE BUTTONS UNDER DIAGNOSIS on MDM**

Examples to show how the coders look at your description:

- Pt with *h/o asthma presenting with SOB.*
 - **Level 4:** Asthma exacerbation caused by URI. Click the “exacerbation” and “systemic symptoms” buttons
 - **Level 5:** Asthma exacerbation due to PNA with hypoxia. Click the “severe exacerbation” and “threat to life or bodily function” buttons on MDM under asthma exacerbation.
- Pt with *h/o diabetes presenting with skin infection.*
 - **Level 4:** Add diabetes with acute exacerbation to diagnosis – write “diabetes increases complexity of a wound due to poor wound healing in chart.”
 - **Level 5:** Add diabetes to diagnosis and click the “severe exacerbation” and/or “threat to life or bodily function” buttons on MDM if causing significant hyperglycemia, sepsis or osteomyelitis.

Differential Diagnosis:

- *How do coders use your differential diagnosis in determining COPA?*

- Your differential diagnosis can protect you in the event of an adverse outcome and show the coders the complexity and acuity of the patient's presentation.
 - **Examples of how the coders use your differential:**
 - *35 yo female presents with lower abdominal pain.*
 - **Level 4:** ddx of UTI and cervicitis
 - **Level 5:** ddx of ectopic pregnancy, PID, TOA, appendicitis, colitis, ovarian torsion
 - *40 yo male presents with HA.*
 - **Level 4:** ddx of tension vs migraine headache
 - **Level 5:** ddx of SAH, Cerebral thrombosis, ICH, malignancy
- *Ddx mentioned should be appropriate to the patient's presentation and your suspicion of acuity.*

Remember that all of this is aimed at telling the story of the patient you are seeing. The more you can describe the complexity of the case the increased likelihood the coder will match the correct code to the complexity of the patient.

Please feel free to reach out to me or any of the documentation committee with any questions/comments.

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