Frailty ICD-10 Code Proposal

Ian Neilson, MD, FACS

- Physician Advisor for Clinical Documentation at Maine Health, Portland, Maine
- Surgeon Champion for ACS NSQIP

Lori Drodge, RHIT, CCS

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I have no disclosures

Current ICD-10 coding for frailty

ICD-10-10-CM includes code R54 for age related physical debility which includes:

- Frailty
- Old age
- Senescence
- Senile asthenia
- Senile debility

Frailty in surgical patients “I know it when I see it.”

“Surgeons usually develop a gut sense about patients using ‘the eyeball test,’ and surgeons generally have pretty good eyeballs.

But they’re also prone to the human tendency to overestimate their patients and their own capabilities.”

Daniel Hall, MD, MDiv, MHSc

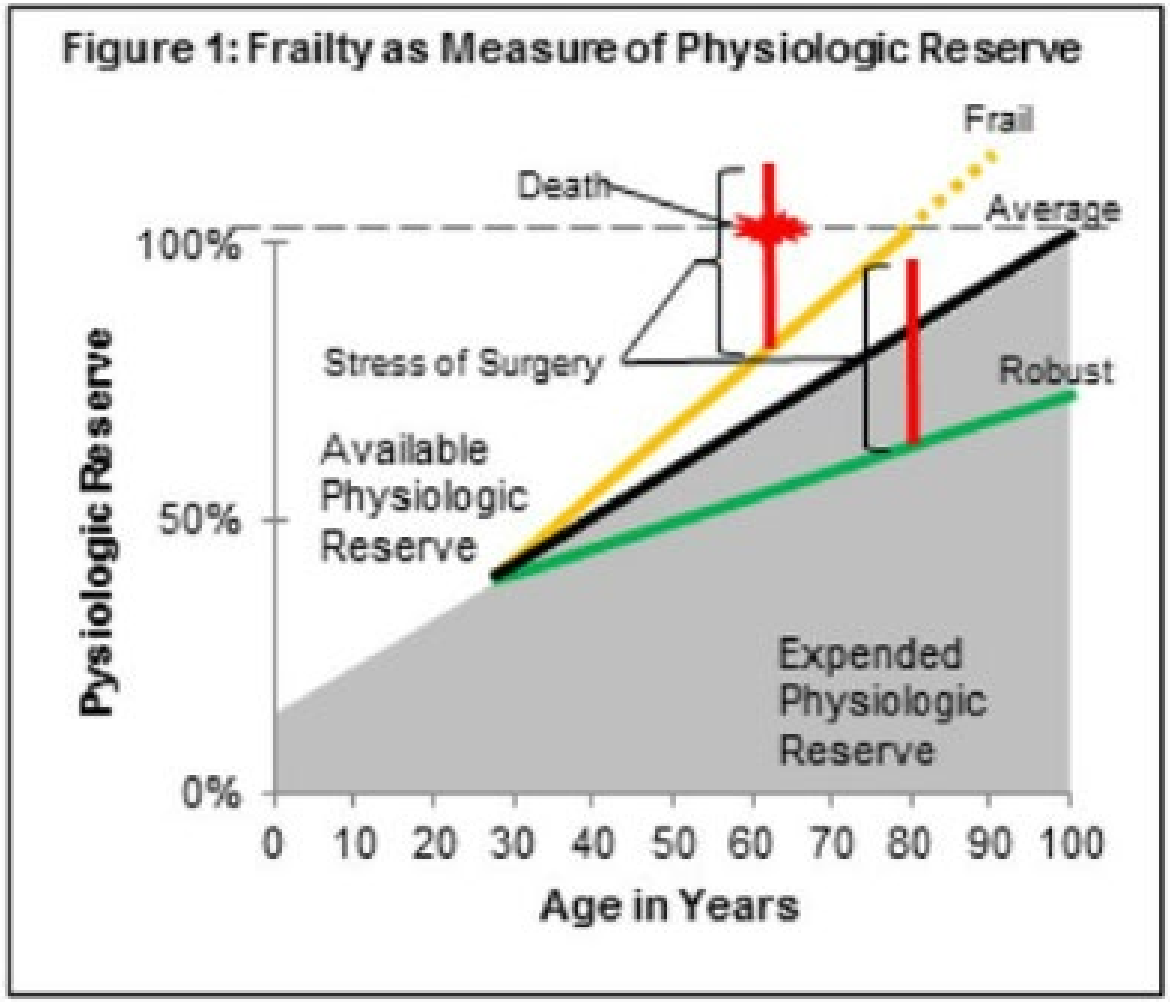
Associate Professor of Surgery, University of Pittsburgh

Frailty as a measure of physiologic reserve

Frailty => increased vulnerability to health-related stressors:

- longer hospital stays
- higher rates of complications
- failure to rescue
- increased readmission
- increased mortality

Patients of any age can be impacted by frailty but it is especially important in geriatric patients.



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Frailty in surgical patients

- There is growing interest among surgeons to preoperatively score frailty.
- Patients undergo a standardized, frailty screening tool during the surgeon's preoperative visit.
- Patients with a high score might benefit from further evaluation, additional consults, pre-habilitation measures, smoking cessation or counseling.
- With shared decision making, the patient might consider alternative treatments, or a modification of surgical plans or might even elect not to have surgery.

Risk Analysis Index (RAI) as a frailty tool

- Risk Analysis Index (RAI) was developed by Veterans Affairs to determine preoperative frailty.
- It is a 14-item, single page questionnaire that patients complete before elective surgery.
- The form asks patients about their living arrangements, as well as specific medical conditions, such as kidney problems, and how well they perform specific activities of daily living.
- The clinic nurse enters the questionnaire responses in Epic during rooming.
- The system automatically calculates the RAI score.
- Patients are identified as potentially frail by their high scores (RAI ≥ 42 on an 81-point scale).

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Risk Analysis Index (RAI) variables

14 Variables; weighted scale

- Age
- Sex
- Unintentional weight loss
- Poor appetite
- Cognitive impairment
- ADL: Mobility
- ADL: Eating
- ADL: Toileting
- ADL: Hygiene
- Living location (e.g., assisted living, SNF, etc)
- Any renal insufficiency/failure
- Any congestive heart failure
- Any shortness of Breath at rest or minimal activity
- Any history of cancer not in remission

EPIC Foundation (standard system) includes the RAI as a scoring tool

Scoring Tools

SCORING TOOLS
- ABCD2
- CHADSVASc
- CURB-65
- DASI
- GCS
- HAS-BLED
- HEART Score
- LRINEC
- NEXUS Criteria
- NIH
- Padua Prediction...
- PORT Score
- RAI
- SFSR
- STOP BANG
- SmartLinks

RAI

Responsible Create Note

General

Patient Age

Gender

3=Male | 0=Female

Social History

Residence other than independent

0=No | 1=Yes

Does the patient live in a nursing home, skilled nursing facility, or another assisted living environment?

Medical History

Renal Failure

0=No | 8=Yes

Does the patient have CKD3b or worse, or GFR 45 or less? If not sure, have they been told they have renal disease (not just stones) or are th

CHF

0=No | 5=Yes

Does the patient have chronic (long-term) congestive heart failure (CHF)?

Shortness of Breath

0=No | 3=Yes

Does the patient currently have shortness of breath while resting or with minimal activity?
Prompt: "Do you have trouble catching your breath when you are resting or doing minimal activities? For example, walking to the bathroom

Cancer Status

0=No | 1=Yes

In the past 5 years, has the patient been diagnosed with or treated for cancer (excluding simple, non-melanoma skin cancer)
Note: Please answer "yes" if the procedure is possible cancer surgery.

Frailty in surgical practice

- Frailty predicts postoperative mortality and morbidity more than age alone, thus presenting opportunities to identify the highest-risk surgical patients.
- Studies have been done showing surgical outcomes of frail patient can be improved by facility-wide frailty screening and subsequent administrative review of perioperative surgical decision making.
- Use of the Risk Analysis Index RAI is widely accepted by surgeons and is built into EPIC.
- It would be helpful to have specific ICD-10-CM codes to prospectively study the impact of frailty on surgical outcomes.
- For instance, frailty may explain why some patients are outliers on ACS NSQIP for delay to extubation, longer than expected LOS, other morbidity or mortality.

Questions:

References:

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