

ICD 10 DOCUMENTATION TIPS FOR INTERNAL/HOSPITAL MEDICINE

Diagnosis	Documentation Requirements		
Acute Coronary Syndrome (ACS)	<p>Ensure your documentation best describes the patient condition. Would one of the following better describe the condition: Intermediate Insufficiency Syndrome, Unstable Angina, Coronary slow flow syndrome, Myocardial infarction, Other diagnosis, please specify</p>		
Acute Kidney Failure	<p>Document etiology if known: Acute tubular cortical, or medullary necrosis, post procedural, posttraumatic</p>	Acute Renal Insufficiency results in an unspecified code.	
Acute Myocardial Infarction (AMI)	<p>Document type: STEMI or NSTEMI</p>	<p>Document location: Artery involved and wall of heart affected for STEMI</p>	<p>Document date: Date of recent MI (more or less than 4 weeks)</p>
Asthma	<p>Document severity and type: Mild, moderate or severe AND intermittent or persistent</p>	<p>Document Status: Uncomplicated, with acute exacerbation or with status asthmaticus</p>	
Atrial Fibrillation/Atrial Flutter	<p>For Atrial Fibrillation, document type as: Paroxysmal, Persistent OR Chronic</p>	<p>For Atrial Flutter, document type as: Typical or Type 1 OR Atypical or Type 2</p>	
Blood Loss Anemia	<p>Document, when appropriate: Anemia due to blood loss or Anemia due to chronic blood loss</p>	<p>If acute blood loss anemia is due to blood loss during surgery: Documentation of postoperative anemia is not enough. Document postoperative anemia due to acute blood loss instead</p>	<p>No diagnosis of acute blood loss anemia if surgery resulted in expected amount of blood loss</p>
Bronchitis	<p>Document severity: Acute or Chronic</p>	<p>If Acute , document: Causal organism, if known</p>	<p>If Chronic, document: Simple, mucopurulent, or both</p>
Cardiac Arrest	<p>Document cause if known</p>		
Cerebral Infarction	<p>Document etiology: Due to embolus, thrombus, hemorrhagic, occlusion</p>	<p>Document artery affected and location: Vertebral, Basilar, Carotid, other specify AND Middle, Anterior, or Posterior</p>	
Congestive Heart Failure (CHF)	<p>Document severity: Acute, Chronic, or acute on chronic</p>	<p>Document type: Systolic, Diastolic or Combined Systolic and Diastolic</p>	<p>Specify etiology, if known: Hypertensive Heart Disease, Rheumatic Fever, etc.</p>
Coronary Artery Disease (CAD)	<p>Document site: Native artery and/or bypass graft. Indicate bypass graft: Autologous vein, autologous artery, nonautologous</p>	<p>Document if present: Angina pectoris, unstable angina, angina with spasms, etc.</p>	
Chronic Kidney Disease	<p>Document stage: Stages I - V and ESRD.</p>	<p>Document etiology, if known: Diabetic CKD, Hypertensive CKD, etc.</p>	
Chronic Obstructive Pulmonary Disease (COPD)	<p>Document if acute lower respiratory tract infection present with causal organism.</p>	<p>Document: Acute, chronic, acute on chronic and whether an exacerbation is present.</p>	<p>Document: O2 dependency and if respiratory failure present</p>

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Diabetes	Document: Type 1 or type 2	Document associated complications: Diabetic peripheral neuropathy, diabetic autonomic neuropathy, diabetic foot ulcer, etc.	Indicate insulin control status: Inadequately controlled, out of control, poorly controlled, etc.
Gastrointestinal Bleed	Document etiology, if known		
Gout	Document: Acute or Chronic * Coding will default to acute if not specified	Document type: Idiopathic, lead induced, drug induced, due to renal impairment, or other, please specify	Document: With or without tophus
Hepatic Failure/Hepatic Encephalopathy	Document: Acute, subacute or chronic	Document etiology, if known	
Malnutrition	Document type, example: Protein calorie or Protein energy	Document severity: Mild, moderate, or severe	
Neoplasms	Document site and laterality	Differentiate between primary and secondary (metastatic) site	If Secondary: Document primary site and if still present
Osteoarthritis	Document type, example: Primary, primary generalized, Posttraumatic, other, please specify	Document site and laterality	
Obesity	Document etiology if known	If morbidly obese: Indicate with alveolar hypoventilation	
Pancreatitis	Document: Acute vs chronic	Document etiology, if known	
Pneumonia and Pneumonitis	Document type, cause, and organism if known		
Pressure Ulcers	Document site and stage	Physician must document diagnosis of pressure ulcer	Stage can be coded from nursing notes or wound care.
Pulmonary Embolism	Document type: Saddle or septic	Document cor pulmonale if present: Acute or chronic	
Pulmonary Insufficiency	Document severity: Acute, Chronic, or acute on chronic	Document cause: Shock, surgery, trauma, etc.	
Respiratory Insufficiency/Respiratory Distress	Document underlying condition		
Respiratory Failure	Document: Acute, Chronic, or Acute on Chronic	Document: Hypoxemia, and/or Hypercapnic	
Rheumatoid Arthritis	Documents type: RA with rheumatoid factor, RA without rheumatoid factor, Juvenile arthritis, Rheumatoid bursitis, Rheumatoid nodule	Document site and laterality	
Tobacco	Differentiate: Tobacco use/abuse or dependence	Document type of tobacco	Current or past smoker
Urinary Tract Infection	Document specific site of UTI	Document if UTI is related to a device i.e., UTI due to Foley catheter	Document causative organism, if known
Urosepsis	Urosepsis codes to UTI	Specify UTI or Sepsis in your documentation	