

Hospitalist Documentation Tips

The following are important documentation tips and strategies for ICD-10 compliance:

Condition/Concept	ICD-10 Documentation Tips
Asthma	<p>Cause: Exercise-induced, cough variant, related to smoking, chemical or particulate cause, occupational</p> <p>Severity: If persistent asthma, document mild persistent, moderate persistent, or severe persistent</p> <p>Temporal Factors: Acute, chronic, intermittent, persistent, status asthmaticus, acute exacerbation</p>
Anemia	<p>Type: Nutritional deficiency (Iron, B12, folate, etc.), Hemolytic, Sickle Cell (with or without crisis) with acute chest syndrome or splenic sequestration, Aplastic (drug induced, idiopathic, etc.), Blood loss (acute, chronic, postoperative)</p> <p>Cause: e.g., Neoplastic disease, Chronic kidney disease</p> <p>Include: Any alcohol or drug use, abuse, dependence or past history</p> <p>If Drug Induced: Specify name of medication or drug with purpose of its use</p>
A-Fib/A-Flutter	<p>Differentiate: Atrial fibrillation, Atrial Flutter, Atypical A-flutter</p> <p>Specify: Paroxymal, Persistent, Chronic</p>
Cerebral Infarction & Occlusion	<p>Etiology: Due to embolus, thrombosis, occlusion, stenosis</p> <p>Laterality and Artery Affected</p> <p>Specify: if intraoperative or postoperative complication</p> <p>Related Deficits: Right or left hemiparesis, aphasia, seizure, etc.</p> <p>Document: TPA Administration</p>
Congestive Heart Failure (CHF)	<p>Acuity: Acute, chronic, Acute and Chronic</p> <p>Specify if rheumatic heart failure</p> <p>Type: Systolic (include ejection fraction), Diastolic, Combined</p> <p>List Causal Relationships: Hypertension, Chronic kidney disease, Surgery</p>
COPD	<p>Acuity: Chronic, Acute Exacerbation</p> <p>Document: With acute lower respiratory tract infection (specify type of infection)</p> <p>Specify: With Asthma (and type of asthma)</p> <p>Document: any tobacco use, abuse, dependence or exposure</p>

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<p>Diabetes: Hypoglycemia and Hyperglycemia</p>	<p>Increased Specificity: The diabetes codes are combination codes that include the type of diabetes, the body system affected, and the complications. When documenting diabetes, include the following:</p> <p>Type: e.g. Type 1 or Type 2 disease, drug-induced, underlying condition</p> <p>Complications: What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes</p> <p>Treatment: Is the patient on insulin?</p> <p>A second important change is the concept of “<u>hypoglycemia</u>” and “<u>hyperglycemia</u>.” It is now possible to document and code for these conditions without using “diabetes mellitus.” You can also specify if the condition is due to a procedure or other cause.</p> <p>The final important change is that the concept of “secondary diabetes mellitus” is no longer used; instead, there are specific secondary options</p>
<p>Hypertension</p>	<p>In ICD-10, hypertension is defined as essential (primary). The concept of “benign or malignant” as it relates to hypertension no longer exists.</p> <p>Type: Essential, Secondary, etc.</p> <p>Causal Relationship: Renal, pulmonary, etc.</p>
<p>Intracerebral Hemorrhage</p>	<p>Document: Traumatic vs. Non-traumatic Site: Subarachnoid (and affected regions), Subdural (Acute, Subacute, Chronic), Intracerebral (and affected regions) Laterality: Right, Left</p>
<p>Kidney Failure</p>	<p>Acute Kidney Failure: Document Type (e.g. Tubular necrosis, etc.) Chronic Kidney Failure: Specify Stage 1-5, Specify if end stage Associate: Underlying condition Specify: Dialysis Status and/or Kidney Transplant Status</p>
<p>Pneumonia</p>	<p>Type: Bacterial (Specify Organism), Viral, Aspiration (specify substance), Fungal, Ventilator Associated, Other Associated Conditions: Sepsis, HIV Disease, influenza, etc. Document any tobacco use, abuse, dependence or exposure</p>
<p>Respiratory Failure</p>	<p>Acuity: Acute, Chronic, Acute on Chronic Type: Hypoxic, Hypercapnic, Mixed Etiology: Pneumonia, CHF, COPD, etc.</p>
<p>Seizures and Epilepsy</p>	<p>Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the condition as being: Febrile – specify simple or complex, New onset, Single seizure or convulsion, Post traumatic Identify any related factors: alcohol, medications, etc. Include descriptions of pharmacoresistant, treatment resistant or refractory Describe seizures as: Localized, Generalized, Simple partial, Complex partial</p>

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Sepsis	Etiology: Link to source of infection: Vascular grafts, Devices, Implants, Infection (Pneumonia, UTI, Peritonitis, etc.) Organism: Organism, if known
Shock	Type: Hemorrhagic, Septic, Cardiogenic, Liver, Hypovolemic, Other
Tobacco	Usage: Use, Abuse, Dependence, Exposure, Frequency
Underdosing	Type: Intentional, Unintentional, Non-compliance Reason: Financial hardship, age-related disability, etc.
PROCEDURES	
CPR	Chest Compressions: Mechanical (balloon pump, pulsatile compression, etc.), Manual (closed chest cardiac massage or CPR unspecified)
ET Tube insertion	Approach: Via natural or artificial opening, Endoscopic
Internal Gastric Tube	Approach: Open, Percutaneous, Via natural or artificial opening, Percutaneous endoscopic, Via natural or artificial opening endoscopic Type of Device: Monitoring, Infusion, Intraluminal, Feeding device

Reference:

<http://www.nhrmc.org/body.cfm?id=6083&action=tree>