



ICD-10 Documentation Tips

Pediatric Services

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

General:

- a. Document diagnosis that were “present on admission” as POA.
- b. Include diagnoses monitored, treated, evaluated on discharge summary.
- c. Laterality should be specified for all body parts and sites.

Condition/Concept	ICD-10 Documentation Tips
Asthma	<p>Terminology Difference: Cause: Exercise-induced, cough variant, related to smoking, chemical or particulate cause, occupational Severity: If persistent asthma, document mild persistent, moderate persistent, or severe persistent Temporal Factors: Acute, chronic, intermittent, persistent, status asthmaticus, or acute exacerbation</p>
Bronchitis and Bronchiolitis	<p>Acuity: e.g. Acute, chronic, subacute, (Delineate when both acute and chronic are present, e.g., acute and chronic bronchitis.) Causal Organism: e.g. Respiratory syncytial virus, metapneumovirus, unknown, etc.</p>

Condition/Concept	ICD-10 Documentation Tips
Diabetes: Hypoglycemia and Hyperglycemia	<p>Increased Specificity: The diabetes codes are combination codes that include the type of diabetes, the body system affected, and the complications affecting that body system. When documenting diabetes, include the following: Type: e.g. Type 1 or Type 2 disease, drug-induced, due to underlying condition, or gestational Complications: What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes Treatment: Is the patient on insulin? 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. The final important change is that the concept of “secondary diabetes mellitus” is no longer used; instead, there are specific secondary options.</p>

Condition/Concept	ICD-10 Documentation Tips
Injuries	<p>Episode of care: Initial, Subsequent, Sequelae Injury site: Be as specific as possible Etiology: How was the injury sustained? (e.g., sports, motor vehicle crash, pedestrian, slip and fall, environmental exposure, etc.) Place of Occurrence: School, work, etc. Initial Encounters may also require, where appropriate: Intent: Unintentional or accidental, self-harm, etc. Status: Civilian, military, etc.</p>
Feeding Problems of the Newborn	<p>Document: Feeding problems of the newborn and subsequent treatment recommendations; e.g., Difficulty feeding at breast, Slow feeding, Underfeeding, Overfeeding, Regurgitation and rumination.</p>
Otitis Media	<p>Type: e.g., Serous, sanguineous, suppurative, allergic, mucoid Infectious Agent: e.g., Strep, Staph, Scarlet Fever, Influenza, Measles, Mumps Temporal factors: Acute, subacute, chronic, recurrent Laterality: e.g. Left, right or both ears Tympanic membrane rupture: Note if present. Secondary causes: e.g. Tobacco smoke, etc.</p>
Underdosing	<p>Type: Intentional, Unintentional, Non-compliance Reason: Financial hardship, are-related debility, etc.</p>

Condition/Concept	ICD-10 Documentation Tips
Well Child Exams and Screening	Child's Age: In days, months or years as appropriate Exam Type: e.g. Well child exam, hearing screen, sports physical, school physical, etc. Findings: Note normal vs. abnormal findings, as there codes vary depending on results

Reference:

<http://www.roadto10.org/action-plan/phase-2-train/primer-pediatrics/>

This ICD-10 Tipsheet is meant to assist providers for the transition from ICD-9-CM to ICD-10-CM. Content provided is informal guidance, and any definitive guidance is issued from CMS.