

Pulmonology Documentation Tips

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

Condition/Concept	ICD-10 Documentation Tips
Asthma	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, acute exacerbation
Bronchitis	Acuity: Acute, Subacute, Chronic Due To: Organism (Streptococcus, Influenza, RSV, Rhinovirus, Unknown, etc.) With: Bronchospasm, Tracheitis, COPD, Tracheobronchitis
Hypoxia	Acuity: Acute respiratory distress, Acute respiratory failure (Must meet clinical criteria)
Pleural Effusion	Etiology: CHF, Pneumonia, ARDS, inhalation fumes, etc.
Pneumonia	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
Respiratory Failure	Acuity: Acute, Chronic, Acute on Chronic Type: Hypoxic, Hypercapnic, Mixed Etiology: Pneumonia, CHF, COPD, etc.
Rib Fracture	Specify: Laterality/number. Ex., Right rib fractures #7,8
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

Reference:

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