

Critical & Urgent Care Tip Sheet for ICD-10

Diagnosis Documentation Requirements

Abdominal Pain	Document specific location: - RUQ - LUQ - RLQ - LLQ - Periumbilic - Epigastric - Generalized	Document: - Acute abdominal pain - Abdominal tenderness - Rebound abdominal pain	
Acute Myocardial Infarction (AMI)	Document type: - STEMI - Non-STEMI Document date of MI, subsequent MIs are defined as occurring within 28 days of 'first' MI	Document location: - Anterior wall (Left main, LAD, other) - Inferior wall (Right coronary artery, other) - STEMI - Other sites	Document any tobacco use, abuse, dependence, or exposure Delineate acute coronary syndrome and acute ischemic heart disease from true MI
Asthma	Document severity: - Mild - Moderate - Severe Document frequency: - Intermittent - Persistent	Document level of exacerbation: - Uncomplicated - Acute - Status Asthmaticus Document any coexisting COPD	Document external forces to establish a cause and effect relationship Document any tobacco use, abuse, dependence, or exposure
A-Fib/A-Flutter	Differentiate between: - Atrial fibrillation - Atrial flutter	Specify Atrial Fibrillation as: - Paroxysmal - Persistent - Chronic	Specify Atrial Flutter as: - Typical A-flutter or Type 1 - Atypical A-flutter or Type 2
Arrhythmia & Dysrhythmia	Specify type: - Ventricular fibrillation - Ventricular flutter - Sick sinus syndrome - PCAs - Other	Document underlying cause: - Calan - Pulmonary emboli - Hypothermia - Other	
Back Pain	Differentiate between panniculitis and radiculopathy Document the underlying cause: - Herniated disc - Radiculopathy - Fracture	Specify site of panniculitis or radiculopathy: - Thoracolumbar - Lumbar - Lumbosacral - Sacral and sacrococcygeal	Specify site of panniculitis or radiculopathy: - Occipito-atlanto-axial - Cervical - Cervicothoracic - Thoracic - Multiple sites
Bronchitis	Document acuity: - Acute - Subacute - Chronic Delineate if both acute and chronic bronchitis are present	Specify causative agent, if known (e.g. Mycoplasma pneumonia, Hemophilus influenza, Streptococcus, Coxsackievirus, Parainfluenza, Respiratory syncytial virus, Rhinovirus, Echovirus)	If chronic, document: - Simple - Mucopurulent - Both Document any tobacco use, abuse, dependence, or exposure
Burns	Document: - Anatomical site - Degree, if external burn	Distinguish between: - Thermal burns (caused by heat) - Corrosive burns (caused by chemicals)	
Cellulitis & Abscess	Document specific site Document laterality: - Right - Left - Bilateral	Document any underlying conditions: - Foreign body - Crohn's Disease - Trauma Document any organism or infectious agent	Detail any related trauma: - Dog bite - Motorcycle accident - Other

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Cerebral Infarction & Occlusion	Document etiology: - Due to embolus, thrombosis, occlusion, or stenosis Document laterality: - Right - Left	Document specific artery affected: - Precerebral (vertebral, basilar, or carotid) - Cerebral Artery (middle, anterior, posterior) - Cerebellar arteries Document: - TPA administration	Specify if intraoperative or post procedural complication Document any related deficits: (Right or left hemiparesis, aphasia, seizure, etc.)
Chest Pain	Document location: - Precordial - Intercostal - Anterior wall	Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc.	Document presence of hypoxemia and hypercapnea
Chronic Obstructive Pulmonary Disease (COPD)	Document: - Chronic - Acute exacerbation	Document: - With acute lower respiratory tract infection (specify type of infection)	Document: - With Asthma (and type of asthma) Document any tobacco use, abuse, dependence, or exposure
Congestive Heart Failure (CHF)	Document acuity: - Acute - Chronic - Acute or chronic Specify if rheumatic heart failure	Document type: - Systolic (include ejection fraction) - Diastolic - Combined	List any casual relationships: - Hypertension - Chronic kidney disease - Obstetric surgery/procedures - Surgery
Conjunctivitis	Document: - Mucopurulent - Chronic Conjunctivitis - Blepharocconjunctivitis - Acute Toxic Conjunctivitis - Pseudomembranous - Giant Papillary	Document: - Chronic Follicular - Angular - Contact Blepharocconjunctivitis - Acute Atopic - Serous - Simple - Ligneous	Document laterality: - Right - Left - Bilateral
Coronary Artery Disease (CAD)	Document: - With or Without Angina - Type of Angina (Stable, Unstable, Spasm, etc.) Specify when the cause is a lipid rich plaque or calcified coronary lesion (note also if chronic total occlusion)	Document site (vessels): - Native arteries - Bypass graft (autologous artery or vein, nonautologous vessel)	Document site (vessels) of transplanted heart: - Native arteries - Bypass graft Document any tobacco use, abuse, dependence, or exposure
Dermatitis	Document type such as: - Atopic - Seborrheic - Diaper - Allergic - Irritant	Document drug or substance causing irritation: - Metal - Detergents - Plants - Cosmetics	If dermatitis is due to ingested substance, document if: - Substance - Medicine - Food Document name of substance Document intention and circumstances around swallowing substance

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<p>Diabetes Mellitus</p>	<p>Document:</p> <ul style="list-style-type: none"> - Type I or Type II - Long-term insulin use for Type II <p>Document any cause/effect relationship between diabetes and other conditions (e.g. PVD, Ulcer, Neuropathy, etc.)</p>	<p>Document: Insulin under dosing or overdosing related to insulin pump malfunction</p> <p>Document any underlying condition, drug or chemical responsible for secondary Diabetes (e.g., steroid induced)</p>	<p>Differentiate:</p> <ul style="list-style-type: none"> - Diabetes accompanied by hypoglycemia OR hyperglycemia <p>Document</p> <ul style="list-style-type: none"> - Hypoglycemia with OR without coma
<p>Drug Underdosing</p>	<p>Document:</p> <ul style="list-style-type: none"> - Intentional <p>versus</p> <ul style="list-style-type: none"> - Unintentional 	<p>Document reason for underdosing:</p> <ul style="list-style-type: none"> - Financial hardship <p>or</p> <ul style="list-style-type: none"> - Age related dementia 	
<p>Dysuria</p>	<p>Document any associated conditions:</p> <ul style="list-style-type: none"> - Urinary incontinence - Overactive bladder 	<p>Specify urinary symptoms associated with benign prostatic hyperplasia (BPH)</p> <ul style="list-style-type: none"> - Nocturia - Hesitancy - Retention - Weak stream 	<p>Identify signs and symptoms that are not routinely associated with or integral to a disease process</p>
<p>Fever</p>	<p>Document the origin:</p> <ul style="list-style-type: none"> - Postprocedural - Febrile nonhemolytic transfusion reaction - Unknown 	<p>Document the origin:</p> <ul style="list-style-type: none"> - Drug-induced (identify the drug) - Postprocedural - Postvaccination 	
<p>Fractures, Traumatic</p>	<p>Document type:</p> <ul style="list-style-type: none"> - Open versus closed - Displaced versus nondisplaced - Detailed anatomical site - Orientation of fracture, example: transverse or oblique 	<p>Document laterality</p> <p>If of forearm, femur, or lower leg, specify:</p> <ul style="list-style-type: none"> - Type according to Gustilo classification 	<p>If a physeal fracture, specify:</p> <ul style="list-style-type: none"> - Type according to Salter-Harris classification
<p>Gastroenteritis</p>	<p>Document Type:</p> <ul style="list-style-type: none"> - Infectious - Noninfectious - Viral <p>Document known or suspected GI bleeding</p>	<p>If Infectious:</p> <ul style="list-style-type: none"> - Specify organism when known or suspected <p>If Noninfectious:</p> <ul style="list-style-type: none"> - Specify cause (radiation or drug induced, allergic or food hypersensitivity - specify food) 	<p>Document:</p> <ul style="list-style-type: none"> - Associated medication or drug use and purpose of use <p>Document:</p> <ul style="list-style-type: none"> - Alcohol use, abuse, dependence, or past history
<p>Headache</p>	<p>Document type:</p> <ul style="list-style-type: none"> - Cluster - Vascular - Tension-type - Post-traumatic - Drug-induced (specify drug) - Other 	<p>Document:</p> <ul style="list-style-type: none"> - Intractable - Not intractable 	<p>Document timing:</p> <ul style="list-style-type: none"> - Episodic - Chronic - Episodic paroxysmal hemicrania - Chronic paroxysmal hemicrania - Short lasting unilateral
<p>Hepatic Failure/Hepatic Encephalopathy</p>	<p>Document:</p> <ul style="list-style-type: none"> - Acute/subacute - Chronic - if with hepatic coma 	<p>Document etiology:</p> <ul style="list-style-type: none"> - Due to alcohol or drugs 	<p>If you're intended or suspected diagnosis is hepatic failure/encephalopathy, document it in addition to signs or symptoms, such as confusion, altered levels of consciousness, or coma.</p>

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Influenza with Other Respiratory Manifestations	Document type of influenza: - Avian - Intestinal - Maternal, affecting newborn - Novel - Swine - Other	Document any associated manifestations: - Laryngitis - Pleural effusion - Pneumonia - Lung abscess - Encephalopathy - Myocarditis - Otitis media	
Injuries	Document cause: - Motor vehicle accident - Fall down stairs, etc. Document activity: - Getting out of bed - Skateboarding, etc.	Document intention: - Accident - Assault - Self-inflicted - Undetermined	Document location: - Kitchen of residential home - Public park - Apartment bathroom, etc. Document work status at time of injury: - Military - Civilian - Hobby, recreational, etc.
Intracerebral Hemorrhage	Document: - Traumatic - Non-traumatic Document Site: -Subarachnoid, Subdural, Intracerebral Document laterality: - Right - Left	Subarachnoid-Document site - Carotid siphon or bifurcation - Middle cerebral, anterior or posterior communicating, basilar, vertebral or other artery Subdural - Document Type: - Acute - Subacute - Chronic	Intracerebral – Document site: - Hemisphere, brain stem, cerebellum, intraventricular Document: any related brain compression
Kidney Failure	Acute Kidney Failure: - Tubular necrosis - Acute cortical necrosis - Medullary necrosis	Chronic Kidney Failure: - Specify stage as 1 through 5 - Specify if end-stage	Document associated underlying condition Document dialysis status or s/p kidney transplant status
Malnutrition	Document type, such as: - Protein calorie - Protein energy	Document severity: - Mild or 1 st degree - Moderate or 2 nd degree - Severe or 3 rd degree	Document BMI
Nontraumatic Subdural Hemorrhage	Document type: - Acute - Subacute - Chronic		
Open Wound	Document specific site	Document laterality: - Right - Left - Bilateral	Document encounter: - Initial - Subsequent - Sequela encounter
Otitis Media	Document acuity: - Acute - Subacute - Chronic - Recurrent Document laterality: - Right - Left - Bilateral	Document: - Spontaneous rupture of eardrum - Myringitis Document Type: - Serous - Mucoid - Allergic - Atticantral - Tubotympanic	Differentiate: - Non-suppurative - Suppurative Document tobacco use, abuse, dependence, or exposure Document Underlying diseases (viral infection, influenza, etc.)
Pancreatitis	Document type: - Acute - Chronic	Document etiology, show cause and effect: - Idiopathic acute pancreatitis - Alcohol induced acute pancreatitis	

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Pneumonia	Document type: - Bacterial (specify organism) - Viral - Aspiration (specify substance) - Fungal - Ventilator Associated - Other	Document associated conditions: - Sepsis - HIV disease - Influenza - Other	Document any tobacco use, abuse, dependence or exposure
Pressure Ulcers	Must document diagnosis of pressure ulcer	Document site and stage	Note: Stage of pressure ulcer can be taken from nursing notes
Pulmonary Embolism	Document type, such as: - Saddle - Septic	Document cor pulmonale if present and whether it is: - Acute - Chronic	Specify if: -Chronic (still present) Versus -Healed/old -Note that “history of PE” is ambiguous
Respiratory Failure	Document acuity: - Acute - Chronic - Acute and chronic	Document: - With hypoxia and/or hypercapnea Document any tobacco use, abuse, dependence or exposure	Differentiate between: - Respiratory Distress Syndrome - Respiratory Arrest - Post procedural Respiratory Failure
Rhinitis	Document acuity: - Acute - Chronic Document: - With sore throat - Allergic with asthma (specify if exacerbation or status asthmaticus)	Document type: - Allergic (due to food or pollen, seasonal, nonseasonal, perennial) - Infective - Pneumococcal - Syphilitic - Tuberculosis - Vasomotor	Document any tobacco use, abuse, dependence, or exposure
Seizures & Epilepsy	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 or hysterical - Autonomic	Specify epileptic seizures as: - Localization-related - Generalized Identify any special epileptic syndromes: - Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory	Describe seizures as: - Localized onset - Simple partial - Complex partial Further describe seizures as: - Intractable - Not intractable - With status epilepticus - Without status epilepticus
Sepsis	Document: - Systemic type or causal organism Do NOT use the term UROSEPSIS (consider UTI with Sepsis) Document: Present on admission vs. hospital acquired	Document: -Circulatory failure related to Sepsis and/or Septic Shock -Severe Sepsis with specific related acute organ dysfunction	Document: - Related local infections (Pneumonia, Cellulitis, UTI, Catheter related UTI, Infected Dialysis Catheter, etc.)

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Sinusitis	Document acuity: <ul style="list-style-type: none"> - Acute - Chronic - Acute Recurrent 	Document location: <ul style="list-style-type: none"> - Maxillary - Frontal - Ethmoidal - Sphenoidal - Pansinusitis 	Document any tobacco use, abuse, dependence, or exposure
Shock	Document type: <ul style="list-style-type: none"> - Cardiogenic - Hypovolemic - Anaphylactic - Other 	Document: <ul style="list-style-type: none"> - Severe sepsis w/o septic shock - Severe sepsis w/ septic shock 	
Spinal Cord Injury	Document type: <ul style="list-style-type: none"> - Concussion and edema - Complete lesion - Central or anterior cord syndrome - Brown-Sequard syndrome 	Document site: - Specific vertebral segment injured, example: L3	
Sprain (Subluxation and/or Dislocation of Joints and/or Ligaments)	Differentiate a sprain from a strain, and a subluxation from a dislocation Document: <ul style="list-style-type: none"> - Initial encounter - Subsequent encounter - Sequela 	Specify joint and/or ligament (e.g. coracohumeral, rotator cuff capsule, superior glenoid labrum, acromioclavicular joint, sternoclavicular joint)	Document laterality: <ul style="list-style-type: none"> - Right - Left - Bilateral Document type, ligament injured: <ul style="list-style-type: none"> - left ankle sprain - Calcaneofibular, deltoid, tibiofibular, internal collateral, or talofibular
Strain (Injury of Muscle, Fascia and/or Tendon)	Differentiate a sprain from a strain Document: <ul style="list-style-type: none"> - Initial encounter - Subsequent encounter - Sequela 	Specify site (e.g., muscle/tendon of rotator cuff, muscle/fascia and tendon of long head of biceps, muscle/fascia/tendon of triceps)	Document laterality: <ul style="list-style-type: none"> - Right - Left - Bilateral
Transient Ischemic Attack (TIA)	Document, if known or suspected: <ul style="list-style-type: none"> - Vertebro-basilar artery syndrome - Carotid artery syndrome - Precerebral artery syndrome - Amaurosis fugax - Transient global amnesia - Other cerebral ischemia attacks and Syndromes 	Note: Diagnosis of TIA = "unspecified" code	
Traumatic Brain Hemorrhage	Document site: <ul style="list-style-type: none"> - Left or Right - Cerebrum - Cerebellum - Brainstem - Epidural - Subdural - Subarachnoid 	Document if with loss of consciousness and for how long in minutes	
Urinary Frequency	Document any associated conditions: <ul style="list-style-type: none"> - Dysuria - Urinary incontinence - Overactive bladder 	Specify urinary symptoms associated with benign prostatic hyperplasia (BPH) <ul style="list-style-type: none"> - Nocturia - Hesitancy - Retention - Weak stream 	

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Urinary Tract Infection (UTI)	Document Site: - Bladder - Urethra - Kidney	Document if UTI is related to a device, such as Foley Catheter or Cystostomy tube Document causative organism, if known	Do NOT use the term UROSEPSIS (consider UTI with Sepsis)
Procedures Documentation Requirements			
CPR	Document chest compressions: - Mechanical (balloon pump, impellar pump, pulsatile compression, etc.)	Document chest compressions: - Manual (closed chest cardiac massage or CPR unspecified)	
Incision and Drainage of Skin and SQ Tissue	Document: - Body site - (head, face, neck, lower extremity, trunk, or upper extremity) - Specific body part (foot, hand, scalp, etc.)	Document laterality: (right or left) Document approach: - Open - Percutaneous	Document if drainage device is used
Injection/Infusion	Document: - Substance administered (analgesic, anti- infective, sedative, anti-inflammatory, etc.)	Injection/infusion of thrombolytic agent - Document substance: - Recombinant Human-activated Protein C - Other Thrombolytic	Document approach: -Open -Percutaneous Document site: -Body system substance was introduced into (central artery or vein, coronary artery, heart, peripheral artery or vein)
Insertion ET Tube	Document approach: - Via natural or artificial opening - Endoscopic		
Insertion Gastric Tube	Document approach: - Open - Percutaneous - Via natural or artificial opening - Percutaneous endoscopic - Via natural or artificial opening endoscopic	Document type of device: - Monitoring - Infusion - Intraluminal	
Insertion Indwelling Catheter	Document site: - Urethra - Bladder neck - Bladder - Kidney (right or left) - Ureter (right, left, or bilateral)	Document approach: - Open - Percutaneous - Via Natural or artificial opening - Percutaneous endoscopic - Via natural or artificial opening endoscopic	
Mechanical Ventilator	Document: - Consecutive hours of ventilation (< 24hrs, 24-96 hrs., or > 96hrs)	Document support type: - CPAP - IPAP - IPPB	Differentiate between respiratory assistance (extracorporeal) or respiratory performance
Skin Suture	Document site: - Abdomen, anterior or posterior neck, back, buttock, chest, face, upper leg, lower leg, foot, upper arm, lower arm, hand, scalp - Pelvic region or perineum	Document approach: - Open - Percutaneous	Document laterality: - Right - Left - Bilateral
Spinal Tap	Document approach: - Open - Percutaneous - Percutaneous endoscopic		

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Transfusion	Document: <ul style="list-style-type: none">- Substance transfused: (FFP, RBC, albumin, etc.)- Autologous or nonautologous	Document when blood was collected: <ul style="list-style-type: none">- Prior to surgery- Intraoperative/perioperative/post-operative (24 HR period surrounding surgery)- Previously collected- Salvage (24 HR period surrounding surgery)	Document site of administration: <ul style="list-style-type: none">- Central artery or vein- Peripheral artery or vein Document approach: <ul style="list-style-type: none">- Open- Percutaneous
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