



Diagnosis	Documentation Requirement	
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Diagnosis	Documentation Requiren	nents	_
	Document specific location:	Document:	
Abdominal Pain	- RUQ - RLQ	- Acute abdominal pain	
Abuommarram	- RLQ - LLQ	- Abdominal tenderness	
	- Periumbilic		
	- Epigastric	- Rebound abdominal pain	
	- Generalized		
	Document type:	Document cause:	Document any alcohol or drug use,
	- Nutritional deficiency (iron, Vit		
Anemia	• • •	- Neoplastic disease	abuse, dependence or past history
Allellila	B12, folate, protein, etc.)	- Chronic kidney disease	
	- Hemolytic (enzyme disorder,		Specify name of medication or drug with
	thalassemia, etc.)	Document underlying	purpose of its use
	- Sickle cell (with or without	cause if known	
	crisis) with acute chest		
	syndrome or splenic		
	sequestration		
	- Aplastic (drug induced,		
	idiopathic, etc.)		
	- Blood loss (acute, chronic,		
	postoperative)		
	Document:		
Barrett's Esophagus	- With low grade dysplasia		
	- With high grade dysplasia		
	- Without dysplasia		
	Document type/cause:	Document any associated:	If drug-induced:
Colitis	- Clostridium difficile	- Bleeding	- Specify name of medication or drug
Contis	- Drug-Induced	- Abscess	with purpose of its use
	- Due to radiation	- Fistula	
	- Infectious	- Obstruction	
	- Ischemic (acute, subacute, or		
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	chronic)		
	- Pseudomembranous		
	- Ulcerative		
	- Crohn's disease		
	Document, associated	Document anatomical site:	Don't use the term "inflammatory bowel
Crohn's Disease	complications:	- Large intestine	disease." Use of this term when your
	- Rectal bleeding	- Small intestine	intended diagnosis is Crohn's disease may
	- Intestinal obstruction		understate severity of illness and risk of
	- Fistula		mortality.
	- Abscess		
	Document timeframe of when		
Complications of	complication occurred:		
=	- Intraoperatively		
Surgery	- Postoperatively		
	Document type:	Document reason for	
Drug Underdosing	- Intentional versus	underdosing, such as:	
Drug Officer dosting	- Unintentional	- Financial hardship or	
		- Age related dementia	
	Document phase:	Document if sequelae of	Document if sequelae of:
.	- Oral	nontraumatic hemorrhage:	- Cerebral infarction
Dysphagia		=	- Cerebral illiarction
	- Oropharyngeal	specify type:	- Cerebrovascular disease
	- Pharyngeal	- Subarachnoid	
	- Pharyngo-esophageal	- Intracerebral	
		- Intracranial	
Ecophogoal	Document:		
Esophageal			
Reflux	- With or without esophagitis		
	Document acuity:	Document type:	Document any alcohol or drug use,
Franks W	- Acute	- Candidal	abuse, dependence or past history
Esophagitis	-Chronic	- Due to gerd/reflux	
		- Eosinophilic	Specify name of medication or drug
		- Tuberculous	_
			with purpose of its use
		 Ulcerative (specify w/bleeding) 	1





Diagnosis	Documentation Requiren	nents	
Gastritis	Document acuity: - Acute - Chronic Differentiate between: - Gastritis - Gastroduodenitis - Duodenitis	Document type: - Alcoholic - Superficial - Atrophic Document any related hemorrhage	Document any alcohol or drug use, abuse, dependence or past history Specify name of medication or drug with purpose of its use
Gastroenteritis	Document etiology: - Infectious - Non-infectious	If infectious, document organism when known or suspected	If non-infectious, document cause: - Radiation or drug induced, specify drug when known - Allergic or food hypersensitivity, specify food when known
Gastrointestinal Hemorrhage	Document site and cause: - Angiodysplasia (specify site) with hemorrhage - Crohn's Disease with rectal bleed - Diverticulitis (specify site) with bleed - Duodenal ulcer with hemorrhage - Duodenitis with bleed	Document site and cause: - Esophageal ulcer with bleed - Esophageal varices with bleed - Gastric ulcer with hemorrhage - Gastritis (specify type) with bleed - Gastroduodenitis with bleed - Ulcerative Colitis (specify type) with bleed	Document - Related acute and/or chronic blood loss anemia Differentiate between: - Hematemesis - Melena - Rectal Bleed
Hemorrhoids	Document: - Internal - External	Document degree: - First degree - Second degree - Third degree - Fourth degree	Document: - Residual hemorrhoidal skin tags - Perianal venous thrombosis
Hepatic Failure/ Hepatic Encephalopathy	Document: - Acute/subacute Or - Chronic, if with hepatic coma	Document etiology: - Due to alcohol or drugs	Document additional signs or symptoms: - Confusion - Altered levels of consciousness - coma
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
Liver Cirrhosis	Document underlying cause: - Alcoholic - Fatty - Syphilitic - Congenital - Cryptogenic	Document any associated: - Ascites - Fibrosis - Sclerosis - Portal Hypertension - Esophageal Varices (w/or wo/ bleed) - Viral Hepatitis	Document any alcohol or drug use, abuse, dependence or past history Specify name of medication or drug with purpose of its use
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
Neoplasms	Document specific site Document laterality: - Right - Left - Bilateral	Detail when a patient has presented for a specific treatment related to the neoplasm (e.g., surgical removal, chemotherapy, immunotherapy, radiation therapy)	Document morphology: - Malignant - Benign - In situ - Uncertain behavior - Unspecified behavior
Obesity	Document etiology: - Due to excess calories or nutritional - Due to drugs - Other, for example, due to thyroid or pituitary disorder	If morbidly obese, also document if with alveolar hypoventilation	Document BMI



Gastroenterology Tip Sheet for ICD-10



Diagnosis	Documentation Requirem		
Pancreatitis	Document acuity: - Acute - Chronic	Document type: - Idiopathic - Biliary - Alcohol-induced - Drug-induced	Document any drug abuse or dependence
Pancytopenia	Document: - Drug induced - Antineoplastic chemotherapy induced	Document if associated with other condition: (aplastic anemia, hairy cell leukemia, HIV/AIDS, myelodysplastic syndromes, etc.)	
Sepsis	Document: - Systemic type or causal organism Do NOT use the term UROSEPSIS (consider UTI with Sepsis) Document: Present on admission	Document: - Circulatory failure related to Sepsis and/or Septic Shock - Severe Sepsis with specific related acute organ dysfunction	Pocument: - Related local infections (Pneumonia, Cellulitis, UTI, Catheter related UTI, Infected Dialysis Catheter, etc.)
Tobacco Use Disorder	vs. hospital acquired Document type: - Cigarettes - Chewing tobacco - Other Delineate between: - Tobacco use/abuse - Tobacco dependence	Document state of dependence: - In remission - With withdrawal - Without withdrawal	Document if used during pregnancy, childbirth, puerperium Describe history, including product and time
Procedures	Documentation Requirer	nents	
Endoscopy	Document reason for Endoscopy: - Inspection - Diagnostic biopsy - Control of hemorrhage - Destruction of lesion - Dilation with stent placement - Excision of lesion - Removal of foreign body - Sphincterotomy	Upper endoscopy - document site of procedure: - Upper, middle, or lower esophagus - Esophagogastric junction - Stomach, pyloris - Duodenum - Jejunum - Ileum	Lower endoscopy - document site of procedure: - Large intestine right or left) - Cecum - Ascending, transverse, or descending colon - Sigmoid - Rectum
Injection/Infusion	Document: Substance administered (analgesic, anti- infective, sedative, anti-inflammatory, etc.)	Injection/infusion of thrombolytic agent - Document substance: - Recumbinant human-activated protein C - Other thrombolytic	
PEG	Document: - Insertion - Removal - Revision - Change	·	
Percutaneous Abdominal Drainage	Document site: - Greater or lesser omentum - Mesentery - Peritoneum - Abdominal wall - Perioneal cavity - Pelvic cavity	Document: - With or without drainage device Document approach: - Open - Percutaneous - Percutaneous endoscopic	

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Transfusion Document: - Substance transfused: (FFP, RBC, albumin, etc.) - Autologous or nonautologous	Document when blood was collected: - Prior to surgery - Intraoperative/perioperative/pos t-operative (24 hr. period surrounding surgery) - Previously collected - Salvage (24 hr. period surrounding surgery)	Document site of administration: - Central artery or vein - Peripheral artery or vein Document Approach: - Open - Percutaneous
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