# Intensivists & Hospitalists Tip Sheet for ICD-10

## Diagnosis Documentation Requirements

### Anemia
- **Document Type:**
  - Nutritional deficiency (iron, Vit B 12, folate, protein, etc.)
  - Hemolytic (enzyme disorder, thalassemia, etc.)
  - Sickle cell (with or without crisis)
  - With acute chest syndrome or splenic sequestration
  - Aplastic (drug induced, idiopathic, etc.)
  - Blood loss (acute, chronic, postoperative)

- **Document cause:**
  - Neoplastic disease
  - Chronic kidney disease

- **Document underlying cause if known**

- **Document any alcohol or drug use, abuse, dependence or past history**
  - Specify name of medication or drug with purpose of its use

### A-Fib/A-Flutter
- **Differentiate between:**
  - Atrial fibrillation
  - Atrial flutter

- **Specify Atrial Fibrillation as:**
  - Paroxysmal
  - Persistent
  - Chronic

- **Specify Atrial Flutter as:**
  - Typical A-flutter
  - Atypical A-flutter

### Cerebral Infarction & Occlusion
- **Document etiology:**
  - Due to embolus, thrombosis, occlusion, or stenosis

- **Document specific artery affected:**
  - Precerebral
  - Vertebral, basilar
  - Carotid
  - Cerebral Artery – middle, anterior, posterior, or cerebellar

- **Specify if intraoperative or postprocedural complication**

- **Document any related deficits:**
  - Right hemiparesis, aphasia, seizure, etc.
  - Left hemiparesis, aphasia, seizure, etc.

### Coma
- In addition to the total Glasgow coma scale, identify responses as:
  - Unspecified time
  - In the field (EMT/Ambulance)
  - At arrival to ED
  - At hospital
  - 24 hrs. or more after hospital admission

- **Specify eyes open:**
  - Never
  - To pain
  - To sound
  - Spontaneous

- **Specify best verbal response:**
  - None
  - Incomprehensible words
  - Inappropriate words
  - Confused conversation
  - Oriented

- **Specify best motor response:**
  - None
  - Extension
  - Abnormal
  - Flexion withdrawal
  - Localizes pain
  - obeys commands

### 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

### 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**

### Diabetes Mellitus
- **Document:**
  - Type I or Type II
  - Long-term insulin use for Type II
  - Document any cause/effect relationship between diabetes and other conditions (e.g. PVD, Ulcer, Neuropathy, etc.)

- **Document:**
  - Insulin underdosing or overdosing related to insulin pump malfunction

- **Document any underlying condition, drug or chemical responsible for Secondary Diabetes (e.g., steroid induced)**

- **Differentiate:**
  - Diabetes accompanied by hypoglycemia OR Hyperglycemia

- **Document:**
  - Hypoglycemia with OR without coma
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Underosing</td>
<td>Document:</td>
</tr>
</tbody>
</table>
|                                  | - Intentional  
-versus  
-Unintentional                                                                 |
| Document reason for underdosing:  | - Financial hardship  
or  
-Age related dementia                                                   |
| Hypertension                      | Document:                                                                                  |
|                                  | - Essential  
-Secondary  
-Benign  
-Arterial  
-Malignant                                                                 |
| Link hypertension to heart disease|
| Link hypertension to kidney disease|
| Intracerebral Hemorrhage          | Document:                                                                                  |
|                                  | - Teatmatic vs. 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, etc.) |
| 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                        |
| Pneumonia                         | Document type:                                                                              |
|                                  | - Bacterial (specify organism)  
-Viral  
-Aspiration (specify substance)  
-Fungal  
-Ventilator Associated  
-Other                                                                               |
| Document associated conditions:   | (Sepsis, HIV disease, influenza, etc.)                                                       |
| Document:                         | any tobacco use, abuse, dependence or exposure                                               |
| 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                                                       |
| 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:            | - 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.) |
## Tobacco Use Disorder

**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**

## Shock

**Document type:**
- Cardiogenic
- Hypovolemic
- Anaphylactic
- Other

**Document:**
- Severe sepsis w/o septic shock
- Severe sepsis w/ septic shock

## Procedures

### CPR

**Document chest compressions:**
- Mechanical (balloon pump, impeller pump, pulsatile compression, etc.)
- 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
- Left
- Bilateral

**Document if drainage device is used**

**Document approach:**
- Open
- Percutaneous

### Injection/Infusion

**Document:**
- Substance administered (analgesic, anti-inflammatory, 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
- Feeding device
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Myocardial Infarction (AMI)</strong></td>
<td><strong>Document type:</strong></td>
</tr>
<tr>
<td></td>
<td>STEMI</td>
</tr>
<tr>
<td></td>
<td>Non-STEMI</td>
</tr>
<tr>
<td><strong>Document</strong> date of MI, subsequent MIs are defined as occurring within 28 days of 'first' MI</td>
<td><strong>Document location:</strong></td>
</tr>
<tr>
<td></td>
<td>Anterior wall (Left main, LAD, other)</td>
</tr>
<tr>
<td></td>
<td>Inferior wall (Right coronary artery, other)</td>
</tr>
<tr>
<td></td>
<td>STEMI</td>
</tr>
<tr>
<td></td>
<td>Other sites</td>
</tr>
<tr>
<td></td>
<td><strong>Document any tobacco use, abuse, dependence, or exposure</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Delineate acute coronary syndrome and acute ischemic heart disease from true MI</strong></td>
</tr>
<tr>
<td><strong>A-Fib/A-Flutter</strong></td>
<td><strong>Differentiate between:</strong></td>
</tr>
<tr>
<td></td>
<td>Atrial fibrillation</td>
</tr>
<tr>
<td></td>
<td>Atrial flutter</td>
</tr>
<tr>
<td><strong>Specify Atrial Fibrillation as:</strong></td>
<td>Paroxysmal</td>
</tr>
<tr>
<td></td>
<td>Persistent</td>
</tr>
<tr>
<td></td>
<td>Chronic</td>
</tr>
<tr>
<td><strong>Specify Atrial Flutter as:</strong></td>
<td>Type 1</td>
</tr>
<tr>
<td></td>
<td>Type 2</td>
</tr>
<tr>
<td><strong>Anemia</strong></td>
<td><strong>Document Type:</strong></td>
</tr>
<tr>
<td></td>
<td>Nutritional deficiency (iron, Vit B12, folate, protein, etc.)</td>
</tr>
<tr>
<td></td>
<td>Hemolytic (enzyme disorder, thalassemia, etc.)</td>
</tr>
<tr>
<td></td>
<td>Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.</td>
</tr>
<tr>
<td></td>
<td>Blood loss (acute, chronic, postoperative)</td>
</tr>
<tr>
<td><strong>Document underlying cause if known:</strong></td>
<td><strong>Document cause:</strong></td>
</tr>
<tr>
<td></td>
<td>Neoplastic disease</td>
</tr>
<tr>
<td></td>
<td>Chronic kidney disease</td>
</tr>
<tr>
<td><strong>Specify</strong></td>
<td>Name of medication or drug with purpose of its use</td>
</tr>
<tr>
<td></td>
<td><strong>Document any alcohol or drug use, abuse, dependence or past history</strong></td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td><strong>Document:</strong></td>
</tr>
<tr>
<td></td>
<td>Generalized anxiety</td>
</tr>
<tr>
<td></td>
<td>Mixed anxiety</td>
</tr>
<tr>
<td></td>
<td>Panic w/o agoraphobia</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td><strong>Document severity:</strong></td>
</tr>
<tr>
<td></td>
<td>Mild</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Severe</td>
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<tr>
<td><strong>Document frequency:</strong></td>
<td>Intermittent</td>
</tr>
<tr>
<td></td>
<td>Persistent</td>
</tr>
<tr>
<td><strong>Document level of exacerbation:</strong></td>
<td><strong>Document cause:</strong></td>
</tr>
<tr>
<td></td>
<td>Uncomplicated</td>
</tr>
<tr>
<td></td>
<td>Acute</td>
</tr>
<tr>
<td></td>
<td>Status Asthmatic</td>
</tr>
<tr>
<td><strong>Document any coexisting COPD</strong></td>
<td><strong>Document any external forces to establish a cause and effect relationship</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Document any tobacco use, abuse, dependence, or exposure</strong></td>
</tr>
<tr>
<td><strong>Bronchitis</strong></td>
<td><strong>Document severity:</strong></td>
</tr>
<tr>
<td></td>
<td>Acute</td>
</tr>
<tr>
<td></td>
<td>Chronic</td>
</tr>
<tr>
<td><strong>If acute, document:</strong></td>
<td><strong>Document cause:</strong></td>
</tr>
<tr>
<td></td>
<td>Causal organism, when known</td>
</tr>
<tr>
<td><strong>If chronic, document:</strong></td>
<td><strong>Document any chronic lower respiratory tract infection</strong></td>
</tr>
<tr>
<td></td>
<td>- Simple</td>
</tr>
<tr>
<td></td>
<td>- Mucopurulent</td>
</tr>
<tr>
<td></td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>- Both</td>
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<tr>
<td><strong>Chest Pain</strong></td>
<td><strong>Document location:</strong></td>
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<tr>
<td></td>
<td>Precordial</td>
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<tr>
<td></td>
<td>Intercostal</td>
</tr>
<tr>
<td></td>
<td>Anterior wall</td>
</tr>
<tr>
<td><strong>Document underlying cause:</strong></td>
<td><strong>Document cause:</strong></td>
</tr>
<tr>
<td></td>
<td>GERD, Angina, Pleurisy, Acute MI, Anxiety, etc.</td>
</tr>
<tr>
<td><strong>Document presence of hypoxemia and hypercapnea</strong></td>
<td><strong>Document any tobacco use, abuse, dependence, or exposure</strong></td>
</tr>
<tr>
<td><strong>Chronic Obstructive Pulmonary Disease (COPD)</strong></td>
<td><strong>Document:</strong></td>
</tr>
<tr>
<td></td>
<td>Chronic</td>
</tr>
<tr>
<td></td>
<td>Acute exacerbation</td>
</tr>
<tr>
<td><strong>Document:</strong></td>
<td><strong>Document:</strong></td>
</tr>
<tr>
<td></td>
<td>With acute lower respiratory tract infection (specify type of infection)</td>
</tr>
<tr>
<td><strong>Document any tobacco use, abuse, dependence, or exposure</strong></td>
<td><strong>Document:</strong></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Documentation Requirements</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Congestive Heart Failure (CHF)</td>
<td>Document acuity:</td>
</tr>
<tr>
<td></td>
<td>- Acute</td>
</tr>
<tr>
<td></td>
<td>- Chronic</td>
</tr>
<tr>
<td></td>
<td>- Acute or chronic</td>
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<tr>
<td></td>
<td>Specify if rheumatic heart failure</td>
</tr>
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<td></td>
<td>Document type:</td>
</tr>
<tr>
<td></td>
<td>- Systolic (include ejection fraction)</td>
</tr>
<tr>
<td></td>
<td>- Diastolic</td>
</tr>
<tr>
<td></td>
<td>- Combined</td>
</tr>
<tr>
<td></td>
<td>Document site (vessels):</td>
</tr>
<tr>
<td></td>
<td>- Native arteries</td>
</tr>
<tr>
<td></td>
<td>- Bypass graft (autologous artery or vein, nonautologous vessel)</td>
</tr>
<tr>
<td></td>
<td>Document site (vessels) of transplanted heart:</td>
</tr>
<tr>
<td></td>
<td>- Native arteries</td>
</tr>
<tr>
<td></td>
<td>- Bypass graft</td>
</tr>
<tr>
<td></td>
<td>Document any tobacco use, abuse, dependence, or exposure</td>
</tr>
<tr>
<td>Coronary Artery Disease (CAD)</td>
<td>Document:</td>
</tr>
<tr>
<td></td>
<td>- With or Without Angina</td>
</tr>
<tr>
<td></td>
<td>- Type of Angina (Stable, Unstable, Spasm, etc.)</td>
</tr>
<tr>
<td></td>
<td>Specify when the cause is a lipid rich plaque or calcified coronary lesion (note also if chronic total occlusion)</td>
</tr>
<tr>
<td></td>
<td>Document type:</td>
</tr>
<tr>
<td></td>
<td>- Intentional versus Unintention</td>
</tr>
<tr>
<td></td>
<td>Document any underlying condition (e.g. Alzheimer's, Parkinson's, Vit B deficiency)</td>
</tr>
<tr>
<td></td>
<td>Differentiate:</td>
</tr>
<tr>
<td></td>
<td>- Diabetes accompanied by hypoglycemia OR hyperglycemia</td>
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<tr>
<td>Dementia</td>
<td>Document:</td>
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<tr>
<td></td>
<td>- With behavioral disturbance</td>
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<td></td>
<td>- Without behavioral disturbance</td>
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<tr>
<td></td>
<td>Document underlying condition</td>
</tr>
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<td></td>
<td>Document:</td>
</tr>
<tr>
<td></td>
<td>- Insulin underdosing or overdosing related to insulin pump malfunction</td>
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<td></td>
<td>Document any underlying condition, drug or chemical responsible for secondary diabetes (e.g., steroid induced)</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Document:</td>
</tr>
<tr>
<td></td>
<td>- Type I or Type II</td>
</tr>
<tr>
<td></td>
<td>- Long-term insulin use for Type II</td>
</tr>
<tr>
<td></td>
<td>Document any cause/effect relationship between diabetes and other conditions (e.g., PVD, Ulcer, Neuropathy, etc.)</td>
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<tr>
<td>Drug Underdosing</td>
<td>Document:</td>
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<tr>
<td></td>
<td>- Intentional versus Unintention</td>
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<tr>
<td></td>
<td>Document reason for underdosing, such as:</td>
</tr>
<tr>
<td></td>
<td>- Financial hardship or - Age related dementia</td>
</tr>
<tr>
<td>Esophageal Reflux</td>
<td>Document:</td>
</tr>
<tr>
<td></td>
<td>- With or without esophagitis</td>
</tr>
<tr>
<td>Examinations</td>
<td>Differentiate:</td>
</tr>
<tr>
<td></td>
<td>- Adult annual exam w/o abnormal findings</td>
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<tr>
<td></td>
<td>- Adult annual w/ abnormal findings</td>
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<td>Differentiate::</td>
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<td></td>
<td>- Pre-employment exam</td>
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<tr>
<td></td>
<td>- Admission to school</td>
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<td>- Participation in sport</td>
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<td></td>
<td>Differentiate:</td>
</tr>
<tr>
<td></td>
<td>- Exam of blood pressure w/o abnormal findings</td>
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<td></td>
<td>- Exam of blood pressure w/ abnormal findings</td>
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<tr>
<td>Gout</td>
<td>Document acuity:</td>
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<tr>
<td></td>
<td>- Acute</td>
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<tr>
<td></td>
<td>- Chronic</td>
</tr>
<tr>
<td></td>
<td>Document any related diseases</td>
</tr>
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<td></td>
<td>Document joint</td>
</tr>
<tr>
<td></td>
<td>Document laterality:</td>
</tr>
<tr>
<td></td>
<td>- Right</td>
</tr>
<tr>
<td></td>
<td>- Left</td>
</tr>
<tr>
<td></td>
<td>- Bilateral</td>
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<tr>
<td>Hepatic Failure/Hepatic Encephalopathy</td>
<td>Document:</td>
</tr>
<tr>
<td></td>
<td>- Acute/subacute</td>
</tr>
<tr>
<td></td>
<td>- Chronic</td>
</tr>
<tr>
<td></td>
<td>- If with hepatic coma</td>
</tr>
<tr>
<td></td>
<td>Document etiology:</td>
</tr>
<tr>
<td></td>
<td>- Due to alcohol or drugs</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Documentation Requirements</td>
</tr>
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<td>----------------------------</td>
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</tr>
</tbody>
</table>
| Hypothyroidism             | **Specify type:**  
- Post-infection  
- Acquired atrophy  
- Post-surgical  
- Myxedema coma  
- Due to drug/substance (list name)  
- Subclinical iodine-deficiency  
- Congenital  
**Specify congenital etiology as:**  
- Iodine-deficiency syndrome  
- Goiter  
- Atrophy  
- Other  
**Detail type of iodine-deficiency:**  
- Neurological  
- Myxedematous  
- Mixed  
- Describe any associated mental retardation |
| Kidney & Ureter Disorder   | **Document acuity:**  
- Acute  
- Chronic  
**Document any organism or infectious agent causing a problem**  
**Document location and laterality of calculi**  
**Identify underlying cause or state of ‘unknown etiology’**  
**Document presence OR absence of hematuria**  
**Document information regarding associated drug or toxic agent** |
| Major Depressive Disorder  | **Document episode:**  
- Single  
- Recurrent  
**Document severity:**  
- Mild  
- Moderate  
- Severe w/o psychotic symptoms  
- Severe w/ psychotic symptoms  
**Indicate status:**  
- Full remission  
- Partial remission |
| Malnutrition               | **Document type, such as:**  
- Protein calorie  
- Protein energy  
**Document severity:**  
- Mild or 1st degree  
- Moderate or 2nd degree  
- Severe or 3rd 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 |
| Osteoporosis               | **Indicate the presence of current pathological fractures**  
**Identify the current fracture site**  
**Document any major osseous defect**  
**Document healing status:**  
- Routine  
- Delayed  
- Nonunion  
- Malunion |
| Pancreatitis               | **Document type:**  
- Acute  
- Chronic  
**Document etiology, show cause and effect:**  
- Idiopathic acute pancreatitis  
- Alcohol induced acute pancreatitis |
| 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)  
- Healed/old  
- Note that “history of PE” is ambiguous |
# Internal & Geriatric Medicine Tip Sheet for ICD-10

## Diagnosis | Documentation Requirements
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**Respiratory Failure** | **Document acuity:**
- Acute
- Chronic
- Acute and chronic

**Document:**
- With hypoxia and/or hypercapnea

**Differentiate between:**
- Respiratory Distress Syndrome
- Respiratory Arrest
- Post procedural Respiratory Failure

**Do not use the term UROSEPSIS** (consider UTI with Sepsis)

**Document:**
- Present on admission vs. hospital acquired

**Sepsis** | **Document:**
- Systemic type or causal organism

**Do NOT use the term UROSEPSIS** (consider UTI with Sepsis)

**Document location:**
- Maxillary
- Frontal
- Ethmoidal
- Sphenoidal
- Pansinusitis

**Sinusitis** | **Document acuity:**
- Acute
- Chronic
- Acute Recurrent

**Document type:**
- Cigarettes
- Chewing tobacco
- Other

**Delineate between:**
- Tobacco use/abuse
- Tobacco dependence

**Tobacco Use Disorder** | **Document state of dependence:**
- In remission
- Withdrawal
- Without withdrawal

**Do NOT use the term UROSEPSIS** (consider UTI with Sepsis)

**Document type:**
- Bladder
- Urethra
- Kidney

**Urinary Incontinence** | **Do NOT use the term UROSEPSIS** (consider UTI with Sepsis)

**Document type:**
- Urge
- Incontinence w/o sensory awareness
- Post-void dribbling
- Nocturnal enuresis

**Document type:**
- Continuous leakage
- Mixed incontinence
- Overflow

**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 the causative organism, if known**

**Procedures** | **Documentation Requirements**
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**Nebulizer Therapy** | **Document approach:**
- Percutaneous
- Via natural or artificial opening
- Percutaneous endoscopic
- Via natural or artificial opening endoscopic

**Transfusion** | **Document:**
- Substance transfused:
  - FFP, RBC, albumin, etc.
  - Autologous or nonautologous

**Document when blood was collected:**
- Prior to surgery
- Intraoperative/perioperative/post-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