

Intensivists & Hospitalists Tip Sheet for ICD-10

Diagnosis	Documentation Requirements		
Anemia	<p>Document Type:</p> <ul style="list-style-type: none"> -Nutritional deficiency (iron, Vit B 12, folate, protein, etc.) -Hemolytic (enzyme disorder, thalassemia, etc.) -Sickle cell (with or without crisis) <p>With acute chest syndrome or splenic sequestration</p> <ul style="list-style-type: none"> -Aplastic (drug induced, idiopathic, etc.) -Blood loss (acute, chronic, postoperative) 	<p>Document cause:</p> <ul style="list-style-type: none"> -Neoplastic disease -Chronic kidney disease <p>Document underlying cause if known</p>	<p>Document any alcohol or drug use, abuse, dependence or past history</p> <p>Specify name of medication or drug with purpose of its use</p>
A-Fib/A-Flutter	<p>Differentiate between:</p> <ul style="list-style-type: none"> - Atrial fibrillation - Atrial flutter 	<p>Specify Atrial Fibrillation as:</p> <ul style="list-style-type: none"> - Paroxysmal - Persistent - Chronic 	<p>Specify Atrial Flutter as:</p> <ul style="list-style-type: none"> - Typical A-flutter - Atypical A-flutter
Cerebral Infarction & Occlusion	<p>Document etiology:</p> <ul style="list-style-type: none"> - Due to embolus, thrombosis, occlusion, or stenosis <p>Document laterality:</p> <ul style="list-style-type: none"> - Right - Left 	<p>Document specific artery affected:</p> <ul style="list-style-type: none"> - Precerebral -Vertebral, basilar -Carotid -Cerebral Artery – middle, anterior, posterior, or cerebellar 	<p>Specify if intraoperative or postprocedural complication</p> <p>Document any related deficits: (Right or left hemiparesis, aphasia, seizure, etc.)</p> <p>Document:</p> <ul style="list-style-type: none"> -TPA administration
Coma	<p>In addition to the total Glasgow coma scale, identify responses as:</p> <ul style="list-style-type: none"> -Unspecified time -In the field (EMT/Ambulance) -At arrival to ED -At hospital -24 hrs. or more after hospital admission 	<p>Specify eyes open: Never, to pain, to sound, spontaneous</p> <p>Specify best verbal response: None, incomprehensible words, inappropriate words, confused conversation, oriented</p>	<p>Specify best motor response: None, extension, abnormal, flexion withdrawal, localizes pain, obeys commands</p>
Congestive Heart Failure (CHF)	<p>Document acuity:</p> <ul style="list-style-type: none"> - Acute - Chronic - Acute or chronic <p>Specify if rheumatic heart failure</p>	<p>Document type:</p> <ul style="list-style-type: none"> - Systolic (include ejection fraction) - Diastolic - Combined 	<p>List any casual relationships:</p> <ul style="list-style-type: none"> - Hypertension - Chronic kidney disease - Obstetric surgery/procedures - Surgery
COPD	<p>Document:</p> <ul style="list-style-type: none"> -Chronic -Acute Exacerbation 	<p>Document:</p> <ul style="list-style-type: none"> -With acute lower respiratory tract infection (specify type of infection) 	<p>Document:</p> <ul style="list-style-type: none"> -With asthma (and type of asthma) <p>Document any tobacco use, abuse, dependence, or exposure</p>
Diabetes Mellitus	<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 underdosing 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

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Drug Underdosing	Document: - 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	Document any tobacco use, abuse, dependence, or exposure
Intracerebral Hemorrhage	Document: -Traumatic 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: -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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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		Documentation Requirements	
CPR	Document chest compressions: - Mechanical (balloon pump, impellar 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- 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 - Feeding device	



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Acute Myocardial Infarction (AM)	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
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
Anemia	Document Type: - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative)	Document cause: - Neoplastic disease - Chronic kidney disease Document underlying cause if known: - Postoperative anemia due to acute blood loss	Document any alcohol or drug use, abuse, dependence or past history Specify name of medication or drug with purpose of its use
Anxiety	Document: - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia		
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
Bronchitis	Document severity: - Acute - Chronic	If acute, document: - Causal organism, when known	If chronic, document: - Simple - Mucopurulent Or - Both
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



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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
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
Dementia	Document: - With behavioral disturbance - Without behavioral disturbance	Document underlying condition (e.g. Alzheimer's, Parkinson's, Vit B deficiency)	Document vascular dementia as a result of infarction
Diabetes Mellitus	Document type: - 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
Drug Underdosing	Document type: - Intentional versus - Unintentional	Document reason for underdosing, such as: - Financial hardship or - Age related dementia	
Esophageal Reflux	Document: - With or without esophagitis		
Examinations	Differentiate: - Adult annual exam w/o abnormal findings - Adult annual w/ abnormal findings	Differentiate:: - Pre-employment exam - Admission to school - Participation in sport	Differentiate: - Exam of blood pressure w/o abnormal findings - Exam of blood pressure w/ abnormal findings
Gout	Document acuity: - Acute - Chronic Document any related diseases	Identify joint Document laterality: - Right - Left - Bilateral	Document if tophias is present or not
Hepatic Failure/Hepatic Encephalopathy	Document: -Acute/subacute -Chronic -If with hepatic coma	Document etiology: -Due to alcohol or drugs	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.



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Hypothyroidism	Specify type: - Post-infection - Acquired atrophy - Post-surgical - Myxedema coma - Due to drug/substance (list name) - Subclinical iodine-deficiency - Congenital	Clarify congenital etiology as: - Iodine-deficiency syndrome - Goiter - Atrophy - Other	Detail type of iodine-deficiency: - Neurological - Myxedematos - 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 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
Osteoporosis	Indicate the presence of current pathological fractures Identify the current fracture site	Document encounter type: - Initial - Subsequent - Sequela 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) Versus -Healed/old -Note that "history of PE" is ambiguous



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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
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.)
Sinusitis	Document acuity: - Acute - Chronic - Acute Recurrent	Document location: - Maxillary - Frontal - Ethmoidal - Sphenoidal - Pansinusitis	Document any tobacco use, abuse, dependence, or exposure
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, and puerperium Describe history, including product and time
Urinary Incontinence	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 causative organism, if known	Do NOT use the term UROSEPSIS (consider UTI with Sepsis)
Procedures	Documentation Requirements		
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