Radiology Tip Sheet for ICD-10



Diagnosis

Documentation Requirements

	Differentiate between:	Specify Atrial Fibrillation as:	Specify Atrial Flutter as:
A-Fib/A-Flutter	- Atrial fibrillation	- Paroxymal	- Typical A-flutter
	- Atrial flutter	- Persistent	- Atypical A-flutter
		- Chronic	
	Document etiology:	Document specific artery	Specify if intraoperative or
Cerebral Infarction &	- Due to embolus,	affected:	postprocedural complication
Occlusion	thrombosis, occlusion, or	- Precerebral (vertebral, basilar,	
Occlusion	stenosis	or carotid)	Document any related deficits:
		- Cerebral Artery (middle,	(Right or left hemiparesis,
	Document laterality:	anterior, posterior) - Cerebellar arteries	aphasia, seizure, etc.)
	-Right		
	-Left		Document:
			- TPA administration
.	Specify the complication:	Specify the complication:	Document laterality:
Complication of	- Embolism	- Pain	- Right
Vascular Dev/Graft	- Fibrosis	- Stenosis	- Left
	- Hemorrhage	- Thrombosis	Desument and sifts site
	Document:	Document site (vessels):	Document specific site Document site (vessels)
Company Antonio	- With or without angina	- Native arteries	of transplanted heart:
Coronary Artery	- Type of angina (stable,	- Bypass graft	- Native arteries
Disease (CAD)	unstable, spasm, etc.)	(autologous artery or	- Bypass graft
		vein, nonautologous	bypuss grant
	Specify when the cause is a lipid	vessel)	Document any tobacco use,
	rich plague or calcified coronary		abuse, dependence, or exposure
	lesion (note also if chronic total		
	occlusion)		
	Acute Kidney Failure:	Chronic Kidney Failure:	Document associated underlying
Kidney Failure	- Tubular necrosis	- Specify stage as 1 through 5	condition
	- Acute cortical necrosis	- Specify if end-stage	
	- Medullary necrosis		Document dialysis status or s/p kidney transplant status
	Document cause:	Document cause:	
Erectile Dysfunction	- Psychogenic	- Nonorganic	
	- Drug induced	- Post-operative	
	- Due to	- Vasculogenic	
	- Nonorganic	- Other	
	Document type:		
Hematuria	- Gross		
	- Benign		
	- Other microscopic		Dec. we declared and declared
	Acute Kidney Failure:	Chronic Kidney Failure:	Document associated underlying condition
Kidney Failure	 Tubular necrosis Acute cortical necrosis 	- Specify stage as 1 through 5	condition
	- Medullary necrosis	- Specify if end-stage	Document dialysis
	- Medullary necrosis		status or s/p kidney
			transplant status
	Document underlying cause:	Document laterality:	Document if carotid artery
Occlusion/Stenosis of	- Thrombosis	- Right	disease:
	- Embolism	- Left	- With infarction
Carotid Artery	- Occlusion		- Without infarction
	- Stenosis		
	Document acuity:	- Idiopathic	Document any drug abuse or
Pancreatitis	- Acute	- Bilary	dependence
	- Chronic	- Alcohol-induced	
		- Drug-induced	

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Pneumonia Postop Infection Respiratory Failure	Document type: - Bacterial (specify organism) - Viral - Aspiration (specify substance) - Fungal - Ventilator Associated - Other Identify infectious organism if possible Document acuity: - Acute	Document associated conditions: - Sepsis - HIV disease - Influenza - Other Document type of encounter: - Initial - Subsequent - Sequela Document: - With hypoxia and/or	Document any tobacco use, abuse, dependence or exposure
	- Chronic - Acute and Chronic	hypercapnia Document any tobacco use, abuse, dependence, or exposure	 Respiratory Arrest Postprocedural 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.)
Subendo Infarction	Document: -Initial MI -Subsequent MI (subsequent defined as occurring within 28 days of previous MI)	Document site of MI	Document if TPA was administered within 24 hrs.
Procedures	Documentation Requirer	nents	
Angio Other Non- Coronary	Document site of angioplasty:- Arteriovenous- Head and neck- Innominate- Intracranial- Lower extremity- Upper extremity- Pulmonary- Subclavian artery- Veins- Visceral(trunk)- Other upper arterial dilation	Document if a intraluminal device was used: - Non-drug eluting - Drug-eluting	Document approach: - Open - Percutaneous - Percutaneous endoscopic
C.A.T. scan	Document site of scan: - Brain - Cisterna - Cerebral ventricles - Sella turcica/pituitary gland - Spinal cord	Document type of contrast used: - None - Low osmolar - High osmolar - Other	

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	Document where the catheter	Document substance	Document approach:
Central Venous Catheter	was inserted:	administered:	- Open
Placement with Guidance	- Atrium	- No substance	- Percutaneous
riacement with Guidance	- Inferior vena cava	- Antibiotics	- Percutaneous endoscopic
	- Innominate vein	- Antineoplastic	
	- Subclavian vein	- Dialysis	Note if guidance was used
	- Superior vena cava	- Nutritional substance	
		- Other substance	
	Document site of MRI:	Document site of MRI	Document contrast used:
MRI	- Veins	- Central nervous system	- No contrast
	- Arteries	- Heart	- Other contrast
	- Urinary system	- Axial skeleton	
	- Respiratory system	- Etc.	
	Document site of drainage:	Document:	Document approach:
Percutaneous	- Greater omenturm	- With drainage device	- Open
	- Lesser omenturm	 Without drainage device 	- Percutaneous
Abdominal Drainage	- Mesentery		- Percutaneous endoscopic
	- Peritoneum		
	- Abdominal wall		
	- Peritoneal cavity		
	- Pelvic cavity		
	Document approach:		
Spinal Tap	- Open		
	- Percutaneous		
	- Percutaneous endoscopic		
	Document laterality:	Document:	
Thoracontosis	- Right	- With drainage device	
Thoracentesis	- Left	- Without drainage device	