

Infectious Disease Tip Sheet for ICD-10



CAPE FEAR VALLEY HEALTH

Diagnosis	Documentation Requirements		
Cellulitis & Abscess	<p>Document specific site Document Laterality: -Right -Left -Bilateral</p>	<p>Document any underlying conditions Foreign body -Crohn's Disease -Trauma Document any organism or infectious agent</p>	<p>Detail any related trauma: -Dog bite -Motorcycle accident -Other</p>
Diabetes Mellitus	<p>Document: -Type I or Type II -Long-term insulin use 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 Document any underlying condition, drug or chemical responsible for secondary diabetes</p>	<p>Differentiate: -Diabetes accompanied by hypoglycemia OR hyperglycemia Document: -Hypoglycemia with OR without coma</p>
Drug Underdosing	<p>Document: - Intentional versus - Unintentional</p>	<p>Document reason for underdosing: - Financial hardship or - Age related dementia</p>	
Fever	<p>Document the origin: -Postprocedural -Febrile nonhemolytic transfusion reaction Unknown</p>	<p>Document the origin: -Drug-induced (identify the drug) -Postprocedural -Postvaccination</p>	
Hepatitis	<p>Document acuity: -Acute -Chronic</p>	<p>Document: -With hepatic coma -Without hepatic coma</p>	<p>Document type: -A, B, C, E, etc. Document: -With delta-agent -Without delta-agent</p>
HIV	<p>Document: -HIV positive should be further clarified as: -asymptomatic/never shown signs of -has not progressed to AIDS</p>	<p>Document: AIDS or asymptomatic HIV infection means the patient has in the past or is currently showing signs of the infection</p>	
Intestinal Infectious Disease	<p>Specify type: -Bacterial, specify organism when known -Viral, specify organism when known</p>		
Postop Infection	<p>Identify: infectious organism if possible</p>	<p>Document type of encounter: -Initial -Subsequent -Sequelae</p>	<p>Document: if due to an implanted device</p>
Respiratory Failure	<p>Document Acuity: -Acute -Chronic -Acute and chronic</p>	<p>Document: -With hypoxia and/or hypercapnea Document any tobacco use, abuse, dependence or exposure</p>	<p>Differentiate between: -Respiratory Distress Syndrome -Respiratory Arrest -Postprocedural Respiratory Failure</p>
Sepsis	<p>Document: -Systemic type or causal organism Do NOT use the term UROSEPSIS (consider UTI with Sepsis) Document: Present on admission vs. hospital acquired</p>	<p>Document: -Circulatory failure related to Sepsis and/or Septic Shock -Severe Sepsis with specific related acute organ dysfunction</p>	<p>Document: -Related local infections (Pneumonia, Cellulitis, UTI, Catheter related UTI, Infected Dialysis Catheter, etc.)</p>
Tobacco Use Disorder	<p>Document type: - Cigarettes - Chewing tobacco - Other Delineate between: - Tobacco use/abuse - Tobacco dependence</p>	<p>Document state of dependence: - In remission - With withdrawal - Without withdrawal</p>	<p>Document if used during pregnancy, childbirth, puerperium Describe history, including product and time</p>
Tuberculosis	<p>Document site: -Respiratory (lung, larynx, trachea, etc.) -Nervous system (meninges, brain, spinal cord, etc.)</p>		

Infectious Disease Tip Sheet for ICD-10

Diagnosis	Documentation Requirements		
Typhoid and Paratyphoid Fever	<p>Document: Typhoid Fever – document any associated complications, such as: -Pneumonitis -Meningitis</p>	<p>Document Type: Paratyphoid Fever – -Type A, B, or C</p>	
Ulcer (skin)	<p>Document: -Specific site and laterality -Stage -Pressure ulcer -Non-pressure ulcer</p>	<p>Document: Any underlying or associated conditions List gangrene when present</p>	
Urinary Tract Infection (UTI)	<p>Document Site: -Bladder -Urethra -Kidney</p>	<p>Document if UTI is related to a device, such as Foley Catheter or Cystostomy tube Document causative organism, if known</p>	<p>Do NOT use the term UROSEPSIS (consider UTI with Sepsis)</p>