

ICD-10 Documentation Tips for Critical Care

Diagnosis	Documentation Requirements		
Acute Coronary Syndrome (ACS)	1) Be clear on your intended diagnosis. Would one of the following better describe the patient's condition? -Intermediate/insufficiency syndrome -Unstable angina -Coronary slow flow syndrome -Myocardial infarction -Other diagnosis		
Acute Kidney Failure	1) Document etiology, if known or suspected, such as: -Acute tubular, cortical, or medullary necrosis -Postprocedural -Posttraumatic	2) Be clear on your intended diagnosis. Note that "acute renal insufficiency" results in an "unspecified" code.	
Acute Myocardial Infarction (AMI)	1) Document type as: -STEMI or -NSTEMI	2) Document location: -For STEMI, specific artery involved -For NSTEMI, no additional documentation needed	3) Document exact date of recent MI (one that occurred no more than 4 weeks ago) and: -STEMI versus -NSTEMI -If STEMI, wall of heart affected
Atrial Fibrillation and Atrial Flutter	1) For atrial fibrillation, document type as: -Paroxysmal -Persistent or -Chronic	2) For atrial flutter, document type as: -Typical or Type 1 or -Atypical or Type 2	
Cardiac Arrest	1) Document cause as due to: -Underlying cardiac or noncardiac condition -Show cause and effect by using words such as "due to" or "secondary to"		
Cerebral Infarction	1) Document etiology: -Due to embolus -Due to thrombus	2) Document specific artery affected and right or left when appropriate: -Vertebral -Middle -Basilar -Anterior -Carotid -Posterior -Other	
Congestive Heart Failure (CHF)	1) Document severity: -Acute -Chronic -Acute on chronic	2) Document type: -Systolic -Diastolic -Combined systolic and diastolic	3) Specify etiology, if known, such as due to: -Dilated cardiomyopathy
Chronic Kidney Disease (CKD)	1) Document stage: -Stage 1-5 -End stage	2) Document etiology, for example: -Diabetic CKD -Hypertensive CKD	
Chronic Obstructive Pulmonary Disease (COPD)	1) Document if with acute lower respiratory tract infection + causal organism, when known, such as: -Pseudomonas pneumonia	2) Document if with: -Acute exacerbation 3) Document if oxygen dependent	4) Document if with respiratory failure and severity: - Acute respiratory failure - Chronic respiratory failure -Acute on chronic respiratory failure
Diabetes	1) Document type as: -Type 1 or -Type 2	2) Document associated complications, such as: -Diabetic peripheral angiopathy -Diabetic autonomic neuropathy -Diabetic foot ulcer	3) If control of blood glucose level is not maintained, document insulin control status as: -Inadequately controlled -Out of controlled or -Poorly controlled
Gastrointestinal Bleed	1) Document etiology and show cause and effect, for example: -Acute GI bleed due to bleeding esophageal varices		



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Nontraumatic Subdural Hemorrhage	1) Document type: -Acute -Subacute or -Chronic		
Traumatic Brain Hemorrhage	1) Document site, such as -Left or right cerebrum, cerebellum, brainstem, epidural, subdural, subarachnoid	2) Document if with loss of consciousness and for how long in minutes	
Hepatic Failure/Hepatic Encephalopathy	1) Document: -Acute/subacute or chronic -If with hepatic coma	2) Document etiology, for example: -Due to alcohol or drugs	3) If your intended or suspected diagnosis is hepatic failure/encephalopathy, document it rather than signs or symptoms, such as confusion, altered levels of consciousness, or coma.
Malnutrition	1) Document type, such as: -Protein calorie -Protein energy	2) Document severity: -Mild or 1st degree -Moderate or 2nd degree -Severe or 3rd degree	
Pressure Ulcers	1) Site and stage needed for coding	2) Physician must document diagnosis of pressure ulcer	3) Stage of pressure ulcer can be taken from nursing notes
Pulmonary Insufficiency	1) Document severity: -Acute -Chronic	2) Document cause: -Shock -Surgery (thoracic versus nonthoracic surgery) -Trauma	
Pulmonary Embolism	1) Document type such as: -Saddle -Septic	2) Document cor pulmonale if present and whether it is: -Acute or -Chronic	3) Specify if: - Chronic (still present) versus - Healed/old - Note that "history of PE" is ambiguous
Respiratory Insufficiency/ Respiratory Distress	1) Insufficiency and distress are symptomatic of an underlying condition	2) Be clear on your diagnosis. Is your intended diagnosis: -Acute -Chronic or -Acute on chronic respiratory failure	
Respiratory Failure	1) Document: -Acute -Chronic or -Acute on chronic	2) If acute respiratory failure, document if: -Hypoxemic -Hypercapnic or both	
Sepsis	1) Document organism causing the infection	2) Document any associated organ dysfunction, such as: -Acute kidney failure -Acute respiratory failure -Encephalopathy -Hepatic failure	3) Document presence of septic shock
Shock	1) Document type, for example: -Hypovolemic -Cardiogenic -Posttraumatic		
Urinary Tract Infection (UTI)	1) Identify the specific site of the UTI, if known, such as: -Bladder -Urethra -Kidney	2) If UTI is related to a device, such as Foley catheter or cystostomy tube, clearly indicate this by using words such as "due to" or "secondary to."	3) Document causative organism, when known or suspected, such as E. coli or Candida.
Urosepsis	1) Do not use this term. There is no code for urosepsis.	2) Be clear on your diagnosis. Is your intended diagnosis one of the following? -UTI -Bacteremia -Sepsis -Severe sepsis	