

ICD-10 Documentation Tips for Internal and Hospital Medicine

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 or -Other diagnosis		
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
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.	
Asthma	1) Document severity and type: -Mild intermittent -Mild persistent -Moderate persistent or -Severe persistent	2) Document status: -Uncomplicated -With acute exacerbation -With status asthmaticus	
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	
Bronchitis	1) Document severity: -Acute or -Chronic	2) If acute, document: -Causal organism, when known	3) If chronic, document: -Simple -Mucopurulent or -Both
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 with respiratory failure and severity: -Acute respiratory failure -Chronic respiratory failure -Acute on chronic respiratory failure 4) Document if oxygen-dependent
Congestive Heart Failure (CHF)	1) Document severity: -Acute -Chronic or -Acute on chronic	2) Document type: -Systolic -Diastolic or -Combined systolic and diastolic	3) Specify etiology, if known, such as due to: -Dilated cardiomyopathy
Coronary Artery Disease (CAD)	1) Document site as: -Native artery and/or -Bypass graft -autologous vein -autologous artery -nonautologous	2) Document if with: -Angina pectoris -Unstable angina pectoris -Angina pectoris and spasm	

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Diabetes	1) Document types 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
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 in addition to 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	
Neoplasms	1) Document site and laterality such as: -Main bronchus -Left lower lobe of lung	2) Differentiate between primary and secondary (metastatic) site	3) For secondary sites: -Document primary site and if it is still present
Pancreatitis	1) Document acute versus chronic	2) Document etiology and show cause and effect, for example: -Idiopathic acute pancreatitis -Alcohol induced acute pancreatitis	
Pneumonia and Pneumonitis	1) Specify type, cause, and organism if known or suspected, for example: -Possible aspiration pneumonia -Klebsiella pneumonia -Ventilator associated pneumonia		
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 or -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	
Tobacco	1) Differentiate between: -Tobacco use/abuse or -Dependence	2) Document type of tobacco product, such as: -Cigarettes -Chewing tobacco -Cigars	3) Differentiate between patients who no longer smoke and those that do -Note that "history of smoking" can be an ambiguous statement
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	