



Clinical Document
Medical Diagnoses

CLINICAL DOCUMENT IMPROVEMENT – MEDICAL DIAGNOSES

Acute Renal Failure

- Document underlying condition(s) contributing/ causing acute renal failure if known or suspected.
- Document if acute kidney injury is due to traumatic injury or if due to a non-traumatic event.
- Document if acute renal failure is due to:
 - Acute tubular necrosis
 - Acute cortical necrosis
 - Acute medullary necrosis
 - Other (specify)
- Be specific with documentation.
- Acute renal insufficiency and acute kidney disease are not reported as acute renal failure.
- Document any associated diagnoses/ conditions.

Cellulitis

- Specify anatomic site
- Laterality: Right, left, bilateral
- Cellulitis of “other parts of limb”, specify:
 - Right Left
 - Upper
 - Lower
- Cellulitis of the “cheek”, specify: Internal, External
- Document any associated diagnoses/ conditions

COPD, with

- Asthma (chronic/obstructive)
- Bronchitis (chronic)
 - With acute bronchitis
 - With exacerbation (acute) only
- Diffuse (chronic)
 - With exacerbation/decompensated (acute)
 - With asthma (chronic/obstructive)
 - With bronchitis
- Exacerbated/Decompensated (acute):
 - With hypoxemia
 - With respiratory failure

CVA

- Due to Hemorrhage
- Location of source of hemorrhage
 - Subarachnoid (specify artery, if known)
 - Intracerebral (specify location, if known)
 - Intracranial (Subdural—acute, subacute, chronic- or Extradural)
- Laterality
- Document any associated diagnoses/ conditions

Diabetes

- Type: Type 1, Type 2, Drug/chemical induced, Due to underlying condition, Other specified type
- Control: Inadequate control, Out of control, Poorly controlled, Hypoglycemia, Hyperglycemia
- Insulin use
- Document any associated diagnoses
- Manifestation/Complication: Circulatory complications, Hyperosmolarity (w or w/o coma), Hypoglycemia, Ketoacidosis (w or w/o coma), Kidney complications, Neurological complications, Ophthalmic complications, Oral complications, Skin complications, Arthropathy, Other (specify)

Heart Failure

- Acuity (Acute, Chronic, Acute on Chronic)
- Type (diastolic, Systolic, Combined systolic and diastolic)
- Due to or associated with: Cardiac or other surgery, Hypertension, Valvular disease, Rheumatic heart disease (Endocarditis, Pericarditis, Myocarditis, Other-specify)

Pneumonia

- Causative organism (if known)
- Mechanism (Aspiration, Ventilator-associated, Radiation-induced, Other-specify)
- Any associated illness (Respiratory failure, Sepsis, Underlying lung disease, Other-specify)

- History of tobacco use—present or past

Respiratory Failure

- Acuity (Acute, Chronic, Acute on Chronic)
- Inclusion of: Hypoxia, Hypercapnia
- Tobacco (Use, Abuse, History of)
- Any associated diagnoses/conditions

Systemic Infection/Inflammation

- Bacteremia (positive blood cultures only)
- Urosepsis—MUST specify sepsis with UTI vs. UTI only)
- Sepsis due to: Device, Implant, Graft, Infusion, Abortion
- Severe sepsis—sepsis with organ dysfunction (Respiratory failure, Encephalopathy, Acute kidney failure, Other-specify)
- SIRS (Systemic Inflammatory Response Syndrome)--W or w/o organ dysfunction
- Septic shock if present
- Any associated diagnoses/conditions

Underdosing

- Using a prescribed medication less frequently than prescribed, in small doses, or not using as instructed should be documented as “underdosing”
- If the reduction in the prescribed dose of medication results in a relapse or exacerbation of the medical condition for which the drug is prescribed, also document the medical condition.

Urosepsis

- Alphabetical Index—code to condition
 - Generalized sepsis
 - Urine contaminated by bacteria, bacterial by-products, or other toxic material but without other findings
- ICD-10 CM no longer defaults to urinary tract infection



Clinical Document
OB/GYN
Procedures

CLINICAL DOCUMENT IMPROVEMENT – OB/GYN PROCEDURES

OB / Pregnancy

- Trimester:
 - First (less than 14 weeks, 0 days)
 - Second (14 weeks, 0 days to < 28 weeks, 0 days)
 - Third (28 weeks until delivery)
- Complicated by:
 - Abnormality (specify)
 - Abruptio placentae
 - Anemia/Antepartum hemorrhage
 - Diabetes:
 - Gestational
 - Pre-existing
 - Disproportion
 - Eclampsia (pre-eclampsia)
 - Ectopic
 - Hypertension
 - Infection
 - Placental abnormalities (specify)
 - Preterm labor/delivery
 - Sepsis
 - Other associated diagnoses/conditions

Vaginal Delivery

- Normal, spontaneous
- Following previous cesarean delivery
- Delivery before admission
- Complicated by:
 - Anemia
 - Diabetes
 - Hemorrhage
 - Pregnancy induced hypertension
 - Pre-eclampsia
 - Trauma (laceration)
 - Other (specify)

Cesarean Section Delivery (for)

- Condition (specify)
- Presentation (specify)
- Failed
 - Forceps
 - Induction of labor
 - Trial of labor
 - Vacuum extraction
- Other complications (specify)
- Planned
- Previous cesarean delivery

Newborn

- Birth:
 - In hospital (Specify delivery type)
 - Outside hospital
- Document any maternal conditions affecting newborn
- Specify gestational age and weight of newborn
- Specify congenital vs. acquired conditions
- Document any associated diagnoses/conditions

Hysterectomy

- Abdominal
 - Radical
 - Supracervical
 - Total
- After cesarean section
- Laparoscopic
- Vaginal
 - With laparoscopic assist
 - Radical
 - With salpingectomy/oophorectomy

Colporrhaphy

- Anterior
 - With insertion of mesh
 - With insertion of prosthesis
- Anteroposterior
 - With enterocele repair
 - With insertion of mesh
 - With insertion of prosthesis
- Manchester
- Non-obstetrical
- Posterior
 - With insertion of mesh
 - With insertion of prosthesis

Tubal Ligation

- With cesarean section
- Laparoscopic
- Postpartum



Clinical Document
**Surgical
Procedures**

CLINICAL DOCUMENT IMPROVEMENT – SURGICAL PROCEDURES

Appendectomy (Appendicitis)

- Severity (Acute, Chronic , Recurrent, Subacute)
- With: Perforated or ruptured appendix, Peritoneal abscess, Peritonitis (Generalized or Localized), Other-specify
- Laparoscopic or open approach
 - Partial or total
 - Incidental or not

Cholecystectomy

- Severity (Acute, Chronic, Gangrenous, Suppurative)
- With adhesions, gangrene, abscess, etc.
- Laparoscopic or open approach
 - Partial or total with/without common duct exploration / intraoperative cholangiogram

Fractures

- Cause
 - Traumatic
 - Stress
 - Pathologic
- Location
 - Which bone
 - Which part of the bone
 - Laterality (right, left, bilateral)
- Type
 - Non-displaced
 - Displaced
 - Open (Gustilo classification where applicable)
 - Closed (Greenstick, spiral, etc.)
 - Salter-Harris (specify type)
- Encounter
 - Initial
 - Subsequent
 - For routine healing
 - For delayed healing
 - For non-union
 - For malunion
 - Sequela (such as bone shortening)

- External cause of fracture (fall while skiing, motor vehicle accident, tackle in sports, etc.)
- Any associated diagnoses/conditions

Pathologic Fractures

- Location
 - Bone (distal, proximal, shaft, etc.)
 - Laterality
- Etiology
 - Osteoporosis (disuse, drug-induced, postmenopausal, idiopathic, post-surgical malabsorption, other-specify)
 - Neoplastic disease
 - Other (specify)
- Encounter type
 - Initial
 - Subsequent (routine healing, delayed healing, non-union, malunion)
 - Sequela
- Any associated diagnoses/conditions

Gustilo Classification

- Specificity for open fractures of forearm, femur, and lower leg require provider documentation for Gustilo Type I – Type IIIC:
 - **Type I:** Wound < 1 cm, clean, and generally caused by a fracture fragment that pierces the skin.
 - **Type II:** Wound > 1 cm, not contaminated, and w/o major soft tissue damage or defect. —a low energy injury.
 - **Type III:** Wound > 1 cm, with significant soft tissue disruption. Usually high-energy trauma, severely unstable fracture with varying degrees of fragmentation.
 - **IIIA:** Wound has sufficient soft tissue to cover bone w/o need for local or distant flap coverage.

- **IIIB:** Extensive soft tissue disruption; local or distant flap coverage necessary to cover bone; wound may be contaminated requiring serial irrigation and debridement to ensure clean surgical wound.
- **IIIC:** Any open fracture associated with an arterial injury that requires repair; vascular surgeon is generally required.

- **NOTE:** Even though the fracture may be described using the terminology found in the Gustilo classification, provider must document type of Gustilo fracture present; coder CANNOT code based on the fracture description.

Hip Arthroplasty

- Laterality
- Total or partial (acetabular or femoral)
- Device (Ceramic-on-ceramic, Ceramic-on-polyethylene, Metal-on-metal, Metal-on-polyethylene, Other)
- Cemented or un-cemented

Knee Arthroplasty

- Laterality
- Total or partial
- Compartments (Medial, lateral, both)
- With/without prosthesis

Surgical Complications

- Affected body system
- Specific condition
- Whether condition is a/an:
 - Complication of care
 - Expected procedural outcome
- When complication occurred:
 - Intraoperative complication
 - Postoperative complication
- Any associated diagnoses/conditions.