

Gastroenterology Documentation Tips

The following are important documentation tips and strategies for ICD-10 compliance:

Condition/Concept	ICD-10 Documentation Tips
Abdominal Pain/Findings	<p>Symptoms/Location: e.g., RUQ Tenderness with rigidity</p> <p>Provide the underlying cause of ascites: e.g., malignancy, alcoholic cirrhosis, alcoholic hepatitis, chronic active hepatitis in toxic liver disease, etc.</p>
Anemia	<p>Type: Nutritional deficiency (Iron, B12, folate, etc.), Hemolytic, Sickle Cell (with or without crisis) with acute chest syndrome or splenic sequestration, Aplastic (drug induced, idiopathic, etc.), Blood loss (acute, chronic, postoperative)</p> <p>Cause: e.g., Neoplastic disease, Chronic kidney disease</p> <p>Include: Any alcohol or drug use, abuse, dependence or past history</p> <p>If Drug Induced: Specify name of medication or drug with purpose of its use</p>
Barrett's Esophagus	<p>Specify: With low grade dysplasia, with high grade dysplasia, without dysplasia</p>
Colitis	<p>Type/Cause: Clostridium difficile, Drug-induced, Due to radiation, Infectious, Ischemic (acute, subacute, or chronic), Pseudomembranous, Ulcerative, Crohn's disease</p> <p>Associated: Bleeding, Abscess, Fistula, Obstruction</p>
Crohn's Disease	<p>Complications: Rectal bleeding, Intestinal obstruction, Fistula, Abscess, etc. due to Crohn's Disease</p> <p>Site: Large intestine, Small Intestine</p> <p>Note: The term "inflammatory bowel disease" when intended diagnosis is Crohn's disease may understate the severity of illness and risk of mortality.</p>
Complications of Surgery	<p>Timeframe: Intraoperatively, Postoperatively</p>
Dysphagia	<p>Phase: Oral, Oropharyngeal, pharyngeal, pharyngo-esophageal</p> <p>Designate if sequelae of nontraumatic hemorrhage and type: subarachnoid, intracerebral, intracranial</p> <p>Designate if sequelae of: Cerebral infarction, Cerebrovascular disease</p>
Esophageal Reflux	<p>Designate: With or without esophagitis</p>
Esophagitis / Gastritis	<p>Acuity: Acute, Chronic</p> <p>Differentiate Between: Esophagitis, Gastritis, Gastroduodenitis, Duodenitis</p> <p>Type: Alcoholic, Superficial, Atrophic, due to GERD</p> <p>Document any related hemorrhage</p> <p>Designate: Any alcohol or drug use, abuse, dependence or past history</p> <p>If Drug Induced: Specify name of medication or drug with purpose of its use</p>
Gastroenteritis	<p>Etiology: Infectious, Non-infectious</p> <p>If infectious: designate organism if known or suspected</p> <p>If non-infectious – cause: Radiation or drug induced - specify drug if known; Allergic or food hypersensitivity – specify food when known</p>
Gastrointestinal Hemorrhage	<p>Site and Cause: e.g., Crohn's Disease with rectal bleed, Diverticulitis (specify site) with bleed, Duodenal ulcer with hemorrhage, Gastric ulcer with hemorrhage</p> <p>Related: Acute and/or chronic blood loss anemia</p> <p>Differentiate Between: Hematemesis, Melena, Rectal Bleed</p>

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Hemorrhoids	<p>Identify the stage/grade: Grade/stage I – Hemorrhoids (bleeding) without prolapse outside of anal canal. Grade/stage II – Hemorrhoids (bleeding) that prolapse with straining, but retract spontaneously. Grade/stage III – Hemorrhoids (bleeding) that prolapse with straining and require manual replacement back inside anal canal. Grade/stage IV – Hemorrhoids (bleeding) with prolapsed tissue that cannot be manually replaced. Specify if the patient is in labor or pregnant. Indicate whether the hemorrhoids are internal or external</p>
Hepatic Failure/Hepatic Encephalopathy	<p>Acuity: Acute/subacute or Chronic, if with hepatic coma Etiology: Due to alcohol or drugs Additional Signs or Symptoms: Confusion, Altered levels of consciousness, Coma</p>
Liver Cirrhosis	<p>Underlying Cause: Alcoholic, Fatty, Syphilitic, Congenital, Cryptogenic Associate: Ascites, Fibrosis, Sclerosis, Portal Hypertension, Esophageal varices (w or wo bleed), Viral Hepatitis Designate: Any alcohol or drug use, abuse, dependence or past history If Drug Induced: Specify name of medication or drug with purpose of its use</p>
Malnutrition	<p>Type: e.g., Protein calorie, Protein energy Severity: Mild or 1st degree, Moderate or 2nd degree, Severe or 3rd degree Document BMI</p>
Neoplasms	<p>Specific Site, Laterality: Right, Left, Bilateral Morphology: e.g., Malignant, Benign, In Situ, Uncertain/Unspecified Behavior</p>
Obesity	<p>Etiology: e.g., Nutritional, Due to thyroid or pituitary disorder If morbidly obese: Document if with hypoventilation syndrome Document BMI</p>
Pancreatitis	<p>Acuity: Acute, Chronic Type: Idiopathic, Biliary, Alcohol-induced, Drug-induced Document: Document any drug abuse or dependence</p>
Sepsis	<p>Type: Systemic or causal organism Avoid term 'UROSEPSIS' – consider 'UTI with Sepsis' Associated Condition: Circulatory failure related to Sepsis and/or Septic Shock, Severe Sepsis with specific related acute organ dysfunction Related local infections: Pneumonia, Cellulitis, UTI, Catheter related, etc.</p>
PROCEDURES	
Endoscopy	<p>Reason: Inspection, Diagnostic biopsy, Control of hemorrhage, Dilation with stent placement, Excision of lesion, Removal of foreign body</p>
Injection/Infusion	<p>Substance administered: analgesic, sedative, anti-inflammatory, etc. Thrombolytic agent substance: recombinant human-activated protein C, other thrombolytic</p>
PEG	<p>Method: Insertion, Removal, Revision, Change</p>

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Percutaneous Abdominal Drainage	<p>Site: Greater or lesser omentum, Mesentery, Peritoneum, Abdominal wall, Peritoneal cavity, Pelvic cavity</p> <p>Drainage device: With or Without</p> <p>Approach: Open, Percutaneous, Percutaneous endoscopic</p>
Transfusion:	<p>Product Transfused: e.g., PRBC, FFP, albumin, etc.</p> <p>Designate: autologous or nonautologous</p> <p>If Autologous – when collected: Prior to surgery, intraoperative, perioperative, post-operative</p> <p>Site of administration: Central artery or vein, Peripheral artery or vein</p> <p>Approach: Open, Percutaneous</p>

Reference(s):

<http://www.capefearvalley.com/cme/icd10doctips.html>

Precyse University ICD-10 Virtual Code Book