

## Internal Medicine Documentation Tips

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

Condition/Concept	ICD-10 Documentation Tips
Abdominal Pain and Tenderness	<p><b>Increased Specificity:</b>  <b>Location:</b> e.g. Generalized, Right upper quadrant, periumbilical, etc.  <b>Pain or Tenderness Type:</b> e.g. Colic, tenderness, rebound</p>
Acute Myocardial Infarction (AMI)	<p><b>Timeframe:</b> An AMI is now considered “acute” for 4 weeks from the time of the incident, a revised timeframe from the current ICD-9 period of 8 weeks.  <b>Episode of Care:</b> Initial, subsequent, sequelae  <b>Subsequent:</b> Document “Subsequent” for a new AMI within 4 weeks of initial AMI.</p>
Asthma	<p><b>Terminology Difference:</b>  <b>Cause:</b> Exercise-induced, cough variant, related to smoking, chemical or particulate cause, occupational  <b>Severity:</b> If persistent asthma, document mild persistent, moderate persistent, or severe persistent  <b>Temporal Factors:</b> Acute, chronic, intermittent, persistent, status asthmaticus, acute exacerbation</p>
Diabetes Mellitus, Hypoglycemia and Hyperglycemia	<p><b>Increased Specificity:</b>  The diabetes codes are combination codes that include the type of diabetes, the body system affected, and the complications affecting that body system.  When documenting diabetes, include the following:  <b>Type:</b> e.g. Type 1 or Type 2 disease, drug-induced, due to underlying condition, or gestational  <b>Complications:</b> What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes  <b>Treatment:</b> Is the patient on insulin?  A <b>second</b> important change is the concept of “<u>hypoglycemia</u>” and “<u>hyperglycemia</u>.” It is now possible to document and code for these conditions without using “diabetes mellitus.” You can also specify if the condition is due to a procedure or other cause.  A <b>third</b> important change is that diabetes is no longer classified as controlled or uncontrolled.  The <b>final</b> important change is that the concept of “secondary diabetes mellitus” is no longer used; instead, there are specific secondary options.</p>
Injuries	<p><b>Episode of care:</b> Initial, Subsequent, Sequelae  <b>Injury site:</b> As specific as possible  <b>Etiology:</b> How was the injury sustained? (e.g., sports, motor vehicle crash, pedestrian, slip and fall, environmental exposure, etc.)  <b>Place of Occurrence:</b> School, work, etc.  <b>Intent:</b> Unintentional or accidental, self-harm, etc. if appropriate  <b>Status:</b> Civilian, military, etc. if appropriate</p>
Otitis Media	<p><b>Type:</b> e.g., Serous, sanguineous, suppurative, allergic, mucoid  <b>Infectious Agent:</b> e.g., Strep, Staph, Scarlet Fever, Influenza, Measles, Mumps  <b>Temporal factors:</b> Acute, subacute, chronic, recurrent  <b>Laterality:</b> e.g. Left, right or both ears  <b>Tympanic membrane rupture:</b> Note if present.  <b>Secondary causes:</b> e.g. Tobacco smoke, etc.</p>

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<b>Sepsis</b>	<p><b>Etiology:</b> Link to source of infection: Vascular grafts, Devices, Implants, Infection (Pneumonia, UTI, Peritonitis, etc.)</p> <p><b>Organism:</b> Organism, if known</p>
<b>Shock</b>	<b>Type:</b> Hemorrhagic, Septic, Cardiogenic, Liver, Hypovolemic, Other
<b>Tobacco</b>	<b>Usage:</b> Use, Abuse, Dependence, Exposure, Frequency
<b>Ulcers</b>	<p><b>Type:</b> Decubitus, Ischemic, DM, Stasis</p> <p><b>Location:</b> Upper back, ankle, sacral, buttock, etc.</p> <p><b>Stage:</b> Decubitus only (stage 1-4 or unstageable)</p> <p><b>Present on Admission</b></p>
<b>Underdosing</b>	<p><b>Type:</b> Intentional, Unintentional, Non-compliance</p> <p><b>Reason:</b> Financial hardship, age-related disability, etc.</p>

Reference:

<http://www.roadto10.org/example-practice-internal-medicine>