

Provider Documentation FAQs

Why does this matter?

CDE Nurses and coders have identified the following ICD-10 related provider clinical documentation gaps. By supplementing your clinical documentation with the appropriate diagnostic language as noted below, you can potentially reduce the amount of time spent addressing CDE queries.

What do I need to do differently?

For the disease processes highlighted in the table, enhance your clinical documentation by using the specific diagnostic language below to enable coders to select the most appropriate ICD-10 code.

Disease Process	Documentation Improvement Opportunity
Pneumonia	<ul style="list-style-type: none"> ▪ Instead of infiltrates, document pneumonia if applicable ▪ Specify the type of pneumonia as aspiration pneumonia, gram negative, bacterial, viral, fungal, BOOP, etc. ▪ Link the underlying cause such as vomiting, smoke inhalation, influenza, etc. Specify likely organism(s) – what are you treating with the antibiotic chosen? If the sputum culture is positive link the organism to the diagnosis (example, staph pneumonia). It is okay to state “likely”, “suspected”, “possible”, or “probable” as long as the thought is carried through discharge summary
Sepsis	<ul style="list-style-type: none"> ▪ There is no ICD-10 code for urosepsis. Instead of urosepsis document <i>sepsis due to UTI</i> ▪ Bacteremia codes to bacteria in the blood only and does not indicate systemic infection ▪ For sepsis or septic shock, document all relevant clinical criteria, such as, but not limited to altered mentation, respiratory rate >22, systolic blood pressure < 100 mmHg, the source of infection, etc., and corresponding treatments such as IV or p.o. antibiotics, IV fluid boluses and IV pressors
Malnutrition	<p>Document</p> <ul style="list-style-type: none"> ▪ Nutritional status related to unintended weight loss, cachexia, low albumin, poor appetite, and treatment with TPN, nutritional supplements, etc. ▪ Type of malnutrition: protein, protein calorie, other specified, etc. ▪ Severity: mild, moderate, severe ▪ Underlying cause: GI surgery, malignancy, bulimia, anorexia nervosa etc.

****Reminder to attending physicians:** Please remember to cosign CDE queries answered by your residents or at least acknowledge the diagnosis in your progress note and / or discharge summary