

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
Malnutrition	Document <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. ▪ <u>Type of malnutrition</u>: protein, protein calorie, other specified, etc. ▪ <u>Severity</u>: mild, moderate, severe ▪ <u>Underlying cause</u>: GI surgery, malignancy, bulimia, anorexia nervosa etc.
Anemia	Specify: <ul style="list-style-type: none"> ▪ <u>Acuity</u>: acute, chronic or acute on chronic ▪ <u>Type</u>: blood loss or post hemorrhagic, hemolytic, faulty red cell production, drug induced, chemo, aplastic, pernicious, fetal blood loss, prematurity, etc. ▪ Document anemia of chronic disease, if appropriate (specify the chronic disease)
Altered Mental Status	This is a symptom, not a diagnosis <ul style="list-style-type: none"> ▪ <u>Specify underlying etiology</u>: (if multifactorial, list all causes) hypoglycemia, hyperglycemia/DKA, encephalopathy (and type such as drug-induced, metabolic) infection Type of infection), hypoxia, hypothermia, fever, acidosis, trauma, seizure, stroke, etc. ▪ <u>Specify</u>: acute, chronic, or acute on chronic status of the specific diagnosis

****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