

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
Accidental Puncture or Laceration	<ul style="list-style-type: none"> Describe the circumstances of the puncture or laceration If the puncture, tear, enterotomy, or other injury was unavoidable or inherent to the procedure due to adhesions, inflammation, tumor invasion, or other complexity, please indicate this in your operative summary Please do not document incidental and inherent occurrence under the “Complication” subheading of the operative note, as this creates conflicting documentation for coding and compliance rules. Only document true complications under this subheading
Post-Operative Failure	<ul style="list-style-type: none"> In coding language, “post-operative” may indicate a complication If the respiratory failure is not directly linked to the surgical procedure, then indicate the underlying cause (such as chronic obstructive pulmonary disease, neuromuscular disorder, purposely keeping patient sedated and intubated) or indicate that it is an expected part of the post-op course
Post-Operative Hemorrhage/ Hematoma	<ul style="list-style-type: none"> Document if underlying cause of bleeding is expected (example, acute blood loss anemia treated with blood transfusion) or a complication of the procedure requiring unexpected return to the operating room Specify whether hematoma is a complication of the procedure requiring interventions like return to the OR for evacuation; or an expected part of the procedure treated with applying pressure
Post-Operative DVT/PE	<ul style="list-style-type: none"> Specify timing: acute, subacute, or chronic, present on admission, history of (resolved) or receiving current treatment (acute or chronic) Specify the site such as left or right and affected vein(s)/artery/arteries

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