

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
Sepsis	<ul style="list-style-type: none"> ▪ Need to differentiate among <i>bacteremia, septicemia, systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis, and septic shock</i> ▪ <u>SIRS</u>: clinical response to an insult, infection, or trauma: <ul style="list-style-type: none"> ○ Clinical indicators: Fever > 100.4 F; WBC < 4,000 <u>or</u> WBC > 12,000; HR > 90; RR > 20; hypotension (systolic BP < 90) ○ Document the associated <i>infection, inflammation, or trauma</i> ▪ <u>Sepsis</u>: defined as SIRS due to infection; specify likely, possible, or probable underlying cause ▪ <u>Severe sepsis</u>: sepsis associated with organ dysfunction ▪ <u>Septic shock</u>: circulatory failure associated with severe sepsis
COPD	<ul style="list-style-type: none"> ▪ Specify type and severity: intermittent vs. persistent; mild / moderate / severe ▪ Document <i>with or without exacerbation</i> ▪ Document <i>organism</i> if associated with lower respiratory tract infection ▪ Document whether or not <i>oxygen-dependent</i>
Pancytopenia	<ul style="list-style-type: none"> ▪ Specify etiology: <i>chemo, other drug therapy, or disease process</i> ▪ Document name of drug in case of being drug induced ▪ Document any associated condition