

DOCUMENTATION TIPS

- Document “diagnostic” statements along with clinical statements. Clarification and specificity of conditions are key in order for coding, which are essential to reflect severity of illness and risk of mortality.
- Principal diagnosis is “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.” **This includes final diagnoses determined once all pathology, radiology, and lab results are finalized, including any results published after discharge.**
- Secondary diagnoses must be monitored, evaluated, treated, or increase care or length of stay.
- Any condition present on admission (POA) must be documented in the body of the medical record.

DOCUMENTATION TIPS cont.

- Inpatient setting – coding rules permit a hospital to code “possible,” “probable,” “suspected,” or “unable to rule out” diagnoses. Documentation should include medical decision making process and clinical information supporting the suspected condition.
- Document corresponding diagnoses for all medication, treatments and diagnostic studies.
- Document significance and corresponding diagnosis of any abnormal findings described on lab, x-ray or pathology reports. **This documentation is required for coding.**
- Avoid the use of general signs and symptoms or generic diagnoses if more specific qualified conditions are supported,
- Document the full extent of all procedures including bedside procedures,

General documentation should reflect:

- Type of diabetes, all associated conditions, controlled or uncontrolled (not poorly)
- Specificity of pneumonia (list cause or type)
- Pressure ulcer type, site and stage
- Type of anemia (acute blood loss, chronic, macrocytic, aplastic etc)
- Specify acute, chronic or acute on chronic for conditions, underlying cause if known
- Specificity for CHF: acute or chronic and systolic or diastolic, left , right , or combined
- Bacteremia or Sepsis or Septic Shock
- Nutritional status to include BMI
- Diagnosis for AMS
- Sepsis d/t urinary cause (not urosepsis)
- Respiratory failure vs. insufficiency post surgery, shock or trauma

COMMON COMORBIDITIES

CARDIOVASCULAR AND VASCULAR

Acute MI
Acute Myocardial Ischemia
Angina, Unstable
Atrial Flutter
Cardiomyopathy
(all types except ischemic)
CHF: Chronic/Acute,
Acute on Chronic
Systolic/Diastolic
Paroxysmal Atrial Tachycardia
Paroxysmal SV Tachycardia
Paroxysmal Ventricular Tachycardia
Ventricular Tachycardia
Ventricular Fibrillation
Thrombophlebitis or
Venous Thrombosis
Ulcer type and underlying cause, with or without gangrene and or osteomyelitis, staging if known

CEREBROVASCULAR & BEHAVIORAL

Cerebral Edema
Delirium
Encephalopathy
Hallucinations
Hydrocephalus
Paresis
Seizures
Subdural Hemorrhage/Hematoma
TIA

GASTROINTESTINAL

Ascites
Cholangitis
Cholelithiasis W/Cholecystitis
Diverticulitis
Fistulas
GI Bleed, Melena, Hematemesis,
Hemoptysis
Ileus
Intestinal Obstruction
Jaundice
Pancreatitis, Chronic or Acute
Ulcer, Gastric Gastrointestinal

HEMATOLOGY & ONCOLOGY

Acute Blood Loss Anemia
Pancytopenia
Pancytopenia, Chemo induced

INFECTION

Abscesses
Bacteremia/Sepsis /Septic Shock
Bacteremia/Sepsis Secondary to (central
Line
SIRS Due To Non-Infectious Process
(w or w/o Organ Dysfunction)

Thrush
UTI/UTI Secondary to Foley

METABOLIC

Acidosis/Alkalosis
BMI <19/>40 W/ Corresponding
Diagnosis (i.e. (Cachexia/Morbid
Obesity)
Hyponatremia/Hypnatremia
Malnutrition (Severe)

NEPHROLOGY & GU

Acute Renal Failure/ Acute Kidney Injury
CKD W/Staging
End Stage Renal Disease

ORTHOPEDIC & SKIN

Cellulitis
Fracture, Compression
Fracture, Pathologic
Ulcer type and underlying cause, with or without gangrene and or osteomyelitis, staging if known

RESPIRATORY

Asthma Exacerbation
Atelectasis
COPD W/Acute Exacerbation
Pleural Effusion
Pneumonia, Specify Type
Pneumonia Aspiration
Post-op Respiratory Insufficiency
Pulmonary Embolism
Respiratory Distress, Acute
Respiratory Failure
Tracheotomy

OTHER

Complication, Post Procedural
Complication, Specify Cause



Clinical Documentation Improvement (CDI)

Documentation Tips & Common CoMorbidity