H&P = Introduction

Always document the diagnosis(es) that required inpatient admission

Anatomic

Laterality

Complication

Site

Type (pressure)

Clearly indicate conditions you have “ruled out”

Significant radiology/pathology/diagnostic test results with corresponding

Indicate acuity/severity of all diagnoses:

Link diagnoses with manifestations (e.g. DM2 uncontrolled with diabetic PVD and

Stage 1

Progress/Op Notes = Body

Clearly indicate conditions you have “resolved”

Moderate  Degree**

Obesity

Document the clinical significance (or lack of clinical significance) for each

Laterality

Indicate what diagnoses are present on admission (POA)

Etiology

Morbid obesity

Avoid use of arrows/symbols.

Link each diagnosis to signs/symptoms/clinical indicators/descriptors

Mild Degree**

Unspecified

Utilize consults to improve specificity of diagnoses. Attending should affirm

Severity

Cachexia**

Discharge summary = Conclusion

documentation makes clear the following concepts:

built. To avoid excessive queries from your coding staff, ensure that your

provided and documentation needs to identify all 7 characters for the code to be

with more specificity required for code assignment. Unspecified options are not

PCS includes significant changes to how procedures must be captured and coded,

The structure of ICD-10-CM diagnosis codes captures a greater degree of
detail than could be captured using the ICD-9-CM classification.

ICD-10-CM codes are 3–7 Characters (alphabetic) with all codes

starting with an alphabetic character:

Provider also must document whether it is Present On Admission (POA)

ICD-10-PCS Changes to Procedural Documentation Requirements

PCS includes significant changes to how procedures must be captured and coded,

with more specificity required for code assignment. Unspecified options are not

provided and documentation needs to identify all 7 characters for the code to be

built. To avoid excessive queries from your coding staff, ensure that your
documentation makes clear the following concepts:

ICD-10-CM/PCS Structural Code Change Overview

The coding system used to classify diseases and other conditions will transition to International Classification of Diseases version 10, or ICD-10-

Anatomy is the primary axis of classification of ICD-10-CM, or diagnosis.

The coding system used to classify diseases and other conditions will

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CM.
**Key Nephrology Diagnosis Documentation Requirements in ICD-10-CM**

ICD-10-CM codes require additional specificity for code assignment. To reduce coder queries and ensure coded data properly captures conditions treated, provide the following additional specificity. Unspecified diagnoses do not exist for some conditions in ICD-10-CM.

### Renal Failure

<table>
<thead>
<tr>
<th>Acuity</th>
<th>Type of Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute**</td>
<td>ARF or AKI &quot;with&quot;:</td>
</tr>
<tr>
<td>Chronic</td>
<td>Tubular necrosis *</td>
</tr>
<tr>
<td></td>
<td>Acute cortical necrosis *</td>
</tr>
<tr>
<td></td>
<td>Medullary necrosis</td>
</tr>
<tr>
<td></td>
<td>Associated underlying condition</td>
</tr>
</tbody>
</table>

### Chronic Kidney Disease

**Identify the Stage**

- **Stage I-V** (stages IV-V **)**

- Stage of the CKD:
  - **Stage 1:** eGFR > 90
  - **Stage 2:** eGFR 60-89
  - **Stage 3:** eGFR 30-59
  - **Stage 4:** eGFR 15-29
  - **Stage 5:** eGFR < 15

- **CKD 5 include if**
  - In allograft failure
  - On dialysis

**Is the CKD related to Hypertension or Diabetes?** If so, document the linkage ("due to/" with)

### Transplant Status

**Identify Status**

- Document if the patient has had a transplant
- If the patient is a candidate for a transplant

### Renal Tubulo-interstitial Nephritis

<table>
<thead>
<tr>
<th>Acuity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute*</td>
<td></td>
</tr>
<tr>
<td>Chronic*</td>
<td></td>
</tr>
</tbody>
</table>

**Identify/document infectious agent**

- **N11.1 Chronic obstructive pyelonephritis**
  - Includes: Acute infectious interstitial nephritis, Acute pyelitis, Hemoglobin nephrosis, Myoglobin nephrosis

### Glomerular Diseases

| Nephritic Syndrome | Acute*, Chronic** or Rapidly Progressive*?
|--------------------|------------------------------------------|
|                    | Acuity:
|                    | - Acute*  |
|                    | - Chronic*  |
|                    | - Rapidly progressive*  |

**Example:**

- Acute nephritic syndrome with focal and segmental glomerular lesions*

### Hematuria

**Example:**

- Recurrent and persistent hematuria with minor glomerular abnormality

### Isolated proteinuria

**Example:**

- Isolated proteinuria with diffuse membranous glomerulonephritis

**Link above with (if applicable):**

- Minor glomerular abnormality
- Dense deposit disease
- Focal and segmental glomerular lesions
- Diffuse glomerulonephritis

### Urolithiasis

**Locations**

- Kidney
  - Nephrolithiasis
  - Renal calculi
  - Renal stone
  - Staghorn calculus
  - Stone in kidney

- Ureter
  - Ureteric stones*

**Calculus of lower urinary tract**

- Bladder stone
  - Calculus in diverticulum
  - Urinary bladder stone

**Note:** Document any underlying disease such as:

- Encephalopathy
- End-stage renal disease
- Hyperparathyroidism
- Hypertension
- Hypertensive urgency
- Hypertensive emergency
- Hypertensive nephropathy
- Kidney transplant failure
- Military nephropathy

### Diabetes

**Type of Diabetes**

- DM Type 1
- DM Type 2
- DM due to underlying condition (e.g., Cushing’s syndrome)
- Drug/chemical induced DM (Document the drug/chemical)
- Gestational DM

**Use of Insulin**

- Long term
- Current

**Note:** Identify the cause and effect relationship between the manifestation and the DM before it can be coded to a DM complication (e.g., CKD Stage 4 due to DM Type 2)

### Capturing Severity of Illness (SOI) in ICD-10-CM Terms

- A patient’s SOI is conveyed to CMS and quality organizations via ICD-10-CM codes, assigned by a coder reading the medical record. Document known or suspected relationships between concomitant conditions wherever possible to ensure accurate capture of the patient’s true risk of mortality and/or readmission.

- Documenting Signs/Symptoms
  - Please Consider Documenting (Higher SOI)

**If Documenting Signs/Symptoms**

- **Fever**
  - Clarify underlying condition (due to) Infection (e.g., sepsis, pneumonia)

- **Chest Pain**
  - Clarify underlying cause (due to):
    - GERD
    - Chest wall pain
    - Atelectasis
    - Costochondritis
    - Psychogenic chest pain
    - Pleurisy
    - Cholecytitis / Cholecystitis

- **Altered Mental Status**
  - Encephalopathy
    - Type: hepatic, metabolic, hypertensive, septic, toxic, post operative
    - Acute: acute* or chronic
    - Urinary Tract Infection
    - Acute delirium due to:
    - Acute confusion

**Admit with Sign/Symptom** → **Discharge with a Diagnosis**