



Emergency Medicine Tip Sheet for ICD-10

Diagnosis	Documentation Requirements		
Abdominal Pain	Document specific location: - RUQ - LUQ - RLQ - LLQ - Periumbilic - Epigastric - Generalized	Document: - Acute abdominal pain - Abdominal tenderness - Rebound abdominal pain	
Acute Myocardial Infarction (AMI)	Document type: - STEMI - Non-STEMI Document date of MI, subsequent MIs are defined as occurring within 28 days of 'first' MI	Document location: - Anterior wall (Left main, LAD, other) - Inferior wall (Right coronary artery, other) - STEMI - Other sites	Document any tobacco use, abuse, dependence, or exposure Delineate acute coronary syndrome and acute ischemic heart disease from true MI
Asthma	Document severity: - Mild - Moderate - Severe Document frequency: - Intermittent - Persistent	Document level of exacerbation: - Uncomplicated - Acute - Status Asthmaticus Document any coexisting COPD	Document external forces to establish a cause and effect relationship Document any tobacco use, abuse, dependence, or exposure
Back Pain	Differentiate between panniculitis and radiculopathy Document the underlying cause: - Herniated disc - Radiculopathy - Fracture	Specify site of panniculitis or radiculopathy: - Thoracolumbar - Lumbar - Lumbosacral - Sacral and sacrococcygeal	Specify site of panniculitis or radiculopathy: - Occipito-atlanto-axial - Cervical - Cervicothoracic - Thoracic - Multiple sites
Burns	Document: - Anatomical site - Degree, if external burn	Distinguish between: - Thermal burns (caused by heat) - Corrosive burns (caused by chemicals)	
Cerebral Infarction & Occlusion	Document etiology: - Due to embolus, thrombosis, occlusion, or stenosis Document laterality: -Right -Left	Document specific artery affected: - Precerebral (vertebral, basilar, or carotid) - Cerebral Artery (middle, anterior, posterior) - Cerebellar arteries Document: - TPA administration	Specify if intraoperative or post procedural complication Document any related deficits: (Right or left hemiparesis, aphasia, seizure, etc.)
Chest Pain	Document location: - Precordial - Intercostal - Anterior wall	Document underlying cause: - GERD, Angina, Pleurisy, Acute MI, Anxiety, etc.	Document presence of hypoxemia and hypercapnea
Chronic Obstructive Pulmonary Disease (COPD)	Document: - Chronic - Acute exacerbation	Document: - With acute lower respiratory tract infection (specify type of infection)	Document: - With Asthma (and type of asthma) Document any tobacco use, abuse, dependence, or exposure



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Congestive Heart Failure (CHF)	Document acuity: - Acute - Chronic - Acute or chronic Specify if rheumatic heart failure	Document type: - Systolic (include ejection fraction) - Diastolic - Combined	List any casual relationships: - Hypertension - Chronic kidney disease - Obstetric surgery/procedures - Surgery
Coronary Artery Disease (CAD)	Document: - With or Without Angina - Type of Angina (Stable, Unstable, Spasm, etc.) Specify when the cause is a lipid rich plaque or calcified coronary lesion (note also if chronic total occlusion)	Document site (vessels): - Native arteries - Bypass graft (autologous artery or vein, nonautologous vessel)	Document site (vessels) of transplanted heart: - Native arteries - Bypass graft Document any tobacco use, abuse, dependence, or exposure
Drug Underdosing	Document type: - Intentional versus - Unintentional	Document reason for underdosing, such as: - Financial hardship or - Age related dementia	
Fractures, Traumatic	Document type: - Open versus closed - Displaced versus nondisplaced - Detailed anatomical site - Orientation of fracture, example: transverse or oblique	Document laterality If of forearm, femur, or lower leg, specify: -Type according to Gustilo classification	If a physal fracture, specify: -Type according to Salter-Harris classification
Gastroenteritis	Document Type: - Infectious - Noninfectious - Viral Document known or suspected GI bleeding	If Infectious: - Specify organism when known or suspected If Noninfectious: - Specify cause (radiation or drug induced, allergic or food hypersensitivity - specify food)	Document: -Associated medication or drug use and purpose of use Document: -Alcohol use, abuse, dependence, or past history
Intracerebral Hemorrhage	Document: -Traumatic - Non-traumatic Document Site: -Subarachnoid, Subdural, Intracerebral Document laterality: - Right - Left	Subarachnoid-Document site - Carotid siphon or bifurcation - Middle cerebral, anterior or posterior communicating, basilar, vertebral or other artery Subdural - Document Type: - Acute - Subacute - Chronic	Intracerebral – Document site: - Hemisphere, brain stem, cerebellum, intraventricular Document: any related brain compression
Nontraumatic Subdural Hemorrhage	Document type: - Acute - Subacute - Chronic		
Otitis Media	Document acuity: - Acute - Subacute - Chronic - Recurrent Document laterality: - Right - Left - Bilateral	Document: - Spontaneous rupture of eardrum - Myringitis Document Type: - Serous - Mucoïd - Allergic - Atticantral - Tubotympanic	Differentiate: - Non-suppurative - Suppurative Document tobacco use, abuse, dependence, or exposure Document Underlying diseases (viral infection, influenza, etc.)



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Pancreatitis	Document type: -Acute -Chronic	Document etiology , show cause and effect: -Idiopathic acute pancreatitis -Alcohol induced acute pancreatitis	
Pneumonia	Document type: - Bacterial (specify organism) - Viral - Aspiration (specify substance) - Fungal - Ventilator Associated - Other	Document associated conditions: - Sepsis - HIV disease - Influenza - Other	Document any tobacco use, abuse, dependence or exposure
Respiratory Failure	Document acuity: - Acute - Chronic - Acute and chronic	Document: - With hypoxia and/or hypercapnea Document any tobacco use, abuse, dependence or exposure	Differentiate between: - Respiratory Distress Syndrome - Respiratory Arrest - Post procedural Respiratory Failure
Seizures & Epilepsy	Seizures not diagnosed as a disorder or recurrent (i.e., non-epileptic) should specify the condition as being: - Febrile – specify simple or complex - New onset - Single seizure or convulsion - Post traumatic or hysterical - Autonomic	Specify epileptic seizures as: - Localization-related - Generalized Identify any special epileptic syndromes: - Seizures related to alcohol, drugs, sleep deprivation, etc. Include descriptions of poorly controlled pharmacoresistant, treatment resistant and refractory	Describe seizures as: - Localized onset - Simple partial - Complex partial Further describe seizures as: - Intractable - Not intractable - With status epilepticus - Without status epilepticus
Sepsis	Document: -Systemic type or causal organism Do NOT use the term UROSEPSIS (consider UTI with Sepsis) Document: Present on admission vs. hospital acquired	Document: -Circulatory failure related to Sepsis and/or Septic Shock -Severe Sepsis with specific related acute organ dysfunction	Document: - Related local infections (Pneumonia, Cellulitis, UTI, Catheter related UTI, Infected Dialysis Catheter, etc.)
Shock	Document type: -Hypovolemic -Cardiogenic -Posttraumatic		
Spinal Cord Injury	Document type: -Concussion and edema -Complete lesion -Central or anterior cord syndrome Brown-Sequard syndrome	Document site: -Specific vertebral segment injured, example: L3	
Sprain (Subluxation and/or Dislocation of Joints and/or Ligaments)	Differentiate a sprain from a strain, and a subluxation from a dislocation Document: - Initial encounter - Subsequent encounter - Sequela	Specify joint and/or ligament (e.g. coracohumeral, rotator cuff capsule, superior glenoid labrum, acromioclavicular joint, sternoclavicular joint)	Document laterality: - Right - Left - Bilateral Document type, ligament injured: -left ankle sprain -Calcaneofibular, deltoid, tibiofibular, internal collateral, or talofibular



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Tobacco Use Disorder	Document type: - Cigarettes - Chewing tobacco - Other Delineate between: - Tobacco use/abuse - Tobacco dependence	Document state of dependence: - In remission - With withdrawal - Without withdrawal	Document if used during pregnancy, childbirth, puerperium Describe history, including product and time
Transient Ischemic Attack (TIA)	Document, if known or suspected: - Vertebro-basilar artery syndrome - Carotid artery syndrome - Precerebral artery syndrome - Amaurosis fugax - Transient global amnesia - Other cerebral ischemia attacks and Syndromes	Note: Diagnosis of TIA = "unspecified" code	
Traumatic Brain Hemorrhage	Document site: - Left or Right - Cerebrum - Cerebellum - Brainstem - Epidural - Subdural - Subarachnoid	Document if with loss of consciousness and for how long in minutes	
Urinary Tract Infection (UTI)	Document Site: - Bladder - Urethra - Kidney	Document if UTI is related to a device, such as Foley Catheter or Cystostomy tube Document causative organism, if known	Do NOT use the term UROSEPSIS (consider UTI with Sepsis)
Procedures	Documentation Requirements		
CPR	Document chest compressions: - Mechanical (balloon pump, impellar pump, pulsatile compression, etc.)	Document chest compressions: - Manual (closed chest cardiac massage or CPR unspecified)	
Incision and Drainage of Skin and SQ Tissue	Document: - Body site - (head, face, neck, lower extremity, trunk, or upper extremity) - Specific body part (foot, hand, scalp, etc.)	Document laterality: (right or left) Document approach: - Open - Percutaneous	Document if drainage device is used
Injection/Infusion	Document: - Substance administered (analgesic, anti-infective, sedative, anti-inflammatory, etc.)	Injection/infusion of thrombolytic agent - Document substance: - Recombinant Human-activated Protein C - Other Thrombolytic	Document approach: -Open -Percutaneous Document site: -Body system substance was introduced into (central artery or vein, coronary artery, heart, peripheral artery or vein)
Insertion ET Tube	Document approach: - Via natural or artificial opening - Endoscopic		
Insertion Gastric Tube	Document approach: - Open - Percutaneous - Via natural or artificial opening - Percutaneous endoscopic - Via natural or artificial opening endoscopic	Document type of device: - Monitoring - Infusion - Intraluminal	



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Diagnosis Documentation Requirements

Procedures	Documentation Requirements		
Insertion Indwelling Catheter	Document site: - Urethra - Bladder neck - Bladder - Kidney (right or left) - Ureter (right, left, or bilateral)	Document approach: - Open - Percutaneous - Via Natural or artificial opening - Percutaneous endoscopic - Via natural or artificial opening endoscopic	
Mechanical Ventilator	Document: - Consecutive hours of ventilation (< 24hrs, 24-96 hrs., or > 96hrs)	Document support type: - CPAP - IPAP - IPPB	Differentiate between respiratory assistance (extracorporeal) or respiratory performance
Skin Suture	Document site: - Abdomen, anterior or posterior neck, back, buttock, chest, face, upper leg, lower leg, foot, upper arm, lower arm, hand, scalp - Pelvic region or perineum	Document approach: - Open - Percutaneous	Document laterality: - Right - Left - Bilateral
Spinal Tap	Document approach: - Open - Percutaneous - Percutaneous endoscopic		
Transfusion	Document: - Substance transfused: (FFP, RBC, albumin, etc.) - Autologous or nonautologous	Document when blood was collected: - Prior to surgery - Intraoperative/perioperative/post-operative (24 HR period surrounding surgery) - Previously collected - Salvage (24 HR period surrounding surgery)	Document site of administration: - Central artery or vein - Peripheral artery or vein Document approach: - Open - Percutaneous

Urgent Care Tip Sheet for ICD-10



CAPE FEAR VALLEY HEALTH

Diagnosis	Documentation Requirements		
Asthma	Document severity: - Mild - Moderate - Severe Document frequency: - Intermittent - Persistent	Document level of exacerbation: - Uncomplicated - Acute - Status Asthmaticus Document any coexisting COPD	Document external forces to establish a cause & effect relationship Document any tobacco use, abuse, dependence, or exposure
Back Pain	Differentiate between panniculitis and radiculopathy Document the underlying cause: - Herniated disc - Radiculopathy - Fracture	Specify site of panniculitis or radiculopathy: - Thoracolumbar - Lumbar - Lumbosacral - Sacral and sacrococcygeal	Specify site of panniculitis or radiculopathy: - Occipito-atlanto-axial - Cervical - Cervicothoracic - Thoracic - Multiple sites
Bronchitis	Document acuity: - Acute - Subacute - Chronic Delineate if both acute and chronic bronchitis are present	Specify causative agent, if known (e.g. Mycoplasma pneumoniae, Hemophilus influenzae, Streptococcus, Coxsackievirus, Parainfluenza, Respiratory syncytial virus, Rhinovirus, Echovirus)	If chronic, document: - Simple - Mucopurulent - Both Document any tobacco use, abuse, dependence, or exposure
Cellulitis & Abscess	Document specific site Document laterality: - Right - Left - Bilateral	Document any underlying conditions: - Foreign body - Crohn's Disease - Trauma Document any organism or infectious agent	Detail any related trauma: - Dog bite - Motorcycle accident - Other
Chest Pain	Document location: - Precordial - Intercostal - Anterior wall	Document underlying cause - Gerd, Angina, Pleurisy, Acute MI, Anxiety, etc.	Document presence of hypoxemia and hypercapnea
Conjunctivitis	Document: - Mucopurulent - Chronic Conjunctivitis - Blepharconjunctivitis - Acute Toxic Conjunctivitis - Pseudomembranous - Giant Papillary	Document: - Chronic Follicular - Angular - Contact Blepharconjunctivitis - Acute Atopic - Serous - Simple - Ligneous	Document laterality: - Right - Left - Bilateral
Dermatitis	Document type such as: - Atopic - Seborrheic - Diaper - Allergic - Irritant	Document drug or substance causing irritation: - Metal - Detergents - Plants - Cosmetics	If dermatitis is due to ingested substance, document if: - Substance - Medicine - Food Document name of substance Document intention and circumstances around swallowing substance
Dysuria	Document any associated conditions: - Urinary incontinence - Overactive bladder	Specify urinary symptoms associated with benign prostatic hyperplasia (BPH) - Nocturia - Hesitancy - Retention - Weak stream	Identify signs and symptoms that are not routinely associated with or integral to a disease process
Fever	Document the origin: - Postprocedural - Febrile nonhemolytic transfusion reaction - Unknown	Document the origin: - Drug-induced (identify the drug) - Postprocedural - Postvaccination	
Headache	Document type: - Cluster - Vascular - Tension-type - Post-traumatic - Drug-induced (specify drug) - Other	Document: - Intractable - Not intractable	Document timing: - Episodic - Chronic - Episodic paroxysmal hemicrania - Chronic paroxysmal hemicrania - Short lasting unilateral

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CAPE FEAR VALLEY HEALTH

Diagnosis	Documentation Requirements		
Influenza with Other Respiratory Manifestations	Document type of influenza: - Avian - Intestinal - Maternal, affecting newborn - Novel - Swine - Other	Document any associated manifestations: - Laryngitis - Pleural effusion - Pneumonia - Lung abscess - Encephalopathy - Myocarditis - Otitis media	
Injuries	Document cause: - Motor vehicle accident - Fall down stairs, etc. Document activity: - Getting out of bed - Skateboarding, etc.	Document intention: - Accident - Assault - Self-inflicted - Undetermined	Document location: - Kitchen of residential home - Public park - Apartment bathroom, etc. Document work status at time of injury: - Military - Civilian - Hobby, recreational, etc.
Open Wound	Document specific site	Document laterality: - Right - Left - Bilateral	Document encounter: - Initial - Subsequent - Sequela encounter
Otitis Media	Document acuity: - Acute - Subacute - Chronic - Recurrent Document laterality: - Right - Left - Bilateral	Document: - Spontaneous rupture of eardrum - Myringitis Document Type: - Serous - Mucoid - Allergic - Atticantral - Tubotympanic	Differentiate: - Non-suppurative - Suppurative Document tobacco use, abuse, dependence, or exposure Document Underlying diseases (viral infection, influenza, etc.)
Rhinitis	Document acuity: - Acute - Chronic Document: - With sore throat - Allergic with asthma (specify if exacerbation or status asthmaticus)	Document type: - Allergic (due to food or pollen, seasonal, nonseasonal, perennial) - Infective - Pneumococcal - Syphilitic - Tuberculosis - Vasomotor	Document any tobacco use, abuse, dependence, or exposure
Sinusitis	Document acuity: - Acute - Chronic - Acute Recurrent	Document location: - Maxillary - Frontal - Ethmoidal - Sphenoidal - Pansinusitis	Document any tobacco use, abuse, dependence, or exposure
Sprain (Subluxation and/or Dislocation of Joints and/or Ligaments)	Differentiate a sprain from a strain, and a subluxation from a dislocation Document: - Initial encounter - Subsequent encounter - Sequela	Specify joint and/or ligament (e.g. coracohumeral, rotator cuff capsule, superior glenoid labrum, acromioclavicular joint, sternoclavicular joint)	Document laterality: - Right - Left - Bilateral
Strain (Injury of Muscle, Fascia and/or Tendon)	Differentiate a sprain from a strain Document: - Initial encounter - Subsequent encounter - Sequela	Specify site (e.g. muscle/tendon of rotator cuff, muscle/fascia and tendon of long head of biceps, muscle/fascia/tendon of triceps)	Document laterality: - Right - Left - Bilateral
Urinary Frequency	Document any associated conditions: - Dysuria - Urinary incontinence - Overactive bladder	Specify urinary symptoms associated with benign prostatic hyperplasia (BPH) - Nocturia - Hesitancy - Retention - Weak stream	