

ICD-10 CDI DIY: Documentation Tip Sheets

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By Melanie Endicott

Among the most helpful tools for assisting providers through the transition to ICD-10-CM/PCS are documentation tip sheets detailing the specificity needed to assign accurate codes. Many companies are selling tip sheets, but if you are looking to save a few dollars, here's a step-by-step method to create these tip sheets yourself:

1. Run a report of each provider's top 10 to 20 diagnoses
2. Have an experienced coding or clinical documentation improvement professional (preferably an AHIMA-Approved ICD-10-CM/PCS trainer) evaluate these diagnoses to determine if there is additional or alternate documentation needed for ICD-10
3. Create tip sheets for any diagnoses requiring more accurate documentation
4. The tip sheets should include key words and concepts
5. Consider adding any other important points to the tip sheets, such as definitions, clinical indicators, common manifestations, etc.
6. Distribute the tip sheets to the providers and post them in key locations that will be seen

The tip sheets are intended to educate the providers, so they must be written in terms they use every day. The individual or team constructing the tip sheets should confer with the providers throughout the production phase to ensure that the tip sheets are written in "clinical" language, rather than "coding" language.

These tip sheets shouldn't remain static. They will likely need to be modified over time per provider feedback and documentation gaps identified.

The tips could be printed on pocket-sized cards, laminated poster-size, or anything in between. Whatever will engage and educate the providers. Ask what would work best for them.

AHIMA has created some free [ICD-10-CM/PCS Documentation Tips](https://www.ahima.org/ahima/~/media/Files/ICD-10-CM-PCS-Documentation-Tips.pdf) that might help you get started on this important project. Samples tip sheets from this document are pictured below.

Sample CDI Tip Sheets from the ICD-10-CM/PCS Documentation Tips in AHIMA's HIM Body of Knowledge

Clinical Documentation Improvement

Meningitis

Viral Meningitis

- Documentation of "Viral Meningitis" should include the specific viral organism if known (i.e., adenovirus, enterovirus, chickenpox, measles, etc.).
- Document any associated diagnoses/conditions

Bacterial Meningitis

- Documentation of "Bacterial meningitis" should include the specific bacterial organism (i.e., Escherichia coli, bacillus, gram-negative, Klebsiella, staph, strep, etc.) if known.
- Document if the meningitis is due to "other causes," which can include "nongonococcal meningitis," "chronic meningitis," "benign recurrent meningitis."
- Document any associated diagnoses/conditions

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Clinical Documentation Improvement

Anemia

- Documentation of Anemia should include the type of anemia:
 - Nutritional
 - Hemolytic
 - Aplastic
 - Due to blood loss
 - Other (please specify)
- Include in documentation if Anemia is due to nutrition or mineral deficits, resulting in a nutritional anemia
- Document if the Anemia is due to a neoplasm (primary and/or secondary)
- Document whether the ANEMIA is "related to or due to" chemo or radiotherapy treatments
- Document any "cause-and-effect" relationship between the intervention and the blood or immune disorder
- Document the specific drug if anemia is drug-induced
- Link any laboratory findings to a related diagnosis (if appropriate)
- Document any associated diagnoses/conditions

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SOURCE: <http://bok.ahima.org/PdfView?oid=300621>

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