Clinical Documentation Tips – *Internal Medicine*

Specifying anatomical location and laterality is required as this detail reflects how physicians and clinicians communicate and to what they pay attention – it is a matter of ensuring the information is captured in the documentation.

- **Acute Myocardial Infarction (AMI)**
  - When documenting hypertension, include the following:
    1. Timeframe – An AMI is now considered “acute” for four weeks from the time of the incident
    2. Episode of Care – ICD-10 does not capture episode of care (e.g. initial, subsequent, sequelae)
    3. Subsequent AMI – ICD-10 allows coding of a new MI that occurs during the four week “acute period” of the original AMI
- **Hypertension**: In ICD-10, hypertension is defined as essential (primary). The concept of “benign or malignant” as it relates to hypertension no longer exists.
  - When documenting hypertension, include the following:
    1. Type – e.g. Essential, secondary, etc.
    2. Casual relationship – e.g. Renal, pulmonary, etc.
- **Asthma**: ICD-10 terminology used to describe asthma has been updated to reflect the current clinical classification system.
  - When documenting asthma, include the following:
    1. Cause – Exercise induced, cough variant, related to smoking, chemical or particulate cause, occupational
    2. Severity – Choose one of the three options below for persistent asthma patients
      - Mild persistent
      - Moderate persistent
      - Severe persistent
    3. Temporal Factors – Acute, chronic, intermittent, persistent, status asthmaticus, acute exacerbation
- **Underdosing**: Underdosing is an important new concept and term in ICD-10. It allows you to identify when a patient is taking less of a medication than is prescribed.
  - When documenting underdosing, include the following:
    1. Intentional, Unintentional, Non-compliance – Is the underdosing deliberate? (e.g. patient refusal)
    2. Reason – Why is the patient not taking the medication? (e.g. financial hardship, age-related debility)
- **Diabetes Mellitus, Hypoglycemia and Hyperglycemia**: The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system.
  - When documenting diabetes, include the following:
    1. Type – e.g. Type 1 or Type 2 disease, drug or chemical induced, due to underlying condition, gestational
    2. Complication – What (if any) other body systems are affected by the diabetes condition? E.g. foot ulcer related to diabetes mellitus
    3. Treatment – Is the patient on insulin?
  - A second important change is the concept of “hypoglycemia” and “hyperglycemia.” It is now possible to document and code for these conditions without using “diabetes mellitus.” You can also specify if the condition is due to a procedure or other cause.
  - The final important change is that the concept of “secondary diabetes mellitus” is no longer used; instead, there are specific secondary options.
- **Abdominal Pain and Tenderness**
  - When documenting abdominal pain, include the following:
    1. Location – e.g. Generalized, right upper quadrant, periumbilical, etc.
    2. Pain or tenderness type – e.g. Colic, tenderness, rebound

Questions? Email us at MedicareRiskAdj@hmsa.com