Orthopedic Documentation Tips

**THE ROAD TO ICD-10**
The following are important documentation tips and strategies as required by the specificity needed in ICD-10:

General:  
- a. Document diagnosis that were “present on admission” as POA.
- b. Include diagnoses monitored, treated, evaluated on discharge summary.
- c. Laterality should be specified for all body parts and sites

<table>
<thead>
<tr>
<th>Diagnosis/Procedure</th>
<th>Concept</th>
<th>Specificity</th>
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| Hip/Knee Replacement      | Type of device             | • Cemented  
                          |                                            | • Uncemented |
| Debridement               |                            | • Body part  
                          |                                | • Type of wound (decubitus, operative wound, burn, etc.)  
                          |                                | • Margin Size  
                          |                                | • Depth  
                          |                                | • State Excisional (if a cutting instrument was used)  
                          |                                | • State Nonexcisional debridement (if no tissue was excised) |
| Fractures                 | Type                       | • Traumatic, nontraumatic, osteoporotic, spontaneous  
                          |                                | Closed, open (type I, II, IIIA, IIIB, IIIC)  
                          |                                | Spiral, transverse, oblique, etc.  
                          | Bone site                   | • Upper end, shaft  
                          |                                | • Displaced, nondisplaced  
                          | Displacement                | • Osteoporosis (age related, other)  
                          | Underlying dx               |                                |
| Cellulitis                |                            | • Abscess  
                          |                                | • Lymphangitis |
| Septic Arthritis          | Causal agent               | • Staphylococcal, pneumococcal, etc.  
                          | Site                        | • L knee, R knee, etc. |
| Drug Dependence           | Drug name                  | • Narcotic, Benzodiazepine, Illegal, etc.  
                          | Usage                       | • Use: continuous, episodic, remission  
                          | Frequency                   | • Abuse  
                          |                                | • Dependence  

| **Anemia** | Type | • Acute blood loss anemia  
• Chronic blood loss anemia  
• Other type of anemia |
|---|---|---|
| **Diabetes** | Type | • Type I DM  
• Type II DM  
• DM due to drugs/chemicals  
• DM due to underlying condition |
| Manifestations | • DM manifestations such as:  
• DM nephropathy  
• DM Skin Ulcer  
• DM retinopathy  
• DM PVD |
| Insulin Usage | Document all DM manifestations such as: |
| • Type I DM  
• Type II DM  
• DM due to drugs/chemicals  
• DM due to underlying condition |
| **Ulcers** | Type | • Decubitus  
• Ishemic,  
• DM  
• Stasis |
| Location | Upper back, ankle, sacral, buttock, etc.  
Decubitus only: (stage 1-4 or unstageable)  
(May cosign WOC note) |
| Stage POA | |
| **Obesity with BMI** | | Obesity  is always clinically significant  
Morbid obesity defined as BMI 40 or > |
| **BMI under 19** | | Associated diagnoses such as Underweight, Cachexia or Malnutrition |
| **Malnutrition** | Type | • Protein Calorie Malnutrition  
• Mild, Moderate, Severe |
| Severity | |
| **Tobacco** | Usage | • Use  
• Abuse  
• Dependence  
• Exposure |
| Frequency | | |

**Clinical Documentation Improvement**

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