

## ICD-10 Reference Card for Primary Care

Diagnosis	Specificity
<b>Anemia</b>	<p><b>Type</b> including a link to other known and applicable factors such as:</p> <ul style="list-style-type: none"> <li>***Nutritional deficiency (i.e., protein, mineral, vitamin)</li> <li>***Loss of blood (i.e., acute and/or chronic)</li> <li>***Disease process (e.g., neoplastic disease, CKD, chronic disease)</li> <li>***Drug induced (to include specific drug)</li> <li>***Specified hereditary condition</li> <li>***Specified enzyme deficiency</li> </ul>
<b>Associated or related conditions</b>	<p><b>Obesity:</b> include diagnosis and education provided</p> <p><b>Diabetes:</b> type and/or cause and manifestations</p>
<b>CVA</b>	<p><b>Etiology:</b></p> <ul style="list-style-type: none"> <li>***Hemorrhage</li> <li>***Thrombotic, Embolic</li> <li>***Occlusion and stenosis of arteries</li> </ul> <p><b>Anatomic Specificity:</b> Include all known or suspected culprit vessels, involved areas</p> <p><b>Neurologic Deficits:</b></p> <ul style="list-style-type: none"> <li>***Hemiparesis/Hemiplegia (include laterality and dominance)</li> <li>***All deficits <u>even if</u> resolved by the time of discharge</li> </ul>
<b>Diabetes Mellitus</b>	<p><b>Type:</b> e.g. Type 1 or Type 2 disease, drug or chemical induced, due to underlying condition, gestational, etc.</p> <p><b>Complications:</b> What other body systems are affected? (e.g. Foot ulcer related to diabetes mellitus)</p> <p><b>Treatment:</b> is patient on insulin?</p>
<b>Encephalopathy</b>	<p><b>Hepatic encephalopathy:</b> with coma? , without coma?</p> <p><b>Toxic encephalopathy:</b> specify the toxic (non-medicinal) agent</p> <p><b>Metabolic encephalopathy</b></p>
<b>Noncompliance with Prescribed Regimen and/or Medication Under Dosing</b>	<p><b>Include</b> any noncompliance with prescribed therapies (e.g., smoking cessation) and/or medications</p> <ul style="list-style-type: none"> <li>***Intentional or unintentional</li> <li>***Reasons for noncompliance (e.g. financial, did not understand instructions)</li> </ul>
<b>Overdose</b>	<p><b>Circumstances:</b> Agent and Intentional or Unintentional</p>

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<p><b>Seizures</b></p>	<p><b>Specify Seizure Disorder or Convulsive Disorder:</b> Seizure Disorder is synonymous with Epilepsy  <b>Link:</b> Document association with other condition (e.g., due to prior CVA)  <b>Severity:</b> With or Without Status Epilepticus and if,  ***Pharmacoresistent  ***Pharmacologically resistant  ***Treatment Resistant  ***Refractory/Medically Refractory  ***Poorly controlled</p>
<p><b>Tobacco Use and/or Exposure Required</b></p>	<p><b>Tobacco Use:</b> History of (in remission), Current, Dependence (i.e., Smoker)  <b>Nicotine Form:</b> Cigarettes, Chewing Tobacco, Other Forms (e.g., E-Cigarettes)  <b>Tobacco Smoke Exposure:</b> Environmental, Occupational  ***<i>Include Withdrawal as applicable</i>***</p>
<p><b>Pneumonia</b></p>	<p><b>Identify the organism</b> (e.g. Viral or Bacterial and name the organism if known) <u>*** Probable, Likely and Suspected are all acceptable terms (chest x-ray and culture not necessary)***</u>   <b>Aspiration Pneumonia:</b> Identify cause (e.g. solids or liquid, due to anesthesia, etc.) and <b>identify whether it was present on admission (POA)</b>   <b>Link associated conditions to the pneumonia (due to):</b> e.g. Sepsis due to pneumonia</p>
<p><b>Acute respiratory failure</b></p>	<p><b>Type:</b> acute, unspecified  <b>With:</b> Hypoxia, Hypercapnia, Unspecified  ***Blood gases and mechanical ventilation are not required***  ***Always document date and time of Intubation and Extubation***</p>
<p><b>Chronic respiratory failure</b></p>	<p><b>With:</b> Hypoxia, Hypercapnia, Unspecified  ***Specify home oxygen needs to capture accurate severity of illness.***</p>
<p><b>Under dosing</b></p>	<p>***Document when patient is taking less of a medication than is prescribed***  <b>Intentional or Unintentional</b> (e.g. deliberate due to patient refusal)  <b>Specify reason</b> (e.g., financial hardship, dementia, etc.)</p>

## ICD-10 Reference Card for Cardiology

Diagnosis	Specificity
<b>Acute Myocardial Infarction</b>	<b>Time frame:</b> Document Date (acute code used for 28 days) <b>Type:</b> STEMI or NSTEMI <b>STEMI Anatomic Specificity:</b> Wall and Culprit Vessel(s) <b>NSTEMI Etiology:</b> Link to suspected (inpatient only) or known (e.g., demand ischemia) cause
<b>Anemia</b>	<b>Type</b> including a link to other known and applicable factors such as: ***Nutritional deficiency (i.e., protein, mineral, vitamin) ***Loss of blood (i.e., acute and/or chronic) ***Disease process (e.g., neoplastic disease, CKD, chronic disease) ***Drug induced (to include specific drug) ***Specified hereditary condition ***Specified enzyme deficiency
<b>Angina Pectoris</b>	<b>Type:</b> Stable, Unstable, Vasospasm, Post-Infarction
<b>Associated or Related Conditions</b>	<b>Obesity:</b> include diagnosis and education provided <b>Diabetes:</b> type and/or cause AND manifestations (e.g. autonomic neuropathy)
<b>Atrial Fibrillation</b>	<b>Type:</b> Paroxysmal, Intermittent, or Chronic (Permanent)
<b>Atrial Flutter</b>	<b>Type:</b> Type 1 or Typical, Type 2 or Atypical
<b>Cardiomyopathy</b>	<b>Type:</b> e.g. dilated/congestive, obstructive or non-obstructive, etc.
<b>EKG (12-Lead and Rhythm Strips)</b>	<b>Specify Clinically Significant</b> dysrhythmia (e.g., PJC), conduction defect (e.g., bifascicular block), etc
<b>Heart Failure</b>	<b>Cause:</b> Link to underlying condition as applicable (e.g., hypertension) <b>Acuity:</b> Acute, Chronic, Acute-on-Chronic, Decompensated <b>Type:</b> Systolic, Diastolic, Combined Systolic and Diastolic

## ICD-10 Reference Card for Cardiology

<b>Hypertension</b>	<b>Link to end-organ involvement:</b> ***Hypertensive heart disease ***Cardiomyopathy ***Hypertensive encephalopathy ***Hypertensive cerebrovascular disease ***Hypertensive retinopathy (include laterality) ***Chronic Kidney Disease including stage 1-5 or ESRD ***Cardiorenal Disease <b>Link to Cause</b> ***Endocrine Disorder ***Renal Disorder ***Renovascular Disorder
<b>Noncompliance with Prescribed Regimen and/or Medication Under Dosing</b>	<b>Include</b> any noncompliance with prescribed therapies (e.g., smoking cessation) and/or medications ***Intentional or unintentional ***Reasons for noncompliance (e.g. financial, did not understand instructions)
<b>Tobacco Use and/or Exposure Required for All Cardiac Diagnoses</b>	<b>Tobacco Use:</b> History of (in remission), Current, Dependence (i.e., Smoker) <b>Nicotine Form:</b> Cigarettes, Chewing Tobacco, Other Forms (e.g., E-Cigarettes) <b>Tobacco Smoke Exposure:</b> Environmental, Occupational *** <i>Include Withdrawal as applicable</i> ***
<b>Valve Disease</b>	<b>Cause:</b> Rheumatic, Non-rheumatic <b>Type:</b> Insufficiency, Regurgitation, Stenosis, Prolapse <b>Anatomic Specificity:</b> Mitral, Tricuspid, Aortic, Pulmonic
<b>Procedures</b>	<b>Specificity</b>
<b>Percutaneous Transluminal Coronary Angioplasty (PTCA)</b>	<b>Number of Sites Including Bifurcation</b> <b>Type of stent(s):</b> e.g. drug-eluting and/or bare metal

## ICD-10 Reference Card for General Surgery

\*\*\*Describe the condition for which you are performing surgery with as much detail as possible using the same terminology you would use to give report to another physician.  
 \*\*\* At a minimum, you should document approach, severity and laterality (if applicable).

Diagnosis	Specificity
<b>Appendicitis</b>	<b>Acuity:</b> ***Acute Appendicitis ***Chronic Appendicitis ***Acute and Chronic Appendicitis ***Gangrenous ***Perforation <b>Associated Condition:</b> Serositis, Omentitis, Localized Peritonitis, Generalized Peritonitis
<b>Associated or related conditions</b>	<b>Obesity:</b> include diagnosis and education provided <b>Tobacco:</b> use/abuse or dependence, type of tobacco product, whether current or history of use, document if patient is in nicotine withdrawal <b>Diabetes:</b> type and/or cause and manifestations
<b>Crohn's Disease</b>	<b>Site:</b> Small and/or Large Intestine <b>Complications:</b> Rectal Bleeding, Intestinal Obstruction, Fistula, Abscess, Other Complication (link condition to Crohn's)
<b>Debridement</b>	<b>Excisional or Non-Excisional?</b> <b>Level of Tissue Excised:</b> skin, subcutaneous tissue fascia, muscle, bone
<b>Diverticular Disease</b>	<b>Site:</b> specific section of the bowel with diverticulosis or acute diverticulitis <b>Complications:</b> bleeding, obstruction, fistula, abscess
<b>Gallbladder Disease</b>	<b>Acuity:</b> acute, chronic, acute on chronic <b>Cholelithiasis:</b> Location (e.g., bile duct, gallbladder, etc.) with or without obstruction
<b>Hernia</b>	<b>Anatomic Specificity</b> (including laterality) <b>Associated Conditions:</b> Obstruction, Gangrene, etc. <b>Redo:</b> specify if due to failed mesh graft
<b>Intraoperative Tear or Puncture</b>	<b>Specify in Documentation:</b> ***Is or Is Not Clinically Significant ***Incidental occurrence ***Inherent in the surgical procedure

## ICD-10 Reference Card for General Surgery

<b>Lymph Node Biopsy</b>	<b>Specify:</b> Sentinel Node or Lymph Node Chain Anatomic Specificity (including laterality)
<b>Lysis of Adhesions</b>	Document each organ or body part released, for example: ileum, jejunum, duodenum, cecum, etc.
<b>Malnutrition</b>	<b>Type:</b> protein calorie, protein energy <b>Severity:</b> mild or 1st degree, moderate or 2nd degree, severe or 3rd degree Document BMI if possible.
<b>Diverticular disease</b>	<b>Site:</b> specific section of the bowel with diverticulosis or acute diverticulitis <b>Complications:</b> bleeding, obstruction, fistula, abscess
<b>Hernia</b>	<b>Site:</b> e.g. inguinal, femoral, umbilical, ventral, diaphragmatic, other abdominal <b>Laterality:</b> right, left, bilateral <b>Recurrent?</b> <b>Additional:</b> with or without gangrene? With or without obstruction?
<b>Hernia repair</b>	<b>Approach:</b> open or percutaneous endoscopic <b>Laterality:</b> right, left, bilateral <b>Site:</b> abdominal wall, diaphragm, femoral, inguinal <b>With or without graft or prosthesis?</b> <b>autologous or nonautologous tissue substitute?, synthetic substitute?</b>
<b>Lymph Node Removal</b>	<b>One or more or a chain of lymph nodes?</b>
<b>Lysis of Adhesions</b>	Document each organ or body part released, for example: greater omentum, lesser omentum, mesentery
<b>Malnutrition</b>	<b>Type:</b> protein calorie, protein energy <b>Severity:</b> mild or 1st degree, moderate or 2nd degree, severe or 3rd degree <b>Document BMI if possible.</b>
<b>Neoplasms</b>	<b>Site</b> <b>Laterality:</b> right, left, bilateral <b>Morphology:</b> e.g. malignant, benign, in situ, uncertain behavior, unspecified behavior

## ICD-10 Reference Card for General Surgery

<b>Ulcerative colitis</b>	<p><b>Site:</b> Identify the most proximal area involved (i.e., rectum, sigmoid colon, left colon, transverse colon, pancolitis)</p> <p><b>Complications:</b> bleeding, obstruction, fistula, abscess</p>
<b>Crohn's disease (regional enteritis):</b>	<p><b>Site:</b> document the specific areas of the small or large intestine in which the Crohn's disease exists.</p>
<b>Overdose or poisoning</b>	<p>Document <b>substance</b> and whether <b>intentional or unintentional</b></p>
<b>Traumatic Fractures</b>	<p><b>Site</b></p> <p><b>Laterality:</b> right, left, bilateral</p> <p><b>Type:</b> displaced or nondisplaced, open (Gustilo type I,II,IIIA,IIIB or IIIC) or closed</p> <p><b>Encounter:</b> initial, subsequent, sequel</p> <p><b>Type of healing:</b> delayed, routine, nonunion, malunion</p>
<b>Pneumonia</b>	<p><b>Identify the organism</b> (e.g. Viral or Bacterial and name the organism if known) <u>*** Probable, Likely and Suspected are all acceptable terms (chest x-ray and culture not necessary)***</u></p> <p><b>Aspiration Pneumonia:</b> Identify cause (e.g. solids or liquid, due to anesthesia, etc.) and identify whether it was present on admission (POA)</p> <p><b>Link associated conditions to the pneumonia (due to):</b> e.g. Sepsis due to pneumonia</p>
<b>Acute respiratory failure</b>	<p><b>Type:</b> acute, unspecified</p> <p><b>With:</b> Hypoxia, Hypercapnia, Unspecified</p> <p>***Blood gases and mechanical ventilation are not required***</p> <p>***Always document date and time of Intubation and Extubation***</p>
<b>Chronic respiratory failure</b>	<p><b>With:</b> Hypoxia, Hypercapnia, Unspecified</p> <p>***Specify home oxygen needs to capture accurate severity of illness***</p>
<b>Sepsis</b>	<p><b>Causal organism (if known or suspected)</b></p> <p><b>Present on admission?</b></p> <p><b>End organ damage or circulatory failure related to sepsis?</b></p> <p><b>Related local infections</b></p>
<b>Under dosing</b>	<p>Document whether <b>intentional or unintentional</b> and <b>reason</b> (financial hardship, dementia, etc.)</p>

## ICD-10 Reference Card for Orthopedics

Diagnosis	Specificity
<b>Anemia</b>	<p><b>Type</b> including a link to other known and applicable factors such as:</p> <ul style="list-style-type: none"> <li>***Nutritional deficiency (i.e., protein, mineral, vitamin)</li> <li>***Loss of blood (i.e., acute and/or chronic)</li> <li>***Disease process (e.g., neoplastic disease, CKD, chronic disease)</li> <li>***Drug induced (to include specific drug)</li> <li>***Specified hereditary condition</li> <li>***Specified enzyme deficiency</li> </ul>
<b>Osteoporosis</b>	<p><b>Include:</b></p> <ul style="list-style-type: none"> <li>***With or without current fracture</li> <li>***Age-related or specify other cause (e.g., chronic kidney disease)</li> <li>***History of (healed) osteoporotic fracture</li> <li>***Major osseous defect, if any</li> </ul>
<b>Osteomyelitis</b>	<p><b>Include:</b> Acute or Chronic; Suspected (inpatient only) or Known Infectious Agent; Underlying Disease or Associated Condition; Site and Laterality; Presence of Any Major Osseous Defect</p>
<b>Associated or related conditions</b>	<p><b>Obesity:</b> include diagnosis and education provided  <b>Diabetes:</b> type and/or cause and manifestations</p>
<b>Complications of a Device</b>	<p><b>Joint specification:</b> laterality and anatomic site  <b>Complication type:</b> e.g. loosening, pain, infection, prosthetic fracture, misalignment, etc.</p>

## ICD-10 Reference Card for Orthopedics

<b>Fractures</b>	<p><b>Laterality:</b> e.g. left, right, bilateral</p> <p><b>Type:</b> e.g. open, closed, osteoporotic, pathological, neoplastic disease, stress</p> <p><b>Pattern:</b> e.g. Comminuted, oblique, segmental, spiral, transverse</p> <p><b>Etiology:</b> e.g. injury, neoplasm, osteoporosis) - use diagnostic linkages such as pathological fracture due to osteoporosis, due to malignancy, etc.</p> <p><b>Encounter of Care:</b> e.g. Initial, subsequent, sequelae</p> <p><b>Healing status:</b> if applicable (e.g. normal, delayed, nonunion, malunion)</p> <p><b>Localization:</b> e.g. shaft, head, neck, distal, proximal, styloid</p> <p><b>Displacement:</b> e.g. Displaced, non displaced</p> <p><b>Classification:</b> e.g. Gustilo-Anderson, Salter-Harris</p> <p><b>Phase of Care:</b> Initial (acute), Subsequent (healing), Sequelae (complication direct result of injury)</p>
<b>Osteoarthritis</b>	<p><b>Anatomical Site and Laterality</b></p> <p><b>Type:</b> Primary or secondary type</p> <p><b>Underlying Condition:</b></p> <p>***List cause and effect relationships (post-traumatic)</p> <p>***Document manifestations (vasculitis, polyneuropathy)</p>
<b>Orthopedic Surgeries</b>	<b>Specificity</b>
<b>Debridement</b>	<p><b>Type:</b> Excisional or Non-Excisional</p> <p><b>Deepest layer of tissue excised:</b> e.g. skin, subcutaneous, fascia, muscle, bone</p>
<b>Amputation</b>	<p><b>Anatomical Site of Bony Cut:</b></p> <p>***High: Amputation at the proximal portion of the shaft of the humerus or femur</p> <p>***Mid: Amputation at the middle portion of the shaft of the humerus or femur</p> <p>***Low: Amputation at the distal portion of the shaft of the humerus or femur</p> <p><b>Condition necessitating amputation:</b> e.g. diabetic Charcot's arthropathy, peripheral arteriosclerosis, etc.</p>
<b>Spinal Fusion</b>	<p><b>Spinal levels involved</b></p> <p><b>Graft Material:</b> e.g., autologous or non autologous (list harvest site)</p>

# ICD-10 Reference Card for Orthopedics

**Total Joint  
Replacement**

**Type of Synthetic Substitute:** e.g. metal, metal on polyethylene,  
ceramic, ceramic on polyethylene  
**Cemented or Uncemented**

## ICD-10 Reference Card for Pulmonology

Diagnosis	Specificity
<b>Associated or Related Conditions</b>	<p><b>Obesity:</b> include diagnosis and education provided</p> <p><b>Diabetes:</b> type and/or cause and manifestations</p> <p><b>Heart Failure:</b> include status and type as Acute and/or Chronic, Systolic and/or Diastolic</p>
<b>Asthma</b>	<p><b>Classification:</b> Intermittent, Persistent</p> <p><b>Severity:</b> Mild, Moderate, Severe</p> <p><b>Temporal Factors:</b> Uncomplicated, Exacerbation, Status Asthmaticus</p>
<b>Bronchitis</b>	<p><b>Acute or Subacute:</b> Link to organism if suspected (inpatient only) or known</p> <p><b>Chronic:</b> Simple, Mucopurulent, Mixed</p>
<b>COPD</b>	<p><b>Temporal Factors:</b> Exacerbation, Decompensation, Baseline</p> <p><b>Include Associated Conditions:</b> Asthma, Emphysema, Lower Respiratory Tract Infection, Acute/Chronic Bronchitis with specificity (e.g., simple, mucopurulent)</p>
<b>Emphysema</b>	<p><b>Type:</b> Unilateral, Panlobular, Specify if Other Type</p>
<b>Neoplasms</b>	<p><b>Primary Site:</b> Anatomic Specificity, Active Condition or Previously Excised</p> <p><b>Secondary Site(s):</b> Include Anatomic Specific for all Metastatic Sites</p> <p><b>Pathology Report:</b> Include Pathology Results as Diagnostic Statements</p>
<b>Noncompliance with Prescribed Regimen and/or Medication Under Dosing</b>	<p><b>Include</b> any noncompliance with prescribed therapies (e.g., smoking cessation) and/or medications</p> <p>***Intentional or unintentional</p> <p>***Reasons for noncompliance (e.g. financial, did not understand instructions)</p>

## ICD-10 Reference Card for Pulmonology

<p><b>Pneumonia</b></p>	<p><b>Identify the organism</b> (e.g. Viral or bacterial, name the organism if known or suspected, gram positive, gram negative)  <i>*** Probable, Likely, Suspected, or any term denoting uncertainty is acceptable terms for inpatient documentation (positive culture not necessary)***</i>  <b>Aspiration Pneumonia:</b> Specify substance and identify whether or not it was present on admission (POA)  <b>Link associated conditions to the pneumonia (due to):</b> e.g. Sepsis, HIV Disease, Influenza, etc.</p>
<p><b>Pneumothorax</b></p>	<p><b>Type:</b> Spontaneous, Chronic, Traumatic, Postprocedural  <b>Associated Details:</b> Primary, Secondary, Tension</p>
<p><b>Pulmonary Hypertension</b></p>	<p><b>Type:</b> Primary or Secondary (link to underlying condition e.g., COPD)  <b>Associated Condition:</b> Right Heart Ventricular Strain/Failure, Cor Pulmonale, Acute and/or Chronic</p>
<p><b>Respiratory Failure</b></p>	<p><b>Acuity:</b> Acute, Chronic, Acute and Chronic  <b>Type:</b> Hypoxia and/or Hypercapnia  <i>***Blood gases and mechanical ventilation are not required</i>  <b>Include Specific Details When Occurring in the Postoperative Period:</b>  <i>***Due to an underlying condition (e.g., COPD exacerbation, etc.)</i>  <i>***Complication of the procedure</i>  <i>***Complication of anesthesia</i></p>
<p><b>Tobacco Use and/or Exposure Required for All Pulmonary Diagnoses</b></p>	<p><b>Tobacco Use:</b> History of (in remission), Current, Dependence (i.e., Smoker)  <b>Nicotine Form:</b> Cigarettes, Chewing Tobacco, Other Forms (e.g., E-Cigarettes)  <b>Tobacco Smoke Exposure:</b> Environmental, Occupational  <i>***Include Withdrawal as applicable***</i></p>

**Notes:**