

GASTROENTEROLOGY

In preparation for the upcoming switch to ICD-10 it's more important than ever to be prepared. This tool has been created to help ensure accurate dictations and improve your chances of payor cooperation, lessening your chance for denials and lost reimbursement. Use this checklist during your dictation process to help successfully navigate the change to ICD-10.

INDICATIONS

ACUTE VS CHRONIC

Is the condition **ACUTE OR CHRONIC**?

If acute, please include date of onset of illness or injury.

Is the condition **CONGENITAL OR ACQUIRED**?

ADDITIONAL CHRONIC CONDITIONS

Inpatient cases require the additional coding of any **CHRONIC CONDITIONS** that affect patient care.

List any other chronic conditions:

COPD	CHF
ASTHMA	ESRD
HYPERTENSION	DIABETES

HISTORY

Please specify if your patient has any of the following **CONDITIONS IN THEIR HISTORY**:

Malignancy (*type of cancer and anatomic location*)

Family history of malignancy

(*specify family member and type of cancer*)

Prior polyps (*type*)

Crohn's

Ulcerative Colitis

PROCEDURE

SCREENING

Has your patient had a prior colonoscopy screening?

Please specify when.

List **HIGH RISK CONDITIONS**.

When do you recommend followup screening? No date ranges, please.

STATE: "Recommend Follow-up colonoscopy in 10 years."

SURVEILLANCE

What is the reason for the repeat colonoscopy?

Prior polyps? **HYPERPLASTIC** or **ADENOMATOUS**?

FINDINGS

COLON POLYPS

What Method was used to treat your patients' polyps?

SNARE

BX

FORCEPS - HOT

Was the site tattooed after polyp removal?

COLITIS

Specify **TYPE & LOCATION** of Colitis.

Does your patient have any **COMPLICATIONS OR CONDITIONS** of their colitis.

DIARRHEA

Specify **TYPE** of diarrhea.

If due to a specific bacteria, please specify which one.

DIVERTICULITIS/DIVERTICULOSIS

Please list any of the additional information listed below if it relates to your patient's condition:

Location – small, large or both intestines

With or without bleeding

With or without abscess

With or without perforation

GASTRITIS

Please include the following if they relate to your patient:

With or without bleeding

Viral

Spastic

Granulomatous

Alcoholic

Eosinophilia

Hypertrophic

POST OPERATIVE

COMPLICATIONS

Please specify any complications of surgical care for your patient?

Accidental puncture or laceration

Device, supply, or other material inadvertently left inside the patient

Wrong site, procedure, or patient

Abnormal reaction to device, if yes, specify reaction

Fracture of bone following insertion of fixation

