

GENERAL SURGERY

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

SKIN GRAFTS

Please select the material and thickness for **MUSCLE GRAFTS, SKIN GRAFTS, and TENDON/LIGAMENT RECONSTRUCTIONS:**

Autologous or Nonautologous tissue substitute

Synthetic

If Autologous, please remember to include the donor site

Full or split thickness (*skin grafts*)

Percutaneous, Open, or Endoscopic approach (*tendon or ligament reconstruction*).

MUSCLE GRAFTS

Please remember to clarify the specific type of graft used to supplement the muscle.

Autologous or Nonautologous tissue substitute

Synthetic

If Autologous, please remember to include the donor site

FINDINGS

ABNORMAL FINDINGS

Is the patient's service due to abnormal findings from prior tests?

Please specify if the procedure is **FOLLOWING A PRIOR TREATMENT.**

PRIOR PROCEDURE COMPLICATIONS

Is your patient's current treatment the result of any **PRIOR TREATMENT COMPLICATIONS?**

INJURY

Was there **ANOTHER PERSON** involved?

Was it related to **MACHINERY?** If yes, please specify type.

Was it related to a **MOTOR VEHICLE?**

OPEN WOUND

Does your patient have an open wound?

Please specify the type of wound.

Is there a retained foreign body?

Is there any infection?

DEVICE COMPLICATIONS

Has your patient had any **DEVICE COMPLICATIONS?**

Caused perforation

Protrusion of the device

Displacement

Defective

ARTERIOSCLEROSIS

Does your patient have a specified type of **ARTERIOSCLEROSIS** of their Coronary Artery?

w/Angina and Spasm

w/Unstable Angina

w/Ischemic Chest Pain

w/Other specified Angina

w/Unspecified Angina

Does your patient have any **COMPLICATIONS** with their extremity arteriosclerosis?

w/Gangrene

w/Intermittent claudication

w/Pain at rest

w/Ulcer (specify site of ulcer)



GENERAL SURGERY **Cont.**

FINDINGS continued

COLITIS

Specify **TYPE & LOCATION** of Colitis

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

HERNIAS

Please specify the **LOCATION** of your patient's hernia.

Please add any additional details related to your patient's hernia.

GALLBLADDER

Please include your patient's gallbladder calculus.

Were any imaging contrast studies also performed?

ADMITTING DIAGNOSIS

Please specify the condition that is chiefly responsible as the reason to admit the patient.

If the patient was admitted for a suspected problem and that was not confirmed as existing, please include any symptoms or conditions that were a deciding factor in the admission.

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

