

# NEUROLOGY

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

### SPINAL DISORDERS

Please include any of the following conditions related to your patient's spinal disorder.

Previous failed surgery? Kind, Location?

Subluxation? Location?

Myleopathy? Location?

## FINDINGS

### PRIOR TREATMENT

Is the patient's service part of **AFTERCARE MANAGEMENT**?

Please specify if the procedure is following a prior treatment.

### ABNORMAL FINDINGS

Is the patient's service due to **ABNORMAL FINDINGS FROM PRIOR TESTS**?

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

### 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?

### INJURY

Was there **ANOTHER PERSON** involved?

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

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

## PROCEDURE

### DORSOPATHY

Please provide additional information about your patient's dorsopathy.

Specific level/region of the spine

Any complications?

Cystitis

Endometriosis

STD

Pelvic Inflammatory disease

HPV

### 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

## 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

