



**PROVIDER CLINICAL DOCUMENTATION TIPS**  
**Behavioral Health**

"Specificity and detail in the medical record is needed to accurately capture the complexity of the patient you are treating in order to justify and properly identify the resources needed to care for your patient. Your documentation affects the accuracy of publicly reported data including risk adjustment quality measures and outcomes data. "

**Always document:**

- the reason for admission. Include possible, probable, likely, or suspected diagnoses.
- the clinical diagnoses of significant labs, radiology reports, and pathology findings.

**"History of"** means a condition existed in the past and has completely resolved. Consider "chronic" or drop "history of" for monitored conditions.

**Medical Linkage = "Due to" or "Secondary to"**

When two conditions are related. UTI "due to" Foley catheter, Acute Blood Loss Anemia "secondary to" GI bleed.

**"Postoperative": Indicates a complication!**

- Postoperative does **NOT** indicate a time frame.
- Use this term **only if condition is an unexpected condition or complication** of procedure, anesthesia, previous care, failure of device, or late effect of medical treatment.
- If **condition** (ileus, puncture, laceration, resp failure (w/hx of COPD, ILD, Asthma, etc.) **is NOT a complication, document:** Occurring after surgery, unrelated to surgery, expected, unavoidable, or inherent to procedure

**Discharge Summary:** -summary of **all** acute and chronic diagnoses managed during hospitalization.

- Always carry through** to the discharge summary any diagnoses that have not been ruled out.
- Specify status of diagnoses:** confirmed, ruled out, likely, possible, suspect, etc.

**Be sure to include medical conditions that were part of the hospitalization, especially if initially admitted for medical diagnosis. It is ok to reference a hospitalist or intensivist note for list of diagnoses, simply add a statement of attribution (i.e. "Per progress note by Dr. X on \*\*\*, patient was also treated for: \*\*\*").**

**Anxiety:**

**Specify Type:** Generalized, Hysterical, Neurosis, Panic, Reactive, Separation, State, other

**Autism:**

**Specify:** Autistic Disorder or Asperger's Syndrome  
Identify associated developmental disorders.

**Bipolar Disorders:**

**Specific type** (current or most recent episode): Depressed, hypomanic, manic, or mixed  
**Severity level:** mild, moderate, severe, remission (partial or full). **Psychosis:** With psychosis or without psychosis

**Chemical Use:**

**Specify:** to what substance  
**Specify:** Abuse, Use Disorder, Remission  
**Specify:** Intoxication, Withdrawal, Delirium, Substance-Induced Disorder

**Use Disorder**

**Specify Severity:** Mild, Moderate (Dependence), Severe (Dependence)

**Substance-Induced Psychiatric/Neurologic Disorder**

**Specify Type:** Anxiety, Bipolar, Depressive, Psychotic (w or w/o Hallucinations, delusions), Mood, Sexual, Sleep, Dementia

**Nicotine Dependence Withdrawal:**

- Nicotine dependence when replacement is ordered.
- **Document Symptoms:** Intense craving, sweating, anxiety, tingling hands/ feet, headache, irritability, depression

**Dementia**

**Specify:** type, cause, d/t condition (IE: Alzheimer's, Parkinsons, Lewy Body, Vascular, other)

**Specify:** with or without behavioral disturbances (wandering, combative, aggressive)

**Intellectual Disability:** (Developmental

delay/Global developmental delay non-specific, do not reflect severity of condition.)

**Specify Severity:**

**Mild** (IQ 50-69): Can live independently with minimal levels of support

**Moderate** (IQ 36-49): Independent living with moderate levels of support, such as group homes

**Severe** (IQ 20-35): Requires daily assistance with self-care activities and safety supervision

**Profound** (IQ <20): Requires 24-hr care

**Major Depression:**

**Specify Episode:** Single, Recurrent, or Remission

**Specify Severity:** Mild, Moderate, or Severe

**Panic:**

**Specify:** Acute reaction vs Disorder  
**Specify:** with or without agoraphobia

**Personality Disorder:**

**Specify Type:** Paranoid, Schizoid, Borderline, Histrionic, Obsessive-Compulsive, Dependent, other

**Phobia:**

**Specify:** to what

**Schizophrenia:**

**Specify Type:** Simple, Disorganized, Catatonic, Paranoid, Residual, Undifferentiated, other

**Specify Severity:** Acute, Chronic, or remission

**Encephalopathy:**

-A medical condition that may cause S/S of delirium.  
-Not the same as delirium (a mental disorder or symptom)

**Specify Type:** Metabolic, Toxic, Hepatic, Septic, Anoxic, Hypertensive, Alcoholic

**Acute:** reversibility if abnormalities are corrected w/return to baseline. Abnormalities are not corrected, may lead to chronic encephalopathy

**Specify Type:**

**Metabolic:** due to fever, dehydration, infection, acute hypoxia, electrolyte imbalance etc.

**Septic:** manifestation of severe sepsis.

**Toxic:** condition due to a toxin/drug which could be iatrogenic or illicit substance.

**Toxic Metabolic:** suggests a combo of toxic and metabolic factors

**Hepatic:** spectrum of neurologic impairment w/ severe end stage liver disease

**Wernicke:** thiamine deficiency d/t poor nutrition, non-alcoholic and alcoholic causes

**Hypertensive:** signs and/or symptoms of cerebral edema caused by severe and/or sudden rises in BP, end organ damage d/t hypertensive emergency.

**Chronic:** Irreversible due to permanent brain damage  
**Hypoxic/anoxic:** permanent chronic brain damage to sustained hypoxia.

**Korsakoff Syndrome:** Most frequency seen in alcohol abuse, usually a consequence of Wernicke encephalopathy

**Traumatic:** gradual degeneration in function because of repeated head injuries causing concussion.

**Pediatric Wt.:**

Diagnosis	Percentage Range
Underweight	Less than the 5 <sup>th</sup> percentile
Normal/Healthy Wt	5 <sup>th</sup> % to less than 85 <sup>th</sup> %
Overweight	85 <sup>th</sup> % to less than the 95 <sup>th</sup> %
Obese	95 <sup>th</sup> percentile or greater
Severe Obesity	BMI ≥120% of the 95 <sup>th</sup> percentile or an absolute BMI ≥35kg/m <sup>2</sup> , whichever is lower based on age and sex

**Adult Obesity/Morbid Obesity:**

Diagnosis	BMI	Other
Obesity	>30	
Severe (Morbid) Obesity	35 – 39.9	<b>AND</b> at least one or more chronic comorbid conditions related to obesity (IE: DM, CAD, HTN, Hyperlipidemia, Cancer, OSA, GERD, Non-alcoholic fatty liver, Depression, Infertility, Osteoarthritis)
Severe (Morbid) Obesity	>40	

**Malnutrition:**

Cachexia or emaciated are non-specific symptoms.

**-Order RD consult** and follow up on RD note to determine severe, moderate, mild or unspecified protein-calorie malnutrition.

**Electrolytes:** Record imbalances "particularly" given that hyponatremia is a CC with labs and monitoring.

Use diagnosis terms i.e. hyponatremia, not low sodium.

**Hyponatremia** – Na<sup>+</sup> < 135.

- document need for repeat labs and monitoring. Use specific term "hyponatremia"

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**Acute Kidney Injury: Not Renal Insufficiency**

-Increase in Cr level ≥ 1.5x baseline known/presumed within prior **7 days** or

-Increase in Cr level ≥ 0.3mg/dl in prior **48 hrs** or  
-UOP: **< 0.5 ml/kg in 6 hrs**

**Specify Cause:** Dehydration, Hypotension, Diuresis, Contrast

**Specify Type:**

**Consider ATN:** Meets criteria for AKI but expected to take >72 hrs to resolve.

**Specify Causes of ATN:**

IV contrast, Sepsis, Shock, Drugs, Major Surgery, Rhabdomyolysis, Prolonged Hypotension

**Chronic Kidney Disease:**

Document: CKD Stage	G Stage	GFR
1	G1	≥90
2	G2	60-89
3	G3a	45-59
3	G3b	30-44
4	G4	15-29
5	G5	<15 or ESRD or on dialysis

**Chronic Respiratory Failure:**

**Common causes:** severe COPD, pulmonary fibrosis, interstitial lung disease, cystic fibrosis and end-stage heart failure.

**Specify:**

**Hypoxic:** SpO<sub>2</sub> < 91% on room air (or pO<sub>2</sub> < 60)

**Hypercapnic:** Chronic hypercapnia (elevated pCO<sub>2</sub> > 50) with normal pH (7.35 – 7.45)

AND Chronic use of continuous home O<sub>2</sub> = 24 hrs a day. Is NOT Intermittent, exertional, or nocturnal use of O<sub>2</sub>.

**Congestive Heart Failure:**

**Specify Type:**

Diastolic: EF >55% (HFpEF)

Systolic: EF <45% (HFrEF)

**Specify Acuity:** Chronic

**Hypertensive Urgency:**

**Typically:** SBP>180 or DBP>110

With symptoms: HA, dyspnea, CP

**Without end organ involvement.**

**Treatment:** Prompt reduction of BP over hours or days with oral antihypertensives

**Coagulations Disorder:**

**Specify Type:**

**-Inherited:** hemophilia, von Willebrand disease, factor XI deficiency, and fibrinogen disorders.

**-Acquired:** due to anticoagulant/antithrombotic therapy or liver disease

**Definitions/Abbreviations:**

**DRG:** Diagnosis Related Group; main "bucket" for acute encounter, driven by procedure if present and acute medical condition if precedes mental health unit admission.

**CC/MCC:** Have major impact on designation

**SOI/ROM** may be impacted by CC/MCC and other diagnoses across multiple body systems

**Document anything that requires:**

- Clinical evaluation
- Therapeutic treatment
- Diagnostic procedures
- Extended length of hospital stay
- Increased nursing care and/or monitoring

CC: Comorbid condition

MCC: Major comorbid condition

SOI: Severity of illness

ROM: Risk of mortality

**CC/MCC diagnoses to consider:**

MCC	CC
Diabetic Ketoacidosis	Hallucinations
HIV Disease	Suicidal Ideation
Acute Pancreatitis	Chronic Pancreatitis
Quadriplegia	Sundowning
Acute respiratory failure	Acidosis
CVA/Stroke/Cerebral Infarct	Dehydration
Pressure ulcers, stage 3 or 4	Thrombocytopenia
Sepsis	Hypoxia
Pneumonia	Hemiplegia/paresis, paraplegia
ESRD	Neurogenic bladder
	UTI
	Crohn's disease

**Other Common Co-Morbid Medical conditions:**

**Asthma:**

**Specify severity:** intermittent, persistent, acute exacerbation

**Cardiac Arrhythmias**

**Diabetes Mellitus**

**Specify Type:** Type 1, Type 2, GDM

**Specify Complications:** IE: CKD, Neuropathy, Retinal, Vascular

**Cancer**

**Specify:** Primary and metastatic locations

**GERD**

**Specify:** w/ or w/o esophagitis if known

**Hypertension**

**CAD**

**Specify:** w/ or w/o angina (stable/unstable)