



Documentation Tips – Endocrine

Principal Diagnoses (PDx):

- PDx is the condition(s) after careful study, present on admission (POA), requiring admission and treatment. Need to confirm even after resolved (i.e., *“Diabetic Ketoacidosis, POA, resolved”*)
- Explain underlying etiology where possible (i.e., *“Diabetic ketoacidosis due to presumed underlying pneumonia and longstanding diabetes”*)

Secondary Diagnoses (CCs/MCCs):

- Include *all* additional diagnoses along with underlying etiology which are treated and/or monitored (i.e., metabolic encephalopathy due to the DKA, now resolved)
- Identify as “present on admission” if appropriate
- Utilize subspecialty/surgical consults when needed to improve specificity of all diagnoses
- Consider documenting a diagnosis any time you do something to a patient (*“central line placement due to NKHC”*)

Pearls for Endocrine Documentation:

- Describe “Clinical Impression” (e.g. thought process)
 - Diagnoses are commonly not “certain”
 - Use words like *probable, likely, suspect*, etc.
- Diabetes
 - *Type 1 or 2 (if unspecified will default to type 2)*
 - *Controlled or uncontrolled*
- Link diabetes related conditions and complications
 - Diabetic Ketoacidosis (MCC)
 - Diabetes with hyperosmolarity: Nonketotic hyperosmolar coma (MCC)
 - Diabetic hyperglycemia
 - Diabetic hypoglycemia
 - Diabetic gastroparesis



- Link diabetes related conditions and complications (continued)
 - Diabetic neuropathy/retinopathy
 - Diabetic bone changes: Focal diabetic osteonecrosis in bone
 - Diabetic osteopathy (i.e., cause of non-traumatic aseptic necrosis)
 - Diabetes related carotid stenosis
 - Diabetic ulcers:
 - ❖ Diabetic PVD related ulcer
 - ❖ Diabetic neuropathic ulcer
 - ❖ If osteomyelitis is unrelated to diabetes that must be stated
- Malnutrition:
 - Specify Type (i.e., protein calorie, nutritional marasmus kwashiorkor)
 - Degree: mild, moderate or severe
 - ❖ *Severe Malnutrition (MCC)*
 - ❖ *Malnutrition (CC)*
- Obesity with BMI 40 or > (CC)
- Underweight with BMI < 19 (CC)
- Cachexia (CC)
- Emaciation (MCC)
- Metabolic derangements:
 - Acidosis, alkalosis (CC)
 - ❖ Specify type: metabolic or respiratory
 - Electrolyte imbalances;
 - ❖ Hyper or hyponatremia or hyper or hyposmolality (CC)
- Thyrotoxicosis: Thyrotoxic storm or crisis (MCC)
- Endocrine related bone changes due to hypothyroid or CPPD
- Symbols
 - ↓ Na⁺ ≠ hyponatremia (to a coder)

Endocrine associated secondary conditions:

- Cerebral edema (MCC) secondary to DKA or SIADH
- Underlying infection causing elevated blood glucose