



# Endocrine System

## Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- [Diabetes Mellitus](#)
- [Diabetes Mellitus & Complications / Manifestations](#)
- [BMI](#)
- [Malnutrition](#)
- [Diseases of the Thyroid](#)

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# Diabetes Mellitus

To accurately capture the severity of illness and risk of mortality of your Diabetic patient you must document all of the key elements associated with the condition including:

- Type
  - Type 1
  - Type 2
  - Drug/chemical induced
  - Due to underlying condition
    - Due to genetic defects of beta-cell function
    - Due to genetic defects of insulin action
    - Post-pancreatectomy
    - Postprocedural
- Control
  - Inadequate control
  - Out of control
  - Poorly Controlled
  - Hypoglycemia
  - Hyperglycemia
  - Insulin use



# Diabetes Mellitus & Complications/Manifestations

Diabetic manifestations must be linked to the diagnosis to establish a cause and effect relationship.

## *Manifestations and Complications*

- Diabetic retinopathy
- Diabetic Osteomyelitis
- Diabetic PVD
  - With Diabetic Ulcer
- Diabetic peripheral neuropathy
  - With Diabetic Ulcer
- Diabetic nephropathy
- Diabetic gastroparesis
- Diabetic ulcer and/or gangrene
- Diabetic Hyperosmolarity
  - With or without Coma
- Hyperglycemia/hypoglycemia
  - With or without Coma
- Diabetic Ketoacidosis
  - With or without Coma



# Diabetes Mellitus Documentation Example

## Insufficient Documentation

- Pt admitted with diabetes mellitus. Blood sugar 425. Ulcer noted on LLE.
  
- Diabetes uncontrolled

## Best Practice Documentation

- Pt admitted with **DM 2 with hyperglycemia** with blood sugar on admission 425. Insulin dependent. **Diabetic foot ulcer due to diabetic PVD** noted on left malleolus. Pt also has diabetic neuropathy and retinopathy.
  
- Type 1 diabetes **with hyperglycemia**



# BMI

When a patient has a clinically significant BMI a supporting diagnosis reflecting the patients overall clinical picture is required for best practice documentation.

## ≥ 40 BMI

- Associated Condition
  - ❑ Morbid obesity
  - ❑ Due to excess calories
    - With alveolar hypoventilation
    - Pickwickian syndrome
  - ❑ Obesity
  - ❑ Overweight

## <19 BMI

- Associated Condition
  - ❑ Underweight
  - ❑ Cachexia
  - ❑ Malnourished
    - Mild (first degree)
    - Moderate (second degree)
    - Severe (third degree)



# BMI

## Documentation Example

### Insufficient Documentation

- Patient has a BMI of 46.3. The physical exam in the H&P states abdomen: obese

### Best Practice Documentation

- **Morbid obesity due to excessive calorie intake** with BMI of 46.3



# Malnutrition

- Specify severity:
  - Mild (first degree)
  - Moderate (second degree)
  - Severe (third degree)
  
- Document any associated diagnoses/conditions (i.e. underweight, cachexia)

**CCHS uses the ASPEN criteria to support the diagnosis of malnutrition. Refer to the Dietitian's progress note in the record.**

<http://malnutrition.andjrn.org/Content/articles/1-Consensus Statement.pdf>

Guidelines advocate for provider use of a standardized set of diagnostic characteristics to identify and document adult malnutrition. The guidance says malnutrition should be diagnosed when at least two or more of the following six characteristics are identified:

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized fluid accumulation that may sometimes mask weight loss
- Diminished functional status as measured by hand grip strength

Providers must assess these six characteristics in the context of an acute illness or injury, a chronic illness, or social or environmental circumstances to determine whether malnutrition is present and whether it is severe or non severe (moderate).



# Malnutrition Documentation Example

## Insufficient Documentation

- Frail, poor appetite, recent weight loss.

## Best Practice Documentation

- **Severe protein-calorie malnutrition**, decreased PO intake and weight loss in this patient **with cachexia**. BMI 16.





# Diseases of the Thyroid

## Non-toxic Goiter

- Diffuse
  - Simple
- Single thyroid nodule
  - Colloid
  - Uninodular
- Multinodular
  - Cystic

## Hypothyroidism

- Congenital with diffuse goiter
- Congenital w/o goiter
- Other

## Hyperthyroidism (Thyrotoxicosis)

- With diffuse goiter
  - Exophthalmic
  - Graves' Disease
- With single thyroid nodule
- With multinodular goiter
- From ectopic thyroid tissue
- Factitia

### Specify:

- With or without thyrotoxic storm or crisis



# Key Documentation Concepts

**Best practice documentation requires you to hit all of the following key elements:**

Document :

- Hyper or hypoglycemia if applicable
- “Link” associated diabetic manifestations
- Acuity and type of malnutrition with supporting clinical indicators and treatment
- Identify underlying conditions if present
- Diagnosis associated with abnormal BMI



# Take the Extra Step!

## Document:

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (linking DM to manifestations)
- Laterality, if applicable
- Explain the “why” and “because” to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)