PowerChart Quick Search Tips

All <u>symptom</u> diagnoses, such as chest pain, vomiting, nausea, diarrhea, abdominal pain, etc., can use unspecified codes until the underlying cause is determined. Once determined the diagnosis should be updated to reflect the underlying cause or if the reason is unknown this should be reflected in your notes.

For diagnoses such as injuries requiring episode of care -- if subsequent is grayed out in Diagnosis Assistant, click on *Initial* and subsequent will show up in the selection of diagnoses displayed.

<u>DIAGNOSIS</u>	Specified	Search Terms (note use of the comma)	<u>Code</u>
Abdominal pain	N		R10.9
Note: If underlying cause is known, use the diagnosis abd pain quadrant diagnosis and document in yo		underlying cause of the pain. If cause is unknown, use the s unknown.	
Abdominal pain, LLQ, RLQ, LUQ,RUQ, etc	Υ	abd pain,	R10.xx
Epigastric pain	Y	epigastric pain	R10.13
Pelvic pain	Y	pain, pel	R10.33
AKI (Acute kidney injury)	N		N17.9
Acute kidney failure	N		N17.9
Note: If acute renal failure or acute kidney injury does	not meet clinica	l criteria for further specificity leave the diagnosis as unspe	cified
Acute kidney injury	N	aki	N17.9
Acute renal failure	N	arf	N17.9
Acute renal failure with tubular necrosis	Y	arf w OR atn -scroll to selection	N17.0
Alcohol intoxication	N		F10.129
<u>Note</u> : Pattern of use (use abuse or dependence) is require diagnosis selection use DA.	d for specificity.	Acute alcohol intoxication defaults to abuse. For specificity a	nd appropriate
Alcohol use with intoxication, uncomplicated	Y	intNotesox al or alc intox - then use DA to achieve specificity	F10.920
Alcohol abuse with intoxication, uncompl	Y	intox al or alc intox - then use DA to achieve specificity	F10.120
Alcohol dependence with intoxication, uncomp	Y	intox al or alc intox - then use DA to achieve specificity	F10.220
Altered mental status	N		R41.82
unspecified AMS diagnosis and document in your note	cause is unkno	e diagnosis specifying the cause of the AMS. If cause is unk own. solution is to identify the underlying cause such as dehydrat	
Anemia	N		D64.9
Anemia due to acute blood loss	Υ	anemia due ac	D62
Anemia due to chronic blood loss	Y	anemia due chr	D50.0
Anemia in chronic renal disease	Y	anemia of ren	D63.1
Anemia in neoplastic disease	Υ	anemia in neo	D63.0

Anemia due to chemotherapy	Υ	anemia due to chemo	D64.81
Iron deficiency anemia	N	iron def an	D50.9
(ok to leave unspecified if underlying cause is unknown)	NI NI		
Anxiety	N	agrictic conditional ation	544.4
Generalized anxiety	Y	anxiety, -scroll to selection	F41.1
Panic attack	Y	panic attack	F41.0
Anxiety attack	Υ	anxiety att	F41.0
Asthma	N		J45.909
<u>Note:</u> It is easiest to select the unspecified diagnosis for a diagnosis.	Asthma (J45.	909) and then use Diagnosis Assistant and build the clin	ically supported
Asthma, mild intermittent, uncomplicated	Υ	mil int asth OR asth mil	J45.20
Asthma, mild intermittent, with acute exacerbation	Υ	mil int asth with acute OR asth mil ex	J45.21
Asthma, mild intermittent, with status asthmaticus	Υ	mil int asth with status OR asth mil st	J45.22
Asthma, mild persistent, uncomplicated	Y	mild pers asth <i>OR</i> asth mil per	J45.30
Asthma, mild persistent, with acute exacerbation	Y	mild pers with acute <i>OR</i> asth mil per ex	J45.31
Asthma, mild persistent, with status asthmaticus	Υ	mild pers with status OR asth mil per stat	J45.32
Asthma, moderate persistent, uncomplicated	Υ	mod pers asth <i>OR</i> asth mod per	J45.40
Asthma, moderate persistent, with acute	Υ	mod pers asth with acute OR asth mod per ac	J45.41
exacerbation			
Asthma, moderate persistent, with status asthmaticus	Y	mod pers with status <i>OR</i> asth mod per stat	J45.42
Asthma, severe persistent, uncomplicated	Υ	sev pers asth OR asth se pe	J45.50
Asthma, severe persistent, with acute exacerbation	Υ	sev pers asth with acute OR asth se pe ac ex	J45.51
Asthma, severe persistent, with status asthmaticus	Υ	sev pers with status OR asth se per stat	J45.52
Asthma with COPD	Υ	ast w c	J44.9
Chronic obstructive asthma	Υ	chro obs asth OR COPD w or ast w c	J44.9
Chronic obstructive asthma, with acute exacerbation	Y	copd with acute exac OR ast w copd w e	J44.1
Atrial fibrillation	N		148.91
Chronic A-Fib	Υ	a-fib -scroll to selection	148.2
Paroxysmal A-Fib	Υ	a-fib -scroll to selection	148.0
Persistent A-Fib	Υ	pers a-fib OR a-fib pers	I48.1
Back Pain	N		
Note: If underlying cause of the back pain is known use		specifying the underlying cause. If cause is unknown,	use the unspecified
back pain diagnosis and document in your note cause is		1	1.45 (5
Low back pain	Υ	low back pain OR	M54.5
Lumbocaeral back pain	Υ	back pain, - then scroll	ME4 E
Lumbosacral back pain	Y	back pain, Is OR back pain, - then scroll	M54.5
Consilion book wain			MEGG
Sacroiliac back pain	Υ	si pain OR	M53.3
		back pain, - then scroll	

Thoracic back pain	Υ	back pain, the parell	M54.6
Brain concussion	N	back pain, - then scroll	S06.0X9A
Note: Specificity requires duration of LOC			Colonor
Bronchitis	N		J40
Note: Select unspecified bronchitis and then use Diagno	sis Assistai	nt to "build" the diagnosis is best for bronchitis. The uns	
acute and chronic is better to use than bronchitis u			100.0
Acute bronchitis	N	ac bron	J20.9
Asthmatic bronchitis	N	asthm bron	J45.9
Chronic bronchitis	N	chr bron	J42
Cardiomyopathy	N		142.9
Ischemic cardiomyopathy	Y	cardio,	125.5
Dilated cardiomyopathy	Y	cardio,	142.0
Non-ischemic cardiomyopathy	N	cardio non	142.9
Primary cardiomyopathy	Y	cardio,	142.8
Secondary cardiomyopathy	N	cardio,	I42.9
Alcoholic cardiomyopathy	Y	cardio,	142.6
Idiopathic cardiomyopathy	Υ	cardio,	142.8
Postpartum cardiomyopathy	Y	postp card	O90.3
Drug induced cardiomyopathy	Y	cardio drug	142.7
Hypertrophic nonobstructive cardiomyopathy	Y	hypert cardio	142.2
Hypertrophic obstructive cardiomyopathy	Y	hypert obs cardio	142.1
Hypertensive cardiomyopathy	Y	htn cardio	I11.9
Restrictive cardiomyopathy	Y	restrictive cardio	142.5
Takotsubo	Y	Tako	I51.81
Cellulitis	N		L03.90
Cellulitis of xxx	Y	Cellulitis of -scroll to selection	
Chest pain	N		R07.9
Note: If underlying cause of chest pain is known use the type of chest pain, document in your note cause is		specifying the underlying cause. If cause is unknown, us	e the
Musculoskeletal, anterior wall chest pain, atypical	Υ	chest pain, -scroll to selection	R07.89
Pleuritic chest pain	Υ	pleuritic chest pain OR chest pain, ple	R07.81
Precordial chest pain or chest pain on breathing	Υ	chest pain, pre OR chest pain on bre	R07.2
CHF			
Acute systolic CHF (congestive heart failure)	Υ	CHF, - then scroll to appropriate selection	I50.21
Acute diastolic CHF	Υ	CHF, - then scroll to appropriate selection	I50.31

see Seizures			•
Convulsions	N		R56.9
Drug induced constipation	Y	consti due -scroll to selection	K59.09
Constipation, outlet dysfunction	Υ	consti, -scroll to selection OR consti due	K59.02
Constipation, slow transit	Υ	consti, -scroll to selection OR consti due	K59.01
Constipation	N		K59.00
Decompensated COPD	Υ	decom copd or copd dec	J44. 1
COPD with acute exacerbation	Υ	copd ex or ac ex copd	J44. 1
COPD with acute bronchitis	Y	COPD w ac bronchitis	J44.0
Note: COPD unspecified (J44.9) is acceptable if the patie complication.	ent is not hav	ring any complications. If the patient is having complica	tions then further speci
COPD - Chronic obstructive pulmonary disease	N		J44.9
Severe CKD (stage 4)	Υ	sev ckd OR ckd sev	N18.4
Moderate CKD (stage 3)	Υ	mod ckd <i>OR</i> ckd mod	N18.3
Mild CKD (stage 2)	Υ	mil ckd OR ckd mil	N18.2
End Stage renal disease	Υ	ESRD OR end ren	N18.6
CDK Stage 5	Y	ckd v <i>OR</i> CRD - then scroll to select stage	N18.5
CKD Stage 4	Y	ckd iv <i>OR</i> CRD - then scroll to select stage	N18.4
CKD Stage 3	Y	ckd iii <i>OR</i> CRD - then scroll to select stage	N18.3
CKD Stage 2	Y	ckd ii <i>OR</i> CRD - then scroll to select stage	N18.2
CKD Stage 1	Y	CKD I <i>OR</i> CRD - then scroll to select stage	N18.1
Chronic Kidney Disease	N		
CHF Rheumatic heart failure	Y	Rheu ht fail	109.81
Acute on chronic combined systolic and diastolic	Y	CHF, - then scroll to appropriate selection	150.43
Chronic combined systolic and diastolic CHF	Υ	CHF, - then scroll to appropriate selection	150.42
Acute combined systolic and diastolic CHF	Υ	CHF, - then scroll to appropriate selection	I50.41
Acute on chronic diastolic CHF	Υ	CHF, - then scroll to appropriate selection	150.33
Acute on chronic systolic CHF	Υ	CHF, - then scroll to appropriate selection	150.23
Chronic diastolic CHF	Υ	CHF, - then scroll to appropriate selection	150.32
Chronic systolic CHF	Y	CHF, - then scroll to appropriate selection	150.22

CVA	N		163.9
Cerebral infarction, unspecified	N	CVA, then scroll to cerebral infarction OR inf cer <i>OR</i> cer inf	163.9
Ischemic stroke	N	isc str	163.50
Cerebral infarction due to embolism of cerebral arteries	Y	emb str inv cer - scroll to select artery	163.4-
Cerebral infarction due to embolism of precerebral arteries	Υ	emb str inv - then scroll to select artery	l63.1-
Cerebral infarction due to occlusion of cerebral arteries	Y	ac isc str inv -scroll to selection	163.5-
Cerebral infarction due to occlusion of precerebral arteries	Υ	ac isc str inv -scroll to selection	163.2-
Cerebral infarction due to stenosis of cerebral arteries	Υ	acute mca, acute lca, acute pca	163.5-
Cerebral infarction due to stenosis of precerebral arteries	Υ	cer infa due to st rt or lf scroll to select artery	163.2-
Cerebral infarction due to thrombosis of cerebral artery	Υ	cer infa due to thr rt or lf then scroll to select artery	163.3-
Cerebral infarction due to thrombosis of precerebral artery	Υ	cer infa due to thr rt or lf then scroll to select artery	163.0-
CVA due to intracerebral hemorrhage	Υ	CVA due hem	161.9
Postop cerebral infarction following cardiac surgery	Υ	postop cva ca	197.820
Postop cerebral infarction following other surgery	Υ	postop cva	197.821
Intraoperative CVA during cardiac surgery	Υ	intraop cva	197.810
Intraoperative CVA during other surgery	Υ	intraop cva	I97.811
Non-traumatic subarachnoid bleed	Υ	bld suba - scroll to locate artery	160.9
Non-traumatic Subdural bleed	Υ	non subd	162.00
Acute intracerebral hemorrhage	Υ	hem intracer of - then scroll to site	I61.xx
Nontraumatc intracerebral hemorrhage in cerebellum	Υ	cere hem - scroll to cerebellar	I61.4
Dementia	N		F30.9
Diabetes	Y		E10.9 E11.9
Diabetes type I	У	t1dm	E10.9
Diabetes Type II	У	t2dm	E11.9
Diabetic ketoacidosis without coma	Y	dm keto wo	E10.10
Diabetic ketoacidosis with coma	Υ	dm keto with	E10.11
Diabetic gastroparesis	Y	Diabetic gastro	E10.43 or E11.43
Diabetic retinopathy	Υ	diabetic retin	E10.319 or

			E11.319
Diabetic neuropathy		diabetic neuro	E10.40 or
	Y		E11.40
Diabetic nephropathy	Y	diabetic nephro	E10.21 or E11.21
Gestational diabetes	Y	gest dm -scroll to selection	O24.4
Nonketotic hyperglycemic hyperosmolar coma	'	nkhc	E11.01
(NKHHC)	Y		
Diabetes type I out of control	Υ	uncontrolled dia -scroll to selection	E10.65
Diabetes type II out of control	у	uncontrolled dia -scroll to selection	E11.65
Diabetes out of control	у	dia out of control	E11.65
Diabetes poorly controlled	у	poorly control dia -scroll to selection	E11.65
Diabetes with hyperglycemia	у	dia with hyperg -scroll to selection	E11.65
Diabetes with hypoglycemia	У	dia with hypog -scroll to selection	E11.649
Diabetes type II, insulin dependent	У	insulin dep -scroll to selection	E11.9 & Z79.4
Diabetic ulcer	Y	dm ulcer r OR dm ulcer l -scroll to specific site	E10.62x or E11.62x
Diarrhea	N		R19.7
		specifying the cause of the diarrhea. If cause is unknown	, use the unspecified
diarrhea diagnosis and document in your note cause is Dysphagia	N		R13.10
		 R13.10) then use Diagnosis Assistant to scroll and select	
diagnosis clinically supported.	n Dyophagia (Troine, then use Biagnesis rissistant to soren and senset	тос оросто
Dyspnea	N		
<u>Note:</u> If underlying cause of dyspnea is known use this notes.	as the diagno	osis instead of dyspnea. If cause of dyspnea is unknown	document this in your
Dyspnea, unknown reason	N	dyspnea	R06.00
Acute dyspnea	N	ac dyspnea	R06.00
Dyspnea on exertion	Y	DOE OR dysp on	R06.09
Orthopnea	Y	orthopnea	R06.01
Shortness of breath	Y	SOB	R06.02
Dyspnea, unknown reason	N	dyspnea	R06.00
Fall	N		W19.XXXA
		ng the fall should be documented or chosen. W19.xxxA is r primary diagnosis. It should be used in conjunction with	
	1	falls and to adapte	D20.6
Repeated falls (unexplained reason)	Υ	falls -scroll to selection	R29.6

Fever	N		R50.9
Postop fever	Υ	postop fe	R50.82
Fever of unknown origin	N	fuo	R50.9
Neutropenic fever Results in neutropenia unspecified - also add R50.81 fever presenting with conditions classified elsewhere, and leave neutropenia unspecified	N	neutro fev	D70.9
Head injury	N		S09.90XA
Note: The diagnosis for the specific type of head injury s	should be use	d instead of head injury, such as concussion, lacer	ation of xxx, fracture, etc
Hyperglycemia	N		R73.9
Note: If patient has diabetes use diabetes diagnosis with	hyperglycem	nia, otherwise leave as unspecified	<u> </u>
Hyperlipidemia	N		E78.5
Mixed hyperlipidemia	Y	hyperlip	E78.2
Hypotension	N		195.9
Note: If patient meets clinical criteria for shock add diag	nosis for sho	ck	<u> </u>
Orthostatic hypotension	Y	orthostatic hypo	195.1
Neurogenic orthostatic hypotension	Y	orthostatic hypo -scroll to selection	G90.3
Drug-induced hypotension (add name of drug in your notes)	Y	hypot due	195.2
Postop hypotension	Y	hypot postop	195.89
Hypothyroid, Hypothyroidism	N		E03.9
Hypothyroidism	Y	hypothyr, - then scroll hypothyr due - then scroll	E03.x
Leukocytosis	N		D72.829
Basophilic leukocytosis	Y	leukocyto -scroll to selection	D72.89
Eosinophilic leukocytosis	Υ	leukocyto -scroll to selection	D72.1
Motor vehicle accident	N		V89.2XXA
Note: Select unspecified diagnosis and use Diagnosis	Assistant to o	btain specificity	<u> </u>
Pneumonia	N		J18.9
Note: The only way to avoid the unspecified icon is to self causal organism is unknown ok to use unspecified pro-			s in your notes
Pneumonia due to streptococcus	Y	pneumonia due strep	J15.4
MRSA pneumonia	Υ	mrsa pna	J15.212
Aspiration pneumonia	Υ	asp pna	J69.0
Viral pneumonia	N	viral pn	J12.9
Bacterial pneumonia	N	bact pna	J15.9
•	1 1 1	<u> </u>	

Gram negative pneumonia	Υ	gr neg pna	J15.8
Pulmonary contusion	N		S27.329A
<u>Note:</u> For specificity need right, left, bilateral, select this column (this will open all episode choices) select approp		lick on the unspecified icon to go into DA - click o	n initial in the episode
Right lung contusion	Υ	rt lung contusion	S27.321A
Left pulmonary contusion	Υ	If pulmonary contusion	S27.321A
Respiratory failure	N		J96.90
<u>Note:</u> At minimum respiratory failure must be defined as hypercapnic.	acute, chron	ic or acute on chronic. Specificity requires inclusi	on of hypoxic or
Acute respiratory failure	N	ac resp fail	J96.00
Acute hypoxic respiratory failure	Υ	ac hyp resp	J96.01
Acute hypercapnic respiratory failure	Υ	ac hyp resp	J96.02
Acute on chronic hypoxic respiratory failure	Υ	ac chr resp fail	J96.21
Acute on chronic hypercapnic respiratory failure	Υ	ac chr resp fail	J96.02
Acute postprocedural respiratory failure	Υ	post resp fail	J95.821
Acute on chronic postprocedural respiratory failure	Υ	post resp fail	J95.822
Chronic respiratory failure	N	chr resp fail	J96.10
Chronic hypercapnic respiratory failure	Υ	chr hyp resp	J96.12
Chronic hypoxic respiratory failure	Y	chr hyp resp	J96.11
Seizure	N		R56.9
Non-epileptic seizure	N	seizure	R56.9
Recurrent seizures	Y	recurrent seizures	G40.89
Febrile seizure, simple	Y	febrile seizure	R56.00
Febrile seizure, complex	Y	febrile seizure -scroll to selection	R56.01
Sepsis	N		A41.9
<u>Note:</u> If site or organism cannot be specified leave this a Pneumonia, cellulitis, etc.	s an unspeci	fied diagnosis. Document associated underlying in	fection such as UTI,
Streptococcal sepsis	Y	strep seps OR sep d t st	A40.9
Sepsis due to Staph aureus - MSSA	Y	MSSA sep	A41.01
Sepsis due to Staph aureus - MRSA	Υ	MRSA sep OR sepdtmr	A41.02
Coag. Neg. staphylococcus sepsis	Υ	coag neg staph sep OR sep d t coa	A41.1
Staph sepsis	Υ	staph seps OR sep d t st	A41.2
Sepsis due to H. Flu	Υ	h infl sep OR sep d t h inf	A41.3
Gram-negative sepsis	N	gram	A41.50
Pseudomonas sepsis	Y	pseudo sep OR sep d t ps	A41.52
•			+ +
Postprocedural sepsis	Υ	postop seps	T81.4

Severe sepsis	N	severe sepsis	R65.20
Severe sepsis with septic shock	N	septic shock	R65.21
S/P total knee replacement	N		Z96.659
s/p left knee replacement	Y		Z96.652
s/p right knee replacement	Y		Z96.651
s/p bilateral knee replacement	Y		Z96.653
Subarachnoid hemorrhage Non- traumatic	NI	CALL than use DA to build diagnosis	160.9
	N Vact non traum	SAH - then use DA to build diagnosis	
		natic from Clinical Core and then scroll through selection	
Traumatic Note: Puration of LOC is required for specificity. Use Di	N to build diag	Tra SAH - then use DA to build diagnosis nosis. For subsequent encounters click on initial under I	S06.6X9A
open up subsequent as a choice in the code selection a		nosis. For subsequent encounters click on linual under t	zpisode and it will
Subdural hemorrhage/hematoma			
Non- traumatic			162.00
Note: Specificity required is acuity. Use DA and scroll the	nrough diagno	sis list to appropriate acuity	-
Traumatic			S06.5X0A
Note: Duration of LOC is required for specificity. For tra	umatic SDH it	is best to use DA to build the diagnosis	-
Tachycardia	N		R00.0
Note: If underlying cause of tachycardia is known use this in your notes.	this as the dia	gnosis instead of tachycardia. If cause of tachycardia is	unknown document
Paroxysmal atrial tachycardia (PAT)	Y	PAT	147.1
Suprventricula tachycardia (SVT)	Y	SVT	I47.1
Sick sinus syndrome	Y	SSS	149.5
Tachy-brady syndrome	Y	tacy br	149.5
Thrombocytopenia	N		D69.6
Thrombocytopenia due to xxxx	Y	thrombocytopenia, OR thrombocytopenia due	D69.59
HIT	Y	hep ind throm	D57.82
TIA (transient ischemic attack)	N		G45.9
Note: If underlying cause of TIA is known use this diagram		of TIA, such as carotid stenosis, vertebro-basilar artery sy	ndrome. If cause is
unknown, leave code as unspecified and document cau		nyour notes. nd then use Diagnosis Assistant to scroll and select mos	t specific diagnosis
clinically supported	i.n. (070.9) a	na alen ase Diagnosis Assistant to seron and select mos	t specific diagnosis
Transaminitis	N		R74.0
	nderlying caus	e of the elevation should be documented instead. If caus	e is unknown
Note: The message "No choices evailable, the diagnos	io connot be f	without appointed in DA" will appear when you aliet an the	unappoiited ican 4-is
<u>Note:</u> The message "No choices available - the diagnosi indicates a different diagnosis may be more appropriate		orther specified in DA" will appear when you click on the	unspecified icon - this

Upper respiratory infection (URI)	N		J06.9
Note: If underlying cause of URI is known use the	is as the diagnosis	instead of URI. If cause of URI is unknown documer	nt this in your notes.
URI	N	URI	J06.9
Common cold	Y	cold	J00
Urinary retention	N		R33.9
Acute urinary retention	Y	ac urin ret	R33.8
Urinary tract infection	N		N39.0
Note: If the UTI site can be specified, such as cylar as an unspecified diagnosis and in your no		se this diagnosis instead of UTI. If site cannot be speanism if known.	ecified, leave
Acute UTI	N	uti	N39.0
Cathether associated UTI (CAUTI)	Y	UTI due to or uri cath inf or inf uri cath	T83.51
E. Coli UTI	N	e.coli uti	N39.0
Proteus UTI	N	proteus U	N39.0 & B96.4
Pseudomonas UTI	N	pseudo U	N39.0 & B96.5
Vaginal bleeding	N		N93.9
Underlying cause or specific type of vaginal bleedin leave as unspecified and document unknown cause	•	th as excessive menstruation, postmenopausal, etc. If t	ınderlying cause is unknowr
Selecting the unspecified diagnosis and then using	DA is best way to get	multiple applicable diagnosis selections	
Menorrhagia	Y	Menorr	N92.0
Postmenopausal bleed	Y	post men bld	N95.0
Other specified vaginal bleeding	Y	direct enter code	N93.8
Vomiting	N		N19
Vomiting without nausea	Y	vomiting w -scroll to selection	R11.11
Vomiting with nausea	N	vomiting w -scroll to selection	R11.2
Projectile vomiting	Y	project	R11.12
Persistent vomiting	N	vomiting -scroll to selection	R11.10