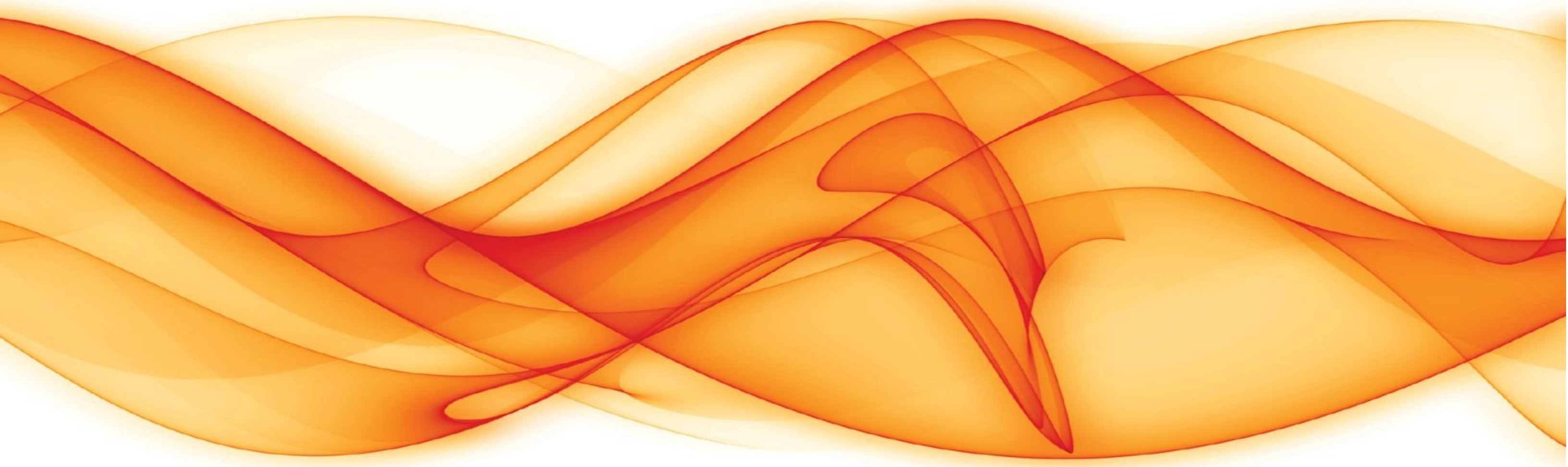

mModal

Fluency Discovery

Standard Content – CDI

Engage

Version 3.21

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EXAMPLE CONTENT TABLE KEY

#	RULE	PHYSICIAN MESSAGE
1 ***NEW***	This is a written English version of the rule to help understand what will cause the rule to trigger, what are the missing pieces of information, and what will satisfy the rule (if it is able to be satisfied).	TITLE OF MESSAGE Message that will be displayed to the **end user**.

EVIDENCE
Supporting evidence for the rules below will be listed here. • Note: this evidence does not always have to be present for a rule to trigger and will vary between content. • To identify what will cause a rule to trigger, please use the description of the rules below.

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CLINICAL DOCUMENTATION IMPROVEMENT ICD-10 SPECIFICTY TARGETED CONTENT

ICD-10-CM uses 3–7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM (for example, ICD-10-CM has the same hierarchical structure as ICD-9-CM). Primarily, changes in ICD-10-CM are in its organization and structure, code composition, and level of detail. The following new features can be found in ICD-10-CM:

1. Site of dominance and/or laterality (left, right, bilateral)
2. Severity, staging and grading
3. Combination codes for certain conditions and common associated symptoms and manifestations
4. Psychoactive substance use, abuse, and dependence and its association to certain conditions
5. The 7th character in ICD-10-CM is used in several chapters to describe episode of care; an initial encounter, subsequent encounter, or sequela (late effect)

Current ICD-10 Target Areas

Target Area	Description
Laterality	Many concepts and conditions now require that documentation of site of dominance and/or laterality be present to enable the highest level of coding. Examples: fractures, lacerations, arthritis, amputations, hearing loss.
Acuity	An increased number of concepts and conditions can be found from ICD-9 to ICD-10 needing higher levels of documentation around acuity. Examples: bronchitis, heart failure, neuropathy, interstitial emphysema.
Type/Stage/ Severity	Select concepts and conditions in ICD-10 require documentation of type, stage, and severity of disease. Examples: burns, chronic kidney disease, pressure ulcers, sunburns.
Initial/Subsequent/ Sequela	Select chapters within ICD-10 and conditions require that there be description of the episode of care; whether it is the initial encounter, subsequent encounter, or a sequela. Examples: lacerations, insect bites, frostbites, fractures, abrasions.
Tobacco/Alcohol/ Drugs	Conditions and problems that can potentially be related to tobacco, alcohol, and drug usage require explicit documentation of causation or correlation. Examples: cirrhosis of liver, hepatic failure, sleep apnea, gingivitis.

CONDITIONS

CARDIOLOGY
- Acute Coronary Syndrome
- Atrial Fibrillation/Flutter
- Cardiomyopathy
- Heart Failure
- Hypertension
- Hypertensive Heart Disease
- Cor Pulmonale
- AV Block
- Cardiac Arrest

RESPIRATORY
- Pneumonia
- Respiratory Infection
- Respiratory Failure
- Hypoxia
- Asthma

NUTRITIONAL DISORDERS
- Malnutrition
- Obesity

SURGICAL
- Debridement
- Transbronchial Biopsy

HEMATOLOGY
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- Blood Loss Anemia
- Neutropenia

RENAL
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- Acute Tubular Necrosis
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- Dehydration

INTEGUMENTARY
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- Pleural Effusion
- Acute Bronchitis
- Abnormal Gait
- Hypoxic Ischemic Encephalopathy
- Urethral Structure
- Urinary Calculus

LABORATORY
- Electrolyte Imbalances
- Acidosis/Alkalosis

Acidosis/Alkalosis

#	RULE	PHYSICIAN MESSAGE
1	Evidence of respiratory alkalosis without explicit documentation of respiratory alkalosis.	ACIDOSIS/ALKALOSIS We have identified blood gas imbalances. If appropriate, please document the **associated diagnosis**.
2	Evidence of respiratory acidosis without explicit documentation of respiratory acidosis.	
3	Evidence of metabolic alkalosis without explicit documentation of metabolic alkalosis.	
4	Evidence of metabolic acidosis without explicit documentation of metabolic acidosis.	

EVIDENCE
Supporting evidence for Acidosis/Alkalosis includes the following: • Arterial blood gasses (HCO_3 and pCO_2) (using AHIMA standard values) • Arterial pH (using AHIMA standards values)

Acute Coronary Syndrome

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of ACS and/or evidence of ACS without explicit mention of negated ACS, angina, MI, STEMI, NSTEMI, or aborted MI. (New to ICD-10)	ACUTE CORONARY SYNDROME Please further define the **type** (angina, STEMI, NSTEMI, or aborted MI).
2	Explicit mention of MI without explicit mention of STEMI, NSTEMI, or aborted MI. (New to ICD-10)	MYOCARDIAL INFARCTION Please further define the **type** (STEMI, NSTEMI, or aborted MI).

EVIDENCE
Supporting evidence for ACS includes the following: • ECG changes: ST-T wave abnormality • Positive cardiac biomarker • Clinical findings (chest pain, discomfort, pain in both arms or legs, shortness of breath, etc.)

Acute Renal Failure

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of acute renal insufficiency or pre-renal azotemia instead of acute renal failure or acute kidney injury.	ACUTE RENAL FAILURE A nonspecific term was used, please use a more specific term (acute renal failure or acute kidney injury).
2	Explicit mention of acute renal failure or acute kidney injury without documentation of site of kidney insult.	ACUTE KIDNEY DISEASE Acute renal failure/acute kidney injury was documented, can further specificity be documented (acute tubular necrosis, acute medullary necrosis, acute cortical necrosis or acute nephrotic syndrome)?
3	Explicit mention of acute renal failure or acute kidney injury without documentation of cause of acute renal failure.	ACUTE KIDNEY DISEASE - CAUSE Acute renal failure/acute kidney injury was documented, please document **cause** (sepsis, dehydration, obstruction, or something else) if possible.

EVIDENCE
Supporting evidence of Acute Renal Failure includes: • Clinical findings (dehydration, diuretics, ATN, acute papillary necrosis, obstruction of ureter or bladder, etc.) • Serum creatinine > 1.5 • Urinary sodium concentration > 40

Altered Mental Status

#	RULE	PHYSICIAN MESSAGE
1	Documentation of unresponsiveness without explicit mention of level of unresponsiveness (stupor, coma, or locked-in syndrome).	MENTAL STATUS CHANGE Please specify **level of altered mental status** (stupor, coma, or locked-in syndrome, or something else) if possible.
2	Documentation of unresponsiveness without explicit documentation of etiology of unresponsiveness.	MENTAL STATUS CHANGE - ETIOLOGY Please specify **etiology** of altered mental status, unresponsiveness, or encephalopathy if possible.
3 ***NEW***	Explicit mention of altered mental status without documentation of specificity and etiology of altered mental status. (New to ICD-10)	ALTERED MENTAL STATUS Please document **specificity** and **etiology** of altered mental status, if possible.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Anemia

#	RULE	PHYSICIAN MESSAGE
1	Evidence of blood loss anemia without explicit documentation of anemia due to blood loss.	BLOOD LOSS ANEMIA There is evidence of anemia, please consider documenting the etiology, type, and acuity.
2	There is explicit documentation or evidence of anemia without mention of type.	BLOOD DISORDER There is evidence of a blood disorder; please consider documenting the etiology, type, and acuity.
3 ***NEW***	Explicit mention of neutropenia without documentation of type of neutropenia. (New to ICD-10)	NEUTROPENIA Neutropenia was mentioned, please consider documenting the **type**.

EVIDENCE
Supporting evidence of Anemia includes: • Hemoglobin ≤ 10 • Hematocrit < 32

Appendicitis

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of appendicitis without explicit mention of generalized peritonitis, ruptured appendix, localized peritonitis, peritoneal abscess, or without peritonitis. (New to ICD-10)	APPENDICITIS Please consider more specificity of **type** (generalized peritonitis, ruptured appendix, localized peritonitis, peritoneal abscess, or without peritonitis).

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Arrhythmia and Cardiomyopathy

#	RULE	PHYSICIAN MESSAGE
1	Mention of atrial fibrillation without explicit mention of paroxysmal, persistent, chronic, or permanent atrial fibrillation. (New to ICD-10)	ATRIAL FIBRILLATION Please consider further specifying the **type** (paroxysmal, persistent, chronic, or permanent).
2	Mention of atrial flutter without explicit mention of type I, type II, typical, or atypical atrial flutter. (New to ICD-10)	ATRIAL FLUTTER Please consider further specifying the **type** (typical, atypical, type I, or type II).
3	Mention of cardiomyopathy without explicit mention of dilated, hypertrophic, restrictive, or arrhythmogenic right ventricular dysplasia. (New to ICD-10)	CARDIOMYOPATHY Please consider further specifying the **type** (dilated, hypertrophic, restrictive, or arrythmogenic right ventricular dysplasia).
4	Explicit mention of mitral valve disorder without specifying the condition (insufficiency or prolapse). (New to ICD-10)	MITRAL VALVE DISORDER Please consider further specifying the condition (insufficiency or prolapse).
5	Explicit mention of valve disorder without specifying the condition (stenosis or stenosis with insufficiency). (New to ICD-10)	VALVE DISORDER Please consider further specifying the condition (stenosis or stenosis with insufficiency).
6	Explicit mention of supraventricular tachycardia with sudden onset, but without mention of paroxysmal supraventricular tachycardia. (New to ICD-10)	SUPRAVENTRICULAR TACHYCARDIA Sudden onsite was identified with supraventricular tachycardia. Please consider further specifying the condition.
7 ***NEW***	Explicit mention of AV block without documentation of type (first degree, second degree, Mobitz block, type I, or type II). (New to ICD-10)	AV BLOCK Please consider further specifying the **type** (first degree, second degree, Mobitz block, type I, or type II).
8 ***NEW***	Explicit mention of cardiac arrest without documentation of etiology of cardiac arrest. (New to ICD-10)	Cardiac Arrest Cardiac arrest was documented; please state the **etiology** (CAD, MI, cardiomyopathy, heart valve disease, arrhythmia) if possible.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Asthma

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of asthma without mention of severity (mild, moderate, severe, brittle) or acuity (acute vs. chronic). (New to ICD-10)	ASTHMA Please specify **severity** (mild, moderate, severe, brittle) OR **acuity** (acute vs. chronic).
2	Explicit mention of asthma without mention of type. (New to ICD-10)	ASTHMA - TYPE Please specify the **type** of asthma.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Chronic Renal Failure

#	RULE	PHYSICIAN MESSAGE
1	Mention of CKD with or without lab evidence of stage and no explicit mention of stage.	KIDNEY DISEASE Please specify **stage** of disease, if possible.

EVIDENCE
Supporting evidence below is used in staging of chronic kidney disease: • Serum Creatinine (using AHIMA standard values) • Glomerular Filtration Rate (GFR) (using AHIMA standard values)

Colonoscopy

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of colonoscopy without explicit mention of diagnostic colonoscopy, therapeutic colonoscopy, or colon screen.	COLONOSCOPY Please make sure you are using proper **type** (diagnostic, therapeutic, or screening).

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Congestive Heart Failure

#	RULE	PHYSICIAN MESSAGE
1	Presence of HF without explicit mention of type (systolic/diastolic) and/or acuity (acute/chronic/acute-on-chronic).	HEART FAILURE Please specify **acuity** (acute, chronic, acute-on-chronic) and **type** (systolic, diastolic, combined systolic-diastolic).
2 ***NEW***	Explicit mention of heart failure without documentation of etiology of heart failure. (New to ICD-10)	HEART FAILURE - ETIOLOGY Please document **etiology** of heart failure if known.

EVIDENCE
Supporting evidence for heart failure includes: • Lab values (EF < 40%, BNP > 500) • Medications (IV medications, supplemental oxygen-medications) • Radiology studies (Echocardiogram, Chest X-Ray, CT Scan) • Treatment given (ACE inhibitors, Angiotensin II receptor blockers) • Clinical findings (CAD, HTN, ESRD, etc.)

Cor Pulmonale

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of cor pulmonale, without documentation of acuity (acute vs. chronic).	COR PULMONALE Please specify **acuity** (acute vs. chronic).

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Debridement

#	RULE	PHYSICIAN MESSAGE
1	Presence of debridement and evidence of excisional or mention of a sharp debridement (and zero to many depth measurement and zero to many evidence of wound) without explicit documentation of excisional debridement.	DEBRIDEMENT Please specify the **type** (excisional vs. non-excisional).

EVIDENCE

Supporting evidence for debridement includes:

- Technique used for debridement
- Instruments used
- Nature of the tissue removed
- The appearance and size of the wound
- The depth of the debridement

Diabetes Mellitus

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of diabetes without documentation of type.	DIABETES MELLITUS Please consider documenting **type** and any associated condition with diabetes mellitus if possible.
2 ***NEW***	Explicit mention of diabetes and a complication, but the link between them was not documented. (New to ICD-10)	DIABETIC COMPLICATION Diabetes and a complication were documented; please confirm the link between them if applicable.

EVIDENCE

Supporting evidence for diabetes mellitus includes:

- Lab values (Glucose > 400, pH < 7.35, serum ketones)
- Clinical findings (hypernatremia, neuropathy, retinopathy, etc.)

Embolism

#	RULE	PHYSICIAN MESSAGE
1	Presence of DVT without explicit documentation of acuity and/or laterality. (New to ICD-10)	DVT Please specify **acuity** (acute or chronic), if possible.
2	Presence of DVT without explicit documentation of site. (New to ICD-10)	DVT SITE Please specify **site** and **proximal/distal**.
3	Presence of pulmonary embolism without explicit documentation of with/without cor pulmonale. (New to ICD-10)	PULMONARY EMBOLISM Please specify with or without cor pulmonale.
4	Presence of pulmonary embolism without explicit documentation of cause. (New to ICD-10)	PULMONARY EMBOLISM – CAUSE Please specify cause of pulmonary embolism, if possible.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Electrolytes

#	RULE	PHYSICIAN MESSAGE
1	There is evidence of hyponatremia (sodium levels <130 mEq/L) without explicit mention.	ELECTROLYTE IMBALANCE We have identified electrolyte imbalances If appropriate, please document the **associated diagnosis**. Low Sodium High Sodium Low Potassium High Potassium Low Calcium High Calcium Low Magnesium High Magnesium
2	There is evidence of hypernatremia ((sodium levels >150 mEq/L) without explicit mention.	
3	There is evidence of hypokalemia (potassium levels <2.8 mEq/L) without explicit mention.	
4	There is evidence of hyperkalemia (potassium levels > 6.2 mEq/) without explicit mention.	
5	There is evidence of hypocalcemia (calcium levels < 6.0 mg/dL) without explicit mention.	
6	There is evidence of hypercalcemia (calcium levels >13.0 mg/dL) without explicit mention.	
7	There is evidence of hypomagnesemia (magnesium levels <1.0 mg/dL) without explicit mention.	
8	There is evidence of hypermagnesemia (magnesium levels >4.7 mg/dL) without explicit mention.	

EVIDENCE
Supporting evidence for electrolytes includes: • Lab values (Sodium, Potassium, Calcium, and Magnesium)

Fracture

#	RULE	PHYSICIAN MESSAGE
1	Presence of fracture and evidence of stress fracture without explicit mention of stress fracture. (New to ICD-10)	FRACTURE Specifying **type** (traumatic, stress, pathological) of fracture will satisfy documentation best practices.
2	Presence of fracture and evidence of osteoporosis (and no evidence of major trauma) without explicit mention of pathological fracture. (New to ICD-10)	
3	Presence of fracture and evidence of malignancy (and no evidence of major trauma) without explicit mention of pathological fracture. (New to ICD-10)	
4	Presence of fracture and evidence of bone disease (and no evidence of major trauma) without explicit mention of pathological fracture. (New to ICD-10)	
5	Spondylosis was documented, but site (cervical, thoracic, lumbar, or lumbosacral) was not documented. (New to ICD-10)	SPONDYLOSIS SITE Please specify **site** of spondylosis if possible (cervical, thoracic, lumbar, or lumbosacral).
6	Spondylosis was documented without explicit mention of myelopathy or radiculopathy. (New to ICD-10)	SPONDYLOSIS Please document any associated conditions (myelopathy, radiculopathy, or something else) if appropriate.
7	Documentation of an open fracture of a long bone without explicit mention of stage of Gustillo classification. (New to ICD-10)	GUSTILLO CLASSIFICATION Open long bone fracture was mentioned, please document Gustillo classification if possible.

EVIDENCE
Supporting evidence used in conjunction with clinical concepts for fractures include: • Medications (Fosamax, Boniva, Actonel, etc.) • DEXA Scanning and X-ray studies • Clinical findings (osteoporosis, malignancies, bone disease, evidence of trauma, etc.)

Functional Quadriplegia

#	RULE	PHYSICIAN MESSAGE
1	Evidence of functional quadriplegia/quadriparesis without explicit mention of functional quadriplegia/quadriparesis. (New to ICD-10)	DEPENDENCY OF CARE There is evidence of dependency of care, please document a corresponding condition if applicable.
2	Explicit documentation of functional quadriplegia/quadriparesis without mention of etiology. (New to ICD-10)	FUNCTIONAL QUADRIPLEGIA Functional quadriplegia was mentioned, please confirm if the **etiology** was properly documented.

EVIDENCE
Supporting evidence for Functional Quadriplegia/Quadriparesis includes the following: • Activities of daily living (ADLs) • Clinical findings (bedridden, inability to turn, total care, tube feeding, etc.) • Clinical causes (severe dementia, severe brain injury, advanced arthritis, etc.)

Hypertension

#	RULE	PHYSICIAN MESSAGE
1	Mention of hypertensive urgency, hypertensive emergency, or hypertensive crisis without mention of accelerated HTN or malignant HTN. (ICD-9 Only)	HYPERTENSION A nonspecific term was used to describe hypertension, please consider a more specific **type** (accelerated, malignant, or essential).
2	Mention of hypertension or essential hypertension without mention of benign, malignant, or accelerated hypertension. (ICD-9 Only)	HYPERTENSION TYPE Hypertension was documented, please consider a more specific **type** (accelerated, malignant, or benign).
3 ***NEW***	Explicit mention of hypertension and congestive heart failure, but without mention of hypertensive heart disease. (New to ICD-10)	HYPERTENSIVE HEART DISEASE Hypertension and congestive heart failure were documented; please confirm if hypertensive heart disease is applicable.

EVIDENCE
Supporting evidence of hypertension includes: • Blood pressure (systolic and diastolic) • Medications (anti-hypertensive medications) • End organ damage • Symptoms (headache, dyspnea, chest pain, etc.)

Malnutrition

#	RULE	PHYSICIAN MESSAGE
1	Evidence of malnutrition or evidence of severe malnutrition without explicit mention of malnutrition or severity (mild, moderate, or severe).	NUTRITIONAL INDICATORS Evidence or explicit mention of malnutrition is present, if true please specify the **severity** (mild, moderate, or severe).
2	Explicit documentation of malnutrition with or without supporting evidence, but there was no mentioned of severity of malnutrition (mild, moderate, or severe).	MALNUTRITION Please specify **severity** (mild, moderate, severe) and **type**.
3	Explicit mention of TPN or tube feeding with or without evidence of malnutrition and no explicit mention of malnutrition (positively or negatively mentioned).	TPN/TUBE FEEDING A TPN or tube feeding was mentioned without explicit mention of malnutrition. Please mention **malnutrition** and **severity** if appropriate.

EVIDENCE
Supporting evidence for malnutrition cases includes: • Labs (prealbumin ≤ 15, albumin ≤ 2.9) • Body Mass Index (BMI ≤ 19) • Clinical findings (muscle wasting, protein supplement, cachexia, loss of hair, etc.)

Malignancies

#	RULE	PHYSICIAN MESSAGE
1 ***NEW***	Explicit mention of acute myeloid leukemia without mention of subtype and relapse/remission status. (New to ICD-10)	ACUTE MYELOID LEUKEMIA Please specify **subtype** and **relapse/remission** status, if possible.
2 ***NEW***	Explicit mention of breast cancer without mention of site and laterality. (New to ICD-10)	BREAST CANCER Please specify both **site** and **laterality** of breast cancer.
3 ***NEW***	Explicit mention of cancer of bile duct without mention of intrahepatic or extrahepatic. (New to ICD-10)	CANCER OF BILE DUCT Please specify whether the cancer of bile duct is an **intrahepatic** or **extrahepatic** bile duct.
4 ***NEW***	Explicit mention of cancer of small intestine without mention of affected section. (New to ICD-10)	CANCER OF SMALL INTESTINE Please specify the **section** of small intestine (duodenum, jejunum, ileum, Meckel's diverticulum, overlapping sites) affected with cancer.
5 ***NEW***	Explicit mention of chronic lymphocytic leukemia without mention of remission status. (New to ICD-10)	CHRONIC LYMPHOCYTIC LEUKEMIA Please specify **remission status** (in remission, never achieved remission, in relapse), if known.
6 ***NEW***	Explicit mention of colon cancer without mention of affected section. (New to ICD-10)	COLON CANCER Please specify **section** of colon affected, if known.
7 ***NEW***	Explicit mention of lung cancer without mention of site and laterality. (New to ICD-10)	LUNG CANCER If known, please specify both the **site** in lung (main bronchus, upper lobe, middle lobe, lower lobe, overlapping sites, etc) and the **laterality** of the affected lung.
8 ***NEW***	Explicit mention of multiple myeloma without mention of relapse/remission status. (New to ICD-10)	MULTIPLE MYELOMA Please specify whether multiple myeloma is in remission, has never achieved remission, or is in relapse.
9 ***NEW***	Explicit mention of ovarian cancer without mention of laterality. (New to ICD-10)	OVARIAN CANCER If known, please specify the **laterality** of the affected ovary.
10 ***NEW***	Explicit mention of pancreatic cancer without mention of site. (New to ICD-10)	PANCREATIC CANCER If known, please specify the **site** in the pancreas of the pancreatic cancer.
11 ***NEW***	Explicit mention of secondary neoplasm of lung without mention of laterality. (New to ICD-10)	SECONDARY NEOPLASM OF LUNG Please specify the **laterality** of the affected lung.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Meningitis

#	RULE	PHYSICIAN MESSAGE
1 *NEW*	Explicit mention of viral meningitis without documentation of causative organism. (New to ICD-10)	VIRAL MENINGITIS Please specify **causative organism**, if known.
2 *NEW*	Explicit mention of bacterial meningitis without documentation of causative organism. (New to ICD-10)	BACTERIAL MENINGITIS Please specify **causative organism**, if known.
3 *NEW*	Explicit mention of meningitis without documentation of type and/or causative organism. (New to ICD-10)	MENINGITIS Please specify **type** of meningitis and/or **causative organism**, if known.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Neurology

#	RULE	PHYSICIAN MESSAGE
1	Explicit documentation of stroke and monoparesis, hemiparesis, monoplegia, or hemiplegia without mention of dominant or nondominant. (New to ICD-10)	PARAPLEGIA/PARESIS Please specify **side affected** (dominant vs. nondominant).
2	Documentation of stroke without explicit documentation of type (hemorrhagic, thrombotic, or TIA).	STROKE TYPE Stroke was mentioned, please confirm if the **type** (hemorrhagic, thrombotic, or TIA) was properly documented.
3	Explicit mention of stroke without documentation of residual hemiparesis after stroke.	STROKE: RESIDUAL HEMIPARESIS Please specify if there is residual hemiparesis after stroke.
4	Explicit mention of ataxia without documentation of type (cerebellar, hereditary, or acquired).	ATAXIA Please specify **type** of ataxia if possible (cerebellar, hereditary, or acquired).
5	Explicit mention of brain hemorrhage without documentation of type (intracerebral, nontraumatic, spontaneous subarachnoid, or subdural).	BRAIN HEMORRHAGE Please specify **type** of brain hemorrhage if possible (intracerebral, nontraumatic, spontaneous subarachnoid, or subdural).
6	Explicit documentation of hydrocephalus, but the type (communicating or obstructive) was not documented.	HYDROCEPHALUS Please specify **type** of hydrocephalus if possible (communicating or obstructive).
7	Explicit documentation of a ventricular peritoneal shunt without mention of hydrocephalus.	VP SHUNT VP shunt was documented, please specify underlying condition if possible.
8	Explicit mention of aphasia without documentation of type (expressive, receptive, anomic, or global).	APHASIA Please specify **type** of aphasia if possible (expressive, receptive, anomic, or global).
9	Explicit documentation of a closed head injury or traumatic brain injury without mention of concussion.	HEAD INJURY Head injury was mentioned please document concussion if appropriate.
10	Explicit documentation of seizure without mention of type. (New to ICD-10)	SEIZURE Please specify **type** of seizure.
11	Explicit documentation of stroke without mention of sequelae conditions of the stroke. (New to ICD-10)	STROKE SEQUELAE Please specify **sequelae conditions** of stroke.
12 ***NEW***	Explicit mention of stroke without documentation of the specific site. (New to ICD-10)	STROKE SITE Stroke/cerebral infarction were mentioned; please state the specific **site** if possible.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

Obesity

#	RULE	PHYSICIAN MESSAGE
1	BMI ≥ 25 to < 30 without explicit documentation of overweight.	HIGH BMI Please document a corresponding condition related to high BMI.
2	BMI ≥ 30 to < 40 without explicit documentation of obesity.	
3	BMI ≥ 40 without explicit documentation of morbid obesity.	
4 ***NEW***	Explicit mention of obesity and evidence of obesity-inducing drug, without documentation of drug-induced obesity. (New to ICD-10)	OBESITY Obesity was documented with evidence of obesity inducing drugs; please provide **type** if possible.
5 ***NEW***	Explicit mention of morbid obesity and evidence of alveolar hypoventilation without documentation of alveolar hypoventilation or Pickwickian syndrome. (New to ICD-10)	OBESITY - HYPOVENTILATION Morbid obesity was documented with evidence of hypoventilation; please provide additional information if possible.

EVIDENCE
Supporting evidence for obesity cases includes: • BMI

Pneumonia

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of pneumonia and zero to many evidence of pneumonia, without explicit mention of a causative agent or type of pneumonia.	PNEUMONIA Please document a **causative agent** and type of pneumonia, if possible.
2	Explicit mention of pneumonia without documentation of present on admission.	PNEUMONIA POA Please document is pneumonia was present on admission.
3 ***NEW***	Explicit mention of pneumonia and a teleradiotherapy procedure with supporting evidence, without documentation of radiation-induced pneumonia. (New to ICD-10)	PNEUMONIA - TELERADIOTHERAPY Pneumonia was documented with supporting evidence and a teleradiotherapy procedure; please provide **type** if possible.

EVIDENCE
Supporting evidence for pneumonia includes: • Findings from X-rays, CT-scans • Clinical Findings (cough, chest pain, difficulty breathing, fever, etc.) • Organisms • Antimicrobials

Respiratory Failure

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of respiratory failure, hypoxemic, or hypercapnic respiratory failure and zero to many lab evidence of respiratory failure without explicit documentation of acuity (acute/chronic/acute-on-chronic) and with or without specificity (hypoxemic/hypercapnic).	RESPIRATORY FAILURE Specifying acuity (acute, chronic, acute-on-chronic) and type (hypoxemic, hypercapnic) will satisfy documentation best practices.
2	Explicit mention of ventilator without documentation of respiratory failure.	VENTILATOR STATUS There is documentation of ventilator status, please document a corresponding condition if possible.
3	Explicit mention of respiratory insufficiency without documentation of respiratory failure.	RESPIRATORY INSUFFICIENCY A nonspecific term was used, please use a more specific term.
4	Explicit mention of respiratory failure without documentation of etiology.	RESPIRATORY FAILURE - ETIOLOGY Please document etiology of respiratory failure, if appropriate.
5	Explicit mention of hypoxia without documentation of respiratory failure. (New to ICD-10)	HYPOXIA Hypoxia was documented, please state underlying etiology if possible.
6 ***NEW***	Explicit mention of continuous home oxygen use, but without documentation of chronic respiratory failure. (New to ICD-10)	HOME OXYGEN Continuous home oxygen use was documented; please confirm if chronic respiratory failure is applicable.

EVIDENCE
Supporting evidence of respiratory failure includes: • ABG values (pH < 7.35, PaO2 <70, HCO3 > 26, PaCO2 > 45, Sp02 < 92, FIO2 > 32, CO2 > 30) • SpO2 on room air • Intubation/ventilation • BiPAP • Clinical findings (severe heart failure, pneumonia, COPD, end-stage lung disease, etc.)

Signs and Symptoms

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of chest pain, without documentation of underlying etiology.	CHEST PAIN Chest pain was documented, please state underlying etiology if possible.
2	Explicit mention of abdominal/pelvic pain, without documentation of underlying etiology.	ABDOMINAL PAIN Abdominal pain or pelvic pain was documented, please state underlying etiology if possible.
3	Explicit mention of syncope, without documentation of underlying etiology.	SYNCOPE Syncope was documented, please state underlying etiology if possible.
4	Explicit mention of dysphagia, without documentation of underlying etiology.	DYSPHAGIA Dysphagia was documented, please state underlying etiology if possible.
5 ***NEW***	Explicit mention of hematuria without documentation of type of hematuria. (New to ICD-10)	HEMATURIA Hematuria was documented; please state the **type** if possible.
6 ***NEW***	Explicit mention of erythematous condition without documentation of type. (New to ICD-10)	ERYTHEMATOUS CONDITION Erythematous condition was documented; please state the **type** (toxic erythema, erythema annulare centrifugum, erythema marginatum) if possible.
7 ***NEW***	Explicit mention of thyrotoxicosis without documentation of the source. (New to ICD-10)	THYROTOXICOSIS Thyrotoxicosis was documented; please specify the **source** (diffuse goiter, toxic single thyroid nodule, toxic multi-nodular goiter, etc.) if possible.
8 ***NEW***	Explicit mention of pleural effusion without documentation of type of pleural effusion. (New to ICD-10)	PLEURAL EFFUSION Pleural effusion was documented; please state the **type** (chylous, malignant, pleurisy, tuberculous pleural effusion) if possible.
9 ***NEW***	Explicit mention of acute bronchitis without documentation of the cause. (New to ICD-10)	ACUTE BRONCHITIS Acute bronchitis was documented; please state the **cause** (mycoplasma pneumonia, hemophilus influenza, streptococcus, etc.) if possible.
10 ***NEW***	Explicit mention of dysphagia, but the anatomical site was not documented. (New to ICD-10)	DYSPHAGIA - SITE Dysphagia was documented, please state the **anatomical site/phase** involved if possible.
11 ***NEW***	Explicit mention of abnormal gait without documentation of type of abnormal gait. (New to ICD-10)	ABNORMAL GAIT Abnormal gait was documented; please state the **type** if possible.

Signs and Symptoms (continued)

#	RULE	PHYSICIAN MESSAGE
12 ***NEW***	Explicit mention of hypoxic ischemic encephalopathy without documentation of severity. (New to ICD-10)	HYPOXIC ISCHEMIC ENCEPHALOPATHY Hypoxic ischemic encephalopathy was documented; please state the **severity** if possible.
13 ***NEW***	Explicit mention of urethral stricture without documentation of type of urethral stricture. (New to ICD-10)	URETHRAL STRICTURE Urethral stricture was documented; please state the **type** (post-traumatic or post-infective urethral stricture) if possible.
14 ***NEW***	Explicit mention of urinary calculus without documentation of the site of the urinary calculus. (New to ICD-10)	URINARY CALCULUS Urinary calculus was documented; please state the specific **site** if possible.
15 ***NEW***	Explicit mention of urinary calculus without documentation of hydronephrosis or obstruction. (New to ICD-10)	HYDRONEPHROSIS/OBSTRUCTION A urinary calculus was documented, please document if hydronephrosis or obstruction is present.

EVIDENCE
No additional pieces of evidence are used outside of the clinical concepts.

SIRS (Systemic Inflammatory Response Syndrome)

#	RULE	PHYSICIAN MESSAGE
1	Documentation of urosepsis and zero to many organism without explicit mention of sepsis due to urinary tract infection.	UROSEPSIS A nonspecific term **urosepsis** was used, please specify a proper diagnosis.
2	Explicit documentation of sepsis without mention of present on admission.	SEPSIS There is documentation of sepsis, please check if present on admission.
3	Explicit documentation of sepsis due to urinary tract infection without mention of causative agent, site, or presence of hematuria.	SEPSIS DUE TO UTI There is documentation of sepsis due to UTI, please document causative organism, site and presence of hematuria if possible.
4	Evidence of a form of sepsis and zero to many organism without explicit documentation of SIRS, sepsis, or septic shock.	UNSPECIFIED CLINICAL CONDITION Abnormal temperature and WBCs have been identified. Could this be related to **sepsis**, **SIRS**, **septic shock**, or something else?
5	Explicit mention of urinary tract infection without documentation of Present on Admission status.	URINARY TRACT INFECTION Urinary tract infection was documented. Please document **POA status**, if possible.

EVIDENCE
Supporting evidence of SIRS includes: • Fever (>101 F or > 38.3 C) or Hypothermia (<96.8 F or < 36.0 C) • WBCs (WBCs > 12,000 or < 4,000 or bands >10%) • Clinical Findings (tachycardia, tachypnea, altered mental status, hypotension, hypoxia, increase lactate, increase CRP, non-diabetic hyperglycemia) • Acute organ dysfunction

Skin Lesions

#	RULE	PHYSICIAN MESSAGE
1	Documentation of pressure ulcer; please ensure all attributes are defined (site, laterality, stage, state, and if Present on Admission).	PRESSURE ULCER Please make sure you are defining all of the attributes of each ulcer (site, laterality, stage, state, and if POA).
2	Documentation of primary ulcer; please ensure all attributes are defined (site, laterality, stage, state, and if Present on Admission). (New to ICD-10)	PRIMARY ULCER Please make sure you are defining all of the attributes of each ulcer (site, laterality, stage, state, and if POA).
3	Explicit mention of skin lesion without explicit mention of size and number.	SKIN LESION Please make sure you are defining all of the attributes of each skin lesion (size and number).
4	Documentation of ulcer or wound, without explicit mention of primary ulcer or pressure ulcer. (New to ICD-10)	ULCER/WOUND There is documentation of ulcer/wound, please define if it is a **pressure ulcer** or **primary ulcer** if appropriate.

EVIDENCE
Supporting evidence for pressure ulcers include: • Ulcer site • Laterality • Stage • State • Cause (primary vs. pressure ulcer) • Present on Admission status • Clinical findings (pressure ulcer, pressure sore, diabetes, ischemia, etc.)

Transbronchial Biopsy

#	RULE	PHYSICIAN MESSAGE
1	Explicit mention of transbronchial biopsy and zero to many more evidence of lung without explicit mention of lung.	TRANSBRONCHIAL BIOPSY Specifying the **site** or **organ** of the biopsy will satisfy documentation best practices.

EVIDENCE
Supporting evidence for transbronchial biopsies include: • Pathology reports • Clinical findings (lung neoplasms, sarcoidosis, interstitial fibrosis, etc.)

DANGEROUS ABBREVIATIONS

The following pieces of content have been created to identify Dangerous Abbreviations that are part of the list of 'Do Not Use" abbreviations created by the Joint Commission and the National Patient Safety goal that they approved. Joint Commission requires that all of its accredited facilities comply with this list and its National Patient Safety goal. These abbreviations are identified by our NLP and the rules that have been put in place. Some abbreviations have special rules in place around lab result and vital signs to ensure the accuracy of the engine. The following items are the dangerous abbreviations that we now identify.

Dangerous Abbreviations				
CC	UG	QD	QOD	U
IU	MGSO4	MS	SC/SQ	

TEMPORAL WORD IDENTIFICATION

The purpose of this content is to be used, in conjunction with our CAPD functionality, to identify possible inappropriate use of temporal words in copy and pasted text within the electronic medical record. The pasting of temporal words may be overseen and can have an impact on the care the patient receives. The following items are included in the temporal word identification content. These words may have synonyms associated with them that are not listed below. For example, 'day number' also would identify 'day #', 'POD', 'post-operative day #', etc.

Temporal Words		
Today	Tomorrow	Yesterday
This Morning	Last Night	Overnight
Day Number	Extended Time	Tonight
Day(s) Ago	This Afternoon	Currently
Last Weekday	Number of Hours	

EXPLETIVE DETECTION

The purpose of this content is to be used, in conjunction with our CAPD functionality, to identify the use of expletives in clinical documentation. The use of expletives is only acceptable when documenting, verbatim, the clinical mood the patient has expressed and when placed in statements or quotes from the patient.