First Quarter 2011, pg 23

#### CLINICAL DOCUMENTATION

# **Cystic Fibrosis**

Cystic fibrosis is a genetic condition that affects the body's cells, its tissues, and the glands that make mucus and sweat. The disease causes a thickening and build-up of mucus, which can lead to blockages, damage, or infections in affected organs such as the lungs.

#### ICD-10 CODES

OSCO

E84.9 Cystic fibrosis, unspecifiedE84.10 Cystic fibrosis with pulmonary manifestations

- **E84.11** Meconium ileus in cystic fibrosis
- **E84.19** Cystic fibrosis with other intestinal manifestations
- **E84.8** Cystic fibrosis with other manifestations

## DOCUMENTATION ACRONYMS

# **DEEP Diagnosis Elements**

Include elements of DEEP in documentation to clinically support cystic fibrosis.

Diagnosis: Cystic fibrosis

**Evidence:** CFTR gene mutation confirmed at birth, dexa shows osteopenia It hip, COPD with cough

<u>Evaluation</u>: Cystic fibrosis with lung and musculoskeletal involvement

Plan: Continue Symbicort, repeat dexa in 6 months, start calcium and vit d supplementation

# **Final Assessment Details**

Include DSP for each addressed condition impacting treatment and patient care.

## **D**iagnosis

- <u>Cystic Fibrosis</u>
  - Manifestations

#### **Status**

#### <u>Active</u>

- Current manifestations
  - Specific secondary diseases

#### <u>P</u>lan

- Control of manifestations
  - Medications
  - Therapies
  - Surgical
- Monitoring for complications
  - Testing
  - Labs
  - Referrals

# oscar

# CLINICAL DOCUMENTATION

# BEST PRACTICES & TIPS

- Specificity is key! Always indicate cystic fibrosis **along with** any secondary conditions, and use verbiage to solidify the connection between them.
- When documenting cystic fibrosis be sure to **document all health factors** to get a complete picture of the patients' health status.
- DSP should be applied for **cystic fibrosis** as well as for the resulting conditions. Status should be apparent by identifying any required monitoring and any treatment or therapies.
- **Avoid using uncertain terms** for confirmed cystic fibrosis which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with.
- Documentation should **always include DEEP elements** for cystic fibrosis to show clinical evidence as well as any resulting factors and conditions. Incorporate history, tests, imaging, signs and symptoms and document any and all associated treatments.
- Avoid documenting cystic fibrosis as a "history of" as this **suggests a resolved status** and causes conflict within the documentation.
- **Confirmation** should be found within the documentation representing the complications of cystic fibrosis and any resulting outcomes.



For more resources go to: HIOSCAR.COM/PROVIDERS/RESOURCES