Third Edition

cdi

POCKET GUIDE

ICD-10-AM

Pinson&Tang

UPLiftGroup

INTRODUCTION TO THE CDI POCKET GUIDE®, ICD-10-AM

The **CDI Pocket Guide®** is a practical reference supporting clinical documentation improvement and clinical coding professionals with the complexities of documentation, classification and AR-DRG assignment.

Each of the five sections has a distinct purpose:

Guidelines summarises key coding rules, documentation principles, quality and safety measures, and concepts supporting accurate code and AR-DRG assignment.

Key References provides clinical definitions and criteria, common treatments, and guidance on coding and documentation challenges for frequently encountered conditions.

Complex Diagnoses identifies and summarises additional diagnoses that may contribute to episode complexity and affect AR-DRG assignment.

DRG Tips highlights selected DRGs that may warrant further review for an alternative principal diagnosis, additional complex diagnoses or significant interventions.

AR-DRG Table lists AR-DRG Version 12.0, average length of stay and the relevant NWAU price weights.

References to the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS) are based on the Thirteenth Edition publications issued by the Independent Health and Aged Care Pricing Authority (IHACPA).

References to Australian Coding Standards are abbreviated as ACS [number] [title]. National coding advice is cited according to its issuing body and publication date, including the Australian Classification Exchange advice as ACE [date]: [title].

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DEFINITION

Coagulation disorders (coagulopathies) are impairments of the body's ability to form or regulate blood clots. Coagulopathies may be inherited, such as haemophilia and von Willebrand disease, or acquired due to anticoagulant therapy, liver disease, vitamin K deficiency, disseminated intravascular coagulation or another condition.

Antithrombotic therapy is an umbrella term that includes:

- **anticoagulants**, such as warfarin, unfractionated heparin, low-molecular-weight heparin and direct oral anticoagulants (DOACs), including apixaban, rivaroxaban and dabigatran; and
- **antiplatelet medicines**, such as aspirin, clopidogrel, prasugrel and ticagrelor.

Anticoagulants reduce clot formation by affecting the coagulation cascade. Antiplatelet medicines inhibit platelet activation or aggregation. This distinction is important because bleeding associated with an antiplatelet medicine is not classified in the same way as a haemorrhagic disorder due to a circulating anticoagulant.

Bridging anticoagulation is the temporary interruption of a longer-acting anticoagulant, commonly warfarin, and substitution with a shorter-acting parenteral anticoagulant before or after a procedure. It is generally reserved for selected patients with a sufficiently high thromboembolic risk.

CLINICAL CRITERIA

The clinical presentation depends on whether the patient has bleeding, an abnormal coagulation result without bleeding, or therapeutic anticoagulation requiring management.

Bleeding may present as gastrointestinal haemorrhage, intracranial haemorrhage, epistaxis, haematuria, extensive bruising, wound bleeding, retroperitoneal haemorrhage or a reduction in haemoglobin. A therapeutic anticoagulant level does not exclude anticoagulant-associated bleeding.

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DRG B70 Stroke and Other Cerebrovascular Disorders (A) Major, (B) Intermediate, (C) Minor, (D) Transfer < 5 days

B70A	4.1997	**B78A**	3.0168
B70B	2.0898	**B78B**	0.7943
B70C	1.1756	**B78C**	0.5774
B70D	0.8381		

PRINCIPAL DIAGNOSIS

LOOK FOR greater specificity where stroke or CVA is documented, including the type, cause and site of the stroke. Review CT/MRI reports together with neurology and neurosurgical documentation for details such as cerebral infarction, intracerebral or subarachnoid haemorrhage; occlusion, stenosis, embolism or thrombosis; the affected cerebral or precerebral artery; and the anatomical location of an intracranial haemorrhage. These details may be clarified after the initial presentation.

LOOK FOR evidence that an intracranial haemorrhage, particularly a subdural haematoma, is traumatic. Review the clinical record for a documented traumatic mechanism, as this may regroup the episode to **B78** (Intracranial Injuries).

ADDITIONAL DIAGNOSES

LOOK FOR new or residual neurological deficits requiring assessment or management, such as dysphagia, dysphasia or aphasia, dysarthria, hemiparesis or hemiplegia, and visual field deficits. These deficits are often assessed, managed and documented by allied health professionals during the episode of care.

LOOK FOR complications arising during recovery, such as delirium, aspiration pneumonitis or pneumonia, falls and pressure injuries.

LOOK FOR hypertension that meets additional diagnosis criteria, including commencement, review or adjustment of antihypertensive therapy. See ***Key References – Stroke and Transient Ischaemic Attack***.

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