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**Key Terms**

Key terms found in the documentation for Dressler’s syndrome may include:

- Postcardiac injury syndrome
- Postmyocardial infarction syndrome
- Postpericardiotomy syndrome

**Clinician Note**

When documentation contains terms such as acute coronary embolism, occlusion, or thromboembolism but does not mention myocardial infarction, a code from category I24 may be supported.

**Clinician Documentation Checklist**

Clinician documentation should indicate the following:

- **Episode of care**
  - initial: initial infarction
  - subsequent: the second MI within the acute phase
- **Time frame for acute phase of myocardial infarction (MI) is four weeks (a change from the eight weeks in ICD-9-CM)**
- **Document the site of the myocardial infarction**
  - anterolateral
  - posterior
  - anterior wall
  - inferior wall
- **Document the type of MI**
  - non-STEMI
  - STEMI
- **Document the involved vessel**
  - left anterior descending
  - left main
  - right coronary artery
  - left circumflex
  - other coronary artery
    - if non-STEMI evolves into a STEMI, document STEMI only
    - if STEMI converts to non-STEMI due to thrombolytic therapy, document STEMI
- **Sequencing of initial and subsequent MI**
  - Depends on the circumstances of admission
  - If patient is admitted for AMI and has subsequent AMI during hospitalization, the first MI is sequenced first with the subsequent MI sequenced second
  - If patient is discharged following treatment for an initial AMI, then has subsequent AMI that requires readmission within the four-week acute phase of the initial AMI, the subsequent AMI is sequenced first followed by the initial AMI
### Alcohol Abuse

**Code Axes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10.10</td>
<td>Alcohol abuse, uncomplicated</td>
</tr>
<tr>
<td>F10.120</td>
<td>Alcohol abuse with intoxication, uncomplicated</td>
</tr>
<tr>
<td>F10.121</td>
<td>Alcohol abuse with intoxication, delirium</td>
</tr>
<tr>
<td>F10.129</td>
<td>Alcohol abuse with intoxication, unspecified</td>
</tr>
<tr>
<td>F10.14</td>
<td>Alcohol abuse with alcohol-induced mood disorder</td>
</tr>
<tr>
<td>F10.150</td>
<td>Alcohol abuse with alcohol-induced psychotic disorder</td>
</tr>
<tr>
<td>F10.151</td>
<td>Alcohol abuse with alcohol-induced psychotic disorder with hallucinations</td>
</tr>
<tr>
<td>F10.159</td>
<td>Alcohol abuse with alcohol-induced psychotic disorder, unspecified</td>
</tr>
<tr>
<td>F10.180</td>
<td>Alcohol abuse with other alcohol-induced disorders, anxiety disorder</td>
</tr>
<tr>
<td>F10.181</td>
<td>Alcohol abuse with alcohol-induced sexual dysfunction</td>
</tr>
<tr>
<td>F10.182</td>
<td>Alcohol abuse with alcohol-induced sleep disorder</td>
</tr>
<tr>
<td>F10.188</td>
<td>Alcohol abuse with other alcohol-induced disorder</td>
</tr>
</tbody>
</table>

To use this code, the other alcohol-related disorder must be specified and not found in any other subcategory.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10.19</td>
<td>Alcohol abuse with unspecified alcohol-induced disorder</td>
</tr>
</tbody>
</table>

**Description of Condition**

**Alcohol abuse (F10.1-)**

Alcohol abuse is characterized by recurring misuse of alcohol in excess with identifiable harmful and dysfunctional behaviors and negative consequences for health, psychosocial state, and employment. It lacks the criteria of dependency. Time frame for consideration of abuse would be persisting for at least one month or has occurred repeatedly within a 12-month period.

**Key Terms**

Key terms found in the documentation may include:

- Alcohol abuse
- Dipsomania (without documentation of addiction)
- ETHO abuse

⇒ I-10 ALERT

Report blood alcohol level (BAC), when available and clinically relevant.
**Clinician Note**
The provider must state the pattern of harmful usage (dependence, abuse or use) and its current clinical state (uncomplicated, intoxication, remission, etc.) and indicate the relationship to any identified mental, behavioral, or physical disorder or its relevance to the patient’s status or encounter including its clinical significance.

**First Listed Diagnosis Note**
- **Admit for acute alcohol intoxication with alcohol abuse:** The appropriate code from category F10.1- will be the first listed diagnosis, followed by all reported alcohol-induced complications and comorbidities.
- **Admit for toxicity due to alcohol abuse and cocaine use with aspiration pneumonia:** The appropriate code from the Table of Drugs and Chemicals for poisoning will be the first listed diagnosis (either alcohol (absolute, beverage) or cocaine), followed by all documented manifestations, complications, and comorbidities.
- **Admit for encephalopathy due to alcohol abuse:** The appropriate code from the Table of Drugs and Chemicals for poisoning will be the first listed diagnosis (alcohol, absolute, beverage), followed by the code for alcohol abuse with other alcohol-related disorder, then toxic encephalopathy. Follow with all documented manifestations, complications, and comorbidities.

**Clinical Findings**

**Physical Examination**
Patient’s history may indicate that there are findings of a failure to fulfill obligations, drinking in physically hazardous situations (such as driving or boating), legal issues arising from alcohol use or that there are social and/or interpersonal problems without the evidence of dependence.

Physical examination may indicate health issues such as:
- cardiac arrhythmia
- dyspepsia
- liver disease
- depression
- anxiety
- insomnia
- trauma related to alcohol use

The following screening questions may be asked when determining the level of alcohol-related problems:
- On any single occasion during the past three months have you had greater than five drinks containing alcohol?
- On a typical day when you drink, how many drinks do you have?
- What is the maximum number of drinks you had on any given day in the past month?