

| Diagnosis                                     | Documentation Requirements  |  |  |
|---|---|--|--|
| <b>Acute Coronary Syndrome (ACS)</b>          | <p><b>Be clear on your intended diagnosis.</b> Would one of the following better describe the patient's condition?</p> <ul style="list-style-type: none"> <li>-Intermediate/insufficiency syndrome</li> <li>-Unstable angina</li> <li>-Coronary slow flow-syndrome</li> <li>-Myocardial infarction</li> <li>-Other diagnosis</li> </ul> |  |  |
| <b>Acute Kidney Failure</b>                   | <p><b>Document etiology,</b> if known or suspected, such as:</p> <ul style="list-style-type: none"> <li>-Acute tubular, cortical, or medullary necrosis</li> <li>-Post procedural</li> <li>-Posttraumatic</li> </ul>  | <p><b>Be clear on your intended diagnosis.</b> Note that "acute renal insufficiency" results in</p>  |  |
| <b>Acute Myocardial Infarction (AMI)</b>      | <p><b>Document type as:</b></p> <ul style="list-style-type: none"> <li>-STEMI</li> <li>or</li> <li>-NSTEMI</li> </ul>   | <p><b>Document location:</b></p> <ul style="list-style-type: none"> <li>-For STEMI, specific artery involved</li> <li>-For NSTEMI, no additional documentation needed</li> </ul> | <p><b>Document</b> exact date of recent MI(one that occurred no more than 4 weeks ago) and:</p> <ul style="list-style-type: none"> <li>-STEMI vs. NSTEMI</li> <li>-If STEMI, wall of heart affected</li> </ul> |
| <b>Asthma</b>                                 | <p><b>Document severity and type:</b></p> <ul style="list-style-type: none"> <li>-Mild intermittent</li> <li>-Mild persistent</li> <li>-Moderate persistent</li> <li>-Severe persistent</li> </ul>  | <p><b>Document status:</b></p> <ul style="list-style-type: none"> <li>-Uncomplicated</li> <li>-w/ acute exacerbation</li> <li>-w/ status asthmaticus</li> </ul>                  |  |
| <b>Atrial Fibrillation and Atrial Flutter</b> | <p><b>For atrial fibrillation, document type as:</b></p> <ul style="list-style-type: none"> <li>-Paroxysmal</li> <li>-Persistent or</li> <li>-Chronic</li> </ul>  | <p><b>For atrial flutter, document type as:</b></p> <ul style="list-style-type: none"> <li>-Typical or Type 1 or</li> <li>-Atypical or Type 2</li> </ul>                         |  |
| <b>Burns</b>                                  | <p><b>Document:</b></p> <ul style="list-style-type: none"> <li>-Anatomical site</li> <li>-Degree, if external burn</li> </ul>   | <p><b>Distinguish between:</b></p> <ul style="list-style-type: none"> <li>-Thermal burns (caused by heat)</li> <li>-Corrosive burns (caused by chemicals)</li> </ul>             |  |
| <b>Cardiac Arrest</b>                         | <p><b>Document cause as due to:</b></p> <ul style="list-style-type: none"> <li>-Underlying cardiac or noncardiac condition</li> <li>-Show cause and effect by using words such as "due to" or "secondary to"</li> </ul>   |  |  |

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| <b>Cerebral Infarction</b>                          | <b>Document etiology:</b><br>-Due to embolus -Due to thrombus  | <b>Document specific artery affected and right or left when appropriate:</b><br>-Vertebral -Middle<br>-Basilar -Anterior -Carotid -Posterior<br>-Other |  |
| <b>Complications of Surgery</b>                     | <b>Document timeframe of when complication occurred:</b><br>-Intraoperatively<br>-Postoperatively  |  |  |
| <b>Congestive Heart Failure (CHF)</b>               | <b>Document severity:</b><br>-Acute<br>-Chronic<br>-Acute on chronic   | <b>Document type:</b><br>-Systolic<br>-Diastolic<br>-Combined systolic and diastolic   | <b>Specify etiology, if known, such as due to:</b><br>-Dilated cardiomyopathy  |
| <b>Coronary Artery Disease (CAD)</b>                | <b>Document site as:</b><br>-Native artery and/or<br>-Bypass graft<br>-autologous vein<br>-autologous artery<br>-nonautologous                       | <b>Document if with:</b><br>-Angina pectoris<br>-Unstable angina pectoris<br>-Angina pectoris and spasm  |  |
| <b>Chronic Kidney Disease (CKD)</b>                 | <b>Document stage:</b><br>-Stage 1-5<br>-End stage   | <b>Document etiology, for example:</b><br>-Diabetic CKD<br>-Hypertensive CKD   |  |
| <b>Chronic Obstructive Pulmonary Disease (COPD)</b> | <b>Document if with acute lower respiratory tract infection + causal organism, when known, such as:</b><br>-Pseudomonas pneumonia                    | <b>Document if with:</b><br>-Acute exacerbation  | <b>Document if with respiratory failure and severity:</b><br>- Acute respiratory failure<br>- Chronic respiratory failure<br>- Acute on chronic respiratory failure<br><b>Document if oxygen-dependent</b> |
| <b>Emphysema</b>                                    | <b>Document type:</b><br>- Unilateral<br>- Panlobular<br>- Centrilobular<br>- Other type   |  |  |
| <b>Obesity</b>                                      | <b>Document etiology:</b><br>- Due to excess calories or nutritional<br>- Due to drugs<br>- Other, for example, due to thyroid or pituitary disorder | <b>If morbidly obese, also document if with alveolar hypoventilation</b>   | <b>Document BMI</b>  |

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|--------------------------------------|--|---|---|
| <b>Pulmonary Insufficiency</b>       | <b>Document severity:</b><br>-Acute<br>-Chronic  | <b>Document cause:</b><br>-Shock<br>-Surgery (thoracic versus nonthoracic surgery)<br>-Trauma   |   |
| <b>Pulmonary Embolism</b>            | <b>Document type, such as:</b><br>- Saddle<br>- Septic   | <b>Document cor pulmonale if present and whether it is:</b><br>- Acute<br>- Chronic   | <b>Specify if:</b><br>-Chronic (still present)<br><b>Versus</b><br>-Healed/old<br>-Note that "history of PE" is ambiguous           |
| <b>Respiratory Failure</b>           | <b>Document acuity:</b><br>- Acute<br>- Chronic<br>- Acute and chronic   | <b>Document:</b><br>- With hypoxia and/or hypercapnea<br><br><b>Document</b> any tobacco use, abuse, dependence or exposure                             | <b>Differentiate between:</b><br>- Respiratory Distress Syndrome<br>- Respiratory Arrest<br>- Post procedural Respiratory Failure   |
| <b>Sepsis</b>                        | <b>Document:</b><br>- Systemic type or causal organism<br><b>Do NOT use the term UROSEPSIS</b> (consider UTI with Sepsis)<br><b>Document:</b> Present on admission vs. hospital acquired | <b>Document:</b><br>- Circulatory failure related to Sepsis and/or Septic Shock<br>- Severe Sepsis with specific related acute organ dysfunction        | <b>Document:</b><br>- Related local infections (Pneumonia, Cellulitis, UTI, Catheter related UTI, Infected Dialysis Catheter, etc.) |
| <b>Tobacco Use Disorder</b>          | <b>Document type:</b><br>- Cigarettes<br>- Chewing tobacco<br>- Other<br><br><b>Delineate between:</b><br>- Tobacco use/abuse<br>- Tobacco dependence                                    | <b>Document state of dependence:</b><br>- In remission<br>- With withdrawal<br>- Without withdrawal   | <b>Document</b> if used during pregnancy, childbirth, puerperium<br><br><b>Describe</b> history, including product and time         |
| <b>Drug Underdosing</b>              | <b>Document:</b><br>-Intentional <b>versus</b><br>-Unintentional   | <b>Document</b> reason for underdosing, for example:<br>-Financial hardship<br><b>or</b><br>-Age related dementia                                       |   |
| <b>Urinary Tract Infection (UTI)</b> | <b>Identify</b> the specific site of the UTI, if known, such as:<br>-Bladder<br>-Urethra<br>-Kidney  | If UTI is related to device, such as Foley catheter or cystostomy tube, <b>clearly indicate</b> this by using words such as "due to" or "secondary to." | <b>Document</b> causative organism, when known or suspected, such as E. coli or Candida.  |
| <b>Urosepsis</b>                     | <b>Do not use this term. There is no code for urosepsis.</b>   | <b>Be clear on your diagnosis. Is your intended diagnosis one of the following?</b><br><br>-UTI -Sepsis<br>-Bacteremia -Severe sepsis                   |   |