<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation Requirements</th>
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</table>
| Burns     | 1) Document:  
- Anatomical site  
- Degree, if external burn  
  2) Distinguish between:  
- Thermal burns (caused by heat)  
- Corrosive burns (caused by chemicals)  
  3) Document if with respiratory failure and severity:  
- Acute respiratory failure  
- Chronic respiratory failure  
- Acute on chronic respiratory failure  
  4) Document if oxygen dependent |
| Chronic Obstructive Pulmonary Disease (COPD) | 1) Document if with acute lower respiratory tract infection + causal organism, when known such as:  
- Pseudomonas pneumonia  
  2) Document if with:  
- Acute exacerbation  
  3) Document if with respiratory failure and severity:  
- Acute respiratory failure  
- Chronic respiratory failure  
- Acute on chronic respiratory failure |
| Cerebral Infarction | 1) Document etiology as:  
- Thrombosis  
- Embolism  
  3) Document artery site and laterality when appropriate, such as:  
- Precerebral  
- Vertebral, basilar, carotid, or other  
- Cerebral  
- Middle, anterior, or posterior  
- Cerebellar arteries  |
| CHF       | 1) Document severity:  
- Acute  
- Chronic  
- Acute on chronic  
  2) Document type:  
- Systolic  
- Diastolic  
- Combined systolic and diastolic  
  3) Specify etiology, if known, such as due to:  
- Dilated cardiomyopathy |
| Coronary Artery Disease (CAD) | 1) Document site as:  
- Native artery and/or  
- Bypass graft  
- Autologous vein  
- Autologous artery  
- Nonautologous  
  2) Document if with:  
- Angina pectoris  
- Unstable angina pectoris  
- Angina pectoris and spasm |
| Dominant or Nondominant Side | 1) For monoplegia, hemiplegia, and other paralytic syndromes, document side affected as:  
- Dominant or nondominant  
  2) When you don’t specify side affected as dominant or nondominant:  
- Right side defaults to dominant  
- Left side defaults to nondominant  
  3) Document exact date of recent MI (one that occurred no more than 4 weeks ago) and:  
- STEMI vs NSTEMI  
- If STEMI, wall of heart affected |
| Acute Myocardial Infarction (AMI) | 1) Document type as:  
- STEMI or  
- NSTEMI  
  2) Document location:  
- For STEMI, specific artery involved  
- For NSTEMI, no additional documentation needed |
| Nontraumatic Intracerebral and Subarachnoid Hemorrhage | 1) Document type:  
- Acute  
- Subacute or  
- Chronic  
  2) For nontraumatic subarachnoid hemorrhage, document site and laterality when appropriate, such as:  
- Carotid siphon and bifurcation  
- Middle cerebral, anterior or posterior communicating, basilar, vertebral, or other artery |
| Osteoarthritis | 1) Document type, for example:  
- Primary generalized  
- Primary  
- Posttraumatic  
- Other Secondary  
  2) Document site, for example:  
- Hip  
- Knee  
- 1st CMC joint  
  3) Document right, left, or bilateral |
| Obesity | 1) Document etiology:  
- Due to excess calories or nutritional  
- Due to drugs  
- Other, for example, due to thyroid or pituitary disorder  
  2) If morbidly obese, also document if with alveolar hypoventilation |
| Pathological Fracture | 1) Specify whether etiology is:  
- Age related or disuse osteopenia  
- Neoplastic  
- Some other disease |
### Peripheral Vascular/Angiopathy/Arterial Disease

1) **Document your diagnosis as specifically as possible**, for example:
   - Atherosclerosis of arteries of the extremities
     - With intermittent claudication, rest pain, or ulcer
   - Peripheral angiopathy due to diabetes, Type I

### Pressure Ulcers

1) **Site and stage needed for coding**
2) **Physician must document diagnosis of pressure ulcer**
3) **Stage of pressure ulcer can be taken from nursing notes**

### Respiratory Failure

1) **Document:**
   - Acute
   - Chronic
   - Acute on chronic
2) **If acute respiratory failure, document if:**
   - Hypoxemic, hypercapnic, or both

### Rheumatoid Arthritis

1) **Document type:**
   - RA with rheumatoid factor
   - RA without rheumatoid factor
   - Rheumatoid bursitis
   - Rheumatoid nodule
   - Juvenile arthritis
2) **Document site and laterality**

### Sequelea of Cerebrovascular Disease

1) **Use “due to” or “secondary to” to link cause and effect. When present, document sequelae, for example:**
   - Cognitive: Monoplegia
   - Speech: Hemiplegia
     - Aphasia
     - Dysphasia
     - Dysarthria
     - Fluency disorder

### Spinal Column Site

1) **For conditions of the spinal column, document site affected as:**
   - Occipito-atlanto-axial
   - Cervical or cervical-thoracic
   - Thoracic or thoracolumbar
   - Lumbar or lumbosacral
   - Sacral or sacrococcygeal
2) **For spinal cord injury, document site as:**
   - Cervical = identify each vertebral segment
   - Thoracic = identify as T1, T2-T6, T7-T10, or T11-12
   - Lumbar = identify each vertebral segment
   - Sacral = no additional specificity needed

### Traumatic Brain Hemorrhage

1) **Specify site:**
   - Left or right cerebrum
   - Cerebellum
   - Brainstem
   - Subdural
   - Subarachnoid
2) **Specify if with LOC and for how long**

### Traumatic Fractures

1) **Document:**
   - Open versus closed
   - Displaced versus nondisplaced
   - Name of specific bone and specific site on bone
   - Orientation of fractures, such as transverse, oblique, spiral
   - Laterality
2) **For open fractures of the forearm, femur, and lower leg, document type as:**
   - Type I, II, IIIA, IIIIB, or IIIC according to Gustilo classification
3) **For physeal fractures, document:**
   - Type I, II, III, or IV according to the Salter Harris classification
   4) **For sacral fractures, document:**
      - Zone I, II and III
      - Minimally versus severely displaced or
      - Type 1, 2, 3, or 4

### Tobacco

1) **Differentiate between:**
   - Tobacco use/abuse or
   - Dependence
2) **Document type of tobacco product, such as:**
   - Cigarettes
   - Chewing tobacco
   - Cigars
3) **Differentiate between patients who no longer smoke and those that do**
   - Note that “history of smoking” can be an ambiguous statement