Physical and Occupational Therapy Tip Sheet for ICD-10



Diagnosis I	Documentation Requirements			
Bursitis or Tendinitis	Document specific site: (e.g. hand, knee, prepatellar, hip, shoulder, etc.)	Document laterality: - Right - Left - Bilateral		
Carpal Tunnel Syndrome	Document laterality: - Right - Left - Bilateral			
Cervicalgia	Document the underlying cause if known	Differentiate between: - Radiculitis - Radiculopathy		
Disorder of Bursae	Document specific site & Document laterality: - Right - Left - Bilateral	Document type: - Bicipital - Tendinitis - Calcific tendinitis - Impingement - Bursitis Indicate the activity causing the disorder	Document the reason for trauma: - Use - Overuse - Pressure - Post-procedural complication Severity of tear: - Incomplete - Complete	
Disturbance of Skin Sensation	Document site: - Upper leg - Lower leg - Right arm - Left arm	Document underlying cause when known	List specific sensory disturbances: -Hypoesthesia -Paresthesia -Hyperesthesia	
Drug Underdosing	Document: - Intentional versus - Unintentional	Document reason for underdosing: - Financial hardship or - Age related dementia		
Enthesopathy	Document specific site	Document laterality: -Right -Left -Bilateral		
Injuries	Document cause: - Motor vehicle accident - Fall down stairs, etc Document activity: - Getting out of bed - Skateboarding, etc	Document intention: - Accident - Assault - Self-inflicted - Undetermined	Document location: - Kitchen of residential home - Public park - Apartment bathroom, etc Document work status at time of injury: - Military - Civilian - Hobby, recreational, etc	
Joint Pain	Document the specific site: - Ankle - Knee - Hip - Elbow - Shoulder - Wrist	Document laterality - Right - Left - Bilateral	Indicate the presence or absence of hip dysplasia	
Lateral Epicondylitis	Document laterality - Right - Left - Bilateral			

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Diagnosis Documentation Requirements			
	Document specific site and	Document laterality	
	tissue	- Right	
	involved (bone, joint,	- Left	
Limb pain	muscle):	- Bilateral	
·	- Upper arm - Lower leg		
	- Forearm - Thigh		
	- Hand/Finger - Foot/Toe		
	, 3		
	Identify the underlying cause of	Detail when lumbago is	Document laterality if sciatica is
Lumbago	the pain	accompanied by sciatica	present:
	Differentiate between		- Right - Left
	radiculitis and radiculopathy		- Leit
	radicultis and radiculopathy		
	Document the specific site	Differentiate between	Identify the underlying cause of
Neuritis & Radiculitis	bocament the specific site	radiculitis and radiculopathy	the neuritis
		,	& Radiculitis if known
	Document laterality:	Document underlying cause if	
Sciatica	- Right	known	
	- Left		
	- Bilateral		Bar was the salls
	Differentiate a sprain from a strain, and a subluxation	Specify joint and/or ligament (e.g. coracohumeral, rotator	Document laterality:
	from a dislocation	cuff capsule, superior glenoid	- Right - Left
Sprain (Subluxation	irom a distocation	labrum, acromioclavicular joint,	- Bilateral
and/or Dislocation of	Document:	sternoclavicular joint)	S. acc. a.
Joints and/or Ligaments	- Initial encounter		
	- Subsequent encounter		
	- Sequela		
	Differentiate a sprain from a	Specify site (e.g. muscle/tendon	Document laterality:
	strain	of rotator cuff, muscle/fascia and tendon of long head of	- Right
Strain (Injury of Muscle,	Barren et	biceps, muscle/fascia/tendon of	- Left
fascia and/or Tendon)	Document: - Initial encounter	triceps)	- Bilateral
	- Subsequent encounter		
	- Sequela		
	Document type:	Document state of	Document if used during
	- Cigarettes	dependence:	pregnancy, childbirth,
	- Chewing tobacco	- In remission	puerperium
Tobacco Use Disorder	- Other	- With withdrawal	Book the later to the time
	Delineate heturess:	- Without withdrawal	Describe history, including product and time
	Delineate between: - Tobacco use/abuse		product and time
	- Tobacco dependence		
Procedures	Documentation Requiren	nents	
	Document the type of therapy:	Document the equipment	
	- Bathing	used:	
	- Dressing	- Assistive	
	- Feeding	- Adaptive	
	- Grooming	- Supportive or protective	
Occupational Therapy	- Home management	- Orthosis	
	- Psychosocial skills	- Prosthesis	
	- Vocational activities	- Other equipment - None	
	- Functional community or work skills	- NUILE	
	כווואכ	Ĩ	İ
	- Wound management		

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Diagnosis	Documentation	Requirements
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Procedures	Documentation Requirements		
Physical Therapy	Document type of therapy done: - Bed mobility - Coordination - Gait training - Manual therapy techniques - Motor function - Muscle performance - Range or motion - Therapeutic exercise - Transfer training or wheelchair mobility	Document body system: - Integumentary system, - Musculoskeletal - Neurological	Note what kind of equipment is being used: - assistive - orthosis - prosthesis - other equipment

Rehab. & Orthopedic Aftercare Tip Sheet for ICD-10



Diagnosis

Documentation Requirements

Acute Myocardial Infarction (AMI) Burns	Document type: - STEMI - Non-STEMI Document initial occurrence date of MI, subsequent MIs are defined as occurring within 28 days of 'first' MI Document: -Anatomical site -Degree, if external burn	Document location: - Anterior wall (Left main, LAD, other) - Inferior wall (Right coronary artery, other) - Other sites Distinguish between: -Thermal burns (caused by heat) -Corrosive burns (caused by chemicals	Document any tobacco use, abuse, dependence, or exposure Delineate acute coronary syndrome and acute ischemic heart disease from true MI
Chronic Obstructive Pulmonary Disease (COPD)	Document: - Chronic -Acute exacerbation	Document: - With acute lower respiratory tract infection	Document: - With Asthma (and type of asthma) Document any tobacco use, abuse, dependence or exposure
Cerebral Infarction	Document etiology as: -Thrombosis or -Embolism	Document artery site and laterality when appropriate, such as: -Precerebral -Vertebral, basilar, carotid, or other -Cerebral -Middle, anterior, or posterior -Cerebellar arteries	
Congestive Heart Failure (CHF)	Document acuity: - Acute - Chronic - Acute on chronic Specify if rheumatic heart failure	Document type: - Systolic (include ejection fraction) - Diastolic - Combined	List any casual relationships: - Hypertension - Chronic kidney disease - Obstetric surgery/procedures - Surgery
Coronary Artery Disease (CAD)	Document: - With or without angina - Type of angina (stable, unstable, spasm, etc.) Specify when the cause is a lipid rich plaque or calcified coronary lesion (note also if chronic total occlusion)	Document site (vessels): - Native arteries - Bypass graft (autologous artery or vein, no autologous vessel)	Document site (vessels) of transplanted heart: - Native arteries - Bypass graft Document any tobacco use, abuse, dependence, or exposure
Dominant or Nondominant Side	For monoplegia, hemiplegia, and other paralytic syndromes, document side affected as: -Dominant or nondominant	When you don't specify side affected as dominant or nondominant: -Right side defaults to dominant -Left side defaults to nondominant	

Rehab. & Orthopedic Aftercare Tip Sheet for ICD-10



Diagnosis Documentation Requirements

	Document:	Subarachnoid-Document site	Intracerebral – Document site:
Intracerebral	- Traumatic	- Carotid siphon or	- Hemisphere, brain stem,
Hemorrhage	- Non-traumatic	bifurcation	cerebellum, intraventricular
age		- Middle cerebral,	Document: any related brain
	Document Site:	anterior or posterior	compression
	-Subarachnoid, Subdural,	communicating, basilar,	
	Intracerebral	vertebral or other artery	
		Subdural - Document Type:	
	Document laterality:	- Acute	
	- Right	- Subacute	
	- Left	- Chronic	
	Document type:		
Nontraumatic Subdural	- Acute		
Hemorrhage	- Subacute		
	- Chronic	Curaife towar	
	Identify the joint affected: (e.g., knee, hip, first	Specify type:	
Osteoarthritis (DJD)	carpometacarpal, etc.)	- Polyosteoarthritis primary	
		- Secondary - Post-traumatic	
	Document etiology:	If morbidly obese, also	Document BMI
Obesity	- Due to excess calories or	document if with alveolar	
Obesity	nutritional	hypoventilation	
	- Due to drugs		
	- Other, for example, due to		
	thyroid or pituitary disorder		
	Specify whether etiology is:		
Pathological Fracture	- Age related or disuse		
Table of the control of the contro	osteopenia		
	- Neoplastic		
	or - Some other disease		
Pressure Ulcers	Must document diagnosis of	Document site and stage	Note: Stage of pressure ulcer can
Tressure oreers	pressure ulcer		be taken from nursing notes
	Document acuity:	Document:	Differentiate between:
Respiratory Failure	- Acute	- With hypoxia and/or	- Respiratory Distress Syndrome
,	- Chronic	hypercapnea	- Respiratory Arrest
	- Acute and chronic		- Post procedural Respiratory
		Document any tobacco use,	Failure
	5	abuse, dependence or exposure	
	Document type: - RA with rheumatoid factor	Document site and laterality	
Rheumatoid Arthritis	- RA with medinatoid factor		
	- RA without medinatold factor		
	- Rheumatoid nodule		
	- Juvenile arthritis		
	Use 'due to' or "secondary to" to		
Sequelae of	link cause and effect. When		
Cerebrovascular Disease	present, document sequelae:		
Cerebrovascular Disease	- Cognitive - Monoplegia		
	- Speech: - Hemiplegia		
	- Aphasia		
	- Dysphasia		
	- Dysarthria		
	- Fluency disorder		

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Diagnosis

Documentation Requirements

Spinal Column Site	Document site: - Occipito-atlanto-axial - Cervical or cervical-thoracic - Thoracic or thoracolumbar - Lumbar or lumbosacral - Sacral or sacrococcygeal	For spinal cord injury, document site as: - Cervical = identify each vertebral segment - Thoracic = identify as T1, T2-T6, T7-T10, or T11-T12 - Lumbar = identify each vertebral segment - Sacral = no additional specificity needed	
Tobacco Use Disorder	Document type: - Cigarettes - Chewing tobacco - Other	Document state of dependence: - In remission - With withdrawal - Without withdrawal	Document if used during pregnancy, childbirth, puerperium Describe history, including
	Delineate between: - Tobacco use/abuse - Tobacco dependence		product and time
Traumatic Brain Hemorrhage	Document site: - Left or Right - Cerebrum - Cerebellum - Brainstem - Epidural - Subdural - Subarachnoid	Document if with loss of consciousness and for how long in minutes	
Traumatic Fractures	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	For open fractures of the forearm, femur, and lower leg, document type as: - Type I, II, IIIA, IIIB, or IIIC according to Gustilo classification	For physeal fractures, Document: - Type I, II, III, or IV according to the Salter Harris classification For sacral fractures, document: - Zone I, II and III and - Minimally versus severely displaced or - Type 1, 2, 3, or 4.