

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

Diagnosis	Documentation Requirements		
Cerebral Infarction	<p>Document etiology:</p> <ul style="list-style-type: none"> -Due to embolus -Due to thrombus 	<p>Document specific artery affected and right or left when appropriate:</p> <ul style="list-style-type: none"> -Vertebral -Middle -Basilar -Anterior -Carotid -Posterior -Other 	
Complications of Surgery	<p>Document timeframe of when complication occurred:</p> <ul style="list-style-type: none"> -Intraoperatively -Postoperatively 		
Congestive Heart Failure (CHF)	<p>Document severity:</p> <ul style="list-style-type: none"> -Acute -Chronic -Acute on chronic 	<p>Document type:</p> <ul style="list-style-type: none"> -Systolic -Diastolic -Combined systolic and diastolic 	<p>Specify etiology, if known, such as due to:</p> <ul style="list-style-type: none"> -Dilated cardiomyopathy
Coronary Artery Disease (CAD)	<p>Document site as:</p> <ul style="list-style-type: none"> -Native artery and/or -Bypass graft -autologous vein -autologous artery -nonautologous 	<p>Document if with:</p> <ul style="list-style-type: none"> -Angina pectoris -Unstable angina pectoris -Angina pectoris and spasm 	
Chronic Kidney Disease (CKD)	<p>Document stage:</p> <ul style="list-style-type: none"> -Stage 1-5 -End stage 	<p>Document etiology, for example:</p> <ul style="list-style-type: none"> -Diabetic CKD -Hypertensive CKD 	
Chronic Obstructive Pulmonary Disease (COPD)	<p>Document if with acute lower respiratory tract infection + causal organism, when known, such as:</p> <ul style="list-style-type: none"> -Pseudomonas pneumonia 	<p>Document if with:</p> <ul style="list-style-type: none"> -Acute exacerbation 	<p>Document if with respiratory failure and severity:</p> <ul style="list-style-type: none"> - Acute respiratory failure - Chronic respiratory failure - Acute on chronic respiratory failure <p>Document if oxygen-dependent</p>
Emphysema	<p>Document type:</p> <ul style="list-style-type: none"> - Unilateral - Panlobular - Centrilobular - Other type 		
Obesity	<p>Document etiology:</p> <ul style="list-style-type: none"> - Due to excess calories or nutritional - Due to drugs - Other, for example, due to thyroid or pituitary disorder 	<p>If morbidly obese, also document if with alveolar hypoventilation</p>	<p>Document BMI</p>

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