<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation Requirements</th>
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</table>
| Acute Coronary Syndrome (ACS)          | 1) Be clear on your intended diagnosis. Would one of the following better describe the patient’s condition?  
- Intermediate/insufficiency syndrome  
- Unstable angina  
- Coronary slow flow -- syndrome  
- Myocardial infarction  
- Other diagnosis  
2) Be clear on your intended diagnosis. Note that “acute renal insufficiency” results in an “unspecified” code. |
| Acute Kidney Failure                   | 1) Document etiology, if known or suspected, such as:  
- Acute tubular, cortical, or medullary necrosis  
- Postprocedural  
- Posttraumatic  
2) Document location:  
- For STEMI, specific artery involved  
- For NSTEMI, no additional documentation needed  
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  
- NSTEMI  
2) Document location:  
- For STEMI, specific artery involved  
- For NSTEMI, no additional documentation needed  
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 |
| Asthma                                 | 1) Document severity and type:  
- Mild intermittent  
- Mild persistent  
- Moderate persistent  
- Severe persistent  
2) Document status:  
- Uncomplicated  
- With acute exacerbation  
- With status asthmaticus |
| Atrial Fibrillation and Atrial Flutter | 1) For atrial fibrillation, document type as:  
- Paroxysmal  
- Persistent  
- Chronic  
2) For atrial flutter, document type as:  
- Typical or Type 1  
- Atypical or Type 2 |
| Burns                                  | 1) Document:  
- Anatomical site  
- Degree, if external burn  
2) Distinguish between:  
- Thermal burns (caused by heat)  
- Corrosive burns (caused by chemicals |
| Cardiac Arrest                         | 1) Document cause as due to:  
- Underlying cardiac or noncardiac condition  
- Show cause and effect by using words such as “due to” or “secondary to”  
2) Document specific artery affected and right or left when appropriate:  
- Vertebral  
- Basilar  
- Carotid  
- Posterior  
- Other |
| Cerebral Infarction                    | 1) Document etiology:  
- Due to embolus  
- Due to thrombus  
2) Document etiology, if known, such as due to:  
- Dilated cardiomyopathy |
| Complications of Surgery               | 1) Document timeframe of when complication occurred:  
- Intraoperatively  
- Postoperatively |
| Congestive Heart Failure (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 |
| Chronic Kidney Disease (CKD)           | 1) Document stage:  
- Stage 1-5  
- End stage  
2) Document etiology, for example:  
- Diabetic CKD  
- Hypertensive CKD |
<table>
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<tr>
<th>Chronic Obstructive Pulmonary Disease (COPD)</th>
<th>1) Document if with acute lower respiratory tract infection + causal organism, when known, such as: -Pseudomonas pneumonia</th>
<th>2) Document if with: -Acute exacerbation</th>
<th>3) Document if with respiratory failure and severity: - Acute respiratory failure - Chronic respiratory failure - Acute on chronic respiratory failure</th>
<th>4) Document if oxygen-dependent</th>
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<tr>
<td>Emphysema</td>
<td>1) Document type: -Unilateral -Panlobular -Centrilobular -Other type</td>
<td>2) If morbidly obese, also document if with alveolar hypoventilation</td>
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<tr>
<td>Obesity</td>
<td>1) Document etiology: -Due to excess calories or nutritional -Due to drugs -Other, for example, due to thyroid or pituitary disorder</td>
<td>2) Document cause: -Shock -Surgery (thoracic versus nonthoracic surgery) -Trauma</td>
<td>3) Specify if: -Chronic (still present) versus - Healed/old - Note that &quot;history of PE&quot; is ambiguous</td>
<td></td>
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<tr>
<td>Pulmonary Insufficiency</td>
<td>1) Document severity: -Acute -Chronic</td>
<td>2) Document cause: -Shock -Surgery (thoracic versus nonthoracic surgery) -Trauma</td>
<td></td>
<td></td>
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<tr>
<td>Pulmonary Embolism</td>
<td>1) Document type such as: -Saddle -Septic</td>
<td>2) Document cor pulmonale if present and whether it is: -Acute or -Chronic</td>
<td>3) Specify if: -Chronic (still present) versus - Healed/old - Note that &quot;history of PE&quot; is ambiguous</td>
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<td>Respiratory Insufficiency/Respiratory Distress</td>
<td>1) Insufficiency and distress are symptomatic of an underlying condition</td>
<td>2) Be clear on your diagnosis. Is your intended diagnosis: -Acute -Chronic or -Acute on chronic respiratory failure</td>
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<td>Respiratory Failure</td>
<td>1) Document: -Acute -Chronic or -Acute on chronic</td>
<td>2) If acute respiratory failure, document if: -Hypoxemic -Hypercapnic or -Both</td>
<td>3) Document presence of septic shock</td>
<td></td>
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<td>Sepsis</td>
<td>1) Document organism causing the infection</td>
<td>2) Document any associated organ dysfunction, such as: -Acute kidney failure -Acute respiratory failure -Encephalopathy -Hepatic failure</td>
<td>3) Differentiate between patients who no longer smoke and those that do -Note that &quot;history of smoking&quot; can be an ambiguous statement</td>
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<td>Tobacco</td>
<td>1) Differentiate between: -Tobacco use/abuse or -Dependence</td>
<td>2) Document type of tobacco product, such as: -Cigarettes -Chewing tobacco -Cigars</td>
<td>3) Differentiate between patients who no longer smoke and those that do -Note that &quot;history of smoking&quot; can be an ambiguous statement</td>
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<tr>
<td>Drug Underdosing</td>
<td>1) Document: -Intentional versus -Unintentional</td>
<td>2) Document reason for underdosing, for example: -Financial hardship or -Age related dementia</td>
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<td>Urinary Tract Infection (UTI)</td>
<td>1) Identify the specific site of the UTI, if known, such as: -Bladder -Urethra -Kidney</td>
<td>2) If UTI is related to device, such as Foley catheter or cystostomy tube, clearly indicate this by using words such as &quot;due to&quot; or &quot;secondary to.&quot;</td>
<td>3) Document causative organism, when known or suspected, such as E. coli or Candida.</td>
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<td>Urosepsis</td>
<td>1) Do not use this term. There is no code for urosepsis.</td>
<td>2) Be clear on your diagnosis. Is your intended diagnosis one of the following? -UTI -Sepsis -Bacteremia -Severe sepsis</td>
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