

Physical Rehabilitation Aftercare Documentation Tips

The following are important documentation tips and strategies for ICD-10 compliance:

Condition/Concept	ICD-10 Documentation Tips
Acute Myocardial Infarction (AMI)	<p>Type: STEMI, Non-STEMI</p> <p>Document initial occurrence date of MI. Subsequent MIs defined as occurring within 28 days of first MI</p> <p>Location: Anterior wall (leftmain, LAD, Other), Inferior wall (Right coronary artery, other), Artery other, Other sites</p> <p>Document any tobacco use, abuse, dependence, or exposure</p> <p>Delineate Acute coronary syndrome and acute ischemic heart disease from true MI</p>
Burns	<p>Document: Anatomical site, Degree if external burn</p> <p>Distinguish Between: Thermal burns, Corrosive burns (caused by chemicals)</p>
Chronic Obstructive Pulmonary Disease (COPD)	<p>Document: Chronic, Acute exacerbation</p> <p>Document: if with acute lower respiratory tract infection</p> <p>Document: if with Asthma (and type of asthma)</p> <p>Document: if any tobacco use, abuse, dependence or exposure</p>
Cerebral Infarction	<p>Etiology: Thrombosis OR Embolism</p> <p>Artery site and laterality when appropriate: e.g., Precerebral, Vertebral, Basilar, Barotid, Cerebral, Middle (anterior or posterior), Cerebellar arteries, or other</p>
Congestive Heart Failure (CHF)	<p>Acuity: Acute, Chronic, Acute on chronic</p> <p>Specify: If rheumatic heart failure</p> <p>Type: Systolic (include ejection fraction), Diastolic, Combined</p> <p>List Casual relationships: Hypertension, Chronic kidney disease, Obstetric Surgery/procedures, Surgery</p>
Coronary Artery Disease (CAD)	<p>Document: With or without Angina, Type of angina (stable, unstable, spasm, etc)</p> <p>Specify: When the cause is a lipid rich plaque or calcified coronary lesion (note also if chronic total occlusion)</p> <p>Site (vessels): Native arteries, Bypass graft (autologous artery or vein, no autologous vessel)</p> <p>Site (vessels) of transplanted heart: Native arteries, Bypass graft</p> <p>Document: Tobacco use, abuse, dependence, or exposure</p>
Dominant or Non-dominant Side	<p>For monoplegia, hemiplegia, and other paralytic syndromes, document side affected as: Dominant or nondominant</p> <p>When you don't specify side affected as dominant or nondominant: Right side defaults to dominant, Left side defaults to nondominant</p>
Intracerebral Hemorrhage	<p>Document: Traumatic, Non-traumatic</p> <p>Site: Subarachnoid, Subdural, Intracerebral</p> <p>Laterality: Right, Left</p> <p>Subarachnoid site: Carotid siphon or bifurcation, Middle cerebral, anterior or posterior communicating, basilar, vertebral or other artery</p> <p>Subdural Type: Acute, Subacute, Chronic</p> <p>Intracerebral site: Hemisphere, brain stem, cerebellum, intraventricular</p> <p>Document: any related brain compression</p>

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Nontraumatic Subdural Hemorrhage	Type: Acute, Subacute, Chronic
Osteoarthritis (DJD)	Identify the joint affected: (e.g. knee, hip, first carpometacarpal, etc) Specify Type: Polyosteoarthritis primary, Secondary, Post Traumatic
Obesity	Etiology: Due to excess calories or nutritional, Due to drugs, Other for example due to thyroid or pituitary disorder Document: If morbidly obese also document if with alveolar hypoventilation Document: BMI
Pathological Fracture	Specify whether etiology is: Age related or disuse osteopenia, Neoplastic, or some other disease
Pressure Ulcers	Must Document: Diagnosis of pressure ulcer Site and Stage Note: Stage of pressure ulcer can be taken from nursing notes
Respiratory Failure	Acuity: Acute, Chronic, Acute and Chronic Document: With hypoxia and/or hypercapnea Document: Tobacco use, abuse, dependence or exposure Differentiate between: Respiratory Distress Syndrome, Respiratory Arrest, Post procedural Respiratory Failure
Rheumatoid Arthritis	Type: RA with rheumatoid factor, RA without rheumatoid factor, Rheumatoid bursitis, Rheumatoid nodule, Juvenile arthritis Site Laterality
Sequelae of Cerebrovascular Disease	Use 'due to' or "secondary to" to link cause and effect When present, document sequelae: <ul style="list-style-type: none"> - Cognitive - Monoplegia - Speech - Hemiplegia - Aphasia - Dysphasia - Dysarthria - Fluency disorder
Spinal Column Site	Site: Occipito-atlanto-axial, Cervical or cervical-thoracic, Thoracic or thoracolumbar, Lumbar or lumbosacral, Sacral or sacrococcygea For spinal cord injury, document site as: <ul style="list-style-type: none"> - 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	Type: Cigarettes, Chewing tobacco, Other Delineate between: Tobacco use/abuse, Tobacco dependence State of dependence: In remission, With withdrawal, Without withdrawal Document: If used during pregnancy, childbirth, puerperium Describe history, including product and time

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Traumatic Brain Hemorrhage	<p>Site: Left or Right, Cerebrum, Cerebellum, Brainstem, Epidural, Subdural, Subarachnoid</p> <p>Document if with loss of consciousness and for how long in minutes</p>
Traumatic Fractures	<p>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</p> <p>For open fractures of the forearm, femur, and lower leg, document type as: Type I, II, IIIA, IIIB, or IIIC according to Gustilo classification</p> <p>Document: Type I, II, III, or IV according to the Salter Harris classification</p> <p>For sacral fractures, document: Zone I, II and III</p> <p>and Minimally versus severely displaced or Type 1, 2, 3, or 4.</p>

References:

<http://www.roadto10.org/action-plan/phase-2-train/primer-family-practice/>

<http://www.capefearvalley.com/cme/icd10doctips.html>