



ICD-10 Documentation Tips

Physical Rehabilitation

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

General:

- Document diagnosis that were “present on admission” as POA.
- Include diagnoses monitored, treated, evaluated on discharge summary.
- Laterality should be specified for all body parts and sites.

| Condition/Concept | ICD-10 Documentation Tips |
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| Acute Myocardial Infarction (AMI) | <p>Type: STEMI, Non-STEMI</p> <p>Document initial MI occurrence date of MI. Subsequent MIs defined as occurring within 28 days of first MI</p> <p>Location: Anterior wall (left, main, 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> |

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| 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, carotid, or other, Cerebral, Middle anterior, or posterior, Cerebellar arteries</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> |
| Nontraumatic Subdural Hemorrhage | <p>Type: Acute, Subacute, Chronic</p> |

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| 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> |
| Osteoarthritis (DJD) | <p>Identify the joint affected: (e.g. knee, hip, first carpometacarpal, etc</p> <p>Specify Type: Polyosteoarthritis primary, Secondary, Post Traumatic</p> |
| Obesity | <p>etiology: Due to excess calories or nutritional, Due to drugs, Other for example due to thyroid or pituitary disorder</p> <p>Document: If morbidly obese also document if with alveolar hypoventilation</p> <p>Document: BMI</p> |
| Pathological Fracture | <p>Specify whether etiology is: Age related or disuse osteopenia, Neoplastic, or some other disease</p> |
| Pressure Ulcers | <p>Must Document: Diagnosis of pressure ulcer</p> <p>Site and Stage</p> <p>Note: Stage of pressure ulcer can be taken from nursing notes</p> |

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| Respiratory Failure | <p>Acuity: Acute, Chronic, Acute and Chronic</p> <p>Document: With hypoxia and/or hypercapnea</p> <p>Document: Tobacco use, abuse, dependence or exposure</p> <p>Differentiate between: Respiratory Distress Syndrome, Respiratory Arrest, Post procedural Respiratory Failure</p> |
| Rheumatoid Arthritis | <p>Type: RA with rheumatoid factor, RA without rheumatoid factor, Rheumatoid bursitis, Rheumatoid nodule, Juvenile arthritis</p> <p>Document site and laterality</p> |
| Sequelae of Cerebrovascular Disease | <p>Use 'due to' or "secondary to" to link cause and effect</p> <p>When present, document sequelae:</p> <ul style="list-style-type: none"> - Cognitive - Monoplegia - Speech: - Hemiplegia - Aphasia - Dysphasia - Dysarthria - Fluency disorder |
| Spinal Column Site | <p>Site: Occipito-atlanto-axial, Cervical or cervical-thoracic, Thoracic or thoracolumbar, Lumbar or lumbosacral, Sacral or sacrococcygeal</p> <p>For spinal cord injury, document site as:</p> <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 |

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| Tobacco Use Disorder | <p>Type: Cigarettes, Chewing tobacco, Other</p> <p>Delineate between: Tobacco use/abuse, Tobacco dependence</p> <p>State of dependence: In remission, With withdrawal, Without withdrawal</p> <p>Document if used during pregnancy, childbirth, puerperium</p> <p>Describe history, including product and time</p> |
| 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:</p> <p>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.capefearvalley.com/cme/icd10doctips.html>

This ICD-10 Tipsheet is meant to assist providers for the transition from ICD-9-CM to ICD-10-CM. Content provided is informal guidance, and any definitive guidance is issued from CMS.