<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation Requirements</th>
</tr>
</thead>
</table>
| **Asthma**                              | 1) Document severity and type:  
- Mild intermittent  
- Mild persistent  
- Moderate persistent  
- Severe persistent  
2) Document status:  
- Uncomplicated  
- w/ acute exacerbation  
- w/ status asthmaticus  
3) When it is your clinical judgment that the surgery resulted in an expected amount of blood loss, no diagnosis of acute blood loss is needed |
| **Blood Loss Anemia**                    | 1) Document, when appropriate:  
- Anemia due to acute blood loss  
- Anemia due to chronic blood loss  
2) If acute blood loss anemia is due to blood loss during surgery:  
- Documentation of postoperative anemia is not enough  
- Document instead postoperative anemia due to acute blood loss  
3) When it is your clinical judgment that the surgery resulted in an expected amount of blood loss, no diagnosis of acute blood loss is needed |
| **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 |
| **Complications of Surgery**             | 1) Document timeframe of when complication occurred:  
- Intraoperatively  
- Postoperatively  
2) Document if with acute lower respiratory tract infection + causal organism when known, such as:  
- Pseudomonas pneumonia  
3) Document if with:  
- Acute exacerbation  
4) Document if oxygen dependent |
| **Chronic Obstructive Pulmonary Disease (COPD)** | 1) Document type:  
- Unilateral  
- Panlobular  
- Centrilobular  
- Other type  
2) Differentiate between primary and secondary (metastatic) site  
3) For secondary sites:  
- Document primary site and if it is still present |
| **Emphysema**                           | 1) Document type:  
- Protein calorie  
- Protein energy  
2) Document if with:  
- Acute exacerbation  
3) Document if oxygen dependent |
| **Malnutrition**                        | 1) Document type such as:  
- Protein calorie  
- Protein energy  
2) Document severity:  
- Mild or 1st degree  
- Moderate or 2nd degree  
- Severe or 3rd degree  
3) For secondary sites:  
- Document primary site and if it is still present |
| **Neoplasms**                           | 1) Document site and laterality such as:  
- Main bronchus  
- Left lower lobe of lung  
2) Differentiate between primary and secondary (metastatic) site  
3) Specify if:  
- Chronic (still present) versus  
- Healed/old  
- Note that "history of PE" is ambiguous |
| **Obesity**                             | 1) Document etiology:  
- Due to excess calories or nutritional  
- Due to drugs  
- Other, for example, due to thyroid or pituitary disorder  
2) If morbidly obese, also document if with alveolar hypoventilation  
3) Specify if:  
- Chronic (still present) versus  
- Healed/old  
- Note that "history of PE" is ambiguous |
| **Pulmonary Embolism**                  | 1) Document type, such as:  
- Saddle  
- Septic  
2) Document if with and whether it is:  
- Acute  
- Chronic  
3) Specify if:  
- Chronic (still present) versus  
- Healed/old  
- Note that "history of PE" is ambiguous |
| **Respiratory Insufficiency/Respiratory Distress** | 1) Insufficiency and distress are symptomatic of an underlying condition  
2) Be clear on your diagnosis. Is your intended diagnosis:  
- Acute  
- Chronic  
- Acute on chronic respiratory failure  
3) Specify if:  
- Chronic (still present) versus  
- Healed/old  
- Note that "history of PE" is ambiguous |
| Respiratory Failure | 1) Document:  
- Acute  
- Chronic  
or  
- Acute on chronic  
2) If acute respiratory failure, document if:  
- Hypoxemic  
- Hypercapnic  
or  
- Both |
|---------------------|--------------------------------------------------|
| Sepsis              | Document your intended diagnosis by distinguishing between the terms:  
- Bacteremia  
- Sepsis or septicemia  
- Severe sepsis |
| Severe Sepsis       | 1) Document septic shock, when present  
2) Document underlying infection, when known  
3) Document any associated organ dysfunction, such as:  
- Acute kidney failure  
- Acute respiratory failure |
| Tobacco             | 1) Differentiate between:  
- Tobacco use/abuse or  
- Dependence  
2) Document type of tobacco product, such as:  
- Cigarettes  
- Chewing tobacco  
- Cigars  
3) Differentiate between patients who no longer smoke and those that do  
- Note that “history of smoking” can be an ambiguous statement |
| Drug Underdosing    | 1) Document:  
- Intentional versus  
- Unintentional  
2) Document reason for underdosing, for example:  
- Financial hardship  
or  
- Age related dementia |
| Urosepsis           | 1) Do not use this term. There is no code for urosepsis.  
2) Be clear on your diagnosis. Is your intended diagnosis one of the following?  
- UTI  
- Bacteremia  
- Sepsis  
- Severe sepsis |

### Procedure Documentation Requirements

#### ICD-10 Procedure Coding System (PCS)

The terms used to construct PCS codes, specifically "root operations," have unique definitions. Physicians are not expected to use these terms according to the definitions. It is the coding professional's responsibility to match physician documentation with terms.

#### Lymph node removal

1) Differentiate between removal of:  
- One or more lymph nodes versus  
- Removal of an entire chain of lymph nodes

#### Lysis of Adhesions

1) Document each organ or body part released, for example:  
- Greater omentum  
- Lesser omentum  
- Mesentery

#### Debridement

1) Differentiate between:  
- Excisional or  
- Nonexcisional debridement  
2) Document depth of debridement such as:  
- Skin  
- Subcutaneous tissue  
- Fascia  
- Muscle or  
- Bone