Physician Documentation Guide for Traumatic Fractures

Other common fractures in the lower extremity

1. Select a side:
   - ☐ Right
   - ☐ Left

2. Select one:
   - ☐ Displaced (default)
   - ☐ Non-displaced

3. Select either open or closed:
   - ☐ Open
   - ☐ Closed (default)

4. Document type of encounter (see guide for Episodes of Care for documentation tips):
   - ☐ Initial
   - ☐ Subsequent routine healing
   - ☐ Subsequent delayed healing
   - ☐ Subsequent malunion
   - ☐ Subsequent non-union
   - ☐ Sequela

5. Select:

FEMUR

Proximal End

- ☐ Intracapsular
- ☐ Epiphysis
- ☐ Midcervical
- ☐ Base of neck
- ☐ Articular fx head
- ☐ Other head/neck fx
- ☐ Greater trochanter
- ☐ Lesser trochanter
- ☐ Apophyseal
- ☐ Intertrochanteric
- ☐ Subtrochanteric

Distal End

- ☐ Lateral condyle
- ☐ Medial condyle
- ☐ Lower epiphysis
- ☐ Supracondylar w/o intracondylar extension
- ☐ Supracondylar w/ intracondylar extension
- ☐ Torus
- ☐ Other

LOWER LEG

Proximal Tibia and/or Fibula

- ☐ Tibial spine
- ☐ Lateral condyle fx tibia
- ☐ Medial condyle fx tibia
- ☐ Bicondylar fx tibia
- ☐ Tibial tuberosity
- ☐ Torus fx tibia
- ☐ Torus fx fibula
- ☐ Other fx tibia or fibula

Distal end

- ☐ Torus fx tibia
- ☐ Torus fx fibula
- ☐ Medial malleolus
- ☐ Lateral malleolus
- ☐ Bimalleolar fx fibula
- ☐ Trimalleolar fx fibula
- ☐ Maisonneuve's fx fibula
- ☐ Pilon fx fibula
- ☐ Other fx tibia or fibula

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Physician Documentation Guide for Traumatic Fractures

Fractures in the upper extremity: (select one) Shaft of humerus / shaft of ulna / shaft of radius

1. Select one:

- ☐ Left
- ☐ Right

2. Select the one that applies:

- ☐ Displaced (Default)
- ☐ Non-displaced

3. Select the type of fracture:

- ☐ Spiral
- ☐ Oblique
- ☐ Comminuted
- ☐ Torus
- ☐ Transverse
- ☐ Segmental
- ☐ Monteggia's (ulna)
- ☐ Galeazzi's
- ☐ Bent bone(radius & ulna)

4. Select the one that applies:

- ☐ Open
- ☐ Closed

5. Document type of encounter:

Encounter type

- ☐ Initial
- ☐ Subsequent
  - ☐ Routine healing
  - ☐ Delayed healing
  - ☐ Non-union
  - ☐ Malunion
- ☐ Sequela

NOTE: Document severity of open wound.

Encounter type

- ☐ Initial
- ☐ Subsequent
  - ☐ Routine healing
  - ☐ Delayed healing
  - ☐ Non-union
  - ☐ Malunion
- ☐ Sequela

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Physician Documentation Guide for Traumatic Intracranial Injury

Traumatic Intracranial Injury

1. Select a condition and follow the arrows:

- ☐ Concussion
- ☐ Cerebral Edema
- ☐ Diffuse Traumatic Injury
- ☐ Unspecified

Skip steps 2 and 3 and continue to step 4.

- ☐ Focal Traumatic Injury

Step 2.

- ☐ Contusion & Laceration
- ☐ Hemorrhage
- ☐ Contusion, Laceration & Hemorrhage

Step 3.

- ☐ RT Cerebrum
- ☐ LT Cerebrum
- ☐ Cerebellum
- ☐ Brain Stem

- ☐ Hemorrhage

- ☐ Epidural
- ☐ Subdural
- ☐ Subarachnoid

- ☐ Other

Skip step 2 and continue to step 3.

- ☐ RT Internal Carotid
- ☐ Left Internal Carotid
- ☐ Other

Step 4. Loss of Consciousness:

- ☐ Without loss of consciousness
- ☐ 30 min or less
- ☐ 31-59 min
- ☐ 1hr – 5hr 59 min
- ☐ 6hrs – 24hrs
- ☐ Greater than 24hrs with return to pre-existing conscious level
- ☐ Greater than 24hrs without return to pre-existing conscious level with patient surviving
- ☐ Any duration with death due to brain injury prior to regaining consciousness
- ☐ Any duration with death due to other causes prior to regaining consciousness
- ☐ Loss of consciousness of unspecified duration

Physician Documentation Guide for Neoplasm of Breast

Patient Diagnosed with Neoplasm of Breast

1. Select status and follow the steps down the column of the same color:

☐ History of Cancer– treatment has ended and no evidence of cancer:

- Primary site excised or eradicated AND
- Primary site no longer being treated AND
- No evidence of remaining malignancy at the primary site

2. Follow the corresponding column

☐ Previous treatments
- Radiation therapy
- Chemotherapy

☐ Active Cancer – disease that is currently causing signs and symptoms and/or is under treatment by any modality:
- Surgery
- Chemotherapy
- Radiation
- Hormonal Therapy
- Alternative Medicine

2. Follow the corresponding column

☐ Primary Malignancy
☐ Secondary Malignancy
☐ In Situ
☐ Benign Neoplasm

3. Select Gender:

☐ Female
☐ Male

4. Select Breast:

☐ Right
☐ Left

5. Select Area:

☐ Nipple and Areola
☐ Central Portion
☐ Upper-Inner Quadrant
☐ Lower-Inner Quadrant
☐ Upper-Outer Quadrant
☐ Lower-Outer Quadrant
☐ Axillary Tail
☐ Overlapping Sites

6. Reminder:

All malignancies both primary and secondary should include site specific details – even if no longer active.

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Physician Documentation Guide for Hypertension

Patient Diagnosed with Hypertension

1. Select type and follow the arrows:

- ☐ Essential (default)
- ☐ Secondary
  - ☐ Renovascular
  - ☐ Other renal disorders
  - ☐ Endocrine disorders
  - ☐ Other
- ☐ Hypertensive heart and/or kidney disease
  - ☐ Hypertensive heart disease
  - ☐ Hypertensive chronic kidney disease
  - ☐ Hypertensive heart and kidney disease

Heart Disease

- ☐ With heart failure
- ☐ Without heart failure

Document the type of heart failure

Chronic Kidney Disease

- ☐ With stage1-4 CKD
- ☐ With stage 5 or ESRD

Document the stage of chronic kidney disease

- ☐ With heart failure
- ☐ Without heart failure

AND

- ☐ With stage 1-4 CKD
- ☐ With stage 5 or ESRD

Document both the type of heart failure and the stage of kidney disease

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Physician Documentation Guide for Cholelithiasis

Patient with Cholelithiasis

1. Select Location of Calculi:

- ☐ Gallbladder
- ☐ Bile Duct
- ☐ Gallbladder and Bile Duct

2. Be Specific:

- ☐ With Cholecystitis
- ☐ Without Cholecystitis
- ☐ With Cholangitis
- ☐ With Cholecystitis
- ☐ Without Cholangitis or Cholecystitis
- ☐ With Cholecystitis
- ☐ Without Cholecystitis

3. Be descriptive:

- ☐ With Obstruction
- ☐ Without Obstruction

4. Choose severity for the above:

- ☐ Acute
- ☐ Chronic
- ☐ Acute and chronic
- ☐ Unspecified

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Physician Documentation Guide for Pre-Operative Evaluation

Patient receiving diagnostic study for pre-operative evaluation

1. Select category and follow the arrows:

- ☐ Cardiovascular Pre-op exam
- ☐ Respiratory Pre-op Exam
- ☐ Other Pre-op Exam

2. Document the reason(s):

- ☐ Document reason for surgery (ex. patient having hernia repair for hiatal hernia)

3. Document the finding(s):

- ☐ Document significant findings

4. Document disease(s) and/or condition(s)

- ☐ Document underlying diseases and /or conditions (ex. COPD, CHF)

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