



**PROVIDER CLINICAL DOCUMENTATION TIPS**  
**Adult Primary Care**

**Always Document:**

- To the highest degree of specificity
- To the highest degree of certainty at the time of the encounter even if that degree of certainty is a sign/symptom. *Avoid possible, probable, consistent with, suspected, etc.*
- the disposition of each diagnosis, whether confirmed, ruled out, remains possible, etc.
- The clinical diagnoses of significant labs, radiology reports and pathology findings.

**“History of”** means a condition existed in the past and has completely resolved but may have a potential of recurrence and require continued monitoring. Consider using “chronic” or drop “history of” from conditions with current treatment/monitoring.

**Medical Linkage = “Due to,” “Secondary to,” “With,” or “In”**

When two conditions are related. Examples: CKD3a “due to” DM2. Acute Blood Loss Anemia “secondary to” GI bleed. “In the setting of” does NOT create link between diagnoses.

**CARDIAC/VASCULAR**

**Congestive Heart Failure:**

**Specify Type:**

**HFpEF (Diastolic):** EF  $\geq$ 50%

**HFrEF (Systolic):** EF  $\leq$ 40%

**Specify Acuity:** Acute, Chronic or Acute on Chronic

**Specify Cause:**

- Due to hypertensive/valvular/ischemic heart disease
- Right heart failure (acute/chronic) with *pulmonary* hypertension

**Atrial Flutter:**

**Specify Type:**

Type1: Atypical atrial flutter, atrial rate of 240 to 340

Type 2: Atypical atrial flutter, atrial rates of 340 to 440

**Atrial Fibrillation:**

**Specify Type:**

-**Chronic:** Symptoms persist > 3 month, includes pts not currently in afib rhythm due to medication control.

-Applies to paroxysmal afib if recurrences have been documented

**Specify sub-type:** paroxysmal, persistent, long-standing persistent or permanent a-fib.

-**Paroxysmal:** Self-terminating or intermittent. Terminates spontaneously or w/intervention w/in 7 days of onset. May recur w/various frequency.

-**Persistent:** Fails to resolve or self-terminate w/in  $\geq$  7 days but < 3 months. Have repeated efforts at rhythm control.

-**Permanent:** Longstanding persistent atrial fib. that is being managed for rate but not rhythm control.

**VTE:**

**Specify Location:** Extremity, Laterality, Affected Vein

**Acute DVT/PE:** 1<sup>st</sup> incidence of DVT or a recurrent DVT is considered “acute” up to 6 months

**Chronic DVT/PE:** Persistence of a residual clot after the anticoagulation is stopped or after a recurrent event

**History of DVT/PE:** At 6 months, if anticoagulation is stopped or continued for prophylactic purposes this is considered “personal history of.”

**Acute CVA:**

-CVA is documented as active only if the patient is actually having a stroke

-**Specify Type:** Ischemic, Hemorrhagic, Embolic, Thrombosis,

-**Specify Site:**

Precerebral: Vertebral, Basilar, Carotid

Cerebral: Middle, Anterior, Posterior

Cerebellar

-**Specify Laterality:** Left, right, dominant, nondominant

**Post CVA:**

-Consider ‘history of’ CVA if no residual effects

-Consider sequelae/late effect if deficits are present

**Example:** Hemiparesis of left nondominant side as late effect of cerebral infarction

**BEHAVIORAL HEALTH**

**Major Depression:**

**Specify Episode:** Single or Recurrent

**Specify Severity:** Mild, Moderate, or Severe

**Specify Remission Status:** Current Active, Partial, or Full

**Substance Use Disorders (Replaces “Abuse” and “Dependence”):**

**Specify:**

- Substance(s) used
- Severity: Mild, Moderate, or Severe
- Remission Status, if Applicable: Early, Sustained, In Controlled Environment

**DSM-5 FOR SUBSTANCE USE DISORDERS**

**Symptoms**

Using large amounts/longer

Repeated attempts to quit/control use

Time spent using

Craving

Neglecting major roles due to use

Social/interpersonal problems related to use

Activities given up because of use

Hazardous use

Physical/psychological problems related to use

Tolerance

Withdrawal

**Severity**

• Mild use disorder: 2-3 symptoms

• Moderate use disorder: 4-5 symptoms

• Severe use disorder: 6 or more symptoms

\*Moderate or Severe – Previously called dependence

**NUTRITIONAL STATUS**

**Obesity:**

-Class III or “Severe” Obesity = BMI  $\geq$  40

-Class II Obesity = BMI 35-39.9

-Severe obesity: Class II with Serious Comorbidity = BMI 35-39.9 *with at least one comorbid condition* (DM, CAD, CHF, OSA, HTN, or ANY chronic condition impacted by habitus)

-Class I Obesity = BMI > 30

ENDOCRINE	ONCOLOGY	Other																																									
<p><b>Diabetes:</b>  <b>Specify Type:</b> Type 1, Type 1.5, Type 2, Due to Underlying Condition, Drug or Chemical Induced  <b>Specify Complications, if Applicable:</b>            -With (Hyperglycemia, not 'uncontrolled', Hypoglycemia, Systemic Complications such as CKD, neuropathy, etc.)            -Without  <b>Specify Insulin Usage:</b> With or Without Long Term Use (6+ Months)</p>	<p><b>Pancytopenia</b> – <u>Simultaneous</u> deficiency of red blood cells, Platelets, and Neutrophils            Neutropenia: Absolute neutrophil count (ANC) &lt; 1.8 k            Thrombocytopenia: Platelets &lt; 150 k            Anemia: Hgb &lt; 13.0 gm/dL (men), &lt; 12.0 (women), and &lt; 11.0 in pregnancy  <b>Specify Cause:</b> Chemo, radiation, malignancy, medications, Myelodysplasia, splenomegaly</p>	<p><b>Hypercoagulable State:</b>            -Unprovoked DVT/PE may be due to inherited or acquired thrombophilia.  <b>-Identify cause</b> if known (IE. "hypercoagulable state due to...")            -Afib is considered a hypercoagulable state esp. in pts with high stroke risk (CHADS<sub>2</sub> score of 5-6) or who require heparin bridge.</p>																																									
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<p><b>Chronic Kidney Disease:</b>  <b>-Specify Cause</b>  <b>-Specify Stage</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;"><u>Chronic Kidney Disease:</u></th> </tr> <tr> <th colspan="4" style="text-align: center;">Document: CKD Stage</th> </tr> <tr> <th style="text-align: center;">Stage</th> <th style="text-align: center;">G Stage</th> <th style="text-align: center;">GFR</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">G1</td> <td style="text-align: center;">≥90</td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">G2</td> <td style="text-align: center;">60-89</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">G3a</td> <td style="text-align: center;">45-59</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">G3b</td> <td style="text-align: center;">30-44</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">G4</td> <td style="text-align: center;">15-29</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">5 or ESRD or on dialysis</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">G5</td> <td style="text-align: center;">&lt;15</td> <td></td> </tr> </tbody> </table>	<u>Chronic Kidney Disease:</u>				Document: CKD Stage				Stage	G Stage	GFR		1	G1	≥90		2	G2	60-89		3	G3a	45-59		3	G3b	30-44		4	G4	15-29		5 or ESRD or on dialysis					G5	<15		<p><b>Cancer:</b>  <b>Specify:</b>  <b>-Location</b>  <b>-Primary and Metastatic site(s)</b>  <b>-Status</b>  <b>Active:</b></p> <ul style="list-style-type: none"> <li>- Being treated/managed for cancer (chemo, radiation, anti-neoplasm drug), current pathology reveals cancer, newly diagnosed awaiting treatment, refusal of treatment or "watchful waiting"             <ul style="list-style-type: none"> <li>o Cancerous organ has been fully or partially removed and is still receiving ongoing treatment</li> <li>o Receiving Adjuvant therapy for <i>curative or palliative purposes</i> (reason for therapy needs to be clearly stated)</li> </ul> </li> <li>• <b>Inactive ("History Of"):</b> <ul style="list-style-type: none"> <li>o Cancer was successfully treated and no longer receiving treatment</li> <li>o Cancer was excised or eradicating with no evidence of recurrent and no treatment</li> <li>o Had cancer and is coming back for surveillance</li> <li>o Receiving Adjuvant therapy for <i>prophylactic purposes</i></li> </ul> </li> <li>• <b>In Remission (Not "History Of"):</b> Leukemia, multiple myeloma, malignant plasma cell neoplasms</li> </ul>	<p><b>Hemorrhagic Disorder:</b>  <b>Specify cause:</b> IE. inherited, acquired, thrombocytopenia, meds  <b>Medication cause</b> - applies when anticoagulant medication is <b>taken correctly</b>, and patient has some sort of bleeding due to anticoagulant. Specify "hemorrhage/hematoma due to..." or "Drug induced hemorrhagic disorder"  <b>Immunodeficiency:</b>  <b>Document Specific Underlying Cause:</b>  <b>Examples:</b></p> <ul style="list-style-type: none"> <li>• <b>Medications:</b> Such as immunosuppressants, corticosteroids, chemo, etc.</li> <li>• <b>External Causes:</b> Such as radiation therapy or bone marrow transplant</li> <li>• <b>Other Causes:</b> A specific medical condition such as certain cancers or genetic disorders</li> </ul>
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<p><b>Asthma:</b>  <b>Specify Type:</b> Intermittent or Persistent  <b>Specify Severity:</b> Mild, Moderate, or Severe  <b>Specify Status:</b> Uncomplicated, Acute Exacerbation, Status Asthmaticus</p> <p><b>Chronic Respiratory Failure:</b>  <b>Indicators:</b> Hypoxic, elevated pCO<sub>2</sub>, elevated bicarb, normal pH (7.35 to 7.45) <b>AND</b> Chronic use of continuous home O<sub>2</sub> = 24 hrs a day. Is NOT Intermittent, exertional, or nocturnal use of O<sub>2</sub>.</p> <p><b>Acute on Chronic Respiratory Failure:</b>  <b>Indicators:</b>            -pCO<sub>2</sub> &gt;50 mmHg + pH of &lt;7.35            -Increase in baseline pCO<sub>2</sub> (if known) by 10mmHG or more            -pO<sub>2</sub> &lt;60 mmHg or SpO<sub>2</sub> &lt;91% with ≥ usual home O<sub>2</sub> rate            -worsening dyspnea requiring O<sub>2</sub> LPM higher than baseline</p>																																											
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