

FRACTURES

1. **Left or Right**
2. **Displaced or Non-Displaced**
3. **Type: *PLEASE BE SPECIFIC***
Example Upper Ext:
Spiral Torus
Oblique Transverse
Communitied Segmental

Example Lower Ext:
Intracapsular Epiphysis
Medial Condyle Torus
Lateral Malleolus Tibial Spine
4. **Open or Closed**
5. **Encounter Type:**
Initial
Subsequent:
 Routine Healing
 Delayed Healing
 Non-union
 Malunion
Sequela

INTRACRANIAL INJURY

1. **Condition:**
 Concussion
 Cerebral Edema
 Diffuse Traumatic Injury
 Unspecified
 Focal Traumatic Injury
 Hemorrhage
 Other
2. **If Focal Traumatic Injury:**
 Contusion & Laceration
 Hemorrhage
 Contusion, Laceration &
 Hemorrhage
3. **If Hemorrhage:**
 Epidural
 Subdural
 Subarachnoid
4. **If Other:**
 RT Internal Carotid
 LT Internal Carotid
 Other
5. **Loss of Consciousness:**
 Without loss of consciousness
 Unspecified loss of
 consciousness
 Document time if known

NEOPLASM of BREAST

1. **Status:**
 History of Cancer
 Active Cancer
2. **Provide Context:**
 Previous Treatments
 Radiation Therapy
 Chemotherapy
3. **Select Type:**
 Primary Malignancy
 Secondary Malignancy
 In Situ
 Benign Neoplasm
4. **Female or Male**
5. **Left or Right**
6. **Select Location:**
 Nipple and Areola
 Central Portion
 Upper-Inner Quad
 Lower-Inner Quad
 Upper-Outer Quad
 Lower-Outer Quad
 Axillary Tail
 Overlapping Sites

HYPERTENSION

1. **Type::**
 Essential
 Secondary
 Hypertensive Heart and/or
 Kidney
2. **If Secondary:**
 Renovascular
 Other renal disorders
 Endocrine disorders
 Other
3. **If Hypertensive Heart Disease:**
 With heart failure
 Without heart failure
4. **If Chronic Kidney Disease:**
 With stage 1 – 4 CKD
 With stage 5 or ESRD
5. **If Heart and Kidney Disease:**
 Indicate appropriate choice for
 each

CHOLELITHIASIS

1. **Location of Calculi:**
 Gallbladder
 Bile Duct
 Gallbladder and Bile Duct
2. **Be Specific:**
 With Cholecystitis
 Without Cholecystitis
 With Cholangitis
3. **Be Descriptive:**
 With Obstruction
 Without Obstruction
4. **Choose Severity:**
 Acute
 Chronic
 Acute and Chronic
 Unspecified

PRE-OPERATIVE EVAL

1. **Select Category:**
 Cardiovascular pre-op
 Respiratory pre-op
 Other pre-op
2. **Document Reason for Surgery**
3. **Document findings**
4. **Document underlying disease**

PLEASE BE SPECIFIC

1. **Identify quadrant of abd pain**
2. **All malignancies both primary and secondary should include site specific details – even if no longer active**