IMPORTANT INFORMATION FOR DOCUMENTING NEUROLOGY:
• Location and laterality
• Indicate related, secondary, or causal illness
• Document comorbidities that will impact the patient’s condition even when not the primary problem
• Social factors that influence diagnoses—BMI, tobacco use/dependence/past history, or exposure (secondhand, occupational, etc.), non-compliance with treatment regimen including over/underdosing, and any corresponding diagnosis
• Partner with the Clinical Documentation Improvement Specialist if you have questions, are queried, are documenting an uncommon diagnosis

CONDITIONS OF THE NERVOUS SYSTEM
• Indicate any specific movement or tic disorder
• Document any residual conditions – facial weakness following CVA
• Provide information on the underlying cause – hemiplegia due to spinal cord injury

CEREBRAL INFARCTION
• Document etiology – thrombosis or embolism
• Document site/ laterality – Cerebellar arteries, Vertebral, Basilar, etc.
• Provide information regarding tPA administration in a different facility within 24 hours of admission to the current facility

INTRACEREBRAL/ SUBARACHNOID HEMORRHAGE
• Document site, laterality: Hemisphere/ Subcortical/ Cortical/ Brain Stem/ Cerebellum/ Intraventricular/ Carotid siphon and bifurcation/ Middle cerebral/ anterior or posterior Communicating artery
• Document chronicity (acute, subacute/chronic)
• Document etiology – traumatic vs. hemorrhage and any associated condition (cerebral edema)

ALZHEIMER’S DISEASE
• Documentation must clearly distinguish Alzheimer’s dementia from senile dementia, senile degeneration or senility
• Identify type/onset of Alzheimer’s – early onset/late onset
• If with dementia, document any delirium, behavioral disturbance, or aggressive behavior

SEIZURES AND CONVULSIONS (NON-EPILEPTIC)
• Identify as being – febrile (simple or complex), new onset, single seizure or convulsion, post traumatic or hysterical, autonomic

ENCEPHALOPATHY
• Specify the type and the etiology (hepatic/metabolic/anoxic/toxic/ alcoholic)
• For Hypertensive Encephalopathy – specify the etiology and the associated condition

PARKINSON’S
• Specify if primary or secondary
• Specify dementia and/or behavioral disturbances
• Specify the underlying cause of secondary Parkinsonism (Post-encephalitic, Vascular, Drug or external gent induced – specify the drug).

EPILEPSY
• Specify epilepsy as being localization related or generalized – absence epileptic syndrome/cryptogenic epilepsy/epilepsia partialis continua/epileptic spasms/local epilepsy/ grand mal status/petit mal status/infantile spasms/juvenile myoclonic epilepsy/Lennoux-Gastaut syndrome/status epilepticus/tonic-clonic seizures
• Identify as being idiopathic or symptomatic – related to head trauma/stoke/brain tumors/alcohol and drug withdrawal
• Presence or absence of intractability and status epilepticus
• Describe seizures as having localized onset, being simple partial or complex partial
• Documentation should clearly differentiate epilepsy and recurrent seizures from conversion disorder with seizures, convulsions, hippocampal sclerosis, mesial temporal sclerosis, post-traumatic seizures, seizures of a newborn, temporal sclerosis and Todd’s paralysis.
• Treatment response described as pharmacoresistant/poorly controlled/treatment resistant

HEADACHES AND MIGRAINES
• Type of headache – cluster/tension/vascular/post-traumatic/ drug-induced/complicated headache syndrome
  » If cluster or tension, indicate is episodic or chronic
  » If post-traumatic, indicate if acute or chronic and include any post-concussional syndrome
  » If drug-induced, provide information on the medication
• Indicate is intractable or not intractable
• Type of migraine – chronic/menstrual/ophthalmologic/ hemiplegic/abdominal/persistent aura/cyclical vomiting
  » Clarify if pharmacoresistant or pharmacologically resistant, treatment resistant or poorly controlled
  » Indicate – with/without aura
  » Indicate presence or absence of intractability and/or status migrainosus
NEOPLASM
- Location specificity, laterality, and any overlapping sites
- Histology specificity as to whether benign/malignant (malignant neoplasms must be further differentiated as primary or secondary), in situ, uncertain behavior, unspecified behavior
- Identify direction of treatment – primary vs. secondary sites
- Tobacco use/dependence/past history or smoke exposure (secondhand/occupational)
- Specify when the patient has presented for specific treatment related to the neoplasm (surgical removal, chemotherapy, immunotherapy or radiation)

PARALYSIS AND WEAKNESS
- Hemiplegia and hemiparesis – differentiate between paralysis and weakness. Hemiplegia should be documented as congenital or infantile, or due to CVA.
- Identify whether right or left side is affected and dominant or non-dominant side
- Monoplegia – indicate the underlying cause: stroke/ cerebral palsy/ MS/ brain tumor/truma
- Identify the affected limb (lower or upper)
- Identify whether the right or left side is affected and dominant or non-dominant side
- Document the type of CVA that caused the condition

Note: If the sides are not identified as dominant or non-dominant, right side defaults to dominant and left side defaults to non-dominant.

RESPIRATORY FAILURE
- Chronicity (acute/chronic/acute and chronic)
- Define the respiratory failure as hypercapnic or hypoxic
- Post-surgical respiratory failure-document if it’s a complication (e.g. due to anesthesia effects/ related to actual procedure/underlying disease process) or expected outcome and specify the etiology (aspiration/radiation/pneumonia)
- Document tobacco use, dependence or past history or exposure

DOCUMENTING COMPLICATIONS
Complications with a procedure or a device require the same specificity of documentation regardless of the initial cause or patient presentation:
Document if the complication is either of procedure or device
- Identifying the complication as causal to the patient presentation
- Clearly identifying if this was an expected or unexpected outcome
- It is important to note that not all conditions that occur during, following medical care or surgical are classified as complications. There must be a cause-and-effect relationship between the care provided, the condition and an indication in the documentation that it is a “complication.”

PAIN
- Location of the pain relative to the condition
- Indicate if acute, chronic, due to neoplasm, etc.
- Indicate if the reason for the visit is to treat the pain or treatment of the underlying condition
- Central Pain Syndrome and Chronic Pain Syndrome are different from “chronic pain” and should be documented accordingly.

DOCUMENTING UNDERDOSEING
- Specify situation when the medication taken is less than the prescribed dose and the reason
- Specify the condition, the underdosing, and the reason for not taking the medication

Procedures
INTERVENTION DOCUMENTATION
Themes across general surgery intervention documentation include:
- Recall the procedure code Axis and ensure documentation is present to support specificity
- Document location and laterality with as much specificity as possible
- Document related, secondary or causal illness whenever appropriate

GENERAL INFORMATION
ICD-10-PCS procedure codes are seven characters in length with each of the seven characters representing an aspect of the procedure. The list below illustrates the seven characters of a code.
- Character 1: Section - Type of procedure
- Character 2: Body System - Anatomical regions
- Character 3: Root Operation - Objective of the procedure
- Character 4: Body Part - Specific body part
- Character 5: Approach - Operative approach
- Character 6: Device - The device remains after a completed procedure
- Character 7: Qualifier - Additional attribute information

EXCISION OF INTERVERTEBRAL DISC:
- Document the site, approach and differentiate between removal of a portion or all of an Intervertebral disc

SPINAL FUSION:
- Document the level of column involved and number of vertebral joints fused
- For operative approach, document:
  » Anterior approach, anterior column
  » Posterior approach, posterior column
  » Posterior approach, anterior column