

**Amputation status (acquired) headings**

“Acquired Absence of...” is the language many EMRs will use to describe a “History of” an amputation. Each site below will begin with this wording. It’s one way a provider can ensure he or she has found and selected the correct diagnosis to describe the condition. Please don’t forget to identify the laterality.

<b>Upper body</b>	
Thumb(s)	Arm below elbow
Other finger(s)	Arm above elbow
Hand(s)	Shoulder (disarticulated shoulder)
Wrist (disarticulated wrist)	Mastectomy
<b>Lower body</b>	
Great toe(s)	Knee
Other toe(s)	Leg above knee
Foot/feet	Hip (disarticulated hip)
Ankle (disarticulated ankle)	Absence of limb, unspecified
Leg below knee	Oophorectomy/hysterectomy

**Traumatic amputation headings**

Traumatic amputations are documented at the time of the incident. This will usually occur in an inpatient or emergency room setting. It’s important to document if it was a complete or partial amputation, the laterality and the site. Once the stump has healed, the diagnosis should be changed to a “status,” “history of” or “acquired absence of limb” option within the EMR.

<b>Upper body</b>	
Thumb(s)	Elbow and forearm
Other finger(s)	Between elbow and wrist
Hand(s) at wrist level	Forearm
Shoulder and upper arm	At shoulder joint
Between shoulder and elbow	Breast(s)
<b>Lower body</b>	
Great toe(s)	Leg above knee
Lesser toe(s)	At hip joint
Foot at ankle	Between hip and knee
Ankle	Between knee and ankle
Leg below knee	Midfoot
At knee	Genitalia

**Diagnoses related to amputations**

The below conditions may be coded in addition to the amputation status diagnoses if present.

<b>Related diagnoses</b>	
Phantom limb syndrome: With or without pain	Neuroma of amputation stump
Complications of amputation stump	Infection of amputation stump

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

*Documentation tip: Don't forget to identify the laterality of the amputation when selecting the diagnoses.*

## Documentation examples

### Traumatic amputation

- HPI:** Patient came into the ER today after an incident with a saw. After viewing the site, it was determined that the patient has experienced a complete amputation of the left little finger; the area was cleaned and stitched. The cut was clean and the wound closed with minimal bleeding.
- PE:** Vitals normal: PE normal except for left finger amputation: ROS negative
- A:** **S68.617A Complete traumatic transphalangeal amputation of left little finger, Initial Encounter**
- P:** Follow up with primary care for stitches removal in 2 weeks and routine aftercare. Return to the ER if any acute signs of infection; discuss safety protocols surrounding machinery use.

### Amputation status

- HPI:** Patient is here for a follow up on their chronic conditions. Patient is doing well, recently saw endocrinologist with no concerns. Left BKA due to angiopathy 5/20; stump healed and no concerns. No complaints about health at this time.
- PE:** Vitals normal: PE normal, except for left BKA: ROS negative
- A:** **E11.51 Type 2 Diabetes with diabetic peripheral angiopathy without gangrene**  
**Z89.512 Acquired absence of left leg below the knee**
- P:** Continue to follow up with endocrinology; continue medications, follow up with PCP in three months, will recheck A1C at that time.

### Related condition

- HPI:** Patient is here for a follow up on their chronic conditions. Patient is doing well; recently saw endocrinologist with no concerns. Left BKA due to angiopathy 5/20 and stump healed, however; the patient is experiencing some pain and phantom limb on the left side. No other complaints at this time.
- PE:** Vitals normal: PE normal, except for left BKA: ROS negative
- A:** **E11.51 Type 2 Diabetes with diabetic peripheral angiopathy without gangrene**  
**Z89.512 Acquired absence of left leg below the knee**  
**G54.6 Phantom limb syndrome with pain**
- P:** Continue to follow up with endocrinology; continue medications; start gabapentin for pain. Follow up with PCP in three months; will recheck A1C at that time and discuss progress.