

FAMILY PRACTICE DOC POCKET TOOL

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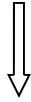
Common Family Practice MS-DRGs

MS-DRG	RW	LOS
Nasal trauma & deformity w/MCC (154)	1.1294	4.8
Nasal trauma & deformity w. CC (155)	0.8630	3.5
Nasal trauma & deformity w/o CC or MCC (156)	0.7412	2.5
COPD w/ MCC (190)	1.1138	5.2
COPD w/ CC (191)	0.9405	4.2
COPD w/o CC or MCC (192)	0.8145	3.4
Simple pneumonia w/ MCC (193)	1.2505	5.5
Simple pneumonia w/ CC (194)	1.0235	4.5
Simple pneumonia w/o CC or MCC (195)	0.8398	3.5
Bronchitis & asthma w/ MCC/CC (202)	0.7841	3.6
Bronchitis & asthma w/o MCC/CC (203)	0.6252	2.9
Heart failure w/ MCC (291)	1.2585	5.1
Heart failure w/ CC (292)	1.0134	4.1
Heart failure w/o CC or MCC (293)	0.8765	3.1
Diabetes w/ vascular manifestations w/MCC (299)	1.2220	5.2
Diabetes w/ vascular manifestations w/CC (300)	0.9451	4.1
Diabetes w/ vascular manifestations w/o CC or MCC (301)	0.7183	3.1
Syncope & collapse (312)	0.7198	2.5
Chest pain (313)	0.5489	1.7
Gastroenteritis w/ MCC (391)	0.9565	4.1
Gastroenteritis w/o MCC (392)	0.7121	2.8
Disorders of pancreas w/ MCC (438)	1.4201	5.6
Disorders of pancreas w/ CC (439)	1.0609	4.3
Disorders of pancreas w/o CC or MCC (440)	0.8912	3.2
Cellulitis w/ MCC (602)	1.1522	5.5
Cellulitis w/o MCC (603)	0.8087	4.0
Diabetes w/ MCC (637)	1.0891	4.6
Diabetes w/ CC (638)	0.8021	3.4
Diabetes w/o CC or MCC (639)	0.6742	2.5
Nutritional & metabolic disorders w/ MCC (640)	0.9793	4.1
Nutritional & metabolic disorders w/o MCC (641)	0.7248	3.1
Kidney & UTI w/ MCC (689)	1.0587	5.0
Kidney & UTI w/o MCC (690)	0.8000	3.6

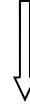
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Secondary Conditions

Please document the following secondary conditions, if present, for all types of patients. Conditions shall only be documented if they meet one the following criteria. The condition was:



1. Clinically evaluated during the stay; or
2. Diagnostically tested during the stay; or
3. Therapeutically treated during the stay; or
4. Increased LOS or nursing care/monitoring



Family Practice MCCs

Acute appendicitis w/ peritonitis or peritoneal abscess
Acute cor pulmonale
Acute endocarditis
Acute heart failure (systolic or diastolic)
Acute myocarditis
Acute pancreatitis
Acute renal failure
Acute respiratory failure
AMI, initial episode of care
Aspiration pneumonia
Cardiac arrest
Diabetes w/ coma
Diabetes w/ hyperosmolarity
Diabetes w/ ketoacidosis
Dissection of aorta
Diverticulitis w/ hemorrhage
Diverticulosis w/ hemorrhage
Encephalitis
End stage renal disease
Hepatitis w/ hepatic coma
Hernia w/ gangrene
Pneumonia
Pulmonary embolism
Ruptured aneurysm (abdominal, aortic, thoracic, thoracoabdominal)
Sepsis
Septic shock
Septicemia
Toxic goiter w/ thyrotoxic crisis
Ulcer with hemorrhage/perforation/obstruction (gastric, duodenal, peptic, gastrojejunal)
Ventricular fibrillation or flutter

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Family Practice CCs

Acidosis
Acute appendicitis
Acute esophagitis
Acute pericarditis
Acute rheumatic heart failure
Alkalosis
Amyloidosis
Asthma w/ acute exacerbation
Asthma w/ status asthmaticus
Atrial flutter
Bronchitis w/ acute exacerbation
Bronchitis w/ status asthmaticus
Cardiomyopathy
Chronic heart failure (systolic or diastolic)
Chronic kidney disease (stage IV – V/ GFR<15)
Colostomy or Gastrostomy complication
Coronary atherosclerosis
Cytomegaloviral disease
Diverticulitis
Diverticulosis
E. coli intestinal infection
Enteritis
Gallstones
Hematemesis
Hepatitis w/o hepatic coma
Hernia
Hypertensive heart disease w/ CHF
Hypoglycemic coma
Infectious diarrhea
Intermediate coronary syndrome
Intestinal malabsorption
Lyme disease
Malignant hypertension
Post MI syndrome
Post op hypoinsulinemia
PSVT
Pulmonary collapse
Pulmonary edema
Pyelonephritis
Regional enteritis
Respiratory insufficiency
Ulcer (gastric, duodenal, peptic, gastrojejunal)
Ulcerative colitis

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Symptoms

For patients admitted with symptoms, it is necessary to document the etiology. If the etiology is not known, it is appropriate to document conditions that you are "ruling out". It is helpful to document "differential diagnoses". Conditions documented as possible, probable, rule out, or questionable are coded in the inpatient setting only. Specify differential diagnoses for symptoms such as: Change in mental status, Chest pain, Dizziness, Headache, Syncope, Vertigo, Weakness.

Tests

Whenever you order a test, document the "reason" for the test in the progress notes or your orders. Include BOTH the symptom and the condition that you are attempting to rule out.

Whenever tests are abnormal, document the condition that the abnormal result represents.

Bacteremia, Septicemia, Sepsis

ICD-9-CM defines bacteremia as an asymptomatic, abnormal lab result indicating the presence of bacteria in the blood. Septicemia is defined as the actual symptomatic disease process requiring treatment but not meeting the criteria for SIRS. Sepsis should be documented when the criteria for SIRS is present. Negative blood cultures do not preclude a diagnosis of sepsis or septicemia.

CVA

If the patient has a cerebral embolism or cerebral thrombosis causing the CVA, this should be documented. With a CVA, it is important to document any residual conditions or neurological deficit which results from CVA (i.e. dysphagia, hemiparesis).

Diabetes

For patients with diabetes, indicate the type (i.e. 1 or 2) and document whether or not the diabetes is uncontrolled. Diabetic complications such as coma, hyperosmolarity or ketoacidosis should be clearly documented. If the patient has diabetic manifestations, the physician must "link up" the manifestation (i.e. diabetic nephropathy).

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Electrolyte Imbalances

Specify the type of electrolyte imbalances you are treating. The use of abbreviations and symbols should be avoided. Examples of electrolyte imbalances include:

Hypo/hypercalcemia	Hypo/hypematremia
Hypo/hyperkalemia	Hypo/hypermagnesemia
Acidosis	Hypo/hyperphosphatemia

Malnutrition and Obesity

If a patient is malnourished, document the malnutrition as well as the severity of the malnutrition (i.e. – moderate, severe, protein-calorie, or nutritional marasmus).

If a patient is obese, document the condition and specify whether the patient is morbidly obese.

Pneumonia

Specify the organism causing pneumonia is known, or if you are treating it empirically

Simple pneumonia includes: viral, H flu, mycoplasma, pneumococcal, bacterial NOS

Complex pneumonia includes: psuedomonas, aspiration, staph, klebsiella, Candida.

Renal Failure

In documentation for coding purposes, renal insufficiency does not equal renal failure. If a patient is in acute renal failure, the physician should indicate the acute renal failure. Chronic renal failure should be documented as chronic kidney disease and the appropriate stage of the disease indicated. End stage renal disease on hemodialysis should also be documented if present.

Respiratory Failure

ABG criteria for respiratory failure: PaO₂ < 60 mmHg and/or PaCO₂ > 50 mm Hg

- A patient in respiratory failure must be clearly documented as such in order to code the condition as respiratory failure.
- If a patient is in acute respiratory failure on admission, it should be clearly documented as being present on admission.
- For patients with chronic respiratory diseases such as COPD, the blood gas criteria for acute respiratory failure are significant drop in the baseline pO₂ and/or a significant increase in the baseline pCO₂.

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Specificity and MS-DRGs

- Acute vs. chronic
- Etiology of condition
- Causative organism in infection
- Degree of severity of diseases
- Proper staging of chronic conditions (i.e.-chronic kidney disease)
- Accompanying conditions (i.e.-hemorrhage, coma, heart failure, chronic kidney disease)
- Benign vs. malignant hypertension when specifying organ disease due to hypertension
- Congestive heart failure-specify if it is acute or chronic, in addition whether it is right or left sided (or both) and systolic or diastolic (or both)
- Specify severity of malnutrition
- If patient is receiving tube feedings or TPN, document the nutrition diagnosis
- Document the total time the patient is on ventilation if it is prolonged
- Every diagnostic test and medication ordered should have a documented diagnosis
- Clinically significant diagnoses from diagnostic reports should be documented in the progress notes
- Arrows, plus signs, and many abbreviations are not sufficient documentation (i.e.-document hypokalemia not ↓ K)

Heart Failure and Congestive Heart Failure

Fully describe the type of heart failure. Specify whether it is acute, chronic, or acute on chronic. In addition, specify whether it is systolic, diastolic, or systolic and diastolic; or right, left, or right and left; or rheumatic. Clearly document if heart failure is associated with hypertension, chronic kidney disease (stage) or both.