

**GASTROINTESTINAL
DOC POCKET TOOL**

1 of 2

Common Gastrointestinal MS-DRGs

MS-DRG	RW	LOS
Major esophageal disorders w/ MCC (368)	1.3788	5.1
Major esophageal disorders w/ CC (369)	1.0839	3.7
Major esophageal disorders w/o CC or MCC (370)	0.9558	2.8
Major GI disorders & peritoneal infections w/ MCC (371)	1.6263	6.6
Major GI disorders & peritoneal infections w/ CC (372)	1.3059	5.5
Major GI disorders & peritoneal infections w/o CC or MCC (373)	1.1109	4.2
Digestive malignancy w/ MCC (374)	1.7230	6.5
Digestive malignancy w/ CC (375)	1.3337	4.6
Digestive malignancy w/o CC or MCC (376)	1.0268	3.1
GI hemorrhage w/ MCC (377)	1.3367	5.0
GI hemorrhage w/ CC (378)	1.0195	3.7
GI hemorrhage w/o CC or MCC (379)	0.8476	2.9
Complicated peptic ulcer w/ MCC (380)	1.4334	5.5
Complicated peptic ulcer w/ CC (381)	1.1302	4.2
Complicated peptic ulcer w/o CC or MCC (382)	0.9662	3.0
Uncomplicated peptic ulcer w/ MCC (383)	1.1024	4.6
Uncomplicated peptic ulcer w/o CC (384)	0.8399	3.2
Inflammatory bowel disease w/ MCC (395)	1.4936	6.7
Inflammatory bowel disease w/ CC (386)	1.0766	4.6
Inflammatory bowel disease w/o CC or MCC (387)	0.9488	3.6
GI obstruction w/ MCC (388)	1.2860	5.5
GI obstruction w/ CC (389)	0.9533	4.0
GI obstruction w/o CC or MCC (390)	0.7260	3.0
Esophagitis, gastroenteritis, misc digestive disorders w/ MCC (391)	0.9565	4.1

**GASTROINTESTINAL
DOC POCKET TOOL**

MS-DRG	RW	LOS
Esophagitis, gastroenteritis, misc		
Digestive disorders w/o MCC (392)	0.7121.....	2.8
Other digestive system diagnoses		
w/ MCC (393)	1.3237.....	5.0
Other digestive system diagnoses		
w/ CC (394)	1.0257.....	3.8
Other digestive system diagnoses w/o		
CC or MCC (395).....	0.7874.....	2.7

Secondary Conditions

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



Gastrointestinal Disease MCCs

- Acute appendicitis w/ peritonitis or peritoneal abscess
- Acute pancreatitis
- Diverticulitis w/ hemorrhage
- Diverticulosis w/ hemorrhage
- Hernia w/ gangrene
- Ulcer with hemorrhage/perforation/obstruction (gastric, duodenal, peptic, gastrojejunal)

GASTROINTESTINAL DOC POCKET TOOL

2 of 2

Gastrointestinal Disease CCs

- Acute appendicitis
- Acute esophagitis
- Acute post hemorrhagic anemia
- Chronic kidney disease (stage IV-V / GFR <15)
- Colostomy or Gastrostomy complication
- Diverticulitis
- Diverticulosis
- Gallstones
- Hematemesis
- Hernia
- Intestinal malabsorption
- Regional enteritis
- Ulcer (gastric, duodenal, peptic, gastrojejunal)
- Ulcerative colitis

GI Bleed and Blood Loss Anemia

If a patient with GI bleed has anemia due to blood loss, document specifically that the anemia is due to blood loss.

Gastroenteritis and Dehydration

If a patient with gastroenteritis has dehydration, document the dehydration.

Symptoms

For patients admitted with symptoms, please 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:

- Abdominal pain
- Nausea
- Vomiting
- Dysphagia
- Guaiac + stools

GASTROINTESTINAL DOC POCKET TOOL

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.

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)