GENERAL SURGERY
DOC POCKET TOOL

Common General Surgery MS-DRGs

MS-DRG	RW	LOS
Stomach, esophageal & duodenal procedures w/ MCC (**326**)	5.1660	13.4
Stomach, esophageal & duodenal procedures w/ CC (**327**)	3.2941	8.1
Stomach, esophageal & duodenal procedures w/o CC or MCC (**328**)	1.8017	3.3
Major small & large bowel procedures w/ MCC (**329**)	4.5059	12.8
Major small & large bowel procedures w/ CC (**330**)	2.8935	8.4
Major small & large bowel procedures w/o CC or MCC (**331**)	1.8415	5.3
Rectal resection w/ MCC (**332**)	3.7139	12.2
Rectal resection w/ CC (**333**)	2.5787	7.8
Rectal resection w/o CC or MCC (**334**)	1.7856	4.9
Peritoneal adhesiolysis w/ MCC (**335**)	3.4785	11.8
Peritoneal adhesiolysis w/ CC (**336**)	2.4776	7.7
Peritoneal adhesiolysis w/o CC or MCC (**337**)	1.6984	4.4
Wound debridement & skin graft exc hand for musculoskeletal tissue disorder w/ MCC (**463**)	3.9615	12.3
Wound debridement & skin graft exc hand for musculoskeletal tissue disorder w/ CC (**464**)	2.8821	7.8
Wound debridement & skin graft exc hand for musculoskeletal tissue disorder w/o CC or MCC (**465**)	2.3417	4.6
Amputation for musculoskeletal system & connective tissue disorder w/ MCC (**474**)	2.8432	9.4
Amputation for musculoskeletal system & connective tissue disorder w/ CC (475)	2.1308	6.6
Amputation for musculoskeletal system & Connective tissue disorder w/o CC or MCC(**476**)	1.6799	3.8
Appendectomy w/complicated PDX w/MCC(**338**)	2.7254	9.1
Appendectomy w/complicated PDX w/CC (**339**)	1.9805	6.1
Appendectomy w/complicated PDX w/o CC or MCC (**340**)	1.3849	3.6
Appendectomy w/o complicated PDX w/ MCC (**341**)	1.8824	5.3

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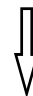
Common General Surgery MS-DRGs

MS-DRG	RW	LOS
Appendectomy w/o complicated PDX w/ CC (**342**)	1.3562	3.4
Appendectomy w/o complicated PDX w/o CC or MCC (**343**)	0.9887	1.9
Cholecystectomy w/ CDE w/ MCC **(411)**	3.4128	10.9
Cholecystectomy w/ CDE w/ CC (**412**)	2.6382	7.6
Cholecystectomy w/ CDE w/o CC or MCC(**413**)	1.9412	5.2
Cholecystectomy w/o CDE w/ MCC (**414**)	3.0942	9.7
Cholecystectomy w/o CDE w/ CC (**415**)	2.2749	6.6
Cholecystectomy w/o CDE w/o CC or MCC (**416**)	1..5398	4.1

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



Surgery MCCs

- Acute renal failure
- Acute respiratory failure
- Air embolism as a complication of medical care
- Peritonitis
- Pleural effusion specified
- Pulmonary insufficiency following trauma or surgery
- Sepsis
- Septic shock
- Septicemia

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Surgery CCs

- Acute renal failure with advanced staged CKD
- Acute post hemorrhagic anemia
- Atelectasis
- CHF, chronic
- Chronic kidney disease (stage IV-V/ GFR<15)
- Complication of device, graft, or implant
- COPD acute exacerbation
- Disruption of operative wound
- Hypernatermia/hyponatremia
- Hyperosmolarity/hyposmolarity
- Non-healing surgical wound
- Phlebitis/thrombophlebitis
- Pneumothorax
- Post op infection
- Precipitous drop in hematocrit
- Subcutaneous emphysema
- Transfusion reaction
- UTI
- Hematoma/ seroma

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:

- Back pain
- Arthritis
- Abdominal pain

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 .

Appendectomy with Complicated Diagnosis

- Malignant neoplasm appendix
- Acute appendicitis w/peritonitis
- Acute appendicitis w/peritoneal abscess
- Perforated appendix w/abscess

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Excisional Debridement Documentation

Excisional debridement is defined as the surgical removal or cutting away of devitalized tissue, necrosis or slough. Clear documentation of the procedure must be present in the patient's chart, including definite documentation of cutting away of tissue, and the extent of the debridement (muscle, bone). The procedure can be performed by a nurse, therapist, physician assistant or the physician. Minor scissor removal of loose fragments is not considered excisional debridement.

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 for 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 would be documented in the progress notes
- Arrows, plus signs, and many abbreviations are not sufficient documentation (i.e.—document hypokalemia not ↓K)

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