

INTERNAL MEDICINE DOC POCKET TOOL

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Common Medicine MS-DRGs

MS-DRG	R W	LOS
<u>Cardiac Diagnoses</u>		
AMI w/MCC (280).....	1.7391.....	5.8
AMI w/ CC (281).....	1.3126.....	4.0
AMI w/o CC or MCC (282).....	1.0617.....	2.6
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
Cardiac arrhythmia w/ MCC (308).....	1.0841.....	4.3
Cardiac arrhythmia w/ CC (309).....	0.8233.....	3.1
Cardiac arrhythmia w/o CC or MCC (310).....	0.6439.....	2.3
Angina (311).....	0.5118.....	1.9
<u>Diabetes/Endocrine Diagnoses</u>		
Diabetes w/neuro complication w/MCC (73).....	1.1717.....	4.1
Diabetes w/neuro complication w/o MCC (74).....	0.8954.....	3.4
Diabetes w/vascular complications w/ MCC (299).....	1.2220.....	5.2
Diabetes w/vascular complications w/o MCC or CC (301).....	0.7183.....	3.1
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
Diabetes with renal manifestations w/ MCC (698).....	1.3017.....	5.1
Diabetes with renal manifestations w/ CC (699).....	1.0352.....	3.8
Diabetes with renal manifestations w/o CC or MCC (700).....	0.8232.....	2.7
<u>Gastrointestinal Diagnoses</u>		
Major GI disorders w/ MCC (371).....	1.6263.....	6.6
Major GI disorders w/ CC (372).....	1.3059.....	5.5
Major GI disorders w/o CC or MCC (373).....	1.1109.....	4.2
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
Gastroenteritis w/ MCC (391).....	0.9565.....	4.1
Gastroenteritis w/o MCC (392).....	0.7121.....	2.8

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Common Medicine MS-DRGs, cont.

MS-DRG	R W	LOS
Neurology Diagnoses		
CVA w/ MCC (64)	1.5470	5.6
CVA w/ CC (65)	1.1901	4.3
CVA w/o CC or MCC (66)	1.0323	3.1
CVA w/o infarction w/ MCC (67)	1.2194	4.7
CVA w/o infarction w/o MCC (68)	0.9131	2.8
TIA (69)	0.7339	2.5
Diabetes w/ Neurological complications w/ MCC (73)	1.1717	4.8
Diabetes w/ neurological complications w/o MCC(74)	0.8954	3.4
Seizure w/ MCC (100)	1.2500	4.7
Seizure w/o MCC (101)	0.8258	2.9
Headache w/ MCC (102)	0.8710	3.6
Headache w/o MCC (103)	0.6677	2.5
Pulmonary/Infections Diagnoses		
Complex pneumonia w/ MCC (177)	1.8444	7.2
Complex pneumonia w/ CC (178)	1.5636	6.0
Complex pneumonia w/o CC or MCC (179)	1.2754	4.6
Respiratory failure (189)	1.3660	4.8
COPD w/ MCC (190)	1.1138	5.1
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/ CC or MCC(202)	0.7841	3.6
Bronchitis & asthma w/o CC or MCC (203)	0.6252	2.9
Respiratory DX w/ MV 96+ hours (207)	5.1231	12.6
Respiratory DX w/ MC < 96 hours (208)	2.2463	5.2
UTI w/ MCC (689)	1.0587	5.0
UTI w/o MCC (690)	0.8000	3.6
Septicemia w/ MV 96+ hours (870)	5.7579	12.6
Septicemia w/o MC 96+ hrs w/ MCC (871)	1.7484	5.6
Septicemia w/o MV 96+ hrs w/o MCC (872)	1.3783	4.7
Symptoms		
Syncope & collapse (312)	0.7197	2.5
Chest pain (313)	0.5489	1.7
Back pain w/ MCC (551)	1.1632	5.5
Back pain w/o MCC (552)	0.7839	3.4

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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 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



Internal Medicine 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
- 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
- Diverticulitis w/ hemorrhage
- Diverticulosis w/ hemorrhage

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 diagnosis for symptoms such as:

- Back Pain
- Chest Pain
- Confusion
- Dizziness
- Syncope
- Vertigo
- Weakness

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Internal Medicine 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
- UTI

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, if clinical documentation of the disease is present.

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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 the 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 had diabetic manifestations, the physician must "link up" the manifestation (i.e. diabetic nephropathy).

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:

- Acidosis
- Hypo/hypercalcemia
- Hypo/hyperkalemia
- Hypo/hyponatremia
- Hypo/hypermagnesemia
- 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 if known, or if you are treating it empirically:

- Simple pneumonias include: viral, H.flu, mycoplasma, pneumococcal, bacterial NOS
- Complex pneumonia include: pseudomonas, aspiration, staph, klebsiella, candida

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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 be 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 disease such as COPD, the blood gas criteria for acute respiratory failure is a significant drop in the baseline pO₂ and/or a significant increase in baseline pCO₂.

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.