

NEPHROLOGY DOC POCKET TOOL

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Common Nephrology MS-DRGs

MS-DRG	RW	LOS
Renal failure w/ MCC (682)	1.4664	5.3
Renal failure w/ CC (683)	1.1942	4.5
Renal failure w/o CC or MCC (684)	0.9835	3.1
Admission for renal dialysis (685)	0.8599	2.4
Kidney & urinary tract neoplasm w/ MCC (686)	1.4513	6.0
Kidney & urinary tract neoplasm w/ CC (687)	1.1147	4.0
Kidney & urinary tract neoplasm w/o CC or MCC (688)	0.8577	2.5
UTI w/ MCC (689)	1.0587	5.0
UTI w/o MCC (690)	0.8000	3.6
Urinary stones w/ ESW lithotripsy w/ CC or MCC (691)	1.1508	3.0
Urinary stones w/ ESW lithotripsy w/o CC or MCC (692)	0.9457	1.8
Urinary stones w/o lithotripsy w/MCC (693)	1.0459	3.9
Urinary stones w/o lithotripsy w/o MCC (694)	0.7110	2.0
Urinary signs and symptoms w/ MCC (695)	0.9422	4.3
Urinary signs and symptoms w/o MCC (696)	0.6276	2.6
Urethral stricture (697)	0.7223	2.4
Other urinary diagnoses w/ MCC (698)	1.3017	5.1
Other urinary diagnoses w/ CC (699)	1.0352	3.8
Other urinary diagnoses w/o CC or MCC (700)	0.8232	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



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Nephrology MCCs

- Acute glomerulonephritis
- Acute renal failure
- End stage renal disease
- Nontraumatic rupture of bladder

Nephrology CCs

- Acute cystitis
- Chronic glomerulonephritis
- Chronic kidney disease (stage IV-V/GFR<15)
- Hydronephrosis
- Hydroureter
- Pyelonephritis
- Urethral abscess
- Urethral fistula
- UTI

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.

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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:

- Renal colic
- Urinary frequency
- Urinary retention
- Urinary urgency

Urosepsis vs. Septicemia

The term “urosepsis” is coded as a “UTI”. If the patient has septicemia, document the condition as sepsis, septicemia, or septic shock.

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.

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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)