

ORTHOPEDIC DOC POCKET TOOL

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Common Orthopedic Surgery MS-DRGs

MS-DRG	RW	LOS
Combined anterior/posterior spinal fusion w/ MCC (453)	8.4313	12.7
Combined anterior/posterior spinal fusion w/ CC (454)	6.5810	6.8
Combined anterior/posterior spinal fusion w/o CC or MCC (455)	5.7023	4.1
Spinal fusion exc cervical w/ spinal curvature/ Malignancy/ or 9+ fusions w/ MCC (456)	6.7670	12.1
Spinal fusion exc cervical w/ spinal curvature/ Malignancy/ or 9+ fusions w/ CC (457)	5.465	6.4
Spinal fusion exc cervical w/ spinal curvature/ Malignancy/ or 9+ fusions w/o CC or MCC (458)	4.9437	4.1
Spinal fusion except cervical w/ MCC (459)	4.8679	7.8
Spinal fusion except cervical w/o MCC (460)	3.4870	3.8
Bilateral or multiple major joint procedures of lower extremity w/ MCC (461)	3.8345	6.9
Bilateral or multiple major joint procedures of lower extremity w/o MCC (462)	3.0993	3.9
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
Revision of hip or knee replacement w/MCC (466)	3.5408	7.6
Revision of hip or knee replacement w/ CC (467)	2.7523	4.8
Revision of hip or knee replacement w/o CC or MCC (468)	2.4545	3.7
Major joint replacement or reattachment of lower extremity w/ MCC (469)	2.6664	7.1
Major joint replacement or reattachment of lower extremity w/o MCC (470)	1.9871	3.7
Cervical spinal fusion w/ MCC (471)	3.4723	7.0
Cervical spinal fusion w/ CC (472)	2.4819	2.9

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MS-DRG	RW	LOS
Cervical spinal fusion w/o CC or MCC (473)	1.9446	1.6
Amputation for musculoskeletal system & connective tissue disorder w/ MCC (474)	2.8432	9.5
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
Biopsies of musculoskeletal system & connective tissue w/ MCC (477)	2.6555	9.6
Biopsies of musculoskeletal system & connective tissue w/ CC (478)	1.9836	4.8
Biopsies of musculoskeletal system & connective tissue w/o CC or MCC (479).....	1.6784	1.9
Hip & femur procedures except major joint w/ MCC (480).....	2.4027	8.0
Hip & femur procedures except major joint w/CC (481).....	1.8485	5.4
Hip & femur procedures except major joint w/o CC or MCC (482)	1.5644	4.5
Major joint & limb reattachment of upper extremity w/ CC or MCC (483).....	1.9905	3.5
Major joint & limb reattachment of upper extremity w/o CC or MCC (484).....	1.7377	2.2
Knee procedures w/PDX of infect w/MCC(485)...	2.9362	10.2
Knee procedures w/PDX of infect w/CC (486).....	2.3382	6.8
Knee procedures w/PDX of infection w/o CC or MCC (487).....	1.7771	5.0
Knee procedures w/o PDX of infection w/ CC or MCC (488).....	1.6584	4.1
Knee procedures w/o PDX of infection w/o CC or MCC (489).....	1.4512	2.7
Back & neck procedures except spinal fusion w/ CC or MCC (490)	1.4912	3.3
Back & neck procedures except spinal fusion w/o CC or MCC (491)	1.0066	1.8

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MS-DRG	RW	LOS
Lower extremity & humerus procedure exc hip/foot/femur w/ MCC (492)	2.2413	6.9
Lower extremity & humerus procedure exc hip/foot/femur w/ CC (493)	1.7186	4.4
Lower extremity & humerus procedure exc hip/foot/femur w/o CC or MCC (494)	1.2752	2.8
Local excision & removal int fixation device exc hip & femur w/ MCC (495)	2.5765	8.3
Local excision & removal int fixation device exc hip & femur w/ CC (496)	1.7792	4.6
Local excision & removal int fixation device exc hip & femur w/o CC or MCC (497)	1.2301	2.3
Local excision & removal int fixation device hip & femur w/ CC or MCC (498)	1.7563	5.8
Local excision & removal int fixation device hip & femur w/o CC or MCC (499)	1.1887	2.3
Soft tissue procedures w/ MCC (500)	2.4096	8.1
Soft tissue procedures w/ CC (501)	1.5598	4.4
Soft tissue procedures w/o CC or MCC (502)	1.0342	2.3
Foot procedures w/ MCC (503)	1.7538	6.9
Foot procedures w/ CC (504)	1.4058	5.0
Foot procedures w/o CC or MCC (505)	1.1584	2.6
Major thumb or joint procedures (506)	1.0877	2.3
Major shoulder or elbow joint procedure w/ CC/MCC (507)	1.4296	3.6
Major shoulder or elbow joint procedure w/o CC/MCC (508)	1.1330	1.7
Arthroscopy (509)	1.0769	1.9
Shoulder, elbow, or forearm procedure exc major joint procedure w/ MCC (510)	1.6616	5.0
Shoulder, elbow, or forearm procedure exc major joint procedure w/ CC (511)	1.2512	3.1
Shoulder, elbow, or forearm procedure exc major joint procedure w/o CC or MCC (512)	0.9602	1.7
Hand or wrist procedure exc major thumb or joint w/ CC or MCC (513)	1.1748	3.7
Hand or wrist procedure exc major thumb or joint w/o CC or MCC (514)	0.8313	2.0

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Secondary Conditions

Please document the following secondary conditions, if present, for all types of patient. 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



Orthopedic MCCs

- Closed femur fracture
- Closed fracture of vertebrae w/ spinal cord injury
- Decubitus ulcer-back/hip/buttock/ankle/heel
- Flail chest
- Injury to internal organ w/ open wound into cavity
- Open fractures (excluding wrist, clavicle, scapula, metacarpal, patella)
- Skull fracture w/ subarachnoid, subdural & extradural hemorrhage
- Third degree burn > 10% of body surface
- Traumatic shock

Orthopedic CCs

- Acute post hemorrhagic anemia
- Chronic kidney failure (stage IV-V/
GFR<15)
- Closed fractures
- Closed fracture of vertebrae
- Compartment syndrome
- Concussion w/ loss of consciousness
- Decubitus ulcer-elbow/unspecified site
- Full thickness skin loss due to 3rd degree burn
- Injury to internal organ w/o open wound into cavity
- Open fracture of wrist, clavicle, scapula, metacarpals, patella
- Open wound of extremity w/ tendon involvement

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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:

- Arthritis
- Back 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.

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)