

**PULMONARY
DOC POCKET TOOL**

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Common Pulmonary MS-DRGs

MS-DRG	RW	LOS
Pulmonary embolism w/ MCC (175)	1.4152	6.1
Pulmonary embolism w/o MCC (176)	1.1580	4.7
Respiratory infections and inflammations w/ MCC (177)	1.8444	7.2
Respiratory infections and inflammations w/CC (178)	1.5636	6.0
Respiratory infections & inflammations w/o CC or MCC (179)	1.2754	4.6
Respiratory neoplasms w/ MCC (180)	1.5550	6.1
Respiratory neoplasms w/ CC (181)	1.3126	4.5
Respiratory neoplasms w/o CC or MCC (182)	1.1455	3.3
Major chest trauma w/ MCC (183)	1.2664	5.6
Major chest trauma w/ CC (184)	0.9611	3.8
Major chest trauma w/o CC or MCC (185)	0.7298	2.7
Pleural effusion w/ MCC (186)	1.4542	5.8
Pleural effusion w/ CC (187)	1.1947	4.2
Pleural effusion w/o CC or MCC (188)	0.9745	3.2
Pulmonary edema and respiratory Failure (189)	1.3660	4.8
COPD w/ MCC (190)	1.1138	5.1
COPD w/ CC (191)	0.9405	4.1
COPD w/o CC or MCC (192)	0.8145	3.4
Simple pneumonia and pleurisy w/MCC (193)	1.2505	5.5
Simple pneumonia and pleurisy w/CC (194) ..	1.0235	4.5
Simple pneumonia and pleurisy w/o CC or MCC (195)	0.8398	3.5
Interstitial lung disease w/ MCC (196)	1.3781	5.8
Interstitial lung disease w/ CC (197)	1.1458	4.4
Interstitial lung disease w/o CC or MCC (198)	0.9654	3.5
Pneumothorax w/ MCC (199)	1.4699	6.6
Pneumothorax w/ CC (200)	1.0753	3.9
Pneumothorax w/o CC or MCC (201)	0.8588	3.2
Bronchitis and asthma w/ CC or MCC (202) ..	0.7841	3.6

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MS-DRG	RW	LOS
Bronchitis and asthma w/o CC or MCC (203)	0.6252	2.9
Respiratory signs and symptoms (204)	0.6658	2.2
Other respiratory system diagnosis w/ MCC (205)	1.0636	4.2
Other respiratory system diagnosis w/o MCC (206)	0.7848	2.7
Respiratory system diagnosis w/ vent support 96+ hours (207)	5.1231	12.6
Respiratory system diagnosis w/ vent support < 96 hours (208)	2.2463	5.2

Respiratory Failure

ABG criteria for respiratory failure: PaO₂ < 60 mmHg and/or PaCO₂>50mmHg.

- 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 upon admission, it should be clearly documented as being present at admission.
- For patients with chronic respiratory diseases 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 the baseline pCO₂.

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 pneumonias include: pseudomonas, aspiration, staph, klebsiella, candida

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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Pulmonary MCCs

- Acute laryngitis/tracheitis w/ obstruction
- Acute respiratory failure
- Aspiration pneumonia
- Bacterial pleural effusion
- Empyema
- Lung abscess
- Mediastinitis
- Pleural effusion-bacterial/pneumococcal/staphylococcal/streptococcal
- Pneumonia
- Pulmonary embolism
- Spontaneous tension pneumothorax

Pulmonary CCs

- Asthma w/ acute exacerbation
- Asthma w/ status asthmaticus
- Atelectasis
- Bronchiectasis w/ acute exacerbation
- Bronchitis w/ acute exacerbation
- Bronchitis w/ status asthmaticus
- Chronic kidney disease (stage IV-V/GFR<15)
- Pleural effusion, unspecified
- Pleurisy-exudate/serofibrinous/serous
- Pneumothorax
- Pulmonary collapse
- Pulmonary edema
- Respiratory insufficiency
- Tracheostomy complications

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:

- Painful respirations
- Hemoptysis
- Shortness of breath
- Pleuritic chest pain
- Wheezing

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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)

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.