

**INFECTIOUS DISEASE
DOC POCKET TOOL**

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Common Infectious Disease MS-DRGs

MS-DRG	RW	LOS
Post-op/post traumatic infections w/ MCC (862)	1.5454	6.2
Post-op/post traumatic infection w/o MCC (863)	1.0560	4.2
Fever of unknown origin (864)	0.8240	3.2
Viral illness w/ MCC (865)	1.2074	4.9
Viral illness w/o MCC (866)	0.7527	2.8
Other infectious/parasitic diseases w/MCC (867)	2.1971	7.2
Other infectious/parasitic diseases w/CC (868)	1.5258	4.6
Other infectious/parasitic diseases w/o MCC or CC (869)	1.3611	3.5
Septicemia w/ MV 96+ hrs (870)	5.7579	12.6
Septicemia w/o MV 96+ hrs w/MCC (871)	1.7484	5.6
Septicemia w/o MV 96+ hrs w/o MCC (872)	1.3783	4.7
HIV w/ extensive OR w/ MCC (969)	5.1395	13.5
HIV w/ extensive OR w/o MCC (970)	3.6849	6.6
HIV w/ major related condition w/ MCC (974)	2.1382	7.4
HIV w/ major related condition w/ CC (975)	1.5918	5.3
HIV w/ major related condition w/o MCC or CC (976)	1.3357	3.8
HIV (977)	1.0387	3.8

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

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 process is present.

Urosepsis vs. Septicemia

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

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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



Infectious Disease MCCs

- Encephalitis
- Hepatitis w/ hepatic coma
- Histoplasmosis
- Meningitis
- Pneumonia
- Pneumocystosis
- Sepsis
- Septic shock
- Septicemia

Infectious Disease CCs

- Aspergillosis
- Bacteremia
- Chronic kidney disease (stage IV-V/ GFR<15)
- Cytomegaloviral disease
- E. coli intestinal infection
- Enteritis
- Gonococcal infection
- Hepatitis w/o hepatic coma
- Infectious diarrhea
- Lyme disease
- Salmonella
- Syphilis
- Toxoplasmosis
- Viral meningitis

HIV Major Related Conditions

- Cryptococcal meningitis
- Esophageal candidiasis (Thrush)
- Gram negative septicemia
- Kaposi's sarcoma
- Pneumocystitis carinii pneumonia (PCP)
- Septicemia
- Herpes
- Cytomegaloviral disease
- Candidiasis
- Pneumonia

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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:

- Bacteremia
- Fever
- Leukocytosis
- Malaise

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
- Arrow, plus signs, and many abbreviations are not sufficient documentation (i.e.—document hypokalemia not ↓ K)