

INGENIX®

DRG Desk Reference

*The ultimate resource for improving the new
MS-DRG assignment practices*

2009

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Optimizing Tips

Introduction

This section lists each DRG and indicates whether it has potential to be reassigned to a DRG with a higher relative weight. Once a DRG has been assigned, turn to that DRG in this section and carefully review the DRGs listed under “Potential DRGs” being cautious to always read the DRG description carefully. Next, look at the listings in the table below the potential DRG descriptions for key elements you will want to identify in the medical record documentation before reassigning the DRG. No attempt has been made to compile a complete or even representative listing of all potential diagnoses/procedures. Do not assume that a DRG listed as nonoptimized can never be optimized. It is entirely possible that a very unusual combination of diagnoses or procedures could legitimately offer optimization potential. An asterisk (*) indicates a code range is represented.

Pre MDC

DRG 001 Heart Transplant or Implant of Heart Assist System with MCC RW 23.6701
No Potential DRGs

DRG 002 Heart Transplant or Implant of Heart Assist System without MCC RW 12.8157
Potential DRGs

001 Heart Transplant or Implant of Heart Assist System with MCC 23.6701

| DRG | PDx/SDx/Procedure | Codes | Tips |
|-----|-------------------|-----------------|------|
| 001 | MCC Condition | See MCC section | |

DRG 003 ECMO or Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. RW 18.3694
No Potential DRGs

DRG 004 Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck without Major O.R. RW 11.1366
Potential DRGs

003 ECMO or Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. 18.3694

| DRG | PDx/SDx/Procedure | Codes | Tips |
|-----|--|--|------|
| 003 | Extracorporeal membrane oxygenation (ECMO) WITH Operating room procedure | 39.65 Any O.R. procedure not listed under DRGs 984-989 (Nonextensive O.R. procedures) | |

DRG 005 Liver Transplant with MCC or Intestinal Transplant RW 10.8180
No Potential DRGs

DRG 006 Liver Transplant without MCC RW 4.8839
Potential DRGs

005 Liver Transplant with MCC or Intestinal Transplant 10.8180

| DRG | PDx/SDx/Procedure | Codes | Tips |
|-----|--|--------------------------|------|
| 005 | Intestinal transplant OR MCC Condition | 46.97 See MCC section | |

DRG 007 Lung Transplant RW 9.5998
Potential DRGs

001 Heart Transplant or Implant of Heart Assist System with MCC 23.6701
002 Heart Transplant or Implant of Heart Assist System without MCC 12.8157

| DRG | PDx/SDx/Procedure | Codes | Tips |
|-----|---|-------------------------|------|
| 001 | Heart-lung transplant AND MCC Condition | 33.6 See MCC section | |
| 002 | Heart-lung transplant | 33.6 | |

Documentation Specificity Tables

Chapter 1: Infectious and Parasitic Diseases

| Condition | Non-specific Code (non-CC) | Specific Code and CC/MCC Designation |
|----------------|-------------------------------------|--|
| Food Poisoning | 005.9 (Food poisoning, unspecified) | 005.0-005.89 (Staphylococcal or botulism food poisoning or that due to Clostridium perfringens [C. welchii], other Clostridia, Vibrio parahaemolyticus, Vibrio vulnificus or other bacteria) CC |

| Clinical Indicators & Comments | Typical Treatment & Source Documents |
|---|---|
| Staphylococcal enterotoxin is a common cause of food poisoning, typically transmitted via eggs, milk, or meat products. Symptoms include diarrhea and vomiting within a few hours of ingestion. Clostridium botulinum is a neurotoxic bacterium and ingestion of contaminated food leads to weakness and dizziness, leading to double vision and other optic neurology symptoms. The toxin has a paralyzing effect on the nervous system. V. vulnificus is the result of eating raw seafood with resulting gastroenteritis. Other symptoms of food poisoning may include fever, chills, bloody stools, and dehydration. | Diagnosis of food poisoning due to a specific virus, bacterium, or toxin is typically performed via a stool culture or fecal smear. Botulism is usually diagnosed by its distinctive neurological symptoms and rapid treatment is required. Treatment for food poisoning other than botulism involves supportive care with hydration and electrolyte replacement to counteract those lost with diarrhea and vomiting. IV fluids may be given for dehydration or to prevent dehydration. The CDC maintains a supply of antitoxin against botulism, which effectively reduces the severity of symptoms. Review ED reports, laboratory findings, infectious disease consult, and nursing intake records. |

| Condition | Non-specific Code (non-CC) | Specific Code and CC/MCC Designation |
|---|--|---|
| Bacterial or Viral Enteritis or Gastroenteritis NEC | 008.8 (Intestinal infections due to other organisms NEC) | 008.00-008.69 (Intestinal infection due to E. coli, staphylococcus, pseudomonas, campylobacter, Yersinia enterocolitica, clostridium difficile, other anaerobes, other gram-negative bacteria, rotavirus, adenovirus, Norwalk virus, other small round viruses [SRVs], calicivirus, astrovirus, enterovirus NEC or other viral enteritis) CC |

| Clinical Indicators & Comments | Typical Treatment & Source Documents |
|---|---|
| Enteritis refers to swelling and irritation of the small intestine. Unlike food poisoning, symptoms don't typically include nausea or vomiting but do involve abdominal discomfort and bloating and diarrhea. If the above mentioned symptoms are present with nausea and vomiting, it is known as gastroenteritis. Most cases of enteritis are caused by viruses, but some may be caused by bacteria such as E. coli, staphylococcus, or C. difficile. | Diagnosis of enteritis or gastroenteritis due to a specific virus or bacterium is typically performed via a stool culture or fecal smear. Treatment consists of supportive care to prevent dehydration. Refer to ED reports, laboratory findings, infectious disease consultations, admit records, history and physical, and nursing notes for documentation. |

| Condition | Non-specific Code (non-CC) | Specific Code and CC/MCC Designation |
|----------------------------------|--|---|
| Acute poliomyelitis, unspecified | 045.9 (Acute poliomyelitis, unspecified) | 045.0, 045.1 Acute paralytic poliomyelitis specified as bulbar, acute poliomyelitis with other paralysis MCC |

| Clinical Indicators & Comments | Typical Treatment & Source Documents |
|---|--|
| Poliomyelitis is an infectious viral disease of the central nervous system that sometimes results in paralysis, although nonparalytic cases outnumber paralytic cases. The virus enters the nervous system usually through the blood-brain barrier; the nerves undergo a chromatolysis process, whereby the neurons degenerate. Muscle paralysis or atrophy appear. Bulbar polio affects nerve cells in the medulla oblongata, which produces paralysis of the lower motor cranial nerves. Impairment of muscles used for swallowing and respiration also result. | Review history and physical and neurology reports for indications of paralysis or degeneration that may progress to paralysis. Acute bulbar polio most often results in respiratory distress or failure; review respiratory and ventilation flow sheets. |

Most Commonly Missed MCC/CC Conditions

Introduction

This section provides a list of major complication/comorbidity (MCC) or complication/comorbidity (CC) conditions and a quick review of the most common signs and symptoms associated with those MCCs or CCs. According to coding guidelines, MCCs or CCs must affect patient care in terms of requiring clinical evaluation; therapeutic treatment; further evaluation by diagnostic studies, procedures, or consultation; extended length of stay; or increased nursing care and/or monitoring for reporting purposes.

| | |
|--|---|
| Abscess 682.0–682.9 CC | Signs and Symptoms: Skin or wound infection; may occur more often in people with poor circulation or diabetes mellitus; usually begins at site of injury to skin and quickly intensifies; affected area may be red, hot, and swollen; usual cause is an infection of an operative or traumatic wound, burn, or other lesion Drug Therapy: Antibiotics Laboratory: Cultures, gram stains, and antibiotic sensitivity tests; blood cultures may be positive Procedures: May include punch biopsy, surgical debridement, incision, and drainage; drainage under fluoroscopic, ultrasound, or computed tomography (CT) guidance |
| Abscess of Bartholin's gland 616.3 CC | Signs and Symptoms: Localized pain in region of duct; discomfort when sitting or walking; organisms causing the infection include <i>Neisseria gonorrhoea</i> , <i>Escherichia coli</i> (<i>E. coli</i>), <i>Streptococcus</i> , and <i>Trichomonas vaginalis</i> Drug Therapy: Antibiotic therapy Laboratory: Blood: Smears/cultures: positive for organism causing infection. Possible increase in white blood cells (WBCs) Procedures: Marsupialization of Bartholin's gland cyst; CT scan of pelvis |
| Acidosis, respiratory/metabolic/lactic 276.2 CC | Signs and Symptoms: Retention of CO ₂ and increasing pCO ₂ ; hypoventilation, dyspnea, drowsiness, weakness, malaise, and nausea Laboratory: Blood: Arterial blood gases: decreased CO ₂ (less than 22); decreased HCO ₂ (less than 24); decreased pH (less than 7.35); increased pCO ₂ (more than 45); decreased pCO ₂ (less than 35); increased blood urea nitrogen (BUN) (over 22); increased potassium (greater than 5.0); decreased potassium (less than 3.5); increased chloride (greater than 105) |
| Alcohol withdrawal syndrome, not elsewhere classified 291.81 CC | Signs and Symptoms: Coarse tremor of hands, tongue, and eyelids within several hours of cessation or reduction of alcohol ingestion. Development of one or more of the following: nausea or vomiting, fleeting hallucinations (auditory, tactile, or visual), illusions, grand mal seizures, anxiety, insomnia, autonomic hyperactivity, and psychomotor agitation; may cause very noticeable impairment of the sufferer's ability to function at work or in social settings Drug Therapy: Benzodiazepines such as Librium for treatment of anxiety; thiamine or large doses of vitamin C and B-complex for fluid imbalances Laboratory: Liver enzymes: CPK, LDH, SGOT, SGPT, and serum cholesterol may be increased; blood ethanol level may be increased Procedures: Detoxification, group, and/or individual therapy Radiology: Liver scan and abdominal series; liver biopsy |
| Alkalosis, metabolic/respiratory 276.3 CC | Signs and Symptoms: Metabolic alkalosis may show weakness; respirations slow and shallow; uremia; respiratory alkalosis may show drowsiness, giddiness, or paresthesias of the extremities; may be accompanied by a potassium deficiency Laboratory: Blood: (metabolic alkalosis): increased bicarbonate, decreased potassium, and increased pH; blood (respiratory alkalosis): Increased bicarbonate excretion, increased pH, and decreased pCO ₂ Radiology: CT scan, abdomen, and head studies |
| Anemia due to acute blood loss 285.1 CC | Signs and Symptoms: Rapid, sudden loss of blood following rupture of an ulcer, trauma, hemophilia, acute leukemia, or excessive blood loss during surgery Laboratory: Blood: hemoglobin less than 8 and hematocrit less than 28 Procedures: Transfusion(s) of blood and blood components; red cell volume, bone marrow scan, upper gastrointestinal studies, colonoscopy, or flexible sigmoidoscopy |