DRG Desk Reference

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

2009
## Contents

### Summary of Changes
- Available on CD

### Introduction
- DRG Desk Reference Website
- Available on CD
- Summary of Changes for FY 2009

### Optimizing Tips
- Pre MDC
- Diseases And Disorders Of The Nervous System, MDC 1
- Diseases And Disorders Of The Eye, MDC 2
- Diseases and Disorders of the Ear, Nose, Mouth And Throat, MDC 3
- Diseases And Disorders Of The Respiratory System, MDC 4
- Diseases And Disorders Of The Circulatory System, MDC 5
- Diseases And Disorders Of The Digestive System, MDC 6
- Diseases And Disorders Of The Hepatobiliary System And Pancreas, MDC 7
- Diseases And Disorders Of The Musculoskeletal System And Connective Tissue, MDC 8
- Diseases And Disorders Of The Skin, Subcutaneous Tissue And Breast, MDC 9
- Endocrine, Nutritional And Metabolic Diseases And Disorders, MDC 10
- Diseases And Disorders Of The Kidney And Urinary Tract, MDC 11
- Diseases And Disorders Of The Male Reproductive System, MDC 12

### Diseases And Disorders Of The Female Reproductive System, MDC 13
- Pregnancy, Childbirth And The Puerperium, MDC 14
- Newborns And Other Neonates With Conditions Originating In The Perinatal Period, MDC 15
- Diseases And Disorders Of The Blood And Blood-Forming Organs And Immunological Disorders, MDC 16
- Myeloproliferative Diseases And Disorders
- And Predisposition Neoplasms
- And Poorly Differentiated Neoplasms
- Of The Female Reproductive System, MDC 17
- Infectious And Parasitic Diseases, MDC 18
- Mental Diseases And Disorders, MDC 19
- Alcohol/Drug Use And Alcohol/Drug-Induced Organic Mental Disorders, MDC 20
- Injury, Poisoning And Toxic Effects Of Drugs, MDC 21
- Burns, MDC 22
- Factors Influencing Health Status And Other Contacts With Health Services, MDC 23
- Multiple Significant Trauma, MDC 24
- Human Immunodeficiency Virus Infections, MDC 25
- All MDC

### Present on Admission Tutorial
- Categories and Codes Exempt from Diagnosis Present on Admission Requirement
- Documentation Specificity Tables
- Newly Designated CCs or MCCs Under the MS-DRG System
- Lists of CCs and MCCs
- CC List
- MCC List
- Most Commonly Missed MCC/CC Conditions
- Introduction
- Abnormal EKGs
- Introduction
- Abnormal Laboratory Values
- Introduction
- Drug Usage
- Introduction
- Organisms
- Introduction
- Noninvasive Diagnostic Test Outcomes
- Introduction
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 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

<table>
<thead>
<tr>
<th>DRG</th>
<th>Description</th>
<th>RW</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Heart Transplant or Implant of Heart Assist System with MCC</td>
<td>23.6701</td>
</tr>
<tr>
<td>002</td>
<td>Heart Transplant or Implant of Heart Assist System without MCC</td>
<td>12.8157</td>
</tr>
<tr>
<td>003</td>
<td>ECMO or Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R.</td>
<td>18.3694</td>
</tr>
<tr>
<td>004</td>
<td>Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck without Major O.R.</td>
<td>11.1366</td>
</tr>
<tr>
<td>005</td>
<td>Liver Transplant with MCC or Intestinal Transplant</td>
<td>10.8180</td>
</tr>
<tr>
<td>006</td>
<td>Liver Transplant without MCC</td>
<td>4.8839</td>
</tr>
<tr>
<td>007</td>
<td>Lung Transplant</td>
<td>9.5998</td>
</tr>
</tbody>
</table>

DRG PDx/SDx/Procedure Codes Tips

- MCC Condition: See MCC section
- ECMO: 39.65
- Operating room procedure: Any O.R. procedure not listed under DRGs 984-989 (Nonextensive O.R. procedures)
- Intestinal transplant: 46.97
- Heart-lung transplant: 33.6
- Heart-lung transplant: 23.6
# Documentation Specificity Tables

## Chapter 1: Infectious and Parasitic Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-specific Code (non-CC)</th>
<th>Specific Code and CC/MCC Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Poisoning</strong></td>
<td>005.9 (Food poisoning, unspecified)</td>
<td>005.0-005.89 (Staphylococcal or botulinum food poisoning or that due to <em>Clostridium</em> perfringens [C. welchii], other <em>Clostridium</em>, <em>Vibrio</em> parahaemolyticus, <em>Vibrio vulnificus</em> or other bacteria.)</td>
</tr>
</tbody>
</table>

### Clinical Indicators & Comments

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.

### Typical Treatment & Source Documents

Diagnosis of food poisoning due to a specific virus, bacterium, or toxin is typically performed via a stool culture or fecal smear. 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 consults, and nursing intake records.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-specific Code (non-CC)</th>
<th>Specific Code and CC/MCC Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bacterial or Viral Enteritis or Gastroenteritis NEC</strong></td>
<td>008.8 (Intestinal infections due to other organisms NEC)</td>
<td>008.00-008.69 (Intestinal infection due to <em>E. coli</em>, <em>staphylococcus</em>, <em>pseudomonas</em>, <em>campylobacter</em>, <em>verruca enterocolitica</em>, <em>clostridium</em> difficile, other anaerobes, other gram-negative bacteria, <em>rotavirus</em>, adenovirus, <em>Norwalk virus</em>, other small round viruses [SRVs], <em>calicivirus</em>, <em>astrovirus</em>, <em>eneterovirus</em> NEC or other viral enteritis.)</td>
</tr>
</tbody>
</table>

### Clinical Indicators & Comments

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*.

### Typical Treatment & Source Documents

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-specific Code (non-CC)</th>
<th>Specific Code and CC/MCC Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute poliomyelitis, unspecified</strong></td>
<td>045.9 (Acute poliomyelitis, unspecified)</td>
<td>045.0, 045.1 Acute paralytic poliomyelitis specified as bulbar, acute poliomyelitis with other paralysis</td>
</tr>
</tbody>
</table>

### Clinical Indicators & Comments

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 nerve undergoes 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.

### Typical Treatment & Source Documents

Review history and physical and medical reports for indications of paralysis or degeneration that may progress to paralysis. Acute bulbar polio may 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 these 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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Signs and Symptoms</th>
<th>Laboratory</th>
<th>Drug Therapy</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess</td>
<td>Slim 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.</td>
<td>Cultures, gram stains, and antibiotic sensitivity tests; blood cultures may be positive</td>
<td>Antibiotics</td>
<td>May include punch biopsy, surgical debridement, incision, and drainage; drainage under fluoroscopic, ultrasonic, or computed tomography (CT) guidance</td>
</tr>
<tr>
<td>Abscess of Bartholin’s gland</td>
<td>Localized pain in region of duct; discomfort when sitting or walking; organisms causing the infection include Neisseria gonorrhoea, Escherichia coli (E. coli), Streptococcus, and Trichomonas vaginalis</td>
<td>Blood: Smears/cultures: positive for organism causing infection. Possible increase in white blood cells (WBCs)</td>
<td>Antibiotic therapy</td>
<td>Marsupialization of Bartholin’s gland cyst; CT scan of pelvis</td>
</tr>
<tr>
<td>Acidosis, respiratory/metabolic/lactic</td>
<td>Retention of CO2 and increasing pCO2, hypoventilation, dyspnea, drowsiness, weakness, malaise, and nausea</td>
<td>Arterial blood gases: decreased CO2 (less than 22); decreased HCO2 (less than 24); decreased pH (less than 7.35); increased pCO2 (more than 45); decreased pCO2 (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)</td>
<td></td>
<td>CT scan of pelvis</td>
</tr>
<tr>
<td>Alcohol withdrawal syndrome, not elsewhere classified</td>
<td>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</td>
<td>Liver enzymes: CPK, LDH, SGOT, SGPT, and serum cholesterol may be increased; blood ethanol level may be increased</td>
<td>Benzodiazepines such as Librium for treatment of anxiety; thiamine or large doses of vitamin C and B-complex for fluid imbalances</td>
<td>Liver scan and abdominal series; liver biopsy</td>
</tr>
<tr>
<td>Alkalosis, metabolic/respiratory</td>
<td>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</td>
<td>Blood: Arterial blood gases: increased bicarbonate, decreased potassium, and increased pH; blood (respiratory alkalosis): increased bicarbonate excretion, increased pH, and decreased pCO2</td>
<td>Benzodiazepines such as Librium for treatment of anxiety; thiamine or large doses of vitamin C and B-complex for fluid imbalances</td>
<td>CT scan, abdomen, and head studies</td>
</tr>
<tr>
<td>Anemia due to acute blood loss</td>
<td>Rapid, sudden loss of blood following rupture of an ulcer, trauma, hemoglobin, acute leukemia, or excessive blood loss during surgery</td>
<td>Blood: hemoglobin less than 8 and hematocrit less than 28</td>
<td></td>
<td>Transfusion(s) of blood and blood components; red cell volume, bone marrow scan, upper gastrointestinal studies, colonoscopy, or flexible sigmoidoscopy</td>
</tr>
</tbody>
</table>