

East Jefferson General Hospital

Documentation Tip: Clinical Significance

September 2019

Clinical Significance

Payers continue to find ways to avoid paying claims, often citing lack of clinical support for a diagnosis. Please consider the following documentation tips for diagnoses frequently targeted for clinical denial.

Sepsis

- Link any causative organisms. For example, “MRSA sepsis.”
- Document any associated organ dysfunction, such as AKI or encephalopathy secondary to sepsis.
- Does the patient have clinical indicators, i.e. SOFA criteria and treatment that truly support the diagnosis of sepsis? Or is the SIRS criteria present simply due to the localized infection?

Acute Blood Loss Anemia (ABLA)

- Document any symptoms present: Shortness of breath, fatigue, dizziness, or tachycardia.
- If the patient is asymptomatic with no significant drop in H&H and no blood transfusion, is it truly ABLA?

Acute Respiratory Failure

- Include clinical indicators in your review of systems if present: Unable to speak in complete sentences, increased work of breathing, retractions, AMS, any accessory muscle use.
- Consider an alternative diagnosis depending on symptoms and treatment, such as acute respiratory distress or insufficiency, or chronic respiratory failure if appropriate.

Encephalopathy

- Documentation should identify the type of encephalopathy, underlying cause, and any neurological findings consistent with encephalopathy.
- Did the altered mental status improve back to baseline with treatment of the underlying cause? If not, consider an alternative diagnosis, such as exacerbation of dementia or delirium.

Documentation of clinical support along with **appropriate resource consumption** are **essential** to ensuring appropriate reimbursement and preventing clinical denials.



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