East Jefferson General Hospital

Top Ten List for Documenting: Surgeries and Procedures

November 2020

#10 Not everything that happens in the postop period is a complication

- Documenting ***"postop period complicated by atelectasis," - complication code will be assigned*** *(or you will be queried)*.
- Documenting ***"expected atelectasis treated with incentive spirometry and nebs,"*** may be coded if the atelectasis meets the definition of a reportable secondary diagnosis, but it will ***not be coded as a complication***.

#9 Documenting chronic conditions matters

Documenting the management of your patient's comorbidities will impact:

- Reimbursement
- Severity of illness (SOI)
- Risk of mortality (ROM)
- Expected length of stay (LOS)
- Contribute to risk adjustment.

#8 We think about significance differently

- An expected cerebral edema, ileus, atelectasis, that was monitored or treated needs to be documented so it can be coded, especially if the LOS was longer than expected.

#7 Morbid obesity is always significant

- Morbid obesity increases nursing care and the risk of poor outcomes for the patient but, ***the diagnosis must be documented by the provider.***

#6 Malnutrition, cachexia, and underweight status are also important

- Malnutrition documented by the RD cannot be coded unless it is confirmed in the provider documentation.
- It is considered an immunocompromised state and excludes cases from wound dehiscence and central line–associated bloodstream infection Patient Safety Indicator (PSI)
- Severe malnutrition is a target for payer denials, therefore needs to be clinically supported in documentation.
- Lesser degrees of malnutrition—mild and moderate—as well as pulmonary and cancer cachexia are under reported and have a lesser degree of impact but are still impactful.
- Underweight status is also under reported. When the patient's BMI is 19 or less, documenting underweight status is impactful.

#5 Acute post-op pulmonary insufficiency versus respiratory failure

Certain patients may be difficult to wean off oxygen in the postop period such as, patients with COPD, morbid obesity, or sleep apnea.

- ***Acute pulmonary*** (not respiratory) ***insufficiency***, and as ***postop*** *or "following a procedure,"* can increase reimbursement and expected LOS, and it is **not a PSI**.
- ***Postop Acute Respiratory Failure*** **is a PSI**

#4 Delirium is not as impactful of encephalopathy

- "Delirium" codes as disorientation, a symptom. It is a nonspecific term that has little value from a coding standpoint. Coding literature indicates that delirium is usually a symptom of some other condition.
- Toxic and Metabolic encephalopathy are major comorbid conditions and must me clinically supported in documentation.

#3 Acute blood loss anemia as well as "a drop in hemoglobin."

A hemoglobin drop after a procedure, isn't always *anemia*. When this drop in hemoglobin isn't due to intraoperative blood loss, but providers are monitoring the condition with repeat lab work ***and watching for accompanying evidence that there might be ongoing bleeding.*** "HGB 14.4➔11.7" can't be coded, but "Hemoglobin dropped from 14.5 to 11.7, monitoring" can, and it adds value.

#2 We are going to query about pathology results post-discharge.

Outpatient coders can code from pathology reports but, coding guideline prohibits inpatient coders from coding from pathology report.

#1 We are concerned about more than reimbursement

Our queries are not only about reimbursement for the hospital. Reimbursement is a consideration but, our queries are about more than that. Reasons we query you:

- Compliance with coding guidelines
- Quality – hospital and physician benchmarking. We pay attention to the expected to observed LOS, severity of illness and risk of mortality scores, and we're concerned about PSIs and risk adjustment.

Queries take time to write as well as time to respond to, and time is as valuable. When we query, we focus on the things that affect your ability to care for your patients and demonstrates appropriate medical management and utilization of resources for treating your patients.

Thank you for partnering with us

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From your Clinical Documentation Improvement Team

Kathy Green, RN, CCDS	(410) 259-3636
Karen Hebert, RN	503-5681
Melissa Imhoff, RN, BSN	503-4970
Tammy Carter RN, CCDSS	503-5186
Suzanne Snider, RN, BSN	503-4943
CDI Manager: Collette Zeiour	503-6187

Clinical Documentation Integrity Coordinator:

Nicole Newman, RN, MSN, CCDS	(216) 379-1679