Documentation Tips – Infectious Disease

Principal Diagnoses (PDx):
- PDx is the condition(s), after careful study, present on admission (POA), requiring admission and treatment. Need to confirm even after resolved (i.e., “Sepsis due to gram neg pneumonia POA, resolved”)
- Explain underlying etiology where possible (i.e., “Acute on chronic respiratory failure due to presumed aspiration pneumonia”)

Secondary Diagnoses (CCs/MCCs):
- Include all diagnoses which are treated and/or monitored
- Identify as “present on admission” if appropriate
- Utilize other subspecialty/surgical consults when needed to improve specificity of all diagnoses
- Consider documenting a diagnosis any time you do something to a patient (“CVC placement due to septic shock”)

Pearls for Infectious Disease Documentation:
- Describe “Clinical Impression” (e.g. thought process)
  - Diagnoses are commonly not “certain”
  - Use words like probable, likely, suspect, etc.
- Sepsis = SIRS + infection (as the cause) – an MCC
  - Positive blood cultures not necessary
  - Not synonymous with “bacteremia”
  - Urosepsis ≠ Sepsis 2° UTI
- UTI - clarification is necessary
  - Document if due to indwelling catheter and if POA
  - Document if presumed due to yeast/candida
- Pneumonia – Simple vs. Complex
  - VAP, HCAP, HAP, NH-acquired, nosocomial, etc. = simple Pna
  - Suspect gram neg, MRSA, aspiration, etc. = complex Pna
- Pleural Effusions
  - Exudative or transudative is non-specific to a coder, state malignant, presumed bacterial, etc. if applicable
  - Empyema – equal severity credit to complex pneumonia
- Acute Renal Failure/Acute Kidney Injury (AKI) – a CC

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- AKIN criteria - ↑ in Cr by 0.3-0.5 above nml baseline = St 1 AKI
- Acute Renal Insufficiency, pre-renal azotemia, dehydration, etc = low severity
- ARnF(AKI) with ATN (acute tubular necrosis) remains an MCC

- **Chronic Kidney Disease** (CKD) – must identify stage
  - Stage 4 (GFR<30) and stage 5 (GFR<15) = CC
  - Chronic Renal Insufficiency (CRI) = low severity

- **Encephalopathy** – an MCC
  - Example: *Septic or Metabolic Encephalopathy*
  - “Delirium” is a CC when specific type documented. Altered MS is a symptom

- **Clostridium Difficile (C Dif) Enterocolitis**
  - Document even if “presumed,” e.g. cultures/assay inconclusive

- **Meningitis**
  - Document as *presumed bacterial* if treating, even w/o + cx’s

- **Fever of Unknown Origin (FUO)**
  - Assigned MS-DRG cannot be modified by a CC/MCC
  - Consider *fever presumed 2° bacterial infection, location unknown* if treating with antibiotics

- **Decubitus Ulcers** – Stage 3,4 are MCCs
  - Document as “POA,” even if lesser stage

- **Acute Gastroenteritis (AGE)**
  - Document all comorbidities, including *acute renal failure*
  - Identify underlying cause (e.g. organism, etc.) if known
  - *Presumed* infectious colitis/GE/diarrhea is a CC

- **Symbols**
  - ↓ Na⁺ ≠ hyponatremia (to a coder)
  - ↓ crit (or Hb) ≠ acute blood loss anemia