

**CARDIOLOGY  
DOC POCKET TOOL**

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Common Cardiology MS-DRGs

<b>MS-DRG</b>	<b>RW</b>	<b>LOS</b>
AMI, discharged alive w/ MCC ( <b>280</b> )	1.7391	5.9
AMI, discharged alive w/ CC ( <b>281</b> )	1.3126	4.0
AMI, discharged alive w/o CC or MCC ( <b>282</b> )	1.0617	2.6
AMI, expired w/ MCC ( <b>283</b> )	1.5787	3.4
AMI, expired w/ CC ( <b>284</b> )	1.2074	2.3
AMI, expired w/o CC or MCC ( <b>285</b> )	1.0421	1.6
Circulatory disorders except AMI, w/ cath w/MCC ( <b>286</b> )	1.6667	5.2
Circulatory disorders except AMI, w/ cath w/o MCC ( <b>287</b> )	1.1412	2.5
Acute & subacute endocarditis w/ MCC ( <b>288</b> )	2.9143	9.6
Acute & subacute endocarditis w/ CC ( <b>289</b> )	2.3075	7.1
Acute & subacute endocarditis w/o CC or MCC ( <b>290</b> )	1.9733	5.2
Heart failure & shock w/ MCC ( <b>291</b> )	1.2585	5.1
Heart failure & shock w/ CC ( <b>292</b> )	1.0134	4.1
Heart failure & shock w/o CC or MCC ( <b>293</b> )	0.8765	3.1
Deep vein thrombophlebitis w/ CC or MCC ( <b>294</b> )	0.8665	4.6
Deep vein thrombophlebitis w/o CC or MCC ( <b>295</b> )	0.6950	3.8
Cardiac arrest, unexplained w/ MCC ( <b>296</b> )	1.1144	2.0
Cardiac arrest, unexplained w/ CC ( <b>297</b> )	0.8490	1.5
Cardiac arrest, unexplained w/o CC or MCC ( <b>298</b> )	0.7207	1.2
Peripheral vascular disorders w/ MCC ( <b>299</b> )	1.2220	5.2
Peripheral vascular disorders w/ CC ( <b>300</b> )	0.9451	4.1

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### Common Cardiology MS-DRGs

MS-DRG	RW	LOS
Peripheral vascular disorders w/o CC or MCC (301).....	0.7183	3.1
Atherosclerosis w/ MCC (302).....	0.8236	3.3
Atherosclerosis w/o MCC (303).....	0.6055	2.1
Hypertension w/ MCC (304).....	0.8312	4.0
Hypertension w/o MCC (305).....	0.5942	2.3
Cardiac congenital & valvular disorders w/ MCC (306).....	1.2007	4.5
Cardiac congenital & valvular disorders w/o MCC (307).....	0.8224	2.7
Cardiac arrhythmia & conduction disorder w/ MCC (308).....	1.0841	4.3
Cardiac arrhythmia & conduction disorders w/ CC (309).....	0.8233	3.1
Cardiac arrhythmia & conduction disorders w/o CC or MCC (310).....	0.6439	2.3
Angina pectoris (311).....	0.5118	1.9
Syncope & collapse (312).....	0.7197	2.5
Chest pain (313).....	0.5489	1.7
Other circulatory system diagnoses w/ MCC (314).....	1.5606	5.1
Other circulatory system diagnoses w/ CC (315).....	1.1720	3.5
Other circulatory system diagnoses w/o CC or MCC (316).....	0.9075	2.4

### Secondary Conditions

Please document the following secondary conditions, if present, for all types of patients. Conditions shall only be documented if they meet one of the following criteria. The condition was:



1. Clinically evaluated during the stay; or
2. Diagnostically tested during the stay; or
3. Therapeutically treated during the stay; or
4. Increased LOS or nursing care/monitoring



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### Symptoms

For patients admitted with symptoms, please document conditions that you are “ruling out”. It is helpful to document “differential diagnoses”. Conditions documented as possible, probable, rule out or questionable are coded in the inpatient setting only.

Specify differential diagnosis for symptoms such as:

- Chest pain
- Angina
- Syncope

### Tests

Whenever you order a test, document the “reason” for the test in the progress notes or your orders. Include BOTH the symptom and the condition that you are attempting to rule out.

Whenever tests are abnormal, document the condition that the abnormal result represents.

### Heart Failure and Congestive Heart Failure

Fully describe the type of heart failure. Specify whether it is acute, chronic, or acute on chronic. In addition, specify whether it is systolic, diastolic, or systolic and diastolic; or right, left, or right and left; or rheumatic. Clearly document if heart failure is associated with hypertension, chronic kidney disease (stage) or both.

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### Cardiology MCCs

- Acute cor pulmonale
- Acute endocarditis
- Acute heart failure (systolic or diastolic)
- Acute myocarditis
- Acute respiratory failure
- Acute renal failure
- Cardiac arrest
- Dissection of aorta
- Cardiogenic shock
- Ruptured aneurysm (abdominal, aortic, thoracic, thoracoabdominal)
- Ventricular fibrillation or flutter

### Cardiology CCs

- Acute pericarditis
- Acute rheumatic heart failure
- Atrial flutter
- Bundle branch block
- Hypertensive heart disease w/ chronic kidney disease stage V
- Cardiomyopathy
- Chronic heart failure (systolic or diastolic)
- Chronic kidney disease (stage IV-V / GFR < 15)
- Coronary atherosclerosis
- Hypertensive heart disease w/ CHF
- Intermediate coronary syndrome
- Malignant hypertension
- Post MI syndrome
- PSVT
- Trifascicular block

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### Specificity and MS-DRGs

- Acute vs. chronic
- Etiology of condition
- Causative organism in infection
- Degree of severity of diseases
- Proper staging of chronic conditions (i.e.-chronic kidney disease)
- Accompanying conditions (i.e.-hemorrhage, coma, heart failure, chronic kidney disease)
- Benign vs. malignant hypertension when specifying organ disease due to hypertension
- Congestive heart failure-specify if it is acute or chronic, in addition whether it is right or left sided (or both) and systolic or diastolic (or both)
- Specify severity of malnutrition
- If patient is receiving tube feedings or TPN, document the nutrition diagnosis
- Document the total time the patient is on ventilation if it is prolonged
- Every diagnostic test and medication ordered should have a documented diagnosis
- Clinically significant diagnoses from diagnostic reports should be documented in the progress notes
- Arrows, plus signs, and many abbreviations are not sufficient documentation (i.e.-document hypokalemia not ↓ K)