

ENDOCRINOLOGY DOC POCKET TOOL

1 of 2

Common Endocrinology MS-DRGs

MS-DRG	RW	LOS
Diabetes w/ MCC (637)	1.0891	4.6
Diabetes w/ CC (638)	0.8021	3.4
Diabetes w/o CC or MCC (639)	0.6742	2.5
Nutritional & misc metabolic disorders w/ MCC (640)	0.9793	4.1
Nutritional & misc metabolic disorders w/o MCC (641)	0.7248	3.1
Inborn errors of metabolism (642)	1.0616	3.8
Endocrine disorders w/ MCC (643)	1.3926	6.0
Endocrine disorders w/ CC (644)	1.0638	4.3
Endocrine disorders w/o CC or MCC (645)	0.8310	3.2
Diabetes w/ neurologic manifestations w/ MCC (73)	1.1717	4.8
Diabetes w/ neurologic manifestations w/o MCC (74)	0.8954	3.4
Diabetes w/ vascular manifestations w/ MCC (314)	1.5606	5.1
Diabetes w/ vascular manifestations w/ CC (315)	1.1720	3.5
Diabetes w/ vascular manifestations w/o CC or MCC (316)	0.9075	2.4
Diabetes w/ renal manifestations w/ MCC (698)	1.3017	5.1
Diabetes w/ renal manifestations w/ CC (699)	1.0352	3.8
Diabetes w/ renal manifestations w/o CC or MCC (700)	0.8232	2.7

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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Endocrinology MCCs

- Diabetes w/ coma
- Diabetes w/ hyperosmolarity
- Diabetes w/ ketoacidosis
- Toxic goiter w/ thyrotoxic crisis

Endocrinology CCs

- Acidosis
- Alkalosis
- Amyloidosis
- Cushing's syndrome
- Hypoglycemic coma
- Post op hypoinsulinemia

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:

- Vertigo/Dizziness
- Weakness
- Diabetes

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.

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2 of 2

Diabetes

For patients with diabetes, indicate the type (i.e. 1 or 2) and document whether or not the diabetes is uncontrolled. Diabetic complications such as coma, hyperosmolarity or ketoacidosis should be clearly documented. If the patient has diabetic manifestations, the physician must "link up" the manifestation (i.e. diabetic nephropathy).

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)