

**GASTROINTESTINAL SURGERY  
DOC POCKET TOOL**

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Common Gastrointestinal Surgery MS-DRGs

<b>MS-DRG</b>	<b>R W</b>	<b>LOS</b>
Stomach, esophageal & duodenal procedures w/ MCC (326) .....	5.1660 .....	13.4
Stomach, esophageal & duodenal procedures w/ CC (327).....	3.2941 .....	8.1
Stomach, esophageal & duodenal procedures w/o CC or MCC (328) .....	1.8017 .....	3.3
Major small & large bowel procedures w/ MCC (329).....	4.5059 .....	12.8
Major small & large bowel procedures w/ CC (330).....	2.8935 .....	8.4
Major small & large bowel procedures w/o CC or MCC (331) .....	1.8415 .....	5.4
Rectal resection w/ MCC (332).....	3.7138 .....	12.2
Rectal resection w/ CC (333).....	2.5787 .....	7.8
Rectal resection w/o CC or MCC (334).....	1.7856 .....	4.9
Peritoneal adhesiolysis w/ MCC (335) .....	3.4785 .....	11.8
Peritoneal adhesiolysis w/ CC (336) .....	2.4776 .....	7.7
Peritoneal adhesiolysis w/o CC or MCC (337).....	1.6984 .....	4.4
Appendectomy w/ complicated PDX w/ MCC (338) .....	2.7254 .....	9.1
Appendectomy w/ complicated PDX w/ CC (339) .....	1.9805 .....	6.1
Appendectomy w/ complicated PDX w/o CC or MCC (340) .....	1.3849 .....	3.6
Appendectomy w/o complicated PDX w/ MCC (341) .....	1.8824 .....	5.3
Appendectomy w/o complicated PDX w/ CC (342) .....	1.3562 .....	3.4
Appendectomy w/o complicated PDX w/o CC or MCC (343) .....	0.9667 .....	1.9
Minor small & large bowel procedures w/ MCC (344) .....	2.5156 .....	9.4
Minor small & large bowel procedures w/ CC (345) .....	1.7028 .....	6.2
Minor small & large bowel procedures w/o CC or MCC (346) .....	1.2617 .....	4.4
Anal & stomal procedures w/ MCC (347).....	1.7658 .....	6.2
Anal & stomal procedures w/ CC (348).....	1.2781 .....	4.1

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Common Gastrointestinal Surgery MS-DRGs

MS-DRG	R	W	LOS
Anal & stomal procedures w/o CC or MCC (349) .....	0.8629		2.4
Inguinal & femoral hernia procedures w/ MCC (350) .....	1.8330		5.9
Inguinal & femoral hernia procedures w/ CC (351) .....	1.2449		3.4
Inguinal & femoral hernia procedures w/o CC or MCC (352) .....	0.8967		1.9
Hernia procedures except inguinal & femoral w/ MCC (353) .....	2.0241		6.6
Hernia procedures except inguinal & femoral w/ CC (354) .....	1.4092		4.0
Hernia procedures except inguinal & femoral w/o CC or MCC (355) .....	1.0147		2.3
Other digestive system OR procedures w/ MCC (356) .....	3.3790		9.6
Other digestive system OR procedures w/ CC (357) .....	2.4946		6.1
Other digestive system OR procedures w/o CC or MCC (358) .....	1.7333		3.4

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



GI Surgery MCCs

- Acute appendicitis w/ peritonitis or peritoneal abscess
- Acute pancreatitis
- Diverticulitis w/ hemorrhage
- Diverticulosis w/ hemorrhage
- Hernia w/ gangrene
- Ulcer with hemorrhage/perforation/obstruction (gastric, duodenal, peptic, gastrojejunal)

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### GI Surgery CCs

- Acute appendicitis
- Acute esophagitis
- Acute post hemorrhagic anemia
- Chronic kidney disease (stage IV - V/GFR < 15)
- Colostomy or Gastrostomy complication
- Diverticulitis
- Diverticulosis
- Gallstones
- Hematemesis
- Hernia
- Intestinal malabsorption
- Regional enteritis
- Ulcer (gastric, duodenal, peptic, gastrojejunal)
- Ulcerative colitis

### Complicated Appendectomy PDX

- Malignant neoplasm of appendix
- Acute appendicitis with peritonitis
- Acute appendicitis with peritoneal abscess
- Perforated appendix with abscess

### GI Bleed and Blood Loss Anemia

If a patient with GI bleed has anemia due to blood loss, document specifically that the anemia is due to blood loss.

### Gastroenteritis and Dehydration

If a patient with gastroenteritis has dehydration, document the dehydration.

### 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 diagnoses for symptoms such as:

- Abdominal pain
- Nausea
- Vomiting
- Dysphagia
- Guaiac + stools

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### 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.

### 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)