

HEMATOLOGY/ONCOLOGY DOC POCKET TOOL

2 of 2

Common Hematology-Oncology MS-DRGs

MS-DRG	R W	LOS
Chemo w/acute leukemia as secondary dx w/ high dose chemo agent w/ CC (838)	2.9919	6.2
Chemo w/acute leukemia as secondary dx w/ high dose chemo agent w/o CC or MCC (839)	2.3980	4.9
Lymphoma & non-acute leukemia w/ MCC (840)	2.1454	6.8
Lymphoma & non-acute leukemia w/ CC (841)	1.6444	5.0
Lymphoma & non-acute leukemia w/o CC or MCC (842)	1.2188	3.2
Other myeloproliferative disorders w/ MCC (843)	1.6341	6.3
Other myeloproliferative disorders w/ CC (844)	1.2403	4.5
Other myeloproliferative disorders w/o CC or MCC (845)	0.9664	3.3
Chemo w/o acute leukemia as secondary dx w/ MCC (846)	1.6523	5.8
Chemo w/o acute leukemia as secondary dx w/ CC (847)	1.0296	2.7
Chemo w/o acute leukemia as secondary dx w/o CC or MCC (848)	0.9116	2.3
Radiotherapy (849)	1.2662	4.3

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



Hem/Onc MCCs

- Congenial factor viii disorder
- Congenial factor ix disorder
- Defibrination syndrome
- Hb-ss disease w/ crisis
- Hemolytic-uremic syndrome
- Red cell aplasia
- Sickle cell thalassemia w/ crisis

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Hem/Onc CCs

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| <ul style="list-style-type: none"> • Acute post hemorrhagic anemia • Burkitt's tumor • Chronic kidney disease (stage IV-V/ GFR<15) • Hodgkin's disease • Hodgkin's paragranuloma/ granuloma/sarcoma • Kaposi's sarcoma • Letterer-siwe disease | <ul style="list-style-type: none"> • Leukemia • Lymphosarcoma • Malignant neoplasm (any site) • Multiple myeloma • Reticulosarcoma • Secondary malignant neoplasm (any site) |
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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.

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| <ul style="list-style-type: none"> • Change in appetite/weight loss • Change in bowel habits • Change in mental status | <ul style="list-style-type: none"> • Unusual bruising • Unexplained swelling and nodules • Weakness/lethargy • Weight loss |
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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

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| <ul style="list-style-type: none"> • 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 • Arrows, plus signs, and many abbreviations are not sufficient documentation (i.e.- document hypokalemia not ↓K) | <ul style="list-style-type: none"> • 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 |
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