

**NEUROLOGY
DOC POCKET TOOL**

1 of 2

Common Neurology MS-DRGs

MS-DRG	RW	LOS
Nervous system neoplasms w/MCC (54)	1.4228	5.3
Nervous system neoplasms w/o MCC (55)	1.1213	3.8
Degenerative nervous system disorders w/ MCC (56)	1.2820	5.8
Degenerative nervous system disorders w/o MCC (57)	0.8951	3.9
Multiple sclerosis & cerebellar ataxia w/ MCC (58)	1.2669	5.8
Multiple sclerosis & cerebellar ataxia w/ CC (59)	0.9226	4.3
Multiple sclerosis & cerebellar ataxia w/o CC Or MCC (60)	0.8160	3.4
Acute ischemic stroke w/ thrombolytic agent w/ MCC (61)	2.5541	7.3
Acute ischemic stroke w/ thrombolytic agent w/ CC (62)	2.0886	5.3
Acute ischemic stroke w/ thrombolytic agent w/o CC or MCC (63)	1.8642	3.9
Intracranial hemorrhage/cerebral infarction w/ MCC (64)	1.5470	5.6
Intracranial hemorrhage/cerebral infarction w/ CC (65)	1.1901	4.3
Intracranial hemorrhage/cerebral infarction w/o CC or MCC (66)	1.0303	3.1
Nonspecific CVA w/o infarction w/MCC (67)	1.2194	4.7
Nonspecific CVA w/o infarction w/o MCC (68)	0.9131	2.8
Transient ischemia (69)	0.7339	2.5
Nonspecific cerebrovascular disorder w/MCC (70)	1.6212	6.0
Nonspecific cerebrovascular disorder w/ CC (71)	1.2522	4.5
Cranial & peripheral nerve disorders w/MCC(73)	1.1717	4.8
Cranial & peripheral nerve disorders w/o MCC (74)	0.8954	3.4
Viral meningitis w/ CC or MCC (75)	1.5369	6.0
Viral meningitis w/o CC or MCC (76)	1.1439	3.4
Hypertensive encephalopathy w/ MCC (77)	1.4611	5.6
Hypertensive encephalopathy w/ CC (78)	1.0996	3.7
Hypertensive encephalopathy w/o CC Or MCC (79)	0.9839	2.8

NEUROLOGY DOC POCKET TOOL

Common Neurology MS-DRGs

MS-DRG	RW	LOS
Nontraumatic stupor & coma w/MCC (80).....	0.9014.....	3.6
Nontraumatic stupor & coma w/o MCC (81)	0.7161.....	2.7
Other disorders of nervous system w/MCC (91) .	1.3242.....	4.7
Other disorders of nervous system w/CC (92)	0.9529.....	3.5
Other disorders of nervous system w/o CC Or MCC (93)	0.7710.....	2.6
Seizures w/ MCC (100)	1.2500.....	4.7
Seizures w/o MCC (101)	0.8258.....	2.0
Headaches w/ MCC (102)	0.8710.....	3.6
Headaches w/o MCC (103)	0.6677.....	2.5

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



Neurology MCCs

- Cerebral edema
- Cerebral thrombosis and embolism with infarction
- Cerebral Artery Occlusion with
- Coma
- Encephalopathy, specify type
- Grad mal status epilepsy
- Intracranial abscess
- Intracranial hemorrhage
- Meningitis, specify causative organism
- Petit mal status
- Quadriplegia
- Reye's syndrome

NEUROLOGY DOC POCKET TOOL

2 of 2

Neurology CCs

- Acute post hemorrhagic anemia
- Anoxic brain damage
- Cerebellar ataxia
- Chronic kidney disease (stage IV-V/GFR<15)
- CSF rhinorrhea
- Dementia w/ delirium/delusions/ depression
- Hemiparesis
- Hemiplegia
- Huntington's chorea
- Leukodystrophy
- Reflex sympathetic dystrophy
- Secondary Parkinsonism
- Toxic myopathy

CVA

If the patient has a cerebral embolism or cerebral thrombosis causing the CVA, this should be documented. With a CVA, it is important to document any residual conditions or neurological deficit which results from CVA (i.e. dysphagia, hemiparesis).

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:

- TIA
- Vertigo/dizziness
- Syncope
- Change in mental status
- Headache
- Weakness

NEUROLOGY DOC POCKET TOOL

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 be 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)