

GET CREDIT FOR SEVERITY OF ILLNESS BY ACCURATELY REPORTING SECONDARY DIAGNOSES



Administrative Consultant Service

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What Qualifies?

The documentation of a **condition that qualifies** as a complication or comorbidity can substantially increase payment for the average hospital. These conditions also establish severity of illness and result in accurate outcomes data. Under the CMS severity-adjusted DRG system, secondary diagnoses may be designated as major CCs with substantial impact on reimbursement and risk adjustment or CCs with lesser impact. Most diagnoses that are classified as “unspecified” do not impact reimbursement and have very little impact on risk adjustment.

Secondary diagnoses that should be reported are “additional conditions that effect the patient care in terms of:

- » *clinical evaluation; or*
- » *therapeutic treatment; or*
- » *diagnostic procedures; or*
- » *extended length of hospital stay; or*
- » *increased nursing care and/or monitoring.”*

Coexisting conditions should also be reported when they impact the use or consideration of alternative measures in the treatment of the principal diagnosis. Not all additional diagnoses that meet the criteria for reporting will currently qualify for the extra payment, however. For example, hypertension, diabetes, chronic ischemic heart disease, arthritis, etc. do not qualify for extra payment when listed as secondary diagnoses. These conditions can impact severity adjustment and are important for reporting accuracy.

“A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures... The importance of consistent, complete documentation in the medical record cannot be overemphasized.”

ICD-10-CM Official Guidelines

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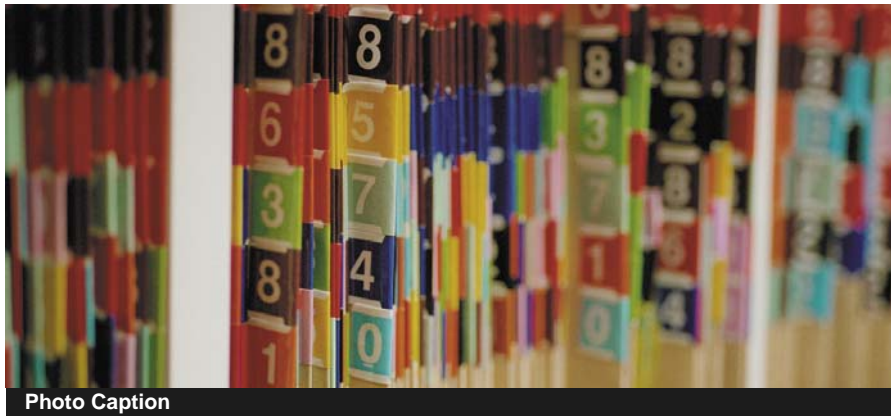


Photo Caption

Potentially Overlooked Secondary Diagnoses

- Acidosis / Alkalosis
- Acute Blood Loss Anemia
- Atelectasis
- Attention to Gastrostomy (Repositioning, Cleansing, Catheter Replacement, etc.)
- Body Mass Index (≤ 19 or ≥ 40)
- Brain Compression
- Cachexia
- Cerebral Edema
- Coma / GCS Individual Scores
- Dementia with Behavioral Disturbance
- Encephalopathy (specify type)
- *Exacerbation* of COPD or Asthma
- Functional Quadriplegia
- Hemiparesis / Weakness due to Stroke
- Malnutrition (specify stage)
- Pressure Ulcers (specify location)

The Impact of Reporting Accuracy on Hospital Reimbursement

Specificity of principal and secondary diagnoses is imperative to reimbursement accuracy.

Example #1:

Principal Dx: Pneumonia

Secondary Dx: CHF

MS-DRG 195 Simple Pneumonia w/o CC/MCC \$3,777

Example #2:

Principal Dx: Aspiration Pneumonia

Secondary Dx: CHF

MS-DRG 179 Complex Pneumonia w/o CC/MCC \$5,068

INCREASED \$1,291

Example #3:

Principal Dx: Aspiration Pneumonia

Secondary Dx: Systolic Heart Failure

MS-DRG 178 Complex Pneumonia w CC \$7,009

INCREASED \$1,941

Example #4:

Principal Dx: Aspiration Pneumonia

Secondary Dx: Acute on Chronic Systolic Heart Failure

MS-DRG 177 Complex Pneumonia w MCC \$10,124

INCREASED \$3,115

**Using hospital-specific rate of \$5,500.*

It only takes ONE MCC/CC condition to impact MS-DRG assignment and reimbursement! However additional secondary diagnoses may impact risk adjustment!

HOSPITAL COMPARE

“The statistical process of accounting for differences in patients’ sickness before they were admitted to the hospital is called risk-adjustment.

This statistical process aims to ‘level the playing field’ by accounting for health risks that patients have before they enter the hospital.”

www.hospitalcompare.gov

Secondary Diagnoses Can Impact MORE than PAYMENT!

Secondary diagnoses are important to assure providers:

- ✓ are appropriately reimbursed by Medicare and other DRG-based payors;
- ✓ get credit for the **severity of illness** of their patients;
- ✓ demonstrate an accurate portrayal of the **risk of mortality** of their patients;
- ✓ are correctly rated in public report cards;
- ✓ adequately establish the appropriate level of care as determined by comorbid conditions along with the patient’s principal diagnosis;
- ✓ receive accurate credit for risk adjustment through justification of appropriate HCCs (hierarchical condition categories).

“B” patients have a higher severity of illness and are at greater risk of death!

PATIENT A1:	PATIENT B1:
CHF	ACUTE SYSTOLIC HEART FAILURE
COPD	EXACERBATION OF COPD
RENAL INSUFFICIENCY	CHRONIC KIDNEY DISEASE, STAGE 4
PATIENT A2:	PATIENT B2:
ACUTE & CHRONIC CHOLECYSTITIS	ACUTE & CHRONIC CHOLECYSTITIS
HYPERTENSION	HYPERTENSION
HYPERCHOLESTEROLEMIA	HYPERCHOLESTEROLEMIA
	COPD
	MALNUTRITION
	HYPONATREMIA

Major Complications / Comorbid Conditions (MCC)

Cardiovascular / Cerebrovascular:

Brain Death
CHF – Acute (or Acute on Chronic); Systolic or Diastolic or Combined
Cor Pulmonale, Acute
CVA / Stroke / Cerebral Infarct or Hemorrhage
Cerebral Edema
Coma (except w/ ICB)
Myocarditis, Acute
MI, Acute
Pulmonary Embolism, Acute
Rupture, Chordae Tendineae or Papillary Muscle

Respiratory & Infectious Disease:

Aspiration Bronchitis, Aspiration Pneumonia
Pneumonia, Including Viral
Pulmonary Edema, Acute (Noncardiogenic)
Respiratory Failure, Acute
Respiratory Failure, Acute Following Trauma / Surgery
Sepsis, Severe Sepsis, Septic Shock
Spontaneous Tension Pneumothorax

Other MCCs:

Acute Renal Failure with Acute Tubular Necrosis (ATN)
Acute Liver Failure
Aplastic Anemia due to drugs / chemo, infection, radiation
Diabetic Ketoacidosis, Diabetes w/ Hyperosmolarity or Other Coma
Encephalopathy – Metabolic or Toxic
End Stage Renal Disease
GI Disorder w/ Hemorrhage (Gastritis, Duodenitis, Diverticular Disease)
GI Ulcer w/ Perforation, Hemorrhage
Ischemic Colitis, Acute
Locked-In State
Major Injuries
Malnutrition, Severe
Pancreatitis, Acute
Pancytopenia, Chemo or Drug-Induced
Peritonitis
Pressure Ulcer, Stage 3 or 4
Quadriplegia, Functional Quadriplegia
SIRS due to Noninfectious Process w/ Acute Organ Dysfunction
Volvulus

***Complete
documentation is
needed to get credit
for severity of
illness and risk
adjustment!***

MCC if D/C Alive:

- **Cardiac Arrest**
- **Cardiogenic Shock**
- **Respiratory Arrest**
- **Ventricular Fibrillation**
- **Other Shock w/o Trauma**

Contact Us

Give us a call for more information about our services and products

Administrative
Consultant Service
PO Box 3368
Shawnee, OK 74802
(405) 878-0118
info@acsteam.net



Being specific is the key to obtaining accurate reimbursement and severity of illness measures!

Avoid Non-Specific Terminology

Listed below are more examples of non-specific diagnoses not recognized for DRG reimbursement, and a more specific counterpart that IS recognized by the DRG reimbursement methodology:

NON-SPECIFIC DIAGNOSIS	SPECIFIC CONDITION
Azotemia	Obstructive Uropathy, Acute Renal Failure
	Chronic Kidney Disease (specify stage)
Diabetes Mellitus	Diabetic Gastroparesis, Diabetic Nephrosis, DKA, etc.
Hypertension	Hypertensive Encephalopathy
	Hypertensive Heart Disease
	Hypertensive Emergency
	Hypertensive Crisis
Hypoalbuminemia	Malnutrition (<i>specify mild, moderate, severe</i>)
Hypercapnia	Acute Hypercapnic Respiratory Failure or Acute Exacerbation of COPD
Anemia	Acute Blood Loss Anemia
GI Bleed	GI Bleed due to Gastritis <i>or other specific GI condition</i>
Cardiac Arrhythmia	Atrial Flutter, Paroxysmal Ventricular Tachycardia, Persistent Atrial Fibrillation, Etc.
Cardiomegaly	Acute or Chronic, Systolic or Diastolic Heart Failure
Schizophrenia	Chronic Schizophrenia <i>or other more specific type</i>