Documentation Tips – Hematology/Oncology

Principal Diagnoses (PDx):

- PDx is the condition(s) after careful study, present on admission (POA), requiring admission and treatment. Need to confirm even after resolved (i.e., *"Acute Renal Failure POA, resolved")*
- Explain underlying etiology if possible (i.e., *"Acute respiratory failure due to presumed gram negative pneumonia and neutropenia"*)

Secondary Diagnoses (CCs/MCCs):

- Include *all* diagnoses which are treated and/or monitored
- Identify as "present on admission if appropriate
- Utilize other subspecialty/surgical consults when needed to improve specificity of all diagnoses
- Consider documenting a diagnosis any time you do something to a patient *("CVC placement due to septic shock")*

Pearls for Hematologist/Oncologist Documentation:

- Describe "Clinical Impression" (e.g. thought process)
  - Use words like *probable, likely, suspect*, etc.
- Heart Failure ("CHF" no longer adds to severity)
  - *Chronic* systolic, diastolic (or combined) failure is a CC
  - *Acute* systolic, diastolic (or combined) failure is an MCC
- Sepsis = SIRS + infection (as the cause) – an MCC
  - Positive blood cultures not necessary
  - "Urosepsis" = UTI (to a hospital coder)
- Neutropenic Fever
  - Higher severity than "sepsis" *only* if MCC also present
- "Presumed bacterial infection in immuno suppressed host"
  - Higher severity than either "sepsis" *or* "neutropenic fever" *only* if MCC also present
- Acute Renal Failure/Acute Kidney Injury (AKI) – a CC
  - AKIN criteria - ↑ in Cr by 0.3 above normal baseline = *St 1 AKI*
  - Acute Renal *Insufficiency*, pre-renal azotemia, dehydration, etc = *low severity* – not even a CC

- ARnF(AKI) with ATN (acute tubular necrosis) remains an MCC
- Aplastic Anemia 2° Chemo, Bone Marrow failure 2° Chemo, Pancytopenia 2° Chemo – all MCCs
  - Anemia 2° Chemo – *not* a CC or MCC
- If patient admitted for chemo tx *and* radiation tx, specify *both*
  - Identify *all* reason(s) for admission, i.e. infection, anemia, renal failure, etc.
  - Identify if admitted for high-dose chemo (e.g. high-dose interleukin)
- Chronic Kidney Disease (CKD) – *must* identify stage
  - Stage 4 (GFR<30) and stage 5 (GFR<15) = CC
  - Chronic Renal Insufficiency (CRI) = *low severity*
- Acute Respiratory Failure – an MCC
  - Clinical diagnosis, no need for ETT/mechanical ventilation
  - Respiratory distress/insufficiency = *little* credit
- Encephalopathy – an MCC
  - "Delirium" is a not a CC without specific type. Altered MS is a *symptom* – adds no severity
- Pneumonia – *Simple* vs. *Complex*
  - VAP, HCAP, HAP, NH-acquired, nosocomial, etc. = *simple Pna*
  - *Suspect* gram neg, MRSA, aspiration, etc. = *complex Pna*
- Decubitus Ulcers – Stage 3-4 are MCCs
  - Document as "POA," even if lesser stage at admission
- *Severe* Malnutrition (MCC)
  - Malnutrition or cachexia = CC
- Acute blood loss anemia (CC) – assoc w/GI diagnoses or post op
  - Don't need transfusion or active bleeding for dx
- Symbols
  - ↓ Na^+ ≠ hyponatremia (to a coder)