



Documentation Tips – Cardiovascular Surgery

Principal Diagnoses:

- A principal diagnosis (PDx) is the condition present on admission, requiring admission and treatment (may be more than one)
- Explain etiology where possible (*acute combined systolic/diastolic heart failure due to worsening mitral regurgitation*)

Secondary Diagnoses:

- Include *all* diagnoses present on admission which are in any way treated and/or monitored (re-exam, testing, meds, etc.)
- Explain why the patient is at higher risk for surgery
- Utilize medical consults where appropriate to improve specificity of diagnoses, but document all diagnoses on *your* note as well

Conditions Arising During Hospitalization:

- Clearly describe your impression as to whether the condition is expected/anticipated (e.g. due to an underlying illness and/or commonly occurring and therefore *not* a complication) or a complication of care (e.g. unanticipated and/or outside of the expected post-op clinical course)
 - *“Acute Blood Loss Anemia, expected, secondary to aortic valve repair”* (Acute blood loss anemia is a CC)
 - *Another example: 1) “expected post-thoracotomy pneumothorax w/placement of chest tube”*
- Consider documenting a diagnosis any time you do something procedurally to a patient (CVC or Swan-Ganz catheter – cardiogenic shock or acute right heart failure)
- Beware of describing conditions in the post-op period as “post-op;” *post-op hypertension*, for example, codes as a complication – explain the etiology (e.g. *exacerbation of essential hypertension*)



Pearls for CV Surgical Documentation

- Describe Your “Clinical Impression” of diagnosis/etiology
 - You can use words like probable, likely, suspect, etc.
- Document “Acute respiratory failure” or “Post-op pulmonary insufficiency” (both MCCs) rather than “Failure to wean” or “Unable to wean” in the post-op period
 - Also describe any underlying lung disease that contributes, e.g. “chronic respiratory failure due to COPD”
- Document all procedures performed as well as causative underlying illnesses
 - “ICD placement *and* cardiac catheterization w/principle diagnosis acute systolic heart failure”
- Document *severe malnutrition* – it not only adds severity as an MCC, it will likely prolong the post-op course thereby aligning the illness severity with length of stay
- Congestive Heart Failure -- “CHF” no longer adds to severity
 - *Chronic systolic, diastolic or combined* heart failure adds severity via a minor co morbidity (CC)
 - *Acute systolic, diastolic or combined* heart failure adds severity via a *major* co morbidity (MCC)
 - Document “acute systolic heart failure rather than “unable to wean from pressors” or “continue natrecor and dobutamine”
- Cardiogenic Shock
 - Document as “expected/anticipated” if appropriate -- “*expected cardiogenic shock post-emergent CABG w/balloon pump placement*” rather than
 - Avoid “unable to wean epi/dobutamine w/low cardiac index”
- Surgery
 - Describe *all* components of a surgical procedure even if “routine,” as they sometimes add complexity (which may benefit your professional billing as well)