

Rationale

Inpatient encounters with only “**R-CODES**” or **SIGNS/SYMPTOMS** codes listed at discharge do not appropriately reflect the inpatient stay and are frequently denied by payors. The goal is to decrease the number of patients discharged with only signs/symptoms documentation in the diagnoses list by adding more definitive diagnoses.

Documentation Tips

- Prior to discharge, look at the diagnosis list to see if it contains only “R-codes” or sign/symptom codes.
- Add a definitive diagnosis (i.e., non-R-code), if applicable.
- Adding the words probable, suspected, possible, likely, or rule-out to a diagnosis code is allowed in the **INPATIENT** setting. (e.g., if your R-code is “vomiting and diarrhea,” add “likely viral gastroenteritis”)
- If the condition is ruled out or ruled in or resolved, document it. (e.g., “appendicitis – ruled out or ruled in”)
- Do not delete the diagnosis -unless inserted in error.
- Provide cause and effect relationship between signs & symptoms and etiology, (e.g., nausea and vomiting due to GERD)

Documentation Tips for Best Practices

<u>If You Documented</u>	<u>Consider Documenting This</u>
<ul style="list-style-type: none"> • Failure to Thrive (child), • Feeding Difficulties, • Dysphagia, • Abnormal Weight Gain or Weight Loss 	<ul style="list-style-type: none"> • Eating Disorder: specify disorders such as Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive. • Malnutrition or Obese • Other Etiologies
<ul style="list-style-type: none"> • Fever or Postprocedural Fever 	<ul style="list-style-type: none"> • Viral Illnesses, Infection, Post-Procedural Infection, etc.
<ul style="list-style-type: none"> • Nausea or Vomiting or Diarrhea 	<ul style="list-style-type: none"> • Bacterial Or Viral Infections (Gastroenteritis), Gastroparesis, Intestinal Obstruction, Appendicitis, Cholecystitis, Crohn’s Disease, IBS Or IBD • Dehydration • If there is an electrolyte imbalance, document each electrolyte (i.e., Hyponatremia, hypokalemia)
<ul style="list-style-type: none"> • Abdominal Pain (RUQ, LUQ, Generalized) 	<ul style="list-style-type: none"> • Gastritis, Appendicitis, Cholecystitis, Cystitis, Fecal Impaction, Constipation, Obstruction-such as Gallstones or Bowel Obstruction, Intestinal Disorders- such as Irritable Bowel Syndrome or Diverticulitis, Kidney Stone, UTI, Viral Infection, Gastroenteritis, IBS Or IBD

Tips to Remember:

- Respond to “CDI Clarification Requests” within 24 hours and update progress notes and discharge summary as needed.
- Specific and accurate documentation reflect the actual intensity, Severity of Illness, Risk of Mortality, and accurate Length of Stay.

References:

ICD-10-CM Guidelines FY2024 (cms.gov)
 Pinson, R.D. & Tang, C.L. (2017). The 2023 CDI Pocket Guide. HCPro.
 Savage, L. (2017). Pediatric CDI, Building Blocks for Success, Texas Children’s