

Documentation Tips - 2017

KEY “Pulmonary” Diagnoses/Tips:

- **BMI: Specify #** (If $\geq 40 \rightarrow$ “**Morbid Obesity**”) (Increased Risk for Sleep Apnea, Resp. Failure)
- **Malnutrition:** Make Clin. Dx; “**Cachexia?**” & Consult Dietician to use special criteria to differentiate Mild vs. Moderate vs. Severe;
- **Infections:** Specify If surgery-related / POA; (Specify if “**Bacterial**”, “**Gram Neg**”; +Add Site)
- **Pneumonia:** Never--- CAP/HCAP, Specify: “**Bacterial**”, “**Gram-Neg.**”, “**MRSA**”, “**Viral**”, etc. [or provide Specific or Type of Microbe]
- **COPD/Asthma/Bronchitis Exacerbation:** Specify any Lower Resp Infections, ALSO;
- **Caution w/ the term “Post-Op” + a [Dx]:** Which may trigger the code for a “complication”; (Explain causes of new Dx, esp. if they are an exacerbation of an underlying Acute/Chronic Dx)
- **Elective Intubation:** (e.g. Airway Protection) \neq Resp. Failure; Use Coma or ID underlying Dx;
- **Prolonged Intubation:** For Safety/Convenience is NOT Acute Resp. Failure; Bill for Vent. Mgmt.
- **Post-Proc. Acute Resp. Fail.:** (complication) (Required New or Re-Intubation or Vent >96hrs)
- **Post-Proc. Acute Pulmonary Insufficiency:** (Pt. was managed w/o New or Re-Intubation)

Scoping: Specify Extent & All sites Treated/Biopsied;