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INPATIENT (IPPS) DOCUMENTATION TIPS FOR
PHYSICIANS AND CDI PERSONNEL

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INPATIENT (IPPS) DOCUMENTATION TIPS FOR PHYSICIANS

Why this handbook is written by a physician for physicians: Inpatient (MS-DRG) documentation can be significantly different from Evaluation & Management (E&M) documentation. Physicians document acute care diagnosis, treatments, patient status & progress in the hospital setting. Coders **only** take the documented diagnoses and convert them to 5 digit codes (International Classification of Disease-9 [ICD-9]) that are submitted for data processing / reimbursement for services rendered. The 5 digit codes have to correlate to explicitly documented words within the medical record – and be present ‘verbatim’ when the medical record is reviewed by Auditors. Period. (Therefore a lab result is not a diagnosis.) Repeat: Physicians document, Coders code.

This pocket manual is meant to give you the most up to date Documentation Hints that will help you to communicate the quality of care being provided to your patients. It can help you to document the complete severity-of-illness, justify the utilization of resources, and demonstrate medical necessity to 3rd party payers. This can/will correlate to better reimbursements and fewer denials – in both the inpatient and outpatient settings.

Let us hear from you if there are any areas that you would like addressed in future editions. As you know the rules are modified *at least* every year. Our goal is to provide up to date information that is relevant, and usable, day-to-day in the communications of our practice of medicine.

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Introduction

This handbook is for all of us clinicians who desire to capture the complete severity of illness, medical necessity as well as to justify the consumption of resources in our practices – as well as to get paid for all the services that we provide.

Most 3rd party payers (including Medicare-which is the #1 insurance company in the US) have many requirements regarding monitoring quality being provided to patients and non-over-use of healthcare resources.

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