

The “Usual Suspects”

Most Common DRG¹ Opportunities for Documentation Improvement

Note on Use: Experts in clinical documentation often refer to a “usual suspects” list, indicating that there are a common set of DRGs that tend to have documentation inaccuracies at most hospitals. Based on their experience working with hospitals nationwide, the Advisory Board’s Physician Documentation Initiative experts created the following list of “usual suspect” DRGs. Organizations may use this as a starting point to assess documentation improvement opportunities at their own organization. We also recommend conducting your own in-depth analysis to determine which common documentation inaccuracies result in the greatest revenue loss.

	Code	Diagnosis-Related Group
1		Any “Signs and Symptoms” DRGs
2		All DRGs without MCC’s ² or CCs ³
3	MS-DRG 64	CVA ⁴ with infarction w/ MCC (LOS < 3 days)
4	MS-DRG 65/66	CVA w/ CC or w/o CC
5	MS-DRG 67/68	CV disease w/o infarction
6	MS-DRG 69	TIA ⁵ w/ signs and symptoms lasting >24 hrs
7	MS-DRG 177	Complex pneumonia w/ MCC
8	MS-DRG 189	Respiratory Failure
9	MS-DRG 190/191/192	COPD
10	MS-DRG 194/195	Simple pneumonia w/ or w/o CC (LOS >5 days)
11	MS-DRG 207	MI ⁶ w/o CC
12	MS-DRG 311	Angina
13	MS-DRG 313	Chest pain
14	MS-DRG 391	Esophagitis
15	MS-DRG 641	Dehydration w/o MCC
16	MS-DRG 689	UTI ⁷ (LOS >3 days)
17	MS-DRG 870	Septicemia (LOS <4 days)
18	MS-DRG 872	Septicemia w/o MCC (LOS>4 days)
19	MS-DRG 287	Circulatory disorders with cardiac catheterization w/o MCC (LOS>2 days)
20	MS-DRG 981/982/983	Extensive OR unrelated to procedure

1) Diagnosis-related group.
 2) Major Complications and comorbidities.
 3) Complications and comorbidities.
 4) Cerebro vascular accident (stroke).
 5) Transient ischemic attack.
 6) Myocardial infarction.
 7) Urinary tract infection.

Source: Physician Documentation Initiative; Physician Executive Council analysis.