MS-DRG Case Study Quiz (using TruCode® encoder examples)

• Please print out and review the following 5 MS-DRG Case Studies that provide TruCode® encoder abstract examples in the right-hand margins. After reviewing the examples (and reading the assignments due for this week), complete the 10 question MS-DRG quiz that follows.

• This quiz opens 8:00am, Monday 4/3 and closes 11:59pm, Sunday 4/23.
Case #1

An 82-year-old woman had been treated by her family physician for chronic low back pain. One morning upon awakening, she could not get out of bed due to severe back pain. She was brought to the emergency department and admitted. X-rays show several compression fractures of the lumbar vertebrae as a result of senile osteoporosis. An injection of mixed steroid and local anesthetic is administered into the spinal canal to help alleviate her pain from age-related osteoporosis and the pathologic fracture.
Case #2

A 66-year-old patient had experienced blood in his stools, or melena, for the past several days. Over the past 12 hours, the bleeding has increased, and the patient felt very weak and dizzy. He was admitted to the hospital by his physician. The patient was known to have diverticulosis of the colon, and his physician’s first impression was that the bleeding was a result of diverticulitis. The patient was advised to have a colonoscopy and an upper GI endoscopy (EGD), to which he agreed. The colonoscopy was performed, and the patient was found to have diverticulosis, but no inflammation was seen. However, an area of erosion, ulceration, and bleeding was seen in the duodenum during the EGD examination. A biopsy of the duodenal was taken during the EGD. The physician’s diagnosis was acute duodenal ulceration with hemorrhage; acute blood loss anemia due to #1 and diverticulosis of the colon.
Case #3

A 65-year old woman was admitted to the hospital for a scheduled open total abdominal hysterectomy with a bilateral salpingo-oophorectomy (TAH-BSO). The patient also had type 2 diabetes, which was well controlled by insulin. The patient first visited her gynecologist several months ago complaining of postmenopausal vaginal bleeding and abnormal vaginal discharge. An endometrial biopsy was taken in the office and was suggestive of uterine cancer. The TAH-BSO was performed, and the following postoperative diagnoses were recorded by the physician: Stage I endometrial adenocarcinoma (corpus uteri) and bilateral corpus luteum cysts of the ovaries, worse on the right side, fallopian tubes appeared normal. The patient continued to receive insulin while in the hospital.
Case #4

A 70-year-old man was admitted to the hospital complaining of chest pain that was determined to be the result of an acute inferior wall myocardial infarction (AMI). The patient was treated for the acute MI. In addition, a right and left heart catheterization was performed with a Judkins fluoroscopic coronary angiography of multiple coronary arteries, and a right and left angiography was performed using a low osmolar contrast dye. The patient was found to have coronary arteriosclerosis due to lipid-rich plaque. The patient was also treated for persistent atrial fibrillation and discharged on day 5 in stable condition.
Case #5

An 80-year-old man who has been a long-term nursing home resident with COPD was admitted to the hospital by his primary care physician with shortness of breath, elevated white blood count, and bibasilar infiltrates. A pulmonary disease consultant agreed with the attending physician that the patient had aspiration pneumonia and acute respiratory failure, both present on admission (POA). In addition, the pulmonologist describes that man’s COPD as obstructive chronic bronchitis with exacerbation. The patient had an Advance Directive that indicated he did not want to be placed on a ventilator. Intravenous antibiotics were administered, and the patient agreed to be placed on intermittent positive airway pressure for 48 hours. Fortunately, appropriate treatment was able to control the conditions quickly, and the patient was taken to a skilled nursing facility for extended recovery from the aspiration pneumonia and respiratory failure.

Given the fact that the patient had symptoms of three conditions (chronic lung disease, aspiration pneumonia, and respiratory failure) all POA, and any could have been the reason after study for the admission to the hospital, the coder queried for the attending physician’s assistance in identifying the principal diagnosis as determined by the circumstances of admission, the diagnostic workup, and/or therapy provided. The physician chose the aspiration pneumonia as the patient’s principal diagnosis, as it was one of the main reasons for the admission and required the greatest intensity (focus) of care and use of resources. According to the doctor, the respiratory failure was suspected to have resulted from either the aspiration pneumonia or the worsening chronic lung disease with exacerbation affected by the aspiration pneumonia.