Coding Talk...

To Code or Not To Code

Documentation Opportunities for Pneumonia and Influenza

Physicians/APP's: Simple versus Complex Pneumonia

Reminders:

- Document the **Type** (Ex. Aspiration, Bacterial, Viral, Ventilator Associated Pneumonia, HIV disease related Pneumonia)
- **Specify Organism** if known and **Link organism to the Pneumonia** (Ex. Klebsiella pneumonia, Gram negative pneumonia, Staph aureus pneumonia)
- **Specify the Antibiotics** used to support the type of pneumonia (include any outpatient antibiotic failure)
- Include **Clinical Indicators** in your documentation such as:
  - ❖ Radiologic Findings
  - ❖ Sputum cultures
  - ❖ Associated clinical findings such as (fever, increased sputum production, dyspnea, chest pain, rales, rhonchi etc.)
  - ❖ Any associated conditions: Respiratory Failure (acute, chronic, acute on chronic) (requiring Vent, BIPAP) Influenza and type, any exacerbation of COPD
  - ❖ **TIP: For inpatient diagnosis coding: Possible, probable, likely, suspected, and consistent with are all acceptable terms**

EX: "Suspected gram negative pneumonia, in this debilitated patient from the nursing home treated with the following antibiotic". ***Sputum cultures do not have to be present to render a diagnosis of gram negative pneumonia***

Resistance to Antibiotics:

- Specify drug that is resistant
- Include antifungal, antiviral resistance

Influenza

- Specify **Type**:
     A, B, etc.
- Document any **associated conditions** (Ex. Pneumonia, Encephalopathy, Myocarditis, Otitis Media, Dehydration, etc.)
- Document isolation precautions