

Weekly tips from ERG documentation committee to improve our documentation under the new 2023 CMS Guidelines – Week 5

Our charts are now coded based on three categories

1. Problem
2. Data
3. **Risk**

Decision regarding hospitalization or escalation of hospital-level of care

- Patient might ultimately be discharged but if workup was to determine if hospitalization would be necessary then this counts if discussed in MDM
- Examples
 - 26yo F with lower abdominal pain. Workup labs, u/s and CT done unremarkable.
 - In your discussion, “I initially considered hospitalization of this patient as she presented with an examination concerning for appendicitis. CT scan and laboratory evaluation were performed and the patient has a normal WBC count, negative pregnancy, no evidence of PID on pelvic examination and a CT/u/s that shows a normal appendix. After extensive evaluation I feel she can be discharged with instructions to return in 12-24 hours for repeat abdominal examination in the event she is still having pain.”
 - 55yo M with chest pain
 - “Initially considered hospitalization of this patient as they presented with chest discomfort. EKG was normal and 2 high sensitivity troponins were normal with no delta change. In addition I was able to review the patients previous cardiac catheterization from 2022 which showed angiographically normal coronary arteries. Patient is HEART score 2 and after a shared decision making process with the patient we have decided to pursue further testing on an outpatient basis with the patients established primary care provider.”
 - 5yo M with limping x 1d. work up labs, imaging done unremarkable.
 - “Initially considered hospitalization of patient for persistent limping, however, esr, crp, wbc all normal. Patient has no fever and imaging was unremarkable. After motrin, patient is now ambulating with no difficulty, limping has resolved. Will discharge home. Reviewed with family, to follow up the pcp or return to ED in 12-24hrs if symptoms recur.”

Please feel free to reach out to me or any of the documentation committee with any questions/comments.

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