Hot Topics

It’s Complicated: CDI and Complications

May 7, 2026

A little about me…

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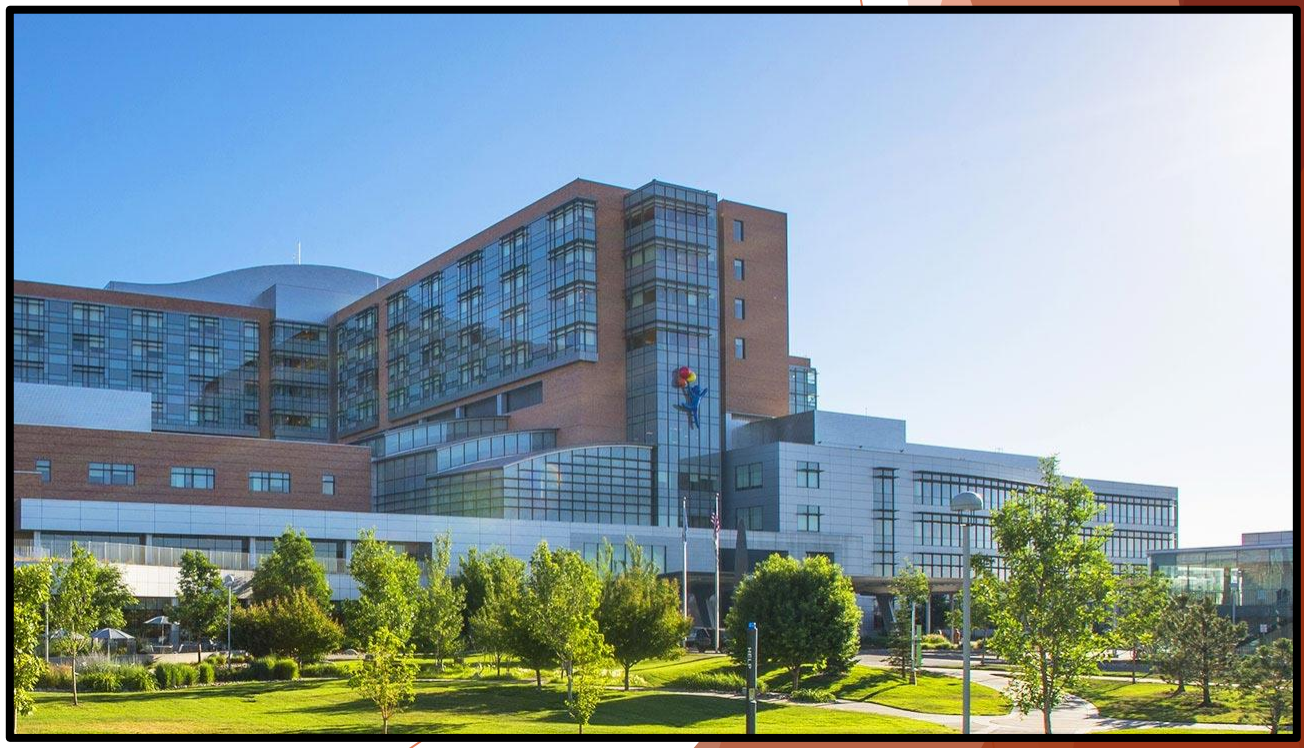
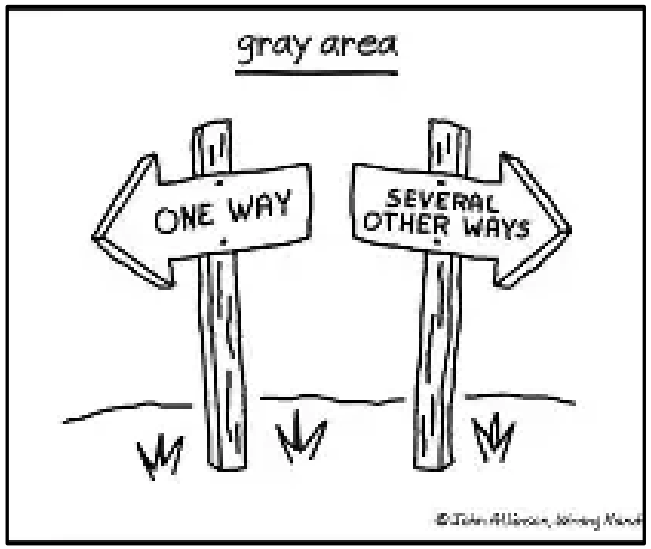
  - Pediatric nurse since 1995
  - Clinical Documentation Specialist since 2013
    - CDI Educator: 2020
    - CDI Manager: 2024
  - Children’s Hospital Colorado
    - 4 hospitals
    - 632 licensed beds
    - 19,448 inpatient admissions

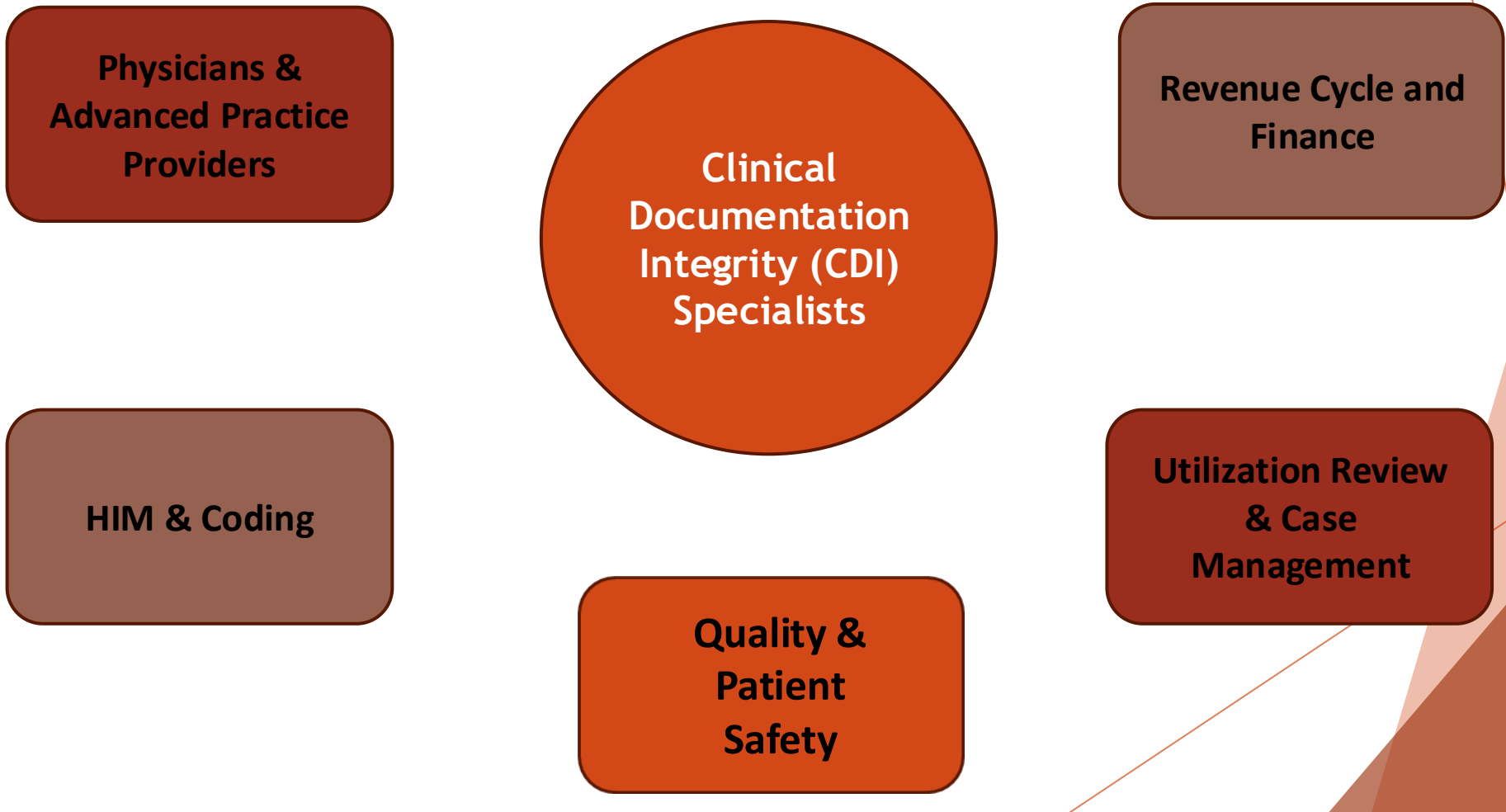


Disclaimer

This forum is intended for discussion purposes only and does not aim to replace or contradict any Official Guidelines or Coding Clinic advice. Please remember that our clinical backgrounds, experiences, and CDI programs vary. We encourage you to share your knowledge and learn from others.



CDI Collaboration



CDI: One Chart, Many Priorities

"The impact of CDI programs is as vast as the types of professionals that perform the function. This impact includes a more accurate depiction of patient severity and acuity as measured by case mix index, severity of illness (SOI) and risk of mortality (ROM) scores, reductions in clinical denials for medical necessity, and **improved clinical outcomes** and overall optimal continuity of care for patients as a result of capturing all diagnoses and procedures supported by clinical documentation—and ultimately reflected through final code assignment."

"A CDI program can only provide meaningful and sustained change when the CDS is able to work cooperatively to identify and solve difficult documentation issues. **Clinicians who are working on reducing hospital-acquired conditions (HACs), patient safety indicators (PSIs), and other quality measures will be more effective in creating change when they understand the dynamics of documentation and how it impacts code selection and, ultimately, the facility's performance measures.** Collaboration with the coding staff is critical as the exchange of clinical and coding knowledge and information will result in the most appropriate documentation that presents a true clinical picture of the patient's conditions and treatments during the hospitalization."

Best Practices in the Art and Science of Clinical Documentation Improvement

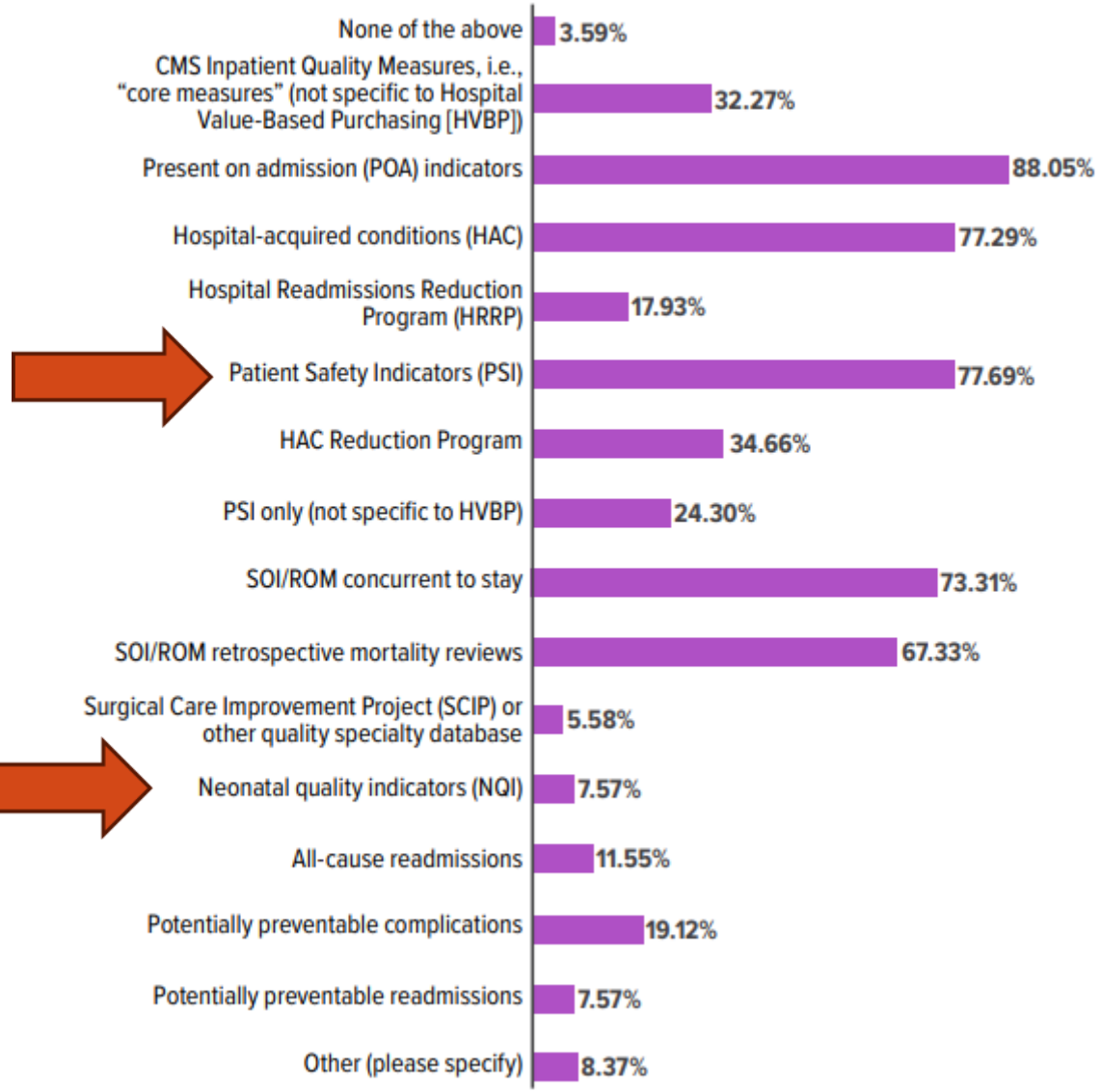
CDI: One Chart, Many Priorities

Metrics for measuring the quality impact of the CDI program include, but are not limited to, the following: Severity of illness (SOI) Risk of mortality (ROM) Hospital-acquired conditions (HACs) Core measure conditions Patient safety indicators (PSIs) Hierarchical condition categories (HCCs)

Were any conditions clarified or averted based on lack of supporting or clarifying documentation (HACs, Core Measure conditions, PSIs, HCCs)?

Best Practices in the Art and Science of Clinical Documentation Improvement

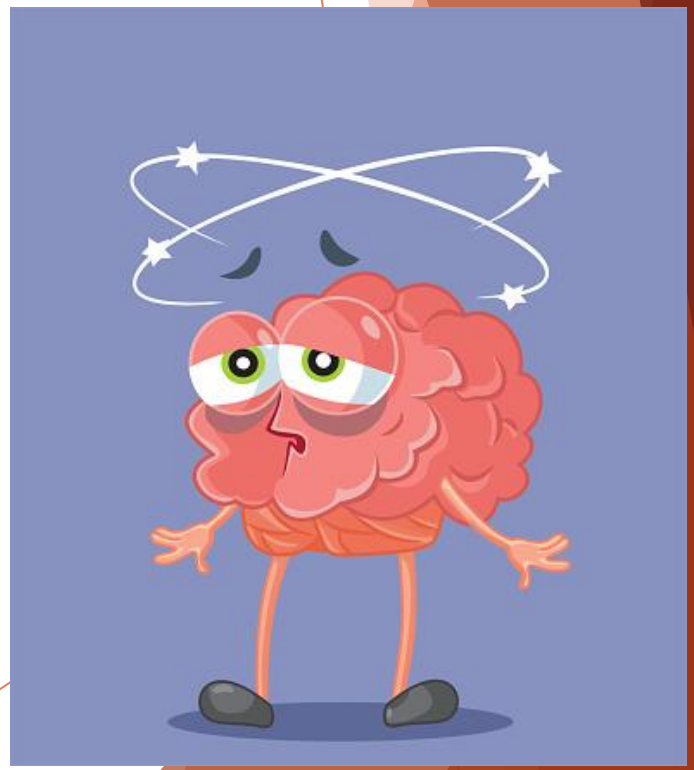
Figure 1: Quality measures and/or quality-related items reviewed



2023 ACDIS Leadership Council Survey

ACDIS Council Report: CDI and Quality Improvement | ACDIS

Let’s get into it…



Official Coding Guidelines

- P. 16 Documentation of Complications of Care

Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure, unless otherwise instructed by the classification. The guideline extends to any complications of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and the documentation must support that the condition is clinically significant. It is not necessary for the provider to explicitly document the term "complication." For example, if the condition alters the course of the surgery as documented in the operative report, then it would be appropriate to report a complication code. Query the provider for ICD-10-CM Official Guidelines for Coding andReporting FY 2026 Page 17 of 121 clarification if the documentation is not clear as to the relationship between the condition and the care or procedure.

-Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure, unless otherwise instructed by the classification.

-not all conditions that occur during or following medical care or surgery are classified as complications

-must be a cause-and-effect relationship between the care provided and the condition, and the documentation must support that the condition is clinically significant. It is not necessary for the provider to explicitly document the term "complication."

ICD-10-CM October 2025 FY26Guidelines

Official Coding Guidelines

P. 25 As with all postprocedural complications, code assignment is based on the provider's documentation of the relationship between the infection and the procedure.

P. 33 Coding and sequencing of complications associated with the malignancies or with the therapy thereof are subject to the following guidelines:

When admission is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the **malignancy is sequenced as the principal diagnosis** follow by the appropriate code for the anemia.

When the admission is for management of anemia associated with an adverse effect of chemotherapy, immunotherapy, or radiation, **the anemia code is sequenced first** followed by the neoplasm code and either the adverse effect code T45.1X5- (for chemo/immunotherapy) or code Y84.2 (for radiotherapy as the cause of an abnormal reaction).

When the admission is for management of dehydration due to the malignancy and only the dehydration is being treated (IV rehydration), the **dehydration is sequenced first**, followed by the code for the malignancy.

ICD-10-CM October 2025 FY26Guidelines

Official Coding Guidelines

P. 39 Complications due to insulin pump malfunction

Underdose of insulin due to insulin pump failure

An underdose of insulin due to an insulin pump failure should be assigned to a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code, followed by code T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. Additional codes for the type of diabetes mellitus and any associated complications due to the underdosing should also be assigned.

Overdose of insulin due to insulin pump failure

The principal or first-listed code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code T38.3X1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

ICD-10-CM October 2025 FY26Guidelines

Official Coding Guidelines

P.86 Transplant complications

Transplant complications other than kidney

Codes under category T86, Complications of transplanted organs and tissues, are for use for both complications and rejection of transplanted organs. A transplant complication code is only assigned if the complication affects the function of the transplanted organ. Two codes are required to fully describe a transplant complication: the appropriate code from category T86 and a secondary code that identifies the complication. Pre-existing conditions or conditions that develop after the transplant are not coded as complications unless they affect the function of the transplanted organs.

Kidney transplant complications

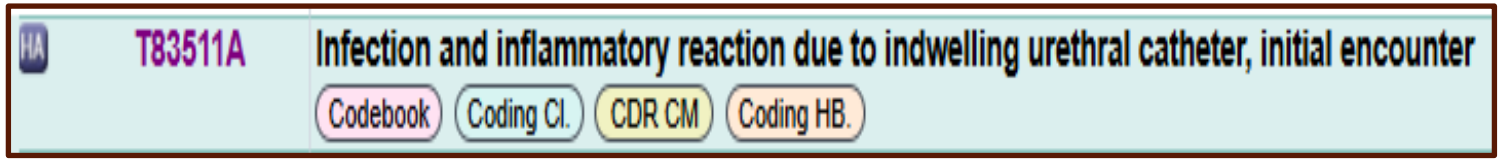
Patients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function. **Code T86.1- should be assigned for documented complications of a kidney transplant, such as transplant failure or rejection or other transplant complication**. Code T86.1- should not be assigned for post kidney transplant patients who have chronic kidney (CKD) unless a transplant complication such as transplant failure or rejection is documented. If the documentation is unclear as to whether the patient has a complication of the transplant, query the provider.

Conditions that affect the function of the transplanted kidney, other than CKD, should be assigned a code from subcategory T86.1, Complications of transplanted organ, Kidney, and a secondary code that identifies the complication.

Official Coding Guidelines

P. 109 **Complications of surgery and other medical care**

When the admission is for treatment of a complication resulting from surgery or other medical care, the complication code is sequenced as the principal diagnosis. If the complication is classified to the T80-T88 omies and the code lacks the necessary specificity in describing the complication, an additional code for the specific complication should be assigned.



If the provider states that the UTI is secondary to the indwelling urethral catheter, assign code **T83.511-, Infection and inflammatory reaction due to indwelling urethral catheter,** and code **N39.0, Urinary tract infection, site not specified.**

ICD-10-CM October 2025 FY26Guidelines

Complications of surgical and medical care, not elsewhere classified

T80	Complications following infusion, transfusion and therapeutic injection
T81	Complications of procedures, not elsewhere classified

NOTE: Additional codes are not usually required because the complication code itself provides sufficient specificity

T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
T83	Complications of genitourinary prosthetic devices, implants and grafts
T84	Complications of internal orthopedic prosthetic devices, implants and grafts
T85	Complications of other internal prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissues
T87	Complications related to reattachment and amputation
T88	Other complications of surgical and medical care not classified elsewhere

Complications of care codes within the body system chapters

Intraoperative and postprocedural complication and disorders of:	
D78	Spleen
E36 and E89	Endocrine system
G97	Nervous system
H59	Eye and adnexa
H95	Ear and mastoid process
I97	Circulatory system
J95	Respiratory system
K91 and K94	Digestive system
L76	Skin and subcutaneous tissue
M96 and M97	Musculoskeletal system
N99	Genitourinary system

Complications and Related Codes

Headache due to lumbar puncture	G97.1	Other reaction to spinal and lumbar puncture
Postprocedural hypertension	I97.3	Postprocedural hypertension
Fracture of multiple ribs following CPR	M96.A3	Multiple fractures of ribs associated with chest compression and CPR
Patient admitted with acute hypoxic and hypercapnic respiratory failure. Patient was subsequently diagnosed with acute right-sided hydropneumothorax due to barotrauma due to mechanical ventilation.	J95.859 J95.811	Other complication of ventilator Postprocedural pneumothorax

AHRQ Quality Indicators – How Are they Used

AHRQ QIs were designed for use by program managers, researchers and others at Federal/State/local levels interested in healthcare quality measurement

- **State and Local Health Agencies**
  - To assess quality of care and increase transparency regarding health care performance.
- **Hospitals and Health Systems**
  - To benchmark their hospitals' performance against other hospitals.
  - To assess hospital quality.
  - To assess clinical areas for further, more in depth analysis and to assess hospital safety, quality, patient experience, cost and utilization.
- **Payers**
  - Used by CMS as the foundation for measures developed for consumers, hospitals, healthcare practitioners, health policy leaders and others use to inform decisions and actions to achieve safer, higher quality and more affordable health care.
  - To compare hospital performance rates and assess relative safety, quality, and affordability.

AHRQ Quality Indicators Brochure.pdf

AHRQ QIs Web Site:
qualityindicators.ahrq.gov

AHRQ PDIs

AHRQ QIs are used to identify potential quality and patient safety issues specific to the pediatric inpatient population. They are meant to help hospitals identify problems in pediatric hospital care that may need further study.

- NQI 03 Neonatal Blood Stream Infection Rate
- PDI 01 Accidental Puncture or Laceration Rate
- PDI 05 Iatrogenic Pneumothorax Rate
- PDI 08 Postoperative Hemorrhage or Hematoma Rate
- PDI 09 Postoperative Respiratory Failure Rate
- PDI 10 Postoperative Sepsis Rate
- PDI 12 Central Venous Catheter-Related Blood Stream Infection Rate

Pediatric Quality Indicator 09 (PDI 09) Postoperative Respiratory Failure Rate

DESCRIPTION:

- Hospital discharges with postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or intubation cases per 1,000 elective surgical discharges for patients ages 17 years and younger.

- Excludes:
  - discharges with principal diagnosis of acute respiratory failure, a secondary diagnosis of acute respiratory failure present on admission, or any diagnosis of tracheostomy present on admission;
  - discharges in which tracheostomy is the only operating room procedure, or in which tracheostomy occurs before the first operating room procedure;
  - discharges with a principal diagnosis, or secondary diagnosis present on admission, of end stage heart failure;
  - discharges with malignant hyperthermia, a neuromuscular disorder present on admission, a degenerative neurological disorder present on admission, or craniofacial anomalies;
  - discharges with laryngeal, pharyngeal, nose, mouth, or facial surgery involving significant risk of airway compromise;
  - discharges with esophageal surgery, a lung cancer procedure, or a lung or heart transplant;
  - discharges for treatment of respiratory diseases;
  - discharges of neonates with birth weight less than 500 grams; and all obstetric discharges

PDI_09_Postoperative_Respiratory_Failure_Rate.pdf

Pediatric Quality Indicator 09 (PDI 09) Postoperative Respiratory Failure Rate

NUMERATOR

Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either

- any secondary ICD-10-CM diagnosis code for acute postprocedural respiratory failure;
- the last date of an ICD-10-PCS procedure code for mechanical ventilation for greater than 96 consecutive hours is zero or more days after the first major operating room procedure code, if the dates of both procedures are available
- the last date of an ICD-10-PCS procedure code for mechanical ventilation for 24-96 consecutive hours is two or more days after the first major operating room procedure, if the dates of both procedures are available
- the last date of any listed ICD-10-PCS procedure code for intubation is one or more days after the first major operating room procedure, if the dates of both procedures are available

PDI_09_Postoperative_Respiratory_Failure_Rate.pdf

Pediatric Quality Indicator 09 (PDI 09) Postoperative Respiratory Failure Rate

DENOMINATOR

Elective surgical discharges for patients ages 17 years and younger, with any listed ICD-10-PCS procedure code for an operating room procedure. Elective surgical discharges are defined by specific MS-DRG codes with admission type recorded as elective.

PDI_09_Postoperative_Respiratory_Failure_Rate.pdf

Postoperative Respiratory Failure in US Pediatric Care: Evidence from a Nationally Representative Database

Postoperative respiratory failure (PORF) in pediatric patients is generally defined as the inability to wean from mechanical ventilation within 48 h of surgery or the need for unplanned post-surgical re-intubation. This severe complication reflects a failure of pulmonary recovery and often necessitates intensive care interventions, leading to substantial morbidity, mortality, and resource utilization. Accordingly, the Agency for Healthcare Research and Quality (AHRQ) developed Pediatric Quality Indicator 09 (PDI 09) to monitor PORF, identifying it as a potentially preventable adverse postoperative event.

Postoperative Respiratory Failure in US Pediatric Care: Evidence from a Nationally Representative Database - PMC

Case Examples

ACDIS_Report_Sponsored-CDI Leadership-Mastermind-Solventum_Part-1 Final.pdf

medreport.foundation/post/clinical-documentation-improvement-a-managed-healthcare-game-changer

Case example #1

- 19 month old admitted with recent diagnosis of right neck abscess that was drained. Patient was discharged home then re-presented and found to have left lingual artery pseudoaneurysm. Documentation of "Intraoperative case complicated by potential ETT malpositioning versus bronchospasm, resulted in loss of volumes of ventilator for period of time. Improved s/p albuterol. Fiberoptic evaluation of ETT placement at end of case found ETT slightly deep, pulled back ETT about 1 cm. No further issues."
- Additional documentation included:
  - "acute hypoxemic respiratory failure,"
  - "acute respiratory failure immediately post-procedure from IR embolization of the lingula pseudoaneurysm. Requires sedation and mechanical ventilation to remain still and preserve groin vessel integrity," and
  - "acute hypoxemic respiratory failure in setting of required sedation to facilitate lay flat time directly s/p neurovascular embolization (IR)"
- Patient was mechanically ventilated for approximately 4 hours post procedure then extubated to room air

Case example #1 (continued)

Respiratory failure following trauma and surgery

ICD-9-CM Coding Clinic, Fourth Quarter 2011 Pages: 123-125 Effective with discharges: October 1, 2011
Related Information

Effective October 1, 2011, codes **518.51, Acute respiratory failure following trauma and surgery; 518.52, Other pulmonary insufficiency, not elsewhere classified;** and **518.53, Acute and chronic respiratory failure following trauma and surgery,** have been created to distinguish postoperative acute respiratory failure from less severe respiratory conditions such as shock lung, drowned lung, pulmonary and lung insufficiency following shock, surgery or trauma, wet lung syndrome, adult respiratory distress syndrome (following shock, surgery, or trauma) and acute idiopathic lung congestion; conditions that only require supplemental oxygen or intensified observation.

Respiratory failure is a relatively common postoperative complication that often requires mechanical ventilation for more than 48 hours after surgery or reintubation with mechanical ventilation after postoperative extubation. Risk factors may be specific to the patient's general health, location of the incision in relation to the diaphragm, or the type of anesthesia used for surgery. Trauma to the chest can lead to inadequate gas exchange causing problems with levels of oxygen and carbon dioxide. Respiratory failure results when oxygen levels in the bloodstream become too low (hypoxemia), and/or carbon dioxide is too high (hypercapnia), causing damage to tissues and organs, or when there is poor movement of air in and out of the lungs. In all cases, respiratory failure is treated with oxygen and treatment of the underlying cause of the failure.

Post-Op Respiratory Failure:

- **Inpatient:** If postoperative respiratory failure is documented, refer to Coding Clinic 2011, Q4, pages 123–125. Per guidance, assign a code when mechanical ventilation extends beyond 48 hours following surgery or when the patient requires reintubation with mechanical ventilation after being extubated postoperatively. If there is any uncertainty regarding documentation, please escalate it to AskCDI for further review.

Querying for Complications

- _____ is expected or integral to the complex nature of the procedure and is therefore not to be considered a complication of the procedure.
- _____ should be considered a complication of the procedure.
- _____ is related to a preexisting medical condition (please specify the condition)
- Other explanation of clinical findings (please specify)

Case example #1 (continued)

The options provided on the query:

- Post operative respiratory failure (respiratory failure is a complication of procedure)
- Acute hypoxic respiratory failure in the post-operative period (not a complication of the procedure)
- No respiratory failure, patient intubated and maintained with mechanical ventilation to accommodate lay-flat time only
- Other explanation of clinical findings (please specify)

What the provider responded with:

"Due to the necessity of medical interventions to reduce likelihood of post-procedure complications, the patient received therapies with a known effect of respiratory depression thus resulting in respiratory failure requiring mechanical ventilation. This is not a complication of the procedure but a known and expected effect of the post-procedure care."

Case example #2
DKA in patient with insulin pump failure

PDx: E1010 DKA

- APR DRG: 420 Diabetes
- Relative weight: 0.7238
- SOI: 2 ROM: 1
- Reimbursement: $6928.27
- ALOS: 2.59 days

PDx: T85624A Displacement of insulin pump, initial encounter

- APR DRG: 813 Other complications of treatment
- Relative weight: 0.8792
- SOI: 2 ROM: 1
- Reimbursement: $8415.77
- ALOS: 3.46 days

Case example #3
UTI due to E. Coli in patient with indwelling urinary catheter

PDx: N390 UTI

- APR DRG: 463 Kidney and urinary tract infections
- Relative weight: 0.6102
- SOI: 1 ROM: 1
- Reimbursement: $5840.88
- ALOS: 2.50

PDx: T83511A Infection and inflammatory reaction due to indwelling uretheral catheter, initial encounter

- APR DRG: 466 Malfunction, reaction, complication of genitourinary device or procedure
- Relative weight: 0.7901
- SOI: 2 ROM: 1
- Reimbursement: $7562.90
- ALOS 3.44

Case example #4
Post tonsillectomy hemorrhage

PDx: J0391 Acute recurrent tonsillitis

- APR DRG: 097
- Relative weight: 0.6765
- SOI: 1 ROM: 1
- Reimbursement: $6475.51
- ALOS: 1.40

PDx: J95830 Postprocedural hemorrhage of a respiratory system organ or structure following a respiratory system procedure

- APR DRG: 794
- Relative weight: 1.1052
- SOI: 1 ROM: 1
- Reimbursement: $10579.06
- ALOS: 2.64

Coding Clinics

Admission due to post tonsillectomy hemorrhage

ICD-9-CM Coding Clinic, Third Quarter 2003 Page: 13 Effective with discharges: November 1, 2003

***Coding Clinic*, First Quarter 1994, Page 19**

Question:

A patient was scheduled for an outpatient tonsillectomy due to chronic hypertrophy of tonsils and was admitted with excessive post tonsillectomy hemorrhage. What is the principal diagnosis for this admission:

Answer:

Assign code 998.1, Hemorrhage or hematoma complicating a procedure, as the principal diagnosis.

Note that as of October 1, 1996, hemorrhage complicating a procedure is coded to 998.11.

Coding Clinics

Postoperative ileus

ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2017 Pages: 40-41 Effective with discharges: March 13, 2017
Related Information

Question:

Since an ileus does not always involve obstruction, should a diagnosis of postoperative ileus be assigned code K91.3, Postprocedural intestinal obstruction? Previously, postoperative ileus defaulted to a complication code. However, in ICD-10-CM, there is no default code assignment for postoperative ileus.

Answer:

Query the physician to determine if the ileus is a postoperative complication. If the physician confirms that the ileus is a postoperative complication, assign code K91.89, Other postprocedural complications and disorders of digestive system. Code K56.7, Ileus, unspecified, should be assigned as an additional diagnosis to describe the specific complication. If, however, after query, the physician confirms that the ileus is not a surgical complication, assign only code K56.7. Only assign code K91.3, Postprocedural intestinal obstruction, for an obstructive ileus that the physician has documented as a post-op complication.

Coding Clinics

- 1st Q 2021: Postprocedural vasoplegic circulatory shock
- 4th Q 2016: Postprocedural hematoma, hemorrhage and seroma
- 4th Q 2014: Postoperative retained cement fragment
- 1st Q 2011:
  - Postoperative hemorrhage and postoperative hematoma
  - Postoperative aspiration pneumonia

Coding Clinics

Prosthetic valve stenosis due to end of valve life

ICD-9-CM Coding Clinic, Second Quarter 2008 Page: 9 to 10 Effective with discharges: July 7, 2008

Question:

The patient was admitted due to end of life of the heart valve prosthesis. The cardiothoracic surgeon documents "prosthetic valve stenosis due to end of life." In ICD-9- CM, the index directs to code 996.71, Other complications of internal (biological) (synthetic) prosthetic device, implant, and graft, Due to heart valve prosthesis, for prosthetic valve stenosis. However, the surgeon does not agree with this code assignment. He stated that the patient's heart valve prosthesis was placed 19 years ago and has reached its end of life, which is an expected outcome, not a complication. How should end of life of the heart valve prosthesis be coded?

Answer:

Assign code V53.39, Fitting and adjustment of other device, Other cardiac device, as the principal diagnosis. This situation would not be classified as a complication of the device since the device is eventually expected to wear out and the patient was not experiencing any problems due to the device. When the device is causing problems or complications, such as mechanical breakdown, a code from subcategory 996.6, Mechanical complications of cardiac device, implant and graft, is assigned.

Coding Clinics

Intraoperative serosal tears

ICD-9-CM Coding Clinic, Second Quarter 2007 Page: 11 to 12 Effective with discharges: June 30, 2007

Question:

The patient presented with a left upper quadrant retroperitoneal cystic mass, involving intra-abdominal organs and was brought to the operating room where she underwent radical excision of retroperitoneal cystic mass with adrenalectomy. During the procedure, the surgeon noted, "a small capsular injury of the spleen, which was hemostatic." This injury did not require repair. An esophagogastroduodenscopy (EGD) was then performed for evaluation of the distal esophagus since the mass had adhered at the gastroesophageal junction. The EGD revealed a serosal injury to the stomach, which was repaired with interrupted Lembert sutures. The surgeon did not include the intraoperative tears in the diagnostic statement? What are the appropriate code assignments?

Answer:

Query the provider, and if the provider states the tear is not clinically significant, omit codes for both the diagnosis and procedure. When a tear is documented in the operative report, such as a small serosal tear of the stomach, the surgeon should be queried as to whether the small tear was an incidental occurrence inherent in the surgical procedure or whether the tear should be considered by the physician to be a complication of the procedure. If the provider documents that the seromuscular tear is a complication of the surgery, assign code 998.2, Accidental puncture or laceration during a procedure, as an additional diagnosis. This advice is consistent with that previously published in *Coding Clinic* Third Quarter 1990, page 18.

Please note this advice differs from that previously published in *Coding Clinic* First Quarter 2006, page 15, regarding dural tear occurring during surgery. The dural tear was coded in that case, because a dural tear is always clinically significant due to the potential for cerebrospinal fluid leakage.

NOTE: Coding Complications of Care

Postoperative anemia

ICD-9-CM Coding Clinic, First Quarter 2007 Page: 19 Effective with discharges: March 30, 2007
Related Information

Question:

What is the correct code assignment for postoperative anemia? *Coding Clinic* Second Quarter 1992, pages 15-16, stated, "If the physician documents postoperative anemia in the medical record, but does not label the condition as a complication, assign code 285.1, Acute posthemorrhagic anemia." Is this advice still valid?

Answer:

When postoperative anemia is documented without specification of acute blood loss, code 285.9, Anemia, unspecified, is the default. Code 285.1, Acute posthemorrhagic anemia, should be assigned, when postoperative anemia is due to acute blood loss. Revisions were made to the Alphabetic Index in 2004, which direct the coder in the following manner:

```
Anemia
    postoperative
        due to blood loss 285.1
            other 285.9
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The directives in the ICD-9-CM manual take precedence over advice published in *Coding Clinic*.

Postoperative blood loss anemia

ICD-9-CM Coding Clinic, Third Quarter 2004 Page: 4 Effective with discharges: September 30, 2004
Related Information

Question:

Our surgeons think that anemia due to an "expected" blood loss is integral to procedures. When we query the physician regarding patients whose lab values have dropped significantly after surgery to levels suggestive of anemia, the physicians are refusing to document anemia due to blood loss even if they monitor and transfuse the patient. They say the patients lost an expected amount of blood. I have read *Coding Clinic,* Second Quarter 1992, pages 15-16, and its discussion of postoperative anemia guidelines. But this issue doesn't give us definitive information to give the physicians that clearly states, "Blood loss anemia due to an expected blood loss can be documented and reported when the patient meets the clinical criteria of anemia and the diagnosis meets UHDDS guidelines for reporting other diagnoses."

Answer:

Coders should not use blood transfusions or abnormal lab findings as definitive variables in determining whether or not to code blood loss anemia without physician documentation. If in the physician's clinical judgment, surgery results in an expected amount of blood loss and the physician does not describe the patient as having anemia or a complication of surgery, do not assign a code for the blood loss.

This advice is consistent with information previously published in *Coding Clinic,* Second Quarter 1992, pages 15-16, and Third Quarter 2000, page 6.

Coding Clinics

- 1st Q 2007
- 3rd Q 2004
- Additional coding clinics:
  - 3rd Q 2008
  - 4th Q 1993
  - 2nd Q 1992

Coding Clinics

- 4th Q 2008: Post-transplant lymphoproliferative disorder
- 3rd Q 2006: Hematoma secondary to catheter thrombolysis
- 2nd Q 1999:
  - Malfunction of intrathecal infusion pump or shunt
  - Postoperative biloma
- 4th Q 1998:
  - Complications of colostomy and enterostomy
  - Complications of gastrostomy
  - Complications of tracheostomy
  - Mechanical complication of peritoneal dialysis catheter
- 3rd Q 1998: Complication of transplanted organs
- 4th Q 1994: Postoperative hypotension/hypertension coding clarification
- 3rd Q 1993: Post transplant complication with cytomegalovirus from donor graft

Reminders

- Note that not all conditions that occur following surgery or other patient care are classified as complications
  - Condition or occurrence must exceed routine expectations for the surgical or medical care
  - A cause-and-effect relationship between the care provided and the condition must be documented, including some indication that the condition is a complication
    - NOTE: This relationship is implicit in complications due to an internal device/implant/graft or due to transplant
- No time limit is defined for the development of a complication
- Can be PDx or secondary diagnosis
- T codes versus complication codes from a specific chapter
- Be sure to look for exclusion notes

Impact

CORRECT DRG/APPROPRIATE PAYMENT

DOCUMENTATION ACCURACY-TELLING THE STORY OF THE PATIENT

REPORTING ACCURACY-PSI/PDI, IDENTIFICATION OF COMPLICATION TRENDS, PHYSICIAN PERFORMANCE PROFILES IN PUBLIC REPORTING

Action Items

- Educate providers
- Consider facility coding guidelines
- Collaboration with coding team
- Be aware of AHRQ PDIs and coding guidance
- Utilize your CDI software for indications re: PDIs
- Connect with other CDSs and discuss complications
- Listen to Complicated by Avril Lavigne

Resources

- Coding Tip – Norwood
- Improving documentation of patient acuity level using a... : Journal of the American College of Surgeons | James Kennedy, MD, CCS
- Respiratory Failure Following A Surgery | Pinson & Tang
- Postoperative Complications: Tips for Clarifying A Diagnosis of Complications vs. Expected Outcomes
- Coding Complications of Care

References

- AHRQ QI: PDI Technical Specifications Updates | AHRQ Quality Indicators
- Clinical Documentation Improvement and the Agency for Healthcare Research and Quality Accidental Puncture or Laceration Patient Safety Indicator | Trauma and Injury | JAMA Surgery | JAMA Network
- ICD-10-CM October 2025 FY26Guidelines
- Postoperative Respiratory Failure in US Pediatric Care: Evidence from a Nationally Representative Database – PMC
- Strategies for Six Issues Facing Children's Hospitals

Thank you for your time and attention!

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