CDI Educational Topic: Chest Pain

Chest Pain Facts

Chest pain sends 7 million Americans to the ED each year. About half are admitted for further testing, treatment, or observation.

About 15% are discharged with a diagnosis of "unspecified chest pain".

Why This Specificity is Important

Choosing a more specific diagnosis than "unspecified chest pain" makes a profound impact on final coding.

Each diagnosis-related group (DRG) is assigned a Relative Weight (RW). A higher number indicated a "sicker" patient.

- For example: "Chest Pain, unspecified "weighs 0.7073.

- Specifying the symptom as "GERD" raises the weight to 0.7554.

- And a diagnosis of chest pain due to "Shingles" can increase the weight to 1.0115

CDI Hint

While any of these diagnoses is under consideration document those diagnoses as 'possible…', 'likely…', or 'suspected…' so that those who review the record understand your thought process.

Chest pain can have multiple underlying causes. To accurately document chest pain it is essential to identify the other 85% of diagnoses provoking the symptom. Consider these causes:

- **Musculoskeletal**
  - Pleuritic/Chest Wall Pain
  - Costochondritis / Tietze's disease

- **Gastrointestinal**
  - Biliary Colic
  - GERD/Gastritis

- **Psychogenic**
  - Psychogenic chest pain
  - Psychogenic angina pericarditis
  - Anxiety

- **Respiratory**
  - Pleurisy
  - Pulmonary Embolism

- **Cardiac**
  - Unstable angina
  - Stable angina
  - Cardiac arrhythmia
  - CAD

- **Other**
  - Shingles

Ref.:" Guide to clinical validation, documentation and coding" Pinson, R.D. & Tang, C.L. 2016
American Family Physician. 2011 , MARK H. EBELL, MD.
"Addressing the Top Ten Documentation Issues '' 3M Health Information Systems, Michael Powell, MD,
https://www.sciencedaily.com/releases/2015, Ohio State University Wexner Medical Center