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EXCELLENCE IN REVENUE CYCLE

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Anemia

Always document the type of "anemia" as a separate problem from its cause.

1. **Acute Blood Loss Anemias:**
   - If a patient is anemic after an MVA, GSW, GI Bleed, Epistaxis, Laceration, Hematoma, Hematuria, Abnormal Uterine Bleeding, etc., that anemia is **due to acute blood loss** and should be documented ***as a separate problem*** from what caused it

     Ex: Prob #1 – GI Bleed due to diverticulosis
     Prob #2 – Acute Blood Loss Anemia due to GI Bleed

     Ex: Prob #1 – Retroperitoneal Bleed due to warfarin
     Prob #2 – Acute Blood Loss Anemia due to Retroperitoneal Bleed
   - A transfusion is **not** required to make this diagnosis.

2. **Chronic Anemias:**
   - Should always have the cause documented if known
   - Please document a likely cause as opposed to a pathological description

Clinical language that does **NOT** support your patients' severity of illness	Highly effective terminology that accurately reflects your patients' acuity
Hypochromic, microcytic anemia	Iron deficiency anemia

   - Don't forget that "possible, probable, likely, suspected" is acceptable until you determine the etiology through your clinical work-up.

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