

Cover Sheet for Cardiac Surgery Supporting Documentation Packet

Facility Name _____
PAF Number _____ **Quarter** _____
Record ID Number _____ **Medical Record Number** _____
Control Number _____

Potential Risk-Adjustment Factors – please check all that apply:

- Pre-Operative Cardiogenic Shock *
- Pre-Operative Acute Renal Failure *

* Present between admission and surgery up to the induction of anesthesia; documentation should be for the pre-op time period only.

Potential Exclusion Records – please check all that apply:

- Special Request for Exclusion (A letter describing the reason for the request must be included)

The documentation required for each of the above scenarios is noted below. The packet must include copies of the noted portions of the medical record *in the order listed below.*

Pre-Op Cardiogenic Shock	Pre-Op Acute Renal Failure	Special Request for Exclusion	
✓	✓	✓	Coding Summary/Face Sheet/Physician Attestation Letter
✓	✓	✓	Discharge Summary
✓	✓	✓	History and Physical (type written preferred)
✓	✓	✓	Physician Progress Notes
	✓		Consult – Nephrology/Renal (type written preferred)
✓	✓	✓	Operative Report (type written preferred)
✓			Cardiac Catheterization Report & Case Log
✓			Anesthesia Record & Pre-anesthesia Evaluation Record
✓		✓	Medication Administration Record (MAR)
✓		✓	Vital Sign Sheets
✓	✓		ICU Nursing Flowsheets
	✓	✓	Intake & Output Sheets (I/O Sheets)
	✓	✓	Laboratory Reports
✓			Documentation from Transferring Facility (if applicable)
✓	✓	✓	Any other documents necessary to support request (e.g., pertinent consults, heart catheterization reports)

Comments: