

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:

- Preoperative Cardiogenic Shock *
 Preoperative Acute Renal Failure *

** Present between admission and surgery up to the induction of anesthesia; documentation should be for the preoperative 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)
 Special Request for Exclusion for Implantation of LVAD for Destination Therapy and Bridge-to-Transplant

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.*

Preoperative Cardiogenic Shock	Preoperative 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
✓	✓	✓*	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)

* Documents required for Implantation of LVAD for Destination Therapy and Bridge-to-Transplant requests.

Comments: