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
	✓		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
	✓		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: