Insights to Coding and Data Quality

FY 2015 inpatient prospective payment system grouper changes

by Nancy J. Cervi, RHIT

On August 1, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that will update fiscal year (FY) 2015 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS).

This article provides a summary of the MS-DRG grouper changes that take effect **October 1, 2014**.

Five additional MS-DRGs and three deleted MS-DRG are final for FY 2015. The total changed from 751 to 753 MSDRGs:

MDC 5

- New MS-DRG 266 (Endovascular Cardiac Valve Replacement with MCC)
- New MS-DRG 267 (Endovascular Cardiac Valve Replacement without MCC)

MDC 8

- New MS-DRG 518 (Back & Neck Procedures except Spinal Fusion with MCC or Disc Device/Neurostimulator)
- New MS-DRG 519 (Back & Neck Procedures except Spinal Fusion with CC)
- New MS-DRG 520 (Back & Neck Procedures except Spinal Fusion without CC/MCC)
- Combined MS-DRGs 483 and 484 (Major Joint & Limb Reattachment Procedure of Upper Extremity with CC/MCC and without CC/MCC, respectively) into a single MS-DRG by deleting MS-DRG 484 and *revising the title* of MS-DRG 483 to read "Major Joint/Limb Reattachment Procedure of Upper Extremities."

Deleted

- MS-DRGs 490 (Back & Neck Procedures except Spinal Fusion with CC/MCC or Disc Device/Neurostimulator)
- MS-DRG 491 (Back & Neck Procedures except Spinal Fusion without CC/MCC or Disc Device/Neurostimulator)

Major diagnostic category changes

MDC 5 (Diseases and Disorders of the Circulatory System)

CMS created two new MS-DRGs for endovascular cardiac valve replacements:

- MS-DRG 266 (Endovascular Cardiac Valve Replacement with MCC)
- MS-DRG 267 (Endovascular Cardiac Valve Replacement without MCC)

These are both post-acute care transfer DRGs and special pay DRGs.

Associated ICD-9-CM procedures for MS-DRGs 266 and 267 are:

- 35.05 Endovascular replacement of aortic valve
- 35.06 Transapical replacement of aortic valve
- 35.07 Endovascular replacement of pulmonary valve
- 35.08 Transapical replacement of pulmonary valve
- 35.09 Endovascular replacement of unspecified heart valve

MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue)
Shoulder replacement procedures

CMS combined MS-DRGs 483 (Major Joint/Limb Reattachment Procedure of Upper Extremities with CC/MCC) and 484 (Major Joint/Limb Reattachment Procedure of Upper Extremities without CC/MCC) into a single MS-DRG by deleting MS-DRG 484 and revising the title of MS-DRG 483 to read “Major Joint/Limb Reattachment Procedure of Upper Extremities,” ICD-9-CM code 81.88 (Reverse total shoulder replacement).

CMS will maintain the current MS-DRG assignments for revisions of upper joint replacement procedures in MS-DRGs 515, 516, and 517. ICD-9-CM code 81.97 [Revision of joint replacement of upper extremity].

Back and neck procedures
CMS created three new MS-DRGs and deleted MS-DRGs 490 and 491 effective as of October 1, 2014:

- MS-DRG 518 (Back & Neck Procedures except Spinal Fusion with MCC or Disc Device/Neurostimulator)
- MS-DRG 519 (Back & Neck Procedures except Spinal Fusion with CC)
- MS-DRG 520 (Back & Neck Procedures except Spinal Fusion without CC/MCC)

These are all post-acute care transfer DRGs and special pay DRGs.

MDC 15 (Newborns and Neonates with Conditions Originating in the Neonatal Period)

CMS reassigned diagnosis V codes to the “only secondary diagnosis list” under MS– DRG 795 so that the case would be assigned to MS-DRG 795 instead of MS-DRG 794.

- V17.0 (Family history of psychiatric condition)
- V17.2 (Family history of other neurological Diseases)
- V17.49 (Family history of other cardiovascular diseases)
- V18.0 (Family history of diabetes mellitus)
- V18.19 (Family history of other endocrine and metabolic diseases)
- V18.8 (Family history of infectious and parasitic diseases)
- V50.3 (Ear piercing)

Medicare Code Editor

Non-covered procedure
Removed extracranial-intracranial (EC-IC) bypass surgery from the “Non-covered Procedure” edit code list for Version 32.0 of the MCE. This procedure is identified by ICD- 9-CM procedure code 39.28 (Extracranial-intracranial (EC-IC) vascular bypass).

Surgical hierarchy

MDC 5
Sequence new MS-DRG 266 (Endovascular Cardiac Valve Replacement with MCC) and new MS-DRG 267 (Endovascular Cardiac Valve Replacement without MCC) above MS-DRG 222 (Cardiac Defibrillator Implant with Cardiac Catheterization with AMI/HF/ Shock with MCC).

MDC 8
Delete MS-DRGs 490 (Back & Neck Proce dures except Spinal Fusion with CC/MCC or Disc Device/Neurostimulator) and MS-DRG 491 (Back & Neck Procedures except Spinal Fusion without CC/MCC or Disc Device/ Neurostimulator) from the surgical hierarchy.

Sequence new MS-DRG 518 (Back & Neck Procedure except Spinal Fusion with MCC or Disc Device/Neurostimulator), new MS-DRG 519 (Back & Neck Procedure except Spinal Fusion with CC), and new MS-DRG 520 (Back & Neck Procedure except Spinal Fusion without CC/MCC) above MS-DRG 492 (Lower Extremity and Humerus Procedure except Hip, Foot, Femur with MCC).

Addition or removal of codes from CC Exclusion List
No revisions to the CC Exclusions List for FY 2015.

2015 ICD-9-CM code changes
Code Freeze: New, revised, invalid ICD-9- CM diagnosis and procedure codes and their MS-DRG assignment **are not published this year** (Tables 6A-6F).

MCC and CC code lists

- No additions or deletions to the MS-DRG MCC List for FY 2015
- No additions or deletions to the MS-DRG CC List for FY 2015

Use the same list for ICD-9-CM codes from the previous lists.

Hospital-acquired conditions and present on admission
There are no additions or deletions to HAC Grouper logic.

Transfer MS-DRGs

- New MS-DRGs 266, 267, 518, 519, and 520 are all Post-Acute DRGs and Special Pay DRGs.
- The deleted MS-DRG 484 is removed from the list.
- MS-DRG 280 is a Special Pay DRG.

Final for FY 2015
Post-Acute DRGs = 279, of which 36 are also Special Pay DRG, as referenced in the final FY 2015 Table 5 download.

New services and technology add-on payment

Newly Approved Add-on Payments for FY 2015

- **CardioMEMS™ HF (Heart Failure) System:** Cases involving the CardioMEMS™ HF Monitoring System are eligible for new technology add-on payments (ICD-9-CM procedure code **38.26** Insertion of implantable wireless pressure sensor for intracardiac or great vessel hemodynamic monitoring). The maximum payment per case is $8,875 for FY 2015.

- **MitraClip® System: T**he new technology add-on payments (ICD-9-CM procedure code 35.97). The maximum add-on payment for a case involving the MitraClip® System is $15,000 for FY 2015.

- **Responsive Neurostimulator (RNS®) System:** The RNS® System that is eligible for new technology add-on payments (ICD-9-CM procedure codes: 01.20 (Cranial implantation or replacement of neurostimulator pulse generator) in combination with 02.93 Implantation or replacement of intracranial neurostimulator lead(s)). The maximum add on payment for cases involving the RNS® System is $18,475 for FY 2015.

Continuing add-on payments for FY 2015

- **Glucarpidase (Trade Brand Voraxaze®):** Maximum new technology add-on payment for Voraxaze® is $45,000 per case. Cases of Voraxaze® ICD-9-CM procedure code 00.95 Injection or infusion of glucarpidase).

- **Zenith® Fenestrated Abdominal Aortic Aneurysm (AAA) Endovascular Graft:** Grafts that are eligible for new technology add-on payments (ICD-9-CM procedure code 39.78 Endovascular implantation of branching or fenestrated graft(s) in aorta). The maximum add-on payment for this technology is $8,171.50.

- **Kcentra™:** New 2014 ICD-9-CM procedure code 00.96 (Infusion of 4-Factor Prothrombrin Complex Concentrate) was created to uniquely identify Kcentra™. The maximum add-on payment for a case of Kcentra™ is $1,587.50.

- **Argus® II Retinal Prosthesis System:** New 2014 ICD-9-CM procedure code 14.81 Implantation of epiretinal visual prosthesis was created to uniquely identify the implant. The maximum add-on payment for a case involving the Argus®II System is $72,028.75.

- **Zilver® PTX® Drug Eluting Stent:** New technology add-on payments (ICD- 9-CM procedure code 00.60, Insertion of drug-eluting stent(s) in superficial femoral artery). The maximum add-on payment for a case of the Zilver® PTX® is $1,705.25.

Discontinuing add-on payments for FY 2015

- DIFICID™: Cases of DIFICID™ (ICD- 9-CM diagnosis code 008.45 Intestinal infection due to *Clostridium difficile*).

No New Applications were approved for FY 2015

There are some major changes in the rules that affect the DRG payment calculation. Payment for hospitals will be directly impacted by whether they participate in submitting quality data and are meaningful Electronic Health Record (EHC) users. Be sure to read the complete final rule referenced below for this and other important changes and updates for 2015.

______

References

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page-Items/FY2015-Final-Rule-Regulations.html?DLPage=1&DLSort=0&DLSortDir=ascending

http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-08-04.html

______

Nancy J. Cervi, RHIT, AHIMA Approved ICD-10-CM/ PCS Trainer, member, CHIA Coding and Data Quality Committee, is the Senior Technical Business Analyst Health Care Division, Clinical Documentation, Nuance Communications, Inc., San Diego, California

Copyright © California Health Information Association, AHIMA Affiliate