FY 2012 Changes to Inpatient PPS for Acute Care Hospitals

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Medicare IPPS Changes FY 2012

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• Overview of Changes:
  – DCA -2.0% (rather than the proposed -3.15%)
  – New MS-DRG pair for autologous bone marrow transplant
  – New MS-DRG triplet for excisional debridement
  – Changes to relative weights of approximately 30 MS-DRGs
  – No change to “unrelated” MS-DRGs
  – Changes to the MCC and CC Lists
  – Fewer add-on payments for new services & technologies
  – Many more new ICD-9-CM codes than expected
Facilities Excluded From IPPS

- Inpatient rehab hospitals and units (IRF’s)
- Long Term Care Hospitals (LTCH’s)
- Inpatient psychiatric hospitals and units (IPF’s)
- Cancer Hospitals
- Children’s Hospitals
- Religious Non-medical Healthcare Institutions (RNHCI’s)
- Critical Access Hospitals (CAH’s)
MS-DRG Classification Changes

• Adjustments are made annually to reflect changes in treatment patterns, technology and any other factors that may change the relative use of hospital resources.

• For FY 2012, MS-DRG analysis is based on data from the March 2011 update of the FY 2010 MedPAR file (for discharges through 9/30/10).

• FY 2012, 751 MS-DRGs in 25 MDCs
• – Four new MS-DRGs
DCA for FY12

Section 7 of Public Law 110-90, requires CMS to adjust for changes in “coding and classification” that do not reflect real changes in case-mix.

-2.0% Documentation and Coding Adjustment will be implemented.
Hospital-Acquired Conditions Including Infections

FY 2009 IPPS final rule payment policy states

1) Pay the CC/MCC MS-DRGs for those HACs coded with “Y” and “W” indicators

2) Not pay the CC/MCC MS-DRGs for those HACs coded with “N” and “U” indicators
Hospital-Acquired Conditions Including Infections

Foreign Object retained after surgery
Air Embolism
Blood Incompatibility
Pressure Ulcer Stages III & IV
Falls & Trauma
Catheter-associated Urinary Tract Infection
Vascular Catheter-associated Infection
Manifestations of Poor Glycemic Control
Surgical Site Infections
  Mediastinitis following CABG
  Certain Orthopedic Surgeries
  Bariatric Surgery for Obesity
  DVT/PE Following Total Knee Replacement or Hip Replacement
HAC/ POA Changes

- Proposed new HAC category for contrast induced acute kidney injury not adopted
- Added 5 new codes to 3 existing HACs: 808.44, 808.55, 539.01, 539.81, 415.13
- Revised HAC subcategory title “electric shock” to “other injuries”
- No changes to POA indicators
FY12 MS-DRG Updates
<table>
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<tr>
<th>FY11 MS-DRGs Changed for FY12</th>
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<td>• 015  • 218  • 576</td>
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Pre-Major Diagnostic Categories (Pre-MDCs)

Not changed:
• Noninvasive mechanical ventilation (NIV)
• Debridement with mechanical ventilation over 96 hours with major OR procedure

Changed for FY12:
• Autologous bone marrow transplant
Pre-MDC

Autologous Bone Marrow Transplant

• Invalid: MS-DRG 015 - Autologous bone marrow transplant (included cases with 41.00, 41.01, 41.04, 41.07, 41.09)

• New: MS-DRG 016 – Autologous bone marrow transplant with CC/MCC

• New: MS-DRG 017– Autologous bone marrow transplant without CC/MCC
Dual Array Deep Brain Stimulation

• Codes 02.93 and 86.98 moved to:
  • **MS-DRG 023** — Craniotomy with major device implant/acute complex CNS PDX with MCC or chemo implant
  • **MS-DRG 024** — Craniotomy with major device implant/acute complex CNS PDX without MCC
Repair of Thoracic Aortic Defect

• Codes 38.45 and 39.73 removed from MS-DRGs 237 – 238

• Assigned to MS-DRGs:
  – 216 - 218 (Cardiac valve & other major cardiothoracic procedure with cardiac cath with MCC, with CC, without CC/MCC, respectively)
  – 219 - 221 (Cardiac valve & other major cardiothoracic procedure without cardiac cath with MCC, with CC, without CC/MCC, respectively)
MS-DRGs for Skin Debridement

- New: MS-DRG 570 – Skin debridement with MCC
- New: MS-DRG 571 – Skin debridement with CC
- New: MS-DRG 572 – Skin debridement without CC/MCC
- Revised MS-DRGs 573- 575 (Skin graft for skin ulcer or cellulitis with MCC, with CC, without CC/MCC respectively)
- Revised MS-DRGs 576- 578 (Skin graft except for skin ulcer or cellulitis with MCC, with CC, without CC/MCC respectively)
Partial Gastrectomy

Codes 43.82 and 43.89 added to:
• MS-DRG 619 (OR procedure for obesity with MCC)
• MS-DRG 620 (OR procedure for obesity with CC)
• MS-DRG 621 (OR procedure for obesity without CC/MCC)
Unrelated MS-DRG s

There are no coding changes in these “unrelated” DRGs.

- MS DRG 981 Extensive OR Procedure Unrelated to PDX with MCC
- MS DRG 982 Extensive OR Procedure Unrelated to PDX with CC
- MS DRG 983 Extensive OR Procedure Unrelated to PDX without MCC or CC

- MS DRG 984 Prostatic OR Procedure Unrelated to PDX with MCC
- MS DRG 985 Prostatic OR Procedure Unrelated to PDX with CC
- MS DRG 986 Prostatic OR Procedure Unrelated to PDX without MCC or CC

- MS DRG 987 Non-extensive OR Procedure Unrelated to PDX w MCC
- MS DRG 988 Non-extensive OR Procedure Unrelated to PDX w CC
- MS DRG 989 Non-extensive OR Procedure Unrelated to PDX without MCC or CC
MCC /CC List Updates

- 22 Additions to the MCC List (Table 6I)
- 2 Deletions to the MCC List (Table 6J)
- 44 Additions to the CC List (Table 6G)
- 10 Deletions to the CC List (Table 6H)

Revisions to MCC/CC lists:
http://www.cms.hhs.gov/AcuteInpatientPPS
Select “FY2012 IPPS Final Rule Home Page” on left
Select “FY 2012 Final Rule Tables” from download list
MCC /CC List Updates

- Pressure ulcer stage III or IV is a MCC with a principal diagnosis for the ulcer site
- CC exclusion for ESRD
- Pancytopenia on the MCC list
- New code for brain death is a MCC
- New code for dementia with behavioral disturbance is a CC
New Technologies Add-on Payments

• Two add-on payments discontinued:
  – Spiration® IBV® valve system
  – CardioWest™ Temporary Total Artificial Heart System (CardioWest™ TAH-t)

• One add-on payment continued:
  – Auto Laser Interstitial Thermal Therapy (AutoLITT™) System

• Two applications NOT approved:
  – Axia LIF2L+System
  – Perfect CLEAN with Micrillon
FY 2012
ICD-9-CM
DIAGNOSIS
and
PROCEDURE
CODE
CHANGES
Code Set Freeze

- Oct 1, 2011: Last regular update to ICD-9-CM and ICD-10-CM/PCS
- Oct 1, 2012: limited code updates to both to capture new technology/diseases
- Oct 1, 2013: no updates to ICD9CM; limited code updates to ICD10CM/PCS to capture new technology/diseases
ICD-9-CM Diagnosis Code Changes

Summary

• 162 new diagnosis codes (table 6A)
• 33 invalid diagnosis codes (table 6C)
• 41 diagnosis code descriptions revised (table 6E)
Subdivision of E.Coli

- Created unique code for E. Coli O157:H7
- New codes:
  - 041.41 (Shiga toxin-producing E. Coli O157)
  - 041.42 (other spec STEC)
  - 041.43 (STEC unspecified)
  - 041.49 (unspecified E. Coli)
- Code 041.4 invalid for FY12
Malignant Neoplasm of Skin

• Added Fifth digits to malignant neoplasm of skin subcategories 173.0-173.9:
  • Unspecified (0)
  • Basal cell (1)
  • Squamous cell (2)
  • Other specified (9)

• 40 new five digit codes
• 10 invalid four digit codes
Thalassemias

Codes added to subcategory 282.4:
• 282.40 Thalassemia, unspecified
• 282.43 Sickle-cell thalassemia w/o crisis
• 282.44 Beta thalassemia
• 282.45 Delta-beta thalassemia
• 282.46 Thalassemia minor
• 282.47 Hemoglobin E-beta thalassemia
Pancytopenia

- Pancytopenia expanded to 5\textsuperscript{th} digits:
  - 284.11 Antineoplastic chemo induced (MCC)
  - 284.19 Other drug induced (MCC)
  - 284.19 Other pancytopenia (CC)
- Code 284.1 no longer valid
Hemorrhagic Disorders

• Expansion of subcategory 286.5 to specify hemorrhagic disorders with differing physiology
  – 286.52 Acquired hemophilia (CC)
  – 286.53 Antiphospholipid antibody with hemorrhagic disorder (CC)
  – 286.59 Other hemorrhagic disorder…. (CC)

• Code 286.5 no longer valid
Dementia w/ Behavioral Disturbance

- 294.20 Dementia, unspecified, without behavioral disturbance
- 294.21 Dementia, unspecified, with behavioral disturbance (CC)
- Previously no way to code the behavioral disturbance if dementia was unspecified type
Mental Health and Nervous System Changes

- 310.81 Pseudobulbar affect (PBA)
- Terminology: mental retardation changed to “intellectual disabilities”
- 331.6 Corticobasal degeneration (CBD)
- Migraine (category 346) 5th digit clarified for with/without mention of refractory migraine
Brain and Myoneural Disorders

- 348.82 Brain death (MCC)
  - “flat EEG” remains indexed to code 348.89
- Lambert-Eaton myasthenic syndrome (LEMS)
  - 358.30… NOS (CC)
  - 358.31… in neoplastic disease (CC)
  - 358.39… in other diseases classified elsewhere (CC)
Glaucoma and VMA

- New codes for borderline glaucoma (suspect) 365.05, 365.06
- New Subcategory 365.7 Glaucoma stage
  - 5th digit reflects stage as unspecified, mild, moderate, severe, or indeterminate
  - Code first associated type of glaucoma (from category 365)
- 379.27 Vitreomacular adhesion (VMA)
Calcified Coronary Lesions & Saddle Embolus

- 414.4 Coronary atherosclerosis due to calcified coronary lesion
- Saddle embolus:
  - 415.13 Saddle embolus of pulmonary (MCC)
  - 444.01 Saddle embolus of abd aorta (MCC)
  - 444.09 Other arterial embolism and thrombosis of abdominal aorta (CC)
  - Code 444.0 becomes invalid for FY12
Hypertrophic Cardiomyopathy

- New codes:
  - 425.11 Hypertrophic obstructive cardiomyopathy
  - 425.18 Hypertrophic cardiomyopathy
- Non-obstructive type reclassified from 425.4 to the new 425.18 (per includes note)
- 425.1 invalid without 5th digit
Influenza & Smoke Inhalation

- Novel influenza:
  - 488.81… with pneumonia (MCC)
  - 488.82… with other resp manifestations
  - 488.89… with other manifestations
- 508.2 Respiratory condition due to smoke inhalation
Pneumothorax and Air Leak

• New codes (all are CCs)
  – 512.2 Postoperative air leak
  – 512.81 Primary spontaneous pneumothorax
  – 512.82 Secondary spontaneous pneumothorax
  – 512.83 Chronic pneumothorax
  – 512.84 Other air leak
  – 512.89 Other pneumothorax

• 512.8 no longer valid without 5th digits
Interstitial Lung Diseases

• New Codes
  – 516.30-516.37 Idiopathic interstitial pneumonias
  – 516.4 Lymphangioleiomyomatosis (MCC)
  – 516.5 Adult pulmonary Langerhans (PLCH) (CC)
  – 516.61-516.69 Interstitial lung diseases of childhood (MCCs)
• 516.3 no longer valid without a 5th digit
Postoperative Resp Failure

• New Codes
  – 518.51 ARF following trauma/surg (MCC)
  – 518.52 other pulm insuff NEC, following trauma/surg (MCC)
  – 518.53 acute and chronic resp failure following trauma/surg (MCC)

• 518.5 no longer valid without 5th digits
Complications of Weight Loss Procedures

- 539.01 Infection due to gastric band procedure (CC)
- 539.09 Other complications of gastric band procedure (CC)
- 539.81 Infection due to other bariatric procedure (CC)
- 539.89 Other complications of other bariatric procedure (CC)
HPS & Cystostomy Complications

• 573.5 Hepatopulmonary syndrome (HPS)
• Cystostomy complications
  – 596.81-596.83 infection, mechanical, or other complication (CC)
  – 596.8 no longer valid without 5th digits
• New: 596.89 other specified disorders of bladder
Vaginal Mesh Erosion/ Exposure

• 629.31 Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue
• 629.32 Exposure of implanted vaginal mesh and other prosthetic materials into vagina
Chemical Pregnancy
Elective C-sections

- 631.0 Inappropriate change in quantitative hCG in early pregnancy (Biochemical pregnancy, chemical pregnancy)
  - Code 631 will be invalid without 4th digit
- Elective C-sections prior to 39 weeks
  649.81, 649.82
Skin & Musculoskeletal System

- 704.41 Pilar cysts
- 704.42 Trichilemmal cysts
- 726.13 Partial tear of rotator cuff
Congenital Anomalies, Other Signs and Symptoms

• Anomalies of pulmonary artery
  – New codes: 747.31, 747.32, 747.39
  – All MCCs
  – Code 747.3 invalid without 5th digits

• 793.11 Solitary pulmonary nodules (SPN)

• 795.51-795.52 Positive TB test
Multiple Pelvic Fractures

- 808.44, Multiple closed pelvic fractures without disruption of pelvic circle (CC)
- 808.54 Multiple open pelvic fractures without disruption of pelvic circle (MCC)
- “Pelvic circle” synonymous with “pelvic ring”
Postprocedural Complications

- 996.88 Complication of transplanted organ; stem cell (CC)
- 997.32 Postprocedural aspiration pneumonia (CC)
Postprocedural Complications

- 997.41 Retained cholelithiasis following cholecystectomy (CC)
  - 997.4 invalid without 5th digits
  - use 997.49 for other dig sys complications (CC)

- New codes for Postoperative shock:
  - 998.00...unspecified (CC)
  - 998.01...cardiogenic (MCC)
  - 998.02...septic (MCC) – not first listed
  - 998.09...other (MCC)
Postprocedural Complications

- Central venous catheter complications
  - 999.31 revised- other and unspecified
  - 999.32 blood stream infection (CC)
  - 999.33 local infection (CC)
- 999.34 Acute infection following transfusion, infusion, or injection of blood (CC)
Postprocedural Complications

- Anaphylactic reaction due to:
  - 999.41…administration of blood (CC)
  - 999.42… vaccination (CC)
  - 999.49… other serum (CC)

- Other serum reaction due to:
  - 999.51…administration of blood (CC)
  - 999.52… vaccination (CC)
  - 999.59… other serum (CC)
V Codes

• Personal history of disease:
  – V12.21 gestational diabetes
  – V12.55 pulmonary embolism
  – V13.81 anaphylaxis

• V19.11 Family history of glaucoma

• V23.42 Pregnancy with history of ectopic pregnancy

• V23.87 Pregnancy with inconclusive fetal viability
V Codes

• V40.31 Wandering in diseases classified elsewhere (code first underlying disorder)
• V54.82 Aftercare following explantation of joint prosthesis
• Acquired absence of:
  – V88.21 hip joint
  – V88.23 knee joint
  – V88.29 other joint
V Codes

- V58.68 Long term (current) use of bisphosphonates
- V87.02 Contact with and (suspected) exposure to uranium
ICD-9-CM Procedure Code Changes

Summary

• 19 new procedure codes (Table 6B)

• 1 invalid procedure codes (Table 6D)

• 23 procedure code descriptions revised (Table 6F)
Ventriculostomy

- 02.21 Insertion or replacement of external ventricular drainage (EVD)
- 02.22 Intracranial ventricular shunt or anastomosis
Aqueous Drainage

• 12.67 Insertion of aqueous drainage device
  – Insertion of glaucoma drainage devices
  – Example: Ex-PRESS Miniature (Mini) Glaucoma Shunt

• Performed to treat glaucoma

• Minimally invasive, local/topical anesthesia
Atherectomies

• 17.53 percutaneous of extracranial vessel
• 17.54 percutaneous of intracranial vessel
• 17.55 transluminal coronary atherectomy
• 17.56 of other non-coronary vessel(s)
• Code also infusion of TPA, stent insertion, number of vessels treated,
• Excludes angioplasty, PTCA (code also)
New Devices, New Approach

• 17.81 Insertion of antimicrobial envelope

• Transcatheter heart valve replacement:
  – 5 new codes, 35.05 – 35.09
  – Endovascular or transapical approach
  – Aortic, pulmonary, or unspecified valve

• 38.26 Insertion of implantable pressure sensor w/o lead for intracardiac or great vessel hemodynamic monitoring
New Procedure Codes

• Endovascular occlusion of vessels:
  – 39.77 endovascular balloon catheter
  – 39.78 endovascular implantation or branching or fenestrated grafts in the aorta
• 43.82 Laparoscopic sleeve gastrectomy
• Uterine artery embolization (UAE)
  – 68.24… UAE with coils
  – 68.25… UAE without coils
CMS Websites of Interest:

FY12 IPPS Final Rule:

The CMS website for FY 2012 IPPS files:
https://www.cms.gov/AcuteInpatientPPS/FR2012/1

The CMS website for Transmittals:
http://www.cms.hhs.gov/Transmittals/
Thank you for your participation!

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