NEW ISSUES

Issue Name	Chest Pain MS-DRG 313 (Medical Necessity Review and MS-DRG Validation)
Number	B001692010
Description	Medicare only pays for inpatient hospital services that are medically necessary for the setting billed and that are coded correctly. Medical documentation will be reviewed to determine that the services were medically necessary and were billed correctly.
Claim Type	Inpatient
Issue Type	Complex
Over / Underpayment	Overpayment / Underpayment
Dates of Service	10/01/2007 – Open
States	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin
Policy Related Links	Hospital Payment Monitoring Program (HPMP) One-Day Stay Special Study http://www.hce.org/Events/Driving_Toward_Strategic_Integration_11-8-2007/3.Medicare%20Integrity/HPMP-IN-One-day-Study-Final-Results-11-07.pdf CMS's The Hospital Manual, Publication 10, §413.3 http://www.cms.gov/Manuals/PBM/list.asp 42CFR456.121 http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi Reducing Admission Denials Through the Promotion of Hospital Observation Status https://www.stratishealth.org/documents/UnnecRiskAdmisstion_082107.pdf April 2007 PEPPER Updates http://www.masspro.org/REPS/MECA/HPMP/docs/educationtraining/Apri;%202007%20Pepper%20Updates.pdf Analysis of errors identified http://oig.hhs.gov/oas/reports/region1/11001000.pdf Short Hospitalization Stays http://oig.hhs.gov/oei/reports/oai-05-88-00730.pdf Review of Healthcare Financing Administration http://oig.hhs.gov/oas/reports/region3/30000007.pdf
Date Approved	8/6/10

NEW ISSUE

Issue Name	Other Circulatory System Diagnoses w MCC MS-DRG 314, 315, 316 (Medical Necessity Review and MS-DRG Validation)
Number	Requested
Description	Medicare only pays for inpatient hospital services that are medically necessary for the setting billed and that are coded correctly. Medical documentation will be reviewed to determine that the services were medically necessary and were billed correctly.
Claim Type	Inpatient
Issue Type	Complex
Over / Underpayment	Overpayment / Underpayment
Dates of Service	10/01/2007 – Open
States	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin
Policy Related Links	ICD-9-CM Coding Manual (for dates of service on claim) ICD-9-CM Addendums and coding clinics Present on Admission Indicator Systems Implementation www.cms.hhs.gov/transmittals/downloads/R289OTN.pdf PIM Ch 6.5.3, Section A – C - DRG Validation Review www.cms.hhs.gov/manuals/Downloads/pim83c06.pdf Analysis of errors identified http://oig.hhs.gov/oas/reports/region1/11001000.pdf Short Hospitalization Stays http://oig.hhs.gov/oei/reports/oai-05-88-00730.pdf Review of Healthcare Financing Administration http://oig.hhs.gov/oas/reports/region3/30000007.pdf
Date Approved	8/6/10

NEW ISSUE

Issue Name	Other Vascular Procedures w CC, w/o CC/MCC MS-DRG 253, 254 (Medical Necessity Review and MS-DRG Validation)
Number	Requested
Description	Medicare only pays for inpatient hospital services that are medically necessary for the setting billed and that are coded correctly. Medical documentation will be reviewed to determine that the services were medically necessary and were billed correctly.
Claim Type	Inpatient
Issue Type	Complex
Over / Underpayment	Overpayment / Underpayment
Dates of Service	10/01/2007 – Open
States	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin
Policy Related Links	ICD-9-CM Coding Manual (for dates of service on claim) ICD-9-CM Addendums and coding clinics Present on Admission Indicator Systems Implementation www.cms.hhs.gov/transmittals/downloads/R289OTN.pdf PIM Ch 6.5.3, Section A – C - DRG Validation Review www.cms.hhs.gov/manuals/Downloads/pim83c06.pdf Analysis of errors identified http://oig.hhs.gov/oas/reports/region1/11001000.pdf Short Hospitalization Stays http://oig.hhs.gov/oei/reports/oai-05-88-00730.pdf Review of Healthcare Financing Administration http://oig.hhs.gov/oas/reports/region3/30000007.pdf
Date Approved	8/6/10

NEW ISSUE

Issue Name	Syncope & Collapse MS-DRG 312 (Medical Necessity Review and MS-DRG Validation)
Number	B001622010
Description	Medicare only pays for inpatient hospital services that are medically necessary for the setting billed and that are coded correctly. Medical documentation will be reviewed to determine that the services were medically necessary and were billed correctly.
Claim Type	Inpatient
Issue Type	Complex
Over / Underpayment	Overpayment / Underpayment
Dates of Service	10/01/2007 – Open
States	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin
Policy Related Links	ICD-9-CM Coding Manual (for dates of service on claim) ICD-9-CM Addendums and coding clinics Present on Admission Indicator Systems Implementation www.cms.hhs.gov/transmittals/downloads/R289OTN.pdf PIM Ch 6.5.3, Section A – C - DRG Validation Review www.cms.hhs.gov/manuals/Downloads/pim83c06.pdf Analysis of errors identified http://oig.hhs.gov/oas/reports/region1/11001000.pdf Short Hospitalization Stays http://oig.hhs.gov/oei/reports/oai-05-88-00730.pdf Review of Healthcare Financing Administration http://oig.hhs.gov/oas/reports/region3/30000007.pdf
Date Approved	8/6/10

NEW ISSUE

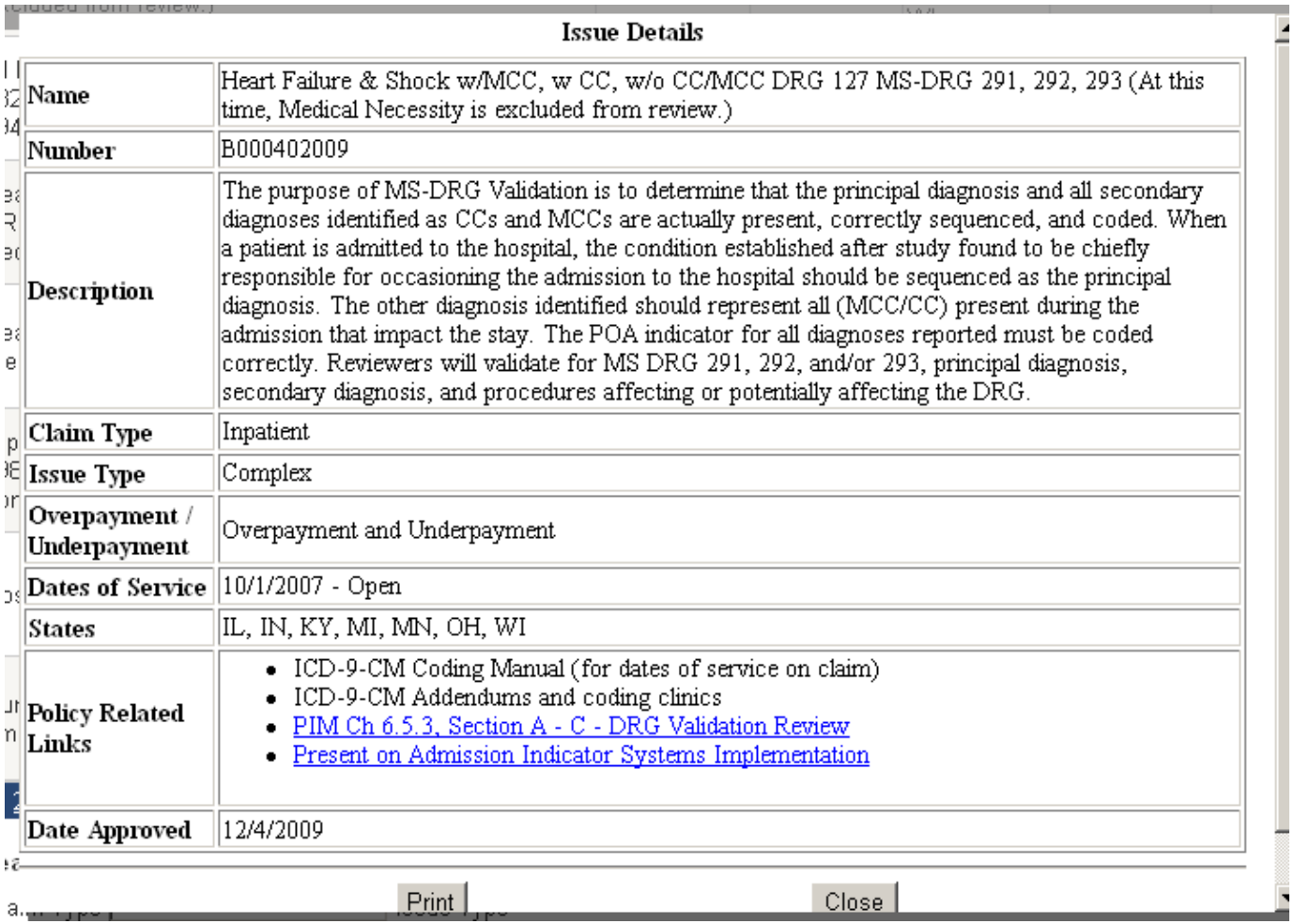
Issue Name	Red Blood Cell Disorders w MCC MS-DRG 811 (Medical Necessity Review and MS-DRG Validation)
Number	Requested
Description	Medicare only pays for inpatient hospital services that are medically necessary for the setting billed and that are coded correctly. Medical documentation will be reviewed to determine that the services were medically necessary and were billed correctly.
Claim Type	Inpatient
Issue Type	Complex
Over / Underpayment	Overpayment / Underpayment
Dates of Service	10/01/2007 – Open
States	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin
Policy Related Links	ICD-9-CM Coding Manual (for dates of service on claim) ICD-9-CM Addendums and coding clinics Present on Admission Indicator Systems Implementation www.cms.hhs.gov/transmittals/downloads/R289OTN.pdf PIM Ch 6.5.3, Section A – C - DRG Validation Review www.cms.hhs.gov/manuals/Downloads/pim83c06.pdf Analysis of errors identified http://oig.hhs.gov/oas/reports/region1/11001000.pdf Short Hospitalization Stays http://oig.hhs.gov/oei/reports/oai-05-88-00730.pdf Review of Healthcare Financing Administration http://oig.hhs.gov/oas/reports/region3/30000007.pdf
Date Approved	8/6/10

NEW ISSUE

Issue Name	Atherosclerosis w MCC MS-DRG 302 (Medical Necessity Review and MS-DRG Validation)
Number	Requested
Description	Medicare only pays for inpatient hospital services that are medically necessary for the setting billed and that are coded correctly. Medical documentation will be reviewed to determine that the services were medically necessary and were billed correctly.
Claim Type	Inpatient
Issue Type	Complex
Over / Underpayment	Overpayment / Underpayment
Dates of Service	10/01/2007 – Open
States	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin
Policy Related Links	ICD-9-CM Coding Manual (for dates of service on claim) ICD-9-CM Addendums and coding clinics Present on Admission Indicator Systems Implementation www.cms.hhs.gov/transmittals/downloads/R289OTN.pdf PIM Ch 6.5.3, Section A – C - DRG Validation Review www.cms.hhs.gov/manuals/Downloads/pim83c06.pdf Analysis of errors identified http://oig.hhs.gov/oas/reports/region1/11001000.pdf Short Hospitalization Stays http://oig.hhs.gov/oei/reports/oai-05-88-00730.pdf Review of Healthcare Financing Administration http://oig.hhs.gov/oas/reports/region3/30000007.pdf
Date Approved	8/6/10

Existing Issues – Change to Issue Name

NEW NAME:
Heart Failure & Shock w/MCC, w CC and w/o CC/MCC DRG 127 MS-DRG 291, 292, 293 (Medical Necessity Review and MS-DRG Validation)



Issue Details

Name	Heart Failure & Shock w/MCC, w CC, w/o CC/MCC DRG 127 MS-DRG 291, 292, 293 (At this time, Medical Necessity is excluded from review.)
Number	B000402009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 291, 292, and/or 293, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation
Date Approved	12/4/2009

Print Close

NEW NAME:

Esophagitis, Gastroenteritis & Misc Digestive Disorders w/MCC DRG 182 M-SDRG 391 (Medical Necessity Review and MS-DRG Validation)

Issue Details

Name	Esophagitis gastroenteritis and misc digest disorder w/MCC DRG 182 MSDRG 391 (At this time, Medical Necessity is excluded from review.)
Number	B000482009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 391, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation
Date Approved	12/4/2009

Print Close

NEW NAME:
Musculoskeletal Disorders 539, 540, 541, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 564, 565 and 566 (Medical Necessity Excluded except for MS-DRG 551 and 552)

Issue Details

Name	Musculoskeletal Disorders 539, 540, 541, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 564, 565 and 566 (Medical Necessity Excluded)
Number	B001282010
Description	MS-DRG validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded on the hospital claim, matches both the attending physician description and the information contained in the medical record. Reviewers will validate MS-DRGs 539, 540, 541, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 564, 565 and 566 for diagnoses and procedures affecting the MS-DRG assignment.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A – C - DRG Validation Review • Present on Admission Indicator Systems Implementation • OIG - Monitoring the Accuracy of Hospital Coding (OEI-01-98-00420; 1/99)
Date Approved	6/17/2010

Print Close

NEW NAME:

Chronic Obstructive Pulmonary Disease DRG 88 MS-DRG 190, 191 (Medical Necessity Review and MS-DRG Validation)

Issue Details

Name	Chronic Obstructive Pulmonary Disease DRG 88 MSDRG 190, 191 (At this time, Medical Necessity is excluded from review.)
Number	B000372009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 190 and/or 191, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3 Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation
Date Approved	12/4/2009

Print Close

NEW NAME:
Respiratory 175, 176, 180, 181, 182, 183, 184, 185, 186, 187, 188, 192, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206 (Medical Necessity Excluded except for MS-DRG 192)

Issue Details

Name	Respiratory 175, 176, 180, 181, 182, 183, 184, 185, 186, 187, 188, 192, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206 (Medical Necessity Excluded)
Number	B001232010
Description	MS-DRG validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded on the hospital claim, matches both the attending physician description and the information contained in the medical record. Reviewers will validate MS-DRGs 175, 176, 180, 181, 182, 183, 184, 185, 186, 187, 188, 192, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205 and 206 for diagnoses and procedures affecting the MS-DRG assignment.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A – C - DRG Validation Review • Present on Admission Indicator Systems Implementation • OIG - Monitoring the Accuracy of Hospital Coding (OEI-01-98-00420; 1/99)
Date Approved	6/10/2010

Print Close

NEW NAME:
Nutritional and Metabolic Disorders DRG 296 MS-DRG 640 (Medical Necessity Review and MS-DRG Validation)

Issue Details

Name	Nutritional & Metabolic Disorders w/MCC DRG 296, MS-DRG 640 (At this time, Medical Necessity is excluded from review.)
Number	B000492009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 640, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation • OIG Report DRG 296: Nutritional and Miscellaneous Metabolic Disorders, April 1999 (1) • OIG Report DRG 296: Nutritional and Miscellaneous Metabolic Disorders, April 1999 (2)
Date Approved	12/4/2009

NEW NAME:
Kidney & Urinary Tract Infections w/MCC DRG 320 MS-DRG 689 (Medical Necessity Review and MS-DRG Validation)

Issue Details

Name	Kidney & Urinary Tract Infections w/MCC DRG 320, MS-DRG 689 (At this time, Medical Necessity is excluded from review.)
Number	B000472009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 689, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation
Date Approved	12/4/2009

Print Close

NEW NAME:
GI Disorders 368, 369, 370, 374, 375, 376, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 392, 393, 394 and 395 (Medical Necessity Excluded except for MS-DRG 393)

Issue Details

Name	GI Disorders 368, 369, 370, 374, 375, 376, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 392, 393, 394 and 395. (Medical Necessity Excluded)
Number	B001582010
Description	MS-DRG validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded on the hospital claim, matches both the attending physician description and the information contained in the medical record. Reviewers will validate MS-DRGs 368, 369, 370, 374, 375, 376, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 392, 393, 394 and 395 for diagnoses and procedures affecting the MS-DRG assignment.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A – C - DRG Validation Review • Present on Admission Indicator Systems Implementation • OIG - Monitoring the Accuracy of Hospital Coding (OEI-01-98-00420; 1/99)
Date Approved	7/19/2010

Print Close

NEW NAME:

Percutaneous Cardiovascular Procedures MS-DRG 247, 249, 251 (Medical Necessity Excluded except for MS-DRG 249)

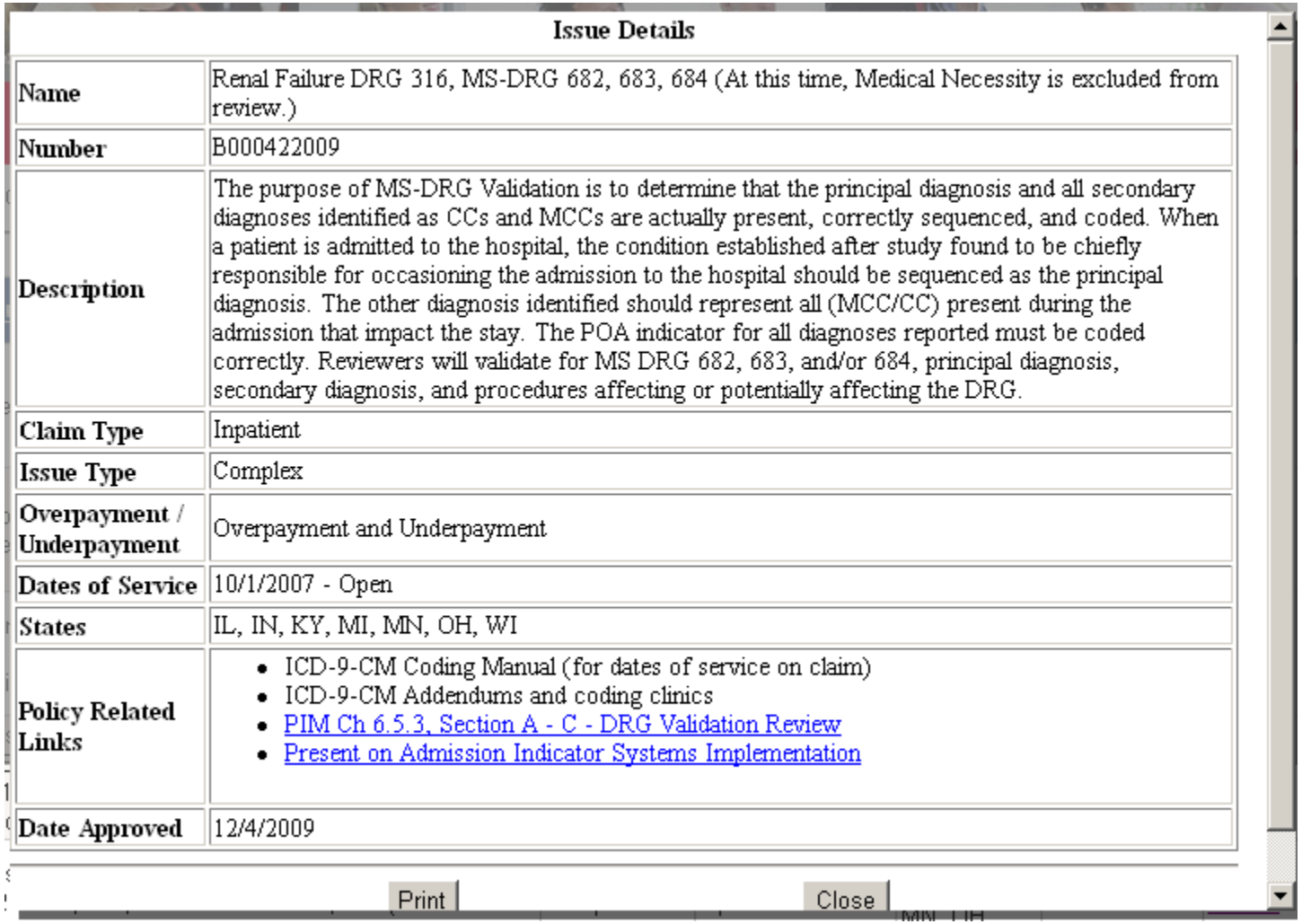
Issue Details

Name	Percutaneous Cardiovascular Procedures MS-DRGs 247, 249, 251 (At this time, Medical Necessity is excluded from review)
Number	B001302010
Description	MS-DRG validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded on the hospital claim, matches both the attending physician description and the information contained in the medical record. Reviewers will validate MS-DRGs 247, 249 and 251 for diagnoses and procedures affecting the MS-DRG assignment
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A – C - DRG Validation Review • Present on Admission Indicator Systems Implementation • OIG - Monitoring the Accuracy of Hospital Coding (OEI-01-98-00420; 1/99)
Date Approved	6/10/2010

Print Close

NEW NAME:

Renal Failure DRG 316 MS-DRG 682, 683, 684 (Medical Necessity Review and MS-DRG Validation)



Issue Details

Name	Renal Failure DRG 316, MS-DRG 682, 683, 684 (At this time, Medical Necessity is excluded from review.)
Number	B000422009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 682, 683, and/or 684, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation
Date Approved	12/4/2009

Print Close

NEW NAME:
Nervous System Disorders MS-DRG 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 067, 068, 069, 070, 071, 072, 073, 074, 077, 078, 079, 080, 081, 082, 083, 084, 085, 086, 088, 089, 090, 091, 092, 093, 097, 098, 099, 101, 102 (Medical Necessity Excluded except for MS-DRG 056, 057 and 069)

Issue Details

Name	Nervous System Disorders MS-DRG 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 067, 068, 069, 070, 071, 072, 073, 074, 077, 078, 079, 080, 081, 082, 083, 084, 085, 086, 088, 089, 090, 091, 092, 093, 097, 098, 099, 101 and 102 (Medical Necessity Excluded)
Number	B001212010
Description	MS-DRG validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded on the hospital claim, matches both the attending physician description and the information contained in the medical record. Reviewers will validate MS-DRGs 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 067, 068, 069, 070, 071, 072, 073, 074, 077, 078, 079, 080, 081, 082, 083, 084, 085, 086, 088, 089, 090, 091, 092, 093, 097, 098, 099, 101 and 102 for diagnoses and procedures affecting the MS-DRG assignment.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A – C - DRG Validation Review • Present on Admission Indicator Systems Implementation • OIG - Monitoring the Accuracy of Hospital Coding (OEI-01-98-00420; 1/99)
Date Approved	6/10/2010

Print Close

NEW NAME:
Cardiac Arrhythmia & Conduction Disorders w/MCC or w/CC DRG 138, MS-DRG 308, 309 (Medical Necessity Excluded except for MS-DRG 308)

Issue Details

Name	Cardiac arrhythmia & conduction disorders w MCC or w CC DRG 138, MSDRG 308, 309 (At this time, Medical Necessity is excluded from review.)
Number	B000382009
Description	The purpose of MS-DRG Validation is to determine that the principal diagnosis and all secondary diagnoses identified as CCs and MCCs are actually present, correctly sequenced, and coded. When a patient is admitted to the hospital, the condition established after study found to be chiefly responsible for occasioning the admission to the hospital should be sequenced as the principal diagnosis. The other diagnosis identified should represent all (MCC/CC) present during the admission that impact the stay. The POA indicator for all diagnoses reported must be coded correctly. Reviewers will validate for MS DRG 308 and/or 309, principal diagnosis, secondary diagnosis, and procedures affecting or potentially affecting the DRG.
Claim Type	Inpatient
Issue Type	Complex
Overpayment / Underpayment	Overpayment and Underpayment
Dates of Service	10/1/2007 - Open
States	IL, IN, KY, MI, MN, OH, WI
Policy Related Links	• ICD-9-CM Coding Manual (for dates of service on claim) • ICD-9-CM Addendums and coding clinics • PIM Ch 6.5.3, Section A - C - DRG Validation Review • Present on Admission Indicator Systems Implementation
Date Approved	12/4/2009

Print Close