

FY 2009 DRG & ICD-9-CM CHANGES

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FY 2009 DRG CHANGES

- For FY 2009 CMS has added one new DRG for a total of 746 MS-DRGs.
- CMS has adjusted payment rates (-0.9%) to account for documentation and coding practice changes that do not reflect real changes in patient severity.
- In 2008 the rates were reduced (-0.6%) culminating in a total reduction of (-1.5%) for 2009.

FY 2009 DRG CHANGES

- 37.52 – Total Internal Biventricular Heart Replacement System - has been removed from MS-DRG 215 and assigned to DRG 001 Heart Transplant or Implant of Heart Assist System w MMC or DRG 002 Heart Transplant or Implant of Heart Assist System w/out MCC.

FY 2009 DRG CHANGES

- MDC 001
- CMS will evaluate DRGs 064, 065 & 066 for reassignment based on the new diagnosis code V45.88 S/P administration of tPA in a different facility within 24 hours prior to admission to current (receiving) facility.

FY 2009 DRG CHANGES

- MDC 005 - AICD Lead & Generator Procedures
- MS-DRG 245 Title Revision – AICD Generator Procedures – includes procedure codes 37.96, 37.98 & 00.54
 - MS-DRG 265 New DRG – AICD Lead Procedures – includes procedure codes 37.95, 37.97 & 00.52

FY 2009 DRG CHANGES

- MDC 5 PTCA DRGs – title revision for DRGs 250 & 251 – removed the reference to AMI
- MS-DRG 250 – Percutaneous Cardiovascular Procedure w/out Coronary Artery Stent w MCC
 - MS-DRG 251 – Percutaneous Cardiovascular Procedure w/out Coronary Artery Stent w/out MCC

FY 2009 DRG CHANGES

MDC 18 – CMS is revising the titles of MS DRGs 870, 871 & 872 to reflect severe sepsis:

- DRG 870 – Septicemia or Severe Sepsis w/ Mechanical Ventilation 96+ hours
- DRG 871 - Septicemia or Severe Sepsis w/out Mechanical Ventilation 96+ hours w/ MCC
- DRG 872 - Septicemia or Severe Sepsis w/out Mechanical Ventilation 96+ hours w/out MCC

FY 2009 DRG CHANGES

MDC 21 – Injuries, Poisoning & Toxic Effects of Drug

- CMS is adding Traumatic Compartment Syndrome (958.90 – 958.99) to MS-DRGs 963 & 965 in MDC 24 Multiple Significant Trauma.

FY 2009 DRG CHANGES

- FY 2009 applies the post-acute transfer policy to 273 MS-DRGs (37%)
- The time frame remains 3 days for HHS – the proposal for seven days was not adopted.

FY 2009 ICD-9-CM Changes

- 331 New diagnosis codes
- 60 New Procedure Codes

FY 2009 ICD-9-CM Changes

Staph Aureus Codes:

- Revised Code
038.11 – Methicillin Susceptible (sensitive) Staph Aureus septicemia
- New Code
038.12 – Methicillin Resistant Staph Aureus septicemia

FY 2009 ICD-9-CM Changes

Staph Aureus Codes:

- Revised Code
041.11 – Methicillin susceptible (sensitive) Staph aureus in conditions classified elsewhere & of unspecified site
- New Codes
041.12 - Methicillin resistant staph aureus
482.42 – Methicillin resistant pneumonia due to Staph aureus
V12.04 – Personal History of MRSA

FY 2009 ICD-9-CM Changes

199.2 Malignant Neoplasm Associated With Transplanted Organ – CC diagnosis

FY 2009 ICD-9-CM Changes

Revised Fifth digits for 203 – 208 Multiple Myelomas & Leukemias

0 = "without mention of having achieved remission" – "failed remission" has been added as an inclusion term;

1 = "in remission"

2 = "in relapse"

FY 2009 ICD-9-CM Changes

New Codes For Malignant & Benign Carcinoid Tumors 209.0x – 209.6x

Carcinoid tumors are considered endocrine because they secrete a hormone – serotonin. Carcinoid tumors are often associated with Multiple Endocrine Neoplasia Syndrome (MEN Syndromes) which is coded first.

FY 2009 ICD-9-CM Changes

- 209.0 Malignant carcinoid tumors of the small intestine
- 209.1 Malignant carcinoid tumors of the appendix, large intestine, and rectum
- 209.2 Malignant carcinoid tumors of other and unspecified sites
- 209.3 Malignant poorly differentiated neuroendocrine tumors
- 209.4 Benign carcinoid tumors of the small intestine
- 209.5 Benign carcinoid tumors of the appendix, large intestine, and rectum
- 209.6 Benign carcinoid tumors of other and unspecified sites

FY 2009 ICD-9-CM Changes

Secondary Diabetes (249.xx) – includes diabetes resulting from:

- ✓ Medical treatment
- ✓ Drugs
- ✓ Another condition

FY 2009 ICD-9-CM Changes

Secondary Diabetes 249.xx

- 4 th digit identifies presence/absence of complication
- 5 th digit identifies controlled vs. uncontrolled

FY 2009 ICD-9-CM Changes

- Secondary Diabetes 249.x
Chronic Complications:
 - 249.4 – renal manifestations
 - 249.5 – ophthalmic manifestations
 - 249.6 – neurological manifestation
 - 249.7 – peripheral circulatory manifestations
 - 249.8 – other specified manifestation
 - 249.9 – unspecified manifestation
- Not a CC or MCC

FY 2009 ICD-9-CM Changes

- Secondary diabetes 249.x
Acute Manifestations
 - 249.1 ketoacidosis (MCC)
 - 249.2 hyperosmolarity (MCC)
 - 249.3 other coma (MCC)
- 249.0 – without mention of complication

FY 2009 ICD-9-CM Changes

- Heparin Induced Thrombocytopenia – 289.84
- Clinical definition – platelet counts that drop by 50% during or after heparin therapy and no other causes of thrombocytopenia are identified. Usually affects 3-5% of patients receiving heparin and treatment is stopping heparin and initiating an alternative anti-coagulant.
- Not a CC or MCC

FY 2009 ICD-9-CM Changes

- Headaches & Migraines
 - New Category 339 – Other Headache Syndrome – Tension Type Headache 339.1
 - Category 346 Migraine – revision of 5th digits
 - 0 – w/out mention of intractable migraine w/out mention of status migrainosus
 - 1 - with intractable migraine so stated w/out mention of status migrainosus

FY 2009 ICD-9-CM Changes

- Category 346 Migraine – revision of 5th digits
 - 2 - w/out mention of intractable migraine with status migrainosus
 - 3 – with intractable migraine, so stated, with status migrainosus

Extensive revisions to inclusions terms & moving things to category 339.

FY 2009 ICD-9-CM Changes

- Retinopathy of Prematurity 362.2X – new fifth digits for stages
 - 362.21 Retrolental fibroplasia Cicatricial retinopathy of prematurity
 - 362.22 Retinopathy of prematurity, stage 0
 - 362.23 Retinopathy of prematurity, stage 1
 - 362.24 Retinopathy of prematurity, stage 2
 - 362.25 Retinopathy of prematurity, stage 3
 - 362.26 Retinopathy of prematurity, stage 4
 - 362.27 Retinopathy of prematurity, stage 5
 - 362.29 Other non-diabetic proliferative retinopathy

FY 2009 ICD-9-CM Changes

- Cardiovascular
 - New Code 413.3 Coronary atherosclerosis due to lipid rich plaque
- Pleural Effusion
 - New Code 511.81 Malignant Pleural Effusion
 - 511.89 Other specified pleural effusion except tuberculosis

FY 2009 ICD-9-CM Changes

- Hematuria – new codes
 - 599.70 Hematuria unspecified
 - 599.71 Gross Hematuria
 - 599.72 Microscopic hematuria

FY 2009 ICD-9-CM Changes

- Disease & Disorders of Breast
 - 611.81 Ptosis of breast
 - 611.82 Hypoplasia of breast
 - 611.83 Capsular contracture of breast implant
 - 611.89 Other specified disorders of breast

FY 2009 ICD-9-CM Changes

- Disorder of Reconstructed Breast - 612.x
 - 612.0 Deformity of reconstructed breast
 - 612.1 Disproportion of reconstructed breast

FY 2009 ICD-9-CM Changes

- Pressure Ulcer Stages – 707.2x
 - 707.20 – Pressure ulcer stage unspecified
 - 707.21 – Pressure ulcer stage I – persistent focal erythema
 - 707.22 – Pressure ulcer stage II – partial skin loss involving epidermis
 - 707.23 – Pressure ulcer stage III – full thickness skin loss w/ damage or necrosis of subcutaneous tissue

FY 2009 ICD-9-CM Changes

- 707.24 – Pressure ulcer Stage IV – necrosis of soft tissue through to underlying muscle, tendon or bone
- 707.25 – Pressure ulcer unstagable
- Documentation guidelines – the MD must make the diagnosis of decubitus/pressure ulcer while other documentation – nursing – can be used to obtain details about the stage & site of the ulcer

FY 2009 ICD-9-CM Changes

- Soft Tissue Disorders
 - 729.92 – Post-traumatic seroma
 - 729.92 – Non-traumatic hematoma of soft tissue
- Bone Disorders
 - 733.96 – Stress fx of femoral neck
 - 733.97 – Stress fx of shaft of femur
 - 733.98 – Stress fx of pelvis

FY 2009 ICD-9-CM Changes

- Fever – new fifth digits - 780.6x
 - 780.60 – Fever unspecified
 - 780.61 – Fever with conditions classified elsewhere
 - 780.62 – Post-procedural fever
 - 780.63 – Post-vaccination fever
 - 780.64 – Chills without fever
 - 780.65 – Hypothermia not associated w/ low environmental temperature

FY 2009 ICD-9-CM Changes

- Functional Problems
 - 780.72 – Functional quadraplegia inability to move due to another condition (arthritis)
 - 788.91 – Functional urinary incontinence –leakage of urine due to irreversible impairment in cognitive functioning – individual can not exercise bladder control

FY 2009 ICD-9-CM Changes

- Complications: New Codes
 - 997.31 Ventilator Associated Pneumonia – code assignment based on provider documentation; assign additional code for organism (041.xx) not a code from 480-484.
 - 997.39 Other respiratory complications (post-op pneumonia)

FY 2009 ICD-9-CM Changes

- Complications: New Codes
 - 998.30 – Disruption of wound, unspecified
 - 998.33 – Disruption of traumatic wound injury
 - New inclusion terms for:
 - 998.31 – Disruption if internal surgical wound
 - 998.32 - Disruption if external surgical wound

FY 2009 ICD-9-CM Changes

- V code
 - 56 new V codes
 - None of the V codes are CCs or MCCs

FY 2009 ICD-9-CM Changes

- Surgery Codes
 - 17.1x – 17.2x – Laparoscopic inguinal hernia repair
 - 53.4X – Laparoscopic repair of umbilical hernia
 - 53.62 – Laparoscopic repair of incisional hernia
 - 17.3x – Laparoscopic colon procedures

FY 2009 ICD-9-CM Changes

- Surgery Codes
 - 17.3x Laparoscopic partial excision of large intestine
 - 17.31 Lap. multiple segmental resection
 - 17.32 Lap. cecectomy
 - 17.33 Lap. right hemicolectomy
 - 17.34 Lap. resection of transverse colon
 - 17.35 Lap. Left hemicolectomy
 - 17.36 Lap. sigmoidectomy
 - 17.39 Other laparoscopic partial excision of large intestine

FY 2009 ICD-9-CM Changes

- Surgery Codes
 - 17.4X – Robotic assisted surgeries in urology, gynecology, general surgery & cardiothoracic

Codes are further specified by whether they are open (17.41), laparoscopic (17.42), percutaneous (17.43), endoscopic (17.44), thorascopic (17.45), other & unspecified (17.49).

FY 2009 ICD-9-CM Changes

- Surgery Codes
 - Excision/Destruction of Left Atrial Appendage (LAA) 37.36 – for treatment of persistent atrial fibrillation by stapling, clip or suturing the LAA with non-absorbable material.

FY 2009 ICD-9-CM Changes

- Surgery Codes
 - 45.81 Laparoscopic total intra-abdominal colectomy
 - 45.82 Open total intra-abdominal colectomy
 - 45.83 Other and unspecified total intra-abdominal colectomy

FY 2009 ICD-9-CM Changes

- Surgery
 - Pull-through resection of rectum (48.4x) - Performed by dividing and removing the rectum at the level of the sphincter muscle
 - 48.40 Pull-through resection of rectum NOS
 - 48.42 Lap pull through resection of rectum
 - 48.43 Open pull through resection of rectum
 - 48.49 Other pull through resection of rectum

FY 2009 ICD-9-CM Changes

- Surgery
 - Abdominoperineal resection of rectum Anus, rectum, sigmoid colon are removed. Stoma, or opening, is made between the large intestine and the skin.
 - 48.50 Abdominoperineal resection of the rectum, not otherwise specified
 - 48.51 Laparoscopic abdominoperineal resection of the rectum
 - 48.52 Open abdominoperineal resection of the rectum
 - 48.59 Other abdominoperineal resection of the rectum

FY 2009 ICD-9-CM Changes

- Surgery
 - Laparoscopic Repair of Umbilical Hernia
 - 53.42 Laparoscopic repair of umbilical hernia with graft or prosthesis
 - 53.43 Other laparoscopic umbilical herniorrhaphy

FY 2009 ICD-9-CM Changes

- Surgery
 - Laparoscopic incisional hernia repair
 - 53.62 Laparoscopic incisional hernia repair with graft or prosthesis
 - 53.63 Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis

FY 2009 ICD-9-CM Changes

- Surgery
 - Repair of diaphragmatic hernia, abdominal approach (53.7x)
 - 53.71 Laparoscopic repair of diaphragmatic hernia, abdominal approach
 - 53.72 Other and open repair of diaphragmatic hernia, abdominal approach
 - 53.75 Repair of diaphragmatic hernia, abdominal approach - NOS

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- Surgery
 - 53.83 Laparoscopic repair of diaphragmatic hernia, with thoracic approach
 - 53.84 Other and open repair of diaphragmatic hernia, with thoracic approach

FY 2009 ICD-9-CM Changes

- Surgery
 - Anulus Fibrosus Repair Following a surgical diskectomy, an open hole is left in the anulus fibrosus of the disk. Not repairing this defect may contribute to:
 - Recurrent disc herniation
 - Higher rate of reoperation
 - Poor patient outcomes

FY 2009 ICD-9-CM Changes

- Surgery
 - 80.53 Repair of the anulus fibrosus with graft or prosthesis
 - 80.54 Other and unspecified repair of the anulus fibrosus

FY 2009 ICD-9-CM Changes

- Sugery
 - Total Reconstruction of the Breast (85.7x)
 - 85.70 Total reconstruction of breast, not otherwise specified Perforator flap, free
 - 85.71 Latissimus dorsi myocutaneous flap
 - 85.72 Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled

FY 2009 ICD-9-CM Changes

- Sugery
 - Total Reconstruction of the Breast (85.7x)
 - 85.73 Transverse rectus abdominis myocutaneous (TRAM) flap, free
 - 85.74 Deep inferior epigastric artery perforator (DIEP) flap, free
 - 85.75 Superficial inferior epigastric artery (SIEA) flap, free
 - 85.76 Gluteal artery perforator (GAP) flap, free
 - 85.79 Other total reconstruction of breast

FY 2009 ICD-9-CM Changes

- Hospital Acquired Conditions - for POA indicators N & U the following conditions will no longer qualify as CC/MCC
 - Foreign Object Retained After Surgery = 998.4 (CC) & 998.7 (CC)
 - Air Embolism – 999.1 (MCC)
 - Blood Incompatibility – 999.5 (CC)
 - Pressure Ulcers Stage III & IV – 707.23 & 707.24 (MCC)

FY 2009 ICD-9-CM Changes

- Hospital Acquired Conditions – continued
 - Fall & Trauma (fx, dislocations, intracranial injury, crushing injury, burn & electric shock – 800-829, 830-839, 850-854, 925-929, 940 – 949, 991-994
 - Catheter Associated UTI – 996.54 (CC) – the UTI code assigned as additional code will also be excluded from acting as a CC/MCC

FY 2009 ICD-9-CM Changes

- Hospital Acquired Conditions – continued
 - Vascular Catheter Associated Infection – 998.31 (CC)
 - Manifestations of Poor Glycemic Control – 250.10 – 20.13 (MCC), 250.20 – 250.23 (MCC), 251.0 (CC), 249.10 – 249.11 (MCC), 249.20 – 249.21 (MCC)

FY 2009 ICD-9-CM Changes

- Hospital Acquired Conditions – continued
- Surgical Site Infection Mediastinitis following CABG – 519.2 (MCC) w/ procedure codes 36.10 – 16.19
- Surgical Site Infections Following Certain Orthopedic Procedures – 996.67 & 998.
- Surgical Site Infections Following Bariatric 998.59 w/ PDx 278.01

FY 2009 ICD-9-CM Changes

- Hospital Acquired Conditions – continued
- DVT & PE Following Certain Orthopedic Procedures – 415.11 (MCC), 415.19 (MCC) & 453.40 – 453.42 (MCC)

