Clinical Documentation Excellence:
An Overview of Reimbursement Issues for 2015

Missy Vance, RHIA, CCS, CPC

Speaker
Missy Vance, RHIA, CCS, CPC is Associate Director of Revenue Cycle at the University of Mississippi Medical Center. She has thirty years of health information experience in the roles of management in acute care and physician practice, teaching, coding and healthcare compliance. She is an AHIMA-approved ICD-10-CM/PCS Trainer and Ambassador. Along with responsibility for Hospital Coding, Vance is currently the lead instructor for the ICD-10 education plan for front line coders at UMC and has over forty hours of classroom teaching on the subject. Her career began with obtaining a BS degree in Health Information Management from the University of Mississippi Medical Center. She is credentialed with the Registered Health Information Administrator (RHIA) and the Certified Coding Specialist (CCS) through the American Health Information Management Association (AHIMA). Missy is also a Certified Professional Coder (CPC) through the American Academy of Professional Coders (AAPC).
Disclosure Statement

Speakers and planning committee members have no significant financial interest and this presentation does not have any commercial support. There is no investigational or unlabeled uses of a product in this presentation.

The material is designed and provided to communicate information about clinical documentation, coding and compliance in an educational format and manner. The authors are not providing or offering legal advice but, rather, practical and useful information and tools to achieve compliant results in the area of clinical documentation, data quality, and coding. Every reasonable effort has been taken to ensure that the educational content provided is accurate and useful. Applying best practice solutions, altering work flow, and achieving results will vary with each individual and clinical situation.

OBJECTIVE

At the end of this presentation, the participant will have a better understanding of the significant changes effective October 1, 2014, in the Inpatient Prospective Payment System and how these changes and clarifications will impact UMC.
2015 IPPS Final Rule

Components of the Final Rule

- Hospital Value Based Purchasing
- HAC Reduction Program
- Hospital Readmissions Reduction Program
- Hospital Inpatient Quality Reporting Program
- Documentation and Coding Adjustment
- Requirement for Transparency of Hospital Charges
- Hospitals Excluded from the IPPS
- Enforcement Provisions for Organ Transplant Centers
- MS-DRG changes

Components of the Final Rule (continued)

- Hospital Wage Index for Acute Care Hospitals
- IPPS for Operating Costs and Graduate Medical Education Costs
- Payment Adjustment for Low Volume Hospitals
- IPPS for Capital Related Costs
- Administrative Appeals by Providers and Judicial Review
- Enforcement Provisions for Organ Transplant Centers
2015 IPPS Final Rule

Components of the Final Rule (continued)

ICD-10 Code Set

Section 212 prohibits the Secretary from requiring implementation of ICD-10 code sets before October 1, 2015.

2015 IPPS Final Rule

Hospital Value Based Purchasing

CMS finalized an increase in the applicable percent reduction to 1.5% of base operating DRG payment amounts to all participating hospitals as part of the VBP program.

CMS will use that money, estimated at $1.4 billion, to make value-based incentive payments to hospitals meeting established performance standards.
2015 IPPS Final Rule

Hospital Value Based Purchasing, continued

For FY 2017, CMS will add two new safety measures and one new clinical care-process measure, re-adopt the current version of the central line-associated blood stream infection (CLABSI), and remove six “topped-out” clinical process measures.

2015 IPPS Final Rule

HAC Reduction Program

HACs are a group of reasonably preventable conditions that patients did not have upon admission to a hospital, but which they develop during the hospital stay.

The Affordable Care Act (ACA) requires CMS to reduce payment by 1% for hospitals that rank in the 25% with the highest rate of HACs.
In the 2014 IPPS final rule, CMS finalized the scoring method for calculating a HAC score for each hospital. The score consists of two domains.

The first is based on Patient Safety Indicator (PSI) 90, an administrative claims based measure.

The second domain is based on two healthcare-associated infection measures:
- CLABSI, Central Line-associated bloodstream infection
- Catheter associated urinary tract infection
2015 IPPS Final Rule

HAC Reduction Program, continued

For FY 2016 a third healthcare associated infection measure, surgical site infections (SSI), will be added to the program in domain 2.

2015 IPPS Final Rule

Hospital Readmissions Reduction Program

CMS finalized the third increase in the Hospital Readmissions Reduction Program maximum penalty, raising it from 2% to 3%, as required by the Affordable Care Act.
2015 IPPS Final Rule

Hospital Readmissions Reduction Program

The readmissions reduction program began in 2013 with a 1% maximum reduction in payments for hospitals with excessive readmissions.

The maximum penalty increased to 2% for FY 2014 and will be 3% in FY 2015.

2015 IPPS Final Rule

Hospital Readmissions Reduction Program

CMS will assess hospitals’ readmission penalties using these five readmissions measures:

- Heart attack
- Heart failure
- Pneumonia
- Chronic obstructive pulmonary disease
- Hip/knee arthroplasty
2015 IPPS Final Rule

Hospital Readmissions Reduction Program

As part of the FY 2015 IPPS final rule, CMS finalized an updated method to account for planned readmissions.

2015 IPPS Final Rule

Hospital Readmissions Reduction Program

CMS will add readmissions for coronary artery bypass graft (CABG) surgical procedures to the list for FY 2017.
Hospital Inpatient Quality Reporting Program

The Hospital Inpatient Quality Reporting (IQR) Program was originally mandated as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

The program allows CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates. Hospitals that did not successfully report the quality measures face a reduction in payments.

2015 IPPS Final Rule

Hospital Inpatient Quality Reporting Program

CMS is finalizing a total of 63 measures (47 required and 16 voluntary electronic clinical quality measures) in the Hospital IQR Program measure set for the FY 2017 payment determination and subsequent years.

CMS reduced the number of required measures from 57 to 47 and added 11 new measures (one chart-abstracted, four claims-based, and six voluntary electronic clinical quality measures).
2015 IPPS Final Rule

Documentation and Coding Adjustment

Section 631 of the American Taxpayer Relief Act of 2012 requires CMS to recover $11 billion by 2017 to fully recoup documentation and coding overpayments related to the transition to the MS-DRGs that began in FY 2008.

For FY 2015, CMS will make another -0.8% adjustment to continue the recovery process.

2015 IPPS Final Rule

Requirement for Transparency

CMS reinforced to hospitals they have an obligation, under the Affordable Care Act, to improve the transparency of their charges.
2015 IPPS Final Rule

Requirement for Transparency

Hospitals operating within the United States are required to:

- Publish either a list of their standard charges (either their charge-master or an equivalent document) or their policies for allowing the public to view a list of those charges. There is no specific file format for this data, however, CMS encourages hospitals to engage in “consumer friendly” communication.

2015 IPPS Final Rule

Requirement for Transparency

Hospitals operating within the United States are required to:

- Update their charge information annually, or more often as appropriate, to reflect current charges.
2015 IPPS Final Rule

Requirement for Transparency (continued)
The stated intent is to help patients understand what their potential financial liability might be for services provided and to compare charges for similar services across hospitals. The effective date for this new requirement is October 1, 2014.

2015 IPPS Final Rule

Hospitals Excluded from the IPPS
Critical Access Hospitals (CAHs)
CMS will provide a 2-year transition period for CAHs that are located in an urban area due to the implementation of the new OMB (Office of Management and Budget) delineations.

A facility must be located in a rural area in order to be eligible for designation as a CAH. The affected CAHs will need to reclassify as rural to retain their CAH status after the transition period ends on September 30, 2016.
2015 IPPS Final Rule

Enforcement Provisions for Organ Transplant Centers

In the FY 2015 IPPS Final Rule CMS is clarifying and providing additional transparency for the survey, certification and enforcement procedures under regulation 488.61 for transplant centers that are requesting initial approval or re-approval for participation in the Medicare Program.


2015 IPPS Final Rule

MS-DRG Changes

*Disclaimer: The random base rate of $5,000 is used for payment calculations.
2015 IPPS Final Rule

MS-DRG Changes

CMS created the following 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)

2015 IPPS Final Rule

MS-DRG Changes

MS-DRG 266 (endovascular cardiac valve replacement with MCC)

Wt. 8.9920 x $5,000* = $44,960

Previous MS - DRG 216 (with MCC)

Wt. 9.5238 x $5,000* = $47,619

6% Decrease
2015 IPPS Final Rule

**MS-DRG Changes**

MS-DRG 267 (endovascular cardiac valve replacement without MCC)

Wt. $6.7517 \times $5,000^* = $33,759$

Previous MS-DRG 218 & 221 (w/wo cath, wo MCC)

Wt. $5.5693 \times $5,000^* = $27,847 \quad 18\%$

Wt. $4.6347 \times $5,000^* = $23,174 \quad 31\%$

2015 IPPS Final Rule

**MS-DRG Changes**

CMS replaced MS-DRG 490 and 491 with the following new MS-DRGs:

- **MS-DRG 518** (back and neck procedures except spinal fusion with MCC or disc device/neurostimulator)
- **MS-DRG 519** (back and neck procedures except spinal fusion with CC)
- **MS-DRG 520** (back and neck procedures except spinal fusion without CC/MCC)
2015 IPPS Final Rule
MS-DRG Changes

MS-DRG 518 (back and neck procedures except spinal fusion with MCC or disc device/neuro-stimulator)
Wt. 3.0628 x $5,000* = $15,314

Previous MS-DRG 490 (with MCC/CC)
Wt. 1.8845 x $5,000* = $9,423
38% Increase

2015 IPPS Final Rule
MS-DRG Changes

MS-DRG 519 (back and neck procedures except spinal fusion with CC)
Wt. 1.6468 x $5,000* = $8,234

Previous MS-DRG 490 (with MCC/CC)
Wt. 1.8845 x $5,000* = $9,423
14% Decrease
2015 IPPS Final Rule

MS-DRG Changes

MS-DRG 520 (back and neck procedures except spinal fusion without CC/MCC)

Wt. $5,000* = $5,698

Previous MS-DRG 491 (with out MCC/CC)

Wt. $5,000* = $5,447

4% increase

2015 IPPS Final Rule

MS-DRG Changes

- There are no new, revised or deleted diagnosis or procedure codes for FY 2015.
- There are no additions or deletions to the MS-DRG CC or MCC list for FY 2015.
## 2015 IPPS Final Rule
### No Change to CC

**APPENDIX G DIAGNOSIS DEFINED AS COMPLICATIONS OR COMORBIDITIES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99576</td>
<td>Nonly incompletery HTR</td>
<td>V4321</td>
<td>Heart assist dev replace</td>
</tr>
<tr>
<td>99577</td>
<td>Non-only incompre act NEC</td>
<td>V4322</td>
<td>Artificial heart replace</td>
</tr>
<tr>
<td>99578</td>
<td>Extradn vesical clmp</td>
<td>V4611</td>
<td>Respirator depend status</td>
</tr>
<tr>
<td>99579</td>
<td>Hemo dyn act NEC</td>
<td>V4612</td>
<td>Resp depend-poor failure</td>
</tr>
<tr>
<td>99583</td>
<td>Acute HTR NOS</td>
<td>V4323</td>
<td>Pneum from respirator</td>
</tr>
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<td>99585</td>
<td>Delayed HTR NOS</td>
<td>V4324</td>
<td>Mech comp respirator</td>
</tr>
<tr>
<td>V420</td>
<td>Kidney transplant status</td>
<td>V551</td>
<td>Alln to gastroenteroy</td>
</tr>
<tr>
<td>V421</td>
<td>Heart transplnt status</td>
<td>V552</td>
<td>Splnct lyation</td>
</tr>
<tr>
<td>V425</td>
<td>Lung transplant status</td>
<td>V5844</td>
<td>BMI less than 19, adult</td>
</tr>
<tr>
<td>V427</td>
<td>Liver transplant status</td>
<td>V5845</td>
<td>BMI 19.0 to 44.9, adult</td>
</tr>
<tr>
<td>V4281</td>
<td>Tipl status-ate narrow</td>
<td>V5846</td>
<td>BMI 45.0 to 59.9, adult</td>
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<tr>
<td>V4282</td>
<td>Tipl sla-perp sdm cell</td>
<td>V5847</td>
<td>BMI 60.0 to 69.9, adult</td>
</tr>
<tr>
<td>V4283</td>
<td>Tipl status-ate pancreas</td>
<td>V5848</td>
<td>BMI 70.0 and over, adult</td>
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</tbody>
</table>

## 2015 IPPS Final Rule
### No Change to MCC

**APPENDIX H DIAGNOSIS DEFINED AS MAJOR COMPLICATIONS OR COMORBIDITIES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>40220</td>
<td>Pneumonia oth step</td>
<td>50201</td>
<td>Ac duoden ulc w hem-cist</td>
</tr>
<tr>
<td>40249</td>
<td>Staphylococcal pneum NOS</td>
<td>50210</td>
<td>Ac duodenal ulcer w perf</td>
</tr>
<tr>
<td>40241</td>
<td>Meth pus pneum dii Staph</td>
<td>50211</td>
<td>Ac duodenal ulcer w perf</td>
</tr>
<tr>
<td>40242</td>
<td>Meth mem pneum dii Staph</td>
<td>50220</td>
<td>Ac duoden ulc w hem/perf</td>
</tr>
<tr>
<td>40245</td>
<td>Staph pneumonia NEC</td>
<td>50221</td>
<td>Ac duoden ulc hem-perf-ds</td>
</tr>
<tr>
<td>46281</td>
<td>Pneumonia amneseis</td>
<td>50231</td>
<td>Ac duodenal ulc NOS-cist</td>
</tr>
<tr>
<td>46282</td>
<td>Pneumonia e coli</td>
<td>50240</td>
<td>Chr duoden ulc w hem</td>
</tr>
<tr>
<td>46283</td>
<td>Pneumonia oth gym-egg bac</td>
<td>50341</td>
<td>Chr duoden ulc hem-perf</td>
</tr>
<tr>
<td>46284</td>
<td>Leganomonae disease</td>
<td>50350</td>
<td>Chr duoden ulcer w perf</td>
</tr>
<tr>
<td>46289</td>
<td>Pneumonia oth spec bac</td>
<td>50351</td>
<td>Chr duoden ulcer w perf</td>
</tr>
<tr>
<td>46290</td>
<td>Bacterial pneumonia NOS</td>
<td>50352</td>
<td>Chr duoden ulcer w perf</td>
</tr>
<tr>
<td>46299</td>
<td>Pneumonia oth step</td>
<td>50360</td>
<td>Chr duoden hem/perf</td>
</tr>
<tr>
<td>46310</td>
<td>Pneumonia oth chlamydia</td>
<td>50361</td>
<td>Chr duoden ulcer hem/perf</td>
</tr>
<tr>
<td>46320</td>
<td>Premch oth spec eugenes</td>
<td>50371</td>
<td>Chr duoden ulc NOS-obst</td>
</tr>
<tr>
<td>4641</td>
<td>Premch in cytomyol dis</td>
<td>50390</td>
<td>Ac peptic ulcer in hemomr</td>
</tr>
<tr>
<td>4643</td>
<td>Pneumonia in whoop cough</td>
<td>50391</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4645</td>
<td>Pneumonia in antrix</td>
<td>50392</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4646</td>
<td>Premch in aspergillus</td>
<td>50393</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4647</td>
<td>Premch in oth sys mycjosis</td>
<td>50394</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4648</td>
<td>Premch in infect dis NOS</td>
<td>50395</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4650</td>
<td>Bronchopneumonia org NOS</td>
<td>50396</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4655</td>
<td>Pneumonia, organ NOS</td>
<td>50397</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>4670</td>
<td>Influenza with pneum</td>
<td>50398</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>46901</td>
<td>Flu or dien acid in pneum</td>
<td>50399</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
<tr>
<td>46911</td>
<td>ENS of 2005-2013 in pneum</td>
<td>50399</td>
<td>Ac peptic ulcer in hem-perf</td>
</tr>
</tbody>
</table>
2015 IPPS Final Rule

MS-DRG Changes

FY 2015 Status of Technologies Approved for FY 2014 Add-On payments
1. New technology add-on payments for DIFICID™ will be discontinued in FY 2015.
2. New technology add-on payments for the following will continue in FY 2015:
   • a. Glucarpidase (Trade brand Voraxaze)
   • b. Zenith® Fenestrated Abdominal Aortic Aneurysm (AAA) Endovascular Graft
   • c. Kcentra™
   • d. Argus® II Retinal Prosthesis System
   • e. Zilver® PTX® Drug Eluting Peripheral Stent

FY 2015 Applications for New Technology Add-On Payments
1. The following were approved for new technology add-on payments for FY 2015:
   a. CardioMEMSTM HF Monitoring System
   b. MitraClip® System
   c. Responsive Neurostimulator (RNS®) System
2015 IPPS Final Rule

MS-DRG Changes

FY 2015 Applications for New Technology Add-On Payments (continued)

2. The following were not approved for new technology add-on payments for FY 2015:
   a. Dalbavancin (Durata Therapeutics, Inc)
   b. Heli-FX™ Endo Anchor System (Aptus Endosystems Inc)

2015 IPPS Final Rule

MS-DRG Changes

Hierarchy of DRG Wts.

- Heart Transplant
- Mechanical Vent > 96
- OR Procedure
- MCC Dx - Major Complication/Comorbidity
- CC Dx- Complication/Comorbidity
- Combinations of two or more above
### 2015 IPPS Final Rule

#### Highest DRG Weights for 2015

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>MS-DRG Title</th>
<th>Weights</th>
<th>2015 Payment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>001 HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC</td>
<td>25.3920</td>
<td>$126,960</td>
</tr>
<tr>
<td>2</td>
<td>003 ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH &amp; NECK W MAJ O.R.</td>
<td>17.6399</td>
<td>$88,200</td>
</tr>
<tr>
<td>3</td>
<td>002 HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC</td>
<td>15.6820</td>
<td>$78,410</td>
</tr>
<tr>
<td>4</td>
<td>927 EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT</td>
<td>15.5499</td>
<td>$77,750</td>
</tr>
<tr>
<td>5</td>
<td>215 OTHER HEART ASSIST SYSTEM IMPLANT</td>
<td>15.4348</td>
<td>$77,174</td>
</tr>
<tr>
<td>6</td>
<td>453 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC</td>
<td>11.1637</td>
<td>$55,819</td>
</tr>
<tr>
<td>7</td>
<td>014 ALLOGENEIC BONE MARROW TRANSPLANT</td>
<td>10.9883</td>
<td>$54,942</td>
</tr>
<tr>
<td>8</td>
<td>004 TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH &amp; NECK W/O MAJ O.R.</td>
<td>10.8533</td>
<td>$54,267</td>
</tr>
<tr>
<td>9</td>
<td>005 LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT</td>
<td>10.4973</td>
<td>$52,487</td>
</tr>
<tr>
<td>10</td>
<td>216 CARDIAC VALVE &amp; OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC</td>
<td>9.5238</td>
<td>$47,619</td>
</tr>
<tr>
<td>11</td>
<td>020 INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC</td>
<td>9.4423</td>
<td>$47,212</td>
</tr>
<tr>
<td>12</td>
<td>456 SPINAL FUS EXC CERV IV SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC</td>
<td>9.4039</td>
<td>$47,020</td>
</tr>
<tr>
<td>13</td>
<td>007 LUNG TRANSPLANT</td>
<td>9.2986</td>
<td>$46,493</td>
</tr>
<tr>
<td>14</td>
<td>266 ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC</td>
<td>8.9920</td>
<td>$44,960</td>
</tr>
<tr>
<td>15</td>
<td>222 CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC</td>
<td>8.6570</td>
<td>$43,285</td>
</tr>
</tbody>
</table>

#### Lowest DRG Weights for 2015

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>MS-DRG Title</th>
<th>Weights</th>
<th>2015 Payment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>795 NORMAL NEWBORN</td>
<td>0.1724</td>
<td>$862</td>
</tr>
<tr>
<td>2</td>
<td>780 FALSE LABOR</td>
<td>0.2880</td>
<td>$1,440</td>
</tr>
<tr>
<td>3</td>
<td>782 OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS</td>
<td>0.4057</td>
<td>$2,029</td>
</tr>
<tr>
<td>4</td>
<td>298 CARDIAC ARREST, UNEXPLAINED W/O CC/MCC</td>
<td>0.4227</td>
<td>$2,114</td>
</tr>
<tr>
<td>5</td>
<td>894 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA</td>
<td>0.4450</td>
<td>$2,225</td>
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<tr>
<td>6</td>
<td>761 MENSTRUAL &amp; OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC</td>
<td>0.4988</td>
<td>$2,494</td>
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<tr>
<td>7</td>
<td>285 ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC</td>
<td>0.5065</td>
<td>$2,533</td>
</tr>
<tr>
<td>8</td>
<td>916 ALLERGIC REACTIONS W/O MCC</td>
<td>0.5137</td>
<td>$2,569</td>
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<tr>
<td>9</td>
<td>310 CARDIAC ARRHYTHMIA &amp; CONDUCTION DISORDERS W/O CC/MCC</td>
<td>0.5493</td>
<td>$2,747</td>
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<tr>
<td>10</td>
<td>950 AFTERCARE W/O CC/MCC</td>
<td>0.5508</td>
<td>$2,754</td>
</tr>
<tr>
<td>11</td>
<td>778 THREATENED ABORTION</td>
<td>0.5638</td>
<td>$2,819</td>
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<tr>
<td>12</td>
<td>775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</td>
<td>0.5643</td>
<td>$2,822</td>
</tr>
<tr>
<td>13</td>
<td>311 ANGINA PECTORIS</td>
<td>0.5662</td>
<td>$2,831</td>
</tr>
<tr>
<td>14</td>
<td>159 DENTAL &amp; ORAL DISEASES W/O CC/MCC</td>
<td>0.5935</td>
<td>$2,968</td>
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<tr>
<td>15</td>
<td>390 G.I. OBSTRUCTION W/O CC/MCC</td>
<td>0.6034</td>
<td>$3,017</td>
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### 2015 IPPS Final Rule

**LIST OF MS-DRGS, RELATIVE WEIGHTING FACTORS,—FY 2015 Final Rule**

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>MS-DRG Title</th>
<th>2015 Weights</th>
<th>2015 Average Payment</th>
<th>2014 Average Payment</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>601</td>
<td>ECMO OR TRACH W MV 96+ HRS OR DX EXC PNEUMONIA, MOUTH &amp; NEC W/ MAU O.R.</td>
<td>17.6300</td>
<td>180</td>
<td>$10,502,530</td>
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<td>TRACH W MV 96+ HRS OR DX EXC PNEUMONIA, MOUTH &amp; NEC W/ MAU O.R.</td>
<td>10.8543</td>
<td>90</td>
<td>$25,422,290</td>
<td>$23,882,360</td>
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<td>263</td>
<td>CHROMOTOMY &amp; BIVASCULAR INTRAVASCULAR PROCEDURES W MCC</td>
<td>4.3134</td>
<td>363</td>
<td>$6,867,560</td>
<td>$6,867,560</td>
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<tr>
<td>197</td>
<td>SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC</td>
<td>1.8072</td>
<td>720</td>
<td>$6,259,190</td>
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<td>207</td>
<td>RESPIRATORY SYSTEM DISEASES W/ VENTILATOR SUPPORT 96+ HOURS</td>
<td>5.9420</td>
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<td>$4,435,248</td>
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<td>228</td>
<td>OTHER CARDIOTHORACIC PROCEDURES W MCC</td>
<td>2.2960</td>
<td>928</td>
<td>$8,070,801</td>
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<tr>
<td>353</td>
<td>INFECTIOUS &amp; PARASITIC DISEASES W/O PROCEDURE W MCC</td>
<td>5.2063</td>
<td>166</td>
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<td>214</td>
<td>AUTOGRAFE BONE MARROW TRANSPLANT</td>
<td>6.8960</td>
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<td>217</td>
<td>OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC</td>
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<td>270</td>
<td>MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMIT Y W/O MCC</td>
<td>7.3103</td>
<td>714</td>
<td>$4,160,461</td>
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<tr>
<td>961</td>
<td>INTRAVASCULAR MLNTHM OR CEREBRAL INJURY W MCC</td>
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<td>REHABILITATION W/ COV MCC</td>
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<tr>
<td>729</td>
<td>CARDIAC VALVE &amp; OTHER MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC</td>
<td>7.7307</td>
<td>108</td>
<td>$3,720,263</td>
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</tbody>
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### 2015 IPPS Final Rule

**MS-DRG Changes**

**DRG Weight Changes**

**Final Rule Home Page**

Related Claims

CMS Manual System - Pub 100-08 Medicare Program Integrity, Transmittal 534

The purpose of this CR is to allow the MACs and ZPICs the discretion to deny claims that are “related” and provide approved examples of such situations.

EFFECTIVE DATE: September 8, 2014

Related Claims

CMS Manual System - Pub 100-08 Medicare Program Integrity, Transmittal 534 (continued)

The purpose of this CR is to allow the MAC and ZPIC to have the discretion to deny other “related” claims submitted before or after the claim in question. If documentation associated with one claim can be used to validate another claim, those claims may be considered “related.”
Related Claims

CMS Manual System - Pub 100-08 Medicare Program Integrity, Transmittal 534 (continued)

For services related to inpatient admissions that are denied because they are not appropriate for Part A payment (i.e., services could have been provided as outpatient or observation), the MAC reviews the hospital record and if the physician service was reasonable and necessary the service will be recoded to the appropriate outpatient evaluation and management service.

Related Claims

CMS Manual System - Pub 100-08 Medicare Program Integrity, Transmittal 534 (continued)

For services where the patient’s history and physical (H&P), physician progress notes or other hospital record documentation does not support the medical necessity for performing the procedure, post-payment recoupment will occur for the performing physician’s Part B service.
References


References


**Time for Your Questions**

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