ICD-9-CM Code Revision for 2001

by Sue Prophet, RHIA, CCS

Effective October 1, 2000, 100 new ICD-9-CM diagnosis codes and nine new ICD-9-CM procedure codes have been implemented. Because there were no ICD-9-CM revisions last year, these new codes are the result of two years' worth of revisions. Coding professionals should familiarize themselves with the revisions, including all notes and instructions for the use of these codes, to ensure that the new codes are being reported accurately.

Diagnoses

Cyclosporiasis (code 007.5)

Cyclosporiasis is a severe diarrheal illness caused by the protozoa Cyclospora. Eating unwashed raspberries imported from other countries has been linked to the development of this disease. Both the incidence of this illness and the importation of produce from other countries have been increasing.

Ehrlichiosis (codes 082.40, 082.41, 082.49)

Three new codes have been created for unspecified ehrlichiosis, Ehrlichiosis Chafeensis, and other ehrlichiosis. Human ehrlichiosis is a flu-like illness that is spread by an arthropod bite. Two types have been reported in the US: human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE). Both types have similar clinical symptoms, but they affect different white blood cells and are caused by different species of ehrlichia. HME is caused by Ehrlichia Chaffeensis, and it affects lymphocytes and monocytes. HGE is caused by a species of Ehrlichia related to *E. equi* and *E. phagocytophilia*, and it affects granulocytes. Human ehrlichiosis is considered an emerging infection. HME has been known since the mid-1980s and HGE has been known since 1990. Clinical symptoms of ehrlichiosis include fever, chills, myalgia, and headache. Nausea, vomiting, and diarrhea may also occur. Findings may include lymphadenopathy, rash, thrombocytopenia, leukopenia, and abnormal liver function tests. Mortality rates have been reported to be 2 to 5 percent. Only a few antibiotics are effective, including tetracyclines and chloramphenicol.

Anemia (codes 285.21, 285.22, 285.29)

A new subcategory, 285.2, has been created for "anemia in chronic illness." Within this subcategory, there are now codes to describe anemia in end-stage renal disease, anemia in neoplastic disease, and anemia of other chronic illness. These new codes will help to provide more specific information about the type of anemia the patient has.

Dementia with Behavioral Disturbances (codes 294.10, 294.11)

New codes have been created for dementia in conditions classified elsewhere, with and without a behavioral disturbance. The treatment and long-term care of patients with dementia is affected by the behavioral aspect of the dementia. Patients who are aggressive, combative, violent, or wander off pose a greater treatment dilemma. An inclusion term under the code for "dementia in conditions classified elsewhere without behavioral disturbance" clarifies that the default, when the presence of a behavioral disturbance is not known, is the code for dementia without behavioral disturbance.

Conjunctivochalasis (code 372.81)
Conjunctivochalasis is an isolated bilateral condition in which redundant conjunctival tissue overlies the lower eyelid margin or covers the lower punctum. It causes tearing by mechanically disrupting the normal flow of tears. Unlike boggy conjunctiva

seen in an allergic reaction, the extent of this redundant tissue is small, well-localized, and unresponsive to antihistamine drops. This condition is treated by simple excision of the redundant tissue.

Allergic Rhinitis Due to Food (code 477.1)

A new code has been created for rhinitis that occurs in response to an allergic reaction to a food allergen. Respiratory symptoms caused by allergic responses to food allergens include itching of the nose or roof of the mouth, sneezing, and difficulty breathing through the nose.

Asthma with Acute Exacerbation (codes 493.02, 493.12, 493.22, 493.92)

A new fifth-digit subclassification to describe "with acute exacerbation" has been added to category 493, Asthma. The combination of acute bronchitis with asthma would be assigned the appropriate asthma code with the fifth digit for "with acute exacerbation."

Bronchiectasis with Acute Exacerbation (codes 494.0, 494.1)

It is now possible to differentiate bronchiectasis with and without acute exacerbation. The combination of acute bronchitis with bronchiectasis would be assigned the code for bronchiectasis with acute exacerbation.

Allergic Gastroenteritis and Colitis (code 558.3)

A new code has been created for gastroenteritis and colitis that occur in response to an allergic reaction to a food allergen. The most common gastrointestinal symptoms caused by allergic responses to food allergens include nausea, vomiting, diarrhea, and abdominal cramping. Other less common symptoms may include a red rash around the mouth, itching and swelling of the mouth and throat, abdominal pain, swelling of the stomach, and gas.

Hyperplasia of Prostate (codes 600.0, 600.1, 600.2, 600.3, and 600.9)

Code 600 has been expanded to distinguish between simple enlargement of the prostate and localized or more complex forms of prostate enlargement. There are now unique codes to describe hypertrophy (benign) of prostate, which includes benign prostatic hypertrophy, enlargement of prostate, smooth enlarged prostate, and soft enlarged prostate; nodular prostate, which includes hard, firm prostate and multinodular prostate; benign localized hyperplasia of prostate, which includes adenofibromatous hypertrophy, adenoma, fibroadenoma, fibroma, myoma, and polyp; cyst of prostate; and unspecified hyperplasia of prostate, which includes median bar and prostatic obstruction NOS.

Post-term and Prolonged Pregnancy (codes 645.1x, 645.2x)

Category 645 has been renamed "Late Pregnancy" and it has been expanded to differentiate post-term pregnancy from prolonged pregnancy. According to the notes under these codes, the code for post-term pregnancy should be used when the pregnancy is past 40 weeks, up to and including 42 weeks gestation. The code for prolonged pregnancy should be assigned when the pregnancy has advanced beyond 42 weeks gestation. Prior to these code revisions, there was no way to classify pregnancies that were past 40 weeks but less than 42 weeks. Women in this group are considered potentially high-risk for pregnancy complications.

Disseminated Superficial Actinic Porokeratosis (code 692.75)

Disseminated superficial actinic porokeratosis, or DSAP, is a condition associated with prolonged exposure to the sun.

Ulcer of Lower Limb (codes 707.10, 707.11, 707.12, 707.13, 707.14, 707.15, 707.19)

Subcategory 707.1, Ulcer of lower limb, except decubitus, has been expanded in order to identify the specific site of the ulcer. Codes now exist for ulcers of thigh, calf, ankle, heel and midfoot, other part of foot, other part of lower limb, and unspecified site. A new note under this subcategory instructs coding professionals to code first any associated underlying condition, such as atherosclerosis of the extremities with ulceration (code 440.23) or diabetes mellitus (codes 250.80-250.83). Notes have also

been added under subcategory 250.8 and code 440.23, instructing coding professionals to use an additional code to identify the manifestation, such as any associated ulceration.

Plica Syndrome (code 727.83)

Plica syndrome occurs when plicae (bands of remnant synovial tissue) are irritated by overuse or injury. Synovial plicae are remnants of tissue pouches found in the early stages of fetal development. As the fetus develops, these pouches normally combine to form one large synovial cavity. If this process is incomplete, plicae remain as four folds of bands of synovial tissue. Injury, chronic use, or inflammatory conditions are associated with development of this syndrome. This syndrome generally occurs in the knee. People with plica syndrome are likely to experience pain and swelling, a clicking sensation, and locking and weakness of the knee. The goal of treatment is to reduce inflammation of the synovium and thickening of the plica.

Loss of Height (codes 781.91, 781.92, 781.99)

Subcategory 781.9, Other symptoms involving nervous and musculoskeletal systems, has been expanded to include codes for "loss of height" and "abnormal posture." Loss of height is a frequent finding in patients with osteoporosis and is often the presenting sign for patients seeking treatment. An Excludes note under the new code for "loss of height" indicates that this code should not be assigned for osteoporosis, but, instead, osteoporosis should be assigned a code from subcategory 733.0.

Loss of Weight and Underweight (codes 783.21, 783.22)

Code 783.2, Abnormal loss of weight, has been expanded in order to differentiate loss of weight from being underweight.

Lack of Expected Normal Physiological Development in Childhood (codes 783.40, 783.41, 783.42, 783.43)

Code 783.4 has been expanded to permit specific identification of failure to thrive, delayed milestones, and short stature. The description of subcategory 783.4 has been revised to clarify that these codes are specific to childhood. The code for delayed milestones includes children who are late talkers or late walkers. The code for short stature includes growth failure, growth retardation, lack of growth, and physical retardation.

Adult Failure to Thrive (code 783.7)

A new code has been created to identify adult failure to thrive. This term is often used to describe elderly patients whose health status is deteriorating or not improving.

Precipitous Drop in Hematocrit (code 790.01, 790.09)

New codes were created to describe a precipitous drop in hematocrit and other abnormality of red blood cells. "Precipitous" is not defined in the code description. Assignment of this code would depend on physician documentation in the medical record.

Cloudy (hemodialysis) (peritoneal) dialysis effluent (code 792.5)

A new code has been created for cloudy (hemodialysis) (peritoneal) dialysis effluent. This code is necessary to describe a finding that may be the reason for an encounter in a dialysis center, but there was no way to code it previously.

Other Adverse Food Reactions (code 995.7)

A new code has been created for other adverse food reactions not elsewhere classified. This code is intended to describe adverse food reactions other than anaphylactic shock, which is classified to subcategory 995.6. An instructional note under the new code states to use an additional code to identify the type of reaction, such as hives or wheezing. An Excludes note clarifies that anaphylactic shock due to adverse food reactions, asthma, dermatitis due to food or due to food in contact with skin, gastroenteritis and colitis due to food, and rhinitis due to food are coded elsewhere.

Complications of Transplanted Intestine (code 996.87)

Because the intestine is being transplanted with increasing frequency, a specific code has been created to describe complications of a transplanted intestine.

Allergy Status (codes V15.01, V15.02, V15.03, V15.04, V15.05, V15.06, V15.07, V15.08, V15.09)

Code 15.0, Other personal history presenting hazards to health, Allergy other than to medicinal agents, has been expanded to identify specific allergies. There are now codes for allergies to peanuts, milk products, eggs, seafood, other foods, insects, latex, and radiographic dye. These codes identify that a patient has a known allergy, but are not for describing allergic reactions.

Low Birth Weight Status (codes V21.30, V21.31, V21.32, V21.33, V21.34, and V21.35)

New status codes have been created to identify patients who have a current condition that may be attributable to their low birth weight earlier in life. These codes classify birth weight according to weight ranges. Babies who are born prematurely with a low birth weight may be prone to lifetime problems associated with their low birth weight. Status codes are for use for patients who no longer have the condition, but may continue to manifest the consequences of the condition. If the patient still has a condition that is classified to the perinatal chapter, a code from categories 760-779 should be assigned and these new status codes would not be applicable.

Fertility Testing (code V26.21)

A new code has been created to identify encounters for fertility testing. This code is appropriate for both male and female patients. It excludes genetic counseling and testing, which is classified to code V26.3.

Aftercare Following Sterilization Reversal (code V26.22)

A new code for aftercare following sterilization reversal is intended to identify visits for the purpose of evaluating patency following reversal of a sterilization. This code is appropriate for both male and female patients. Excludes notes were added under codes V58.4, Other aftercare following surgery, and V67.09, Follow-up examination, Following other surgery, to indicate that aftercare and sperm counts following sterilization reversal surgery should be assigned the new code.

Intestinal Transplant Status (code V42.84)

A new status code has been created to indicate that the patient is the recipient of an intestinal transplant.

Acquired Absence of Organ (codes V45.74, V45.75, V45.76, V45.77, V45.78, V45.79)

C odes for additional organs have been created within subcategory V45.7, Acquired absence of organ. It is now possible to assign a specific code for acquired absence of lung, stomach, other parts of urinary tract, genital organs, and other sites. These organs were added because they have a high incidence of removal with significant consequences.

Postmenopausal Status (code V49.81)

There is now a status code to identify patients who are postmenopausal. Previously, there was no appropriate code to describe encounters for testing related to the patient's postmenopausal status (e.g., an encounter for bone density testing). If the reason for the encounter is screening for osteoporosis, the new screening code (V82.81) should be sequenced first and the code for postmenopausal status should be listed as an additional code. The code for postmenopausal status excludes menopausal and premenopausal disorders, postsurgical menopause, premature menopause, and symptomatic menopause. These conditions are all coded elsewhere.

Adequacy Testing for Dialysis (codes V56.31, V56.32)

New codes have been created to describe encounters for adequacy testing for hemodialysis and peritoneal dialysis.

Therapeutic Drug Monitoring (code V58.83)

A new code has been established for encounters for therapeutic drug monitoring. This code excludes blood-drug testing for medicolegal reasons, which is classified elsewhere.

Follow-up Vaginal Pap Smear (code V67.01)

A new code has been created for an encounter for a vaginal pap smear in patients who have previously undergone a hysterectomy for a malignant condition. Additional codes should be assigned for acquired absence of uterus and personal history of malignant neoplasm.

Observation for Suspected Abuse and Neglect (code V71.81)

The new code for observation for suspected abuse and neglect should be assigned when abuse or neglect is suspected but not found after observation. If abuse or neglect is found, a code from subcategory 995.8 (adult abuse and neglect) or 995.5 (child abuse and neglect) should be assigned instead of this new code.

Screening for Malignant Neoplasm (codes V76.46, V76.47, V76.50, V76.51, V76.52, V76.81, V76.89)

Codes for other sites were added in the "Special screening for malignant neoplasm" code category. These sites are ovary, vagina, colon, small intestine, unspecified part of the intestine, and nervous system. As with other screening codes, these codes should only be assigned in the absence of signs or symptoms. The new code for screening for malignant neoplasm of the vagina may be used to describe an encounter for a vaginal pap smear in a patient who has previously undergone a hysterectomy for a nonmalignant condition. In this case, an additional code should be assigned for the acquired absence of uterus. However, this new screening code should not be used if the patient had a hysterectomy for a malignant condition, as this encounter would be considered a follow-up examination, not a screening. In this case, the new code for "follow-up vaginal pap smear status-post hysterectomy for malignant condition" should be assigned.

Screening for Endocrine, Nutritional, Metabolic, and Immunity Disorders (code V77.91)

A new code has been created to describe encounters for screening for lipoid disorders. This code includes a screening cholesterol level and screening for hypercholesterolemia and hyperlipidemia.

Screening for Other Conditions (code V82.81)

A new code has been created for encounters for screening for osteoporosis. As appropriate, an additional code should be assigned to identify postmenopausal hormone replacement therapy status or postmenopausal status.

External Causes

Fall on Same Level from Slipping, Tripping, or Stumbling (codes E885.1, E885.2, E885.3, E885.4, E885.9)

New codes have been established for falls from roller skates, skateboards, skis, and snowboards.

Human Bite (codes E928.3, E968.7)

There are now codes under "Other and unspecified environmental and accidental causes" and "Assault by other and unspecified means" to identify human bite as the cause of injury.

Procedures

Endovascular Repair of Vessel (codes 39.71, 39.79)

The new subcategory for endovascular repair of vessel includes codes for endovascular implantation of graft in abdominal aorta and other endovascular graft repair of aneurysm. This subcategory excludes angioplasty or atherectomy of non-coronary vessel, insertion of non-coronary stents, resection of abdominal aorta with replacement, resection of lower limb arteries with replacement, resection of thoracic aorta with replacement, and resection of upper limb vessels with replacement. Any stent inserted in conjunction with these new endovascular repair codes is included in these codes, so code 39.90, Insertion of non-coronary stent or stents, should not be assigned as an additional code.

The conventional surgical treatment of an abdominal aortic aneurysm requires opening the abdomen with a large incision, retracting the bowel from the operative field, clamping and incising the aorta, and inserting a vascular graft. In an endovascular graft procedure, the surgeon makes small cutdowns over each groin, above the femoral arteries, and then, using catheters, the surgeon inserts the graft through the femoral artery, places the graft at the appropriate anatomical location, and secures it into place. Endovascular repair results in shorter hospital stays, shorter stays in the intensive care unit, less blood loss, and fewer postoperative complications.

Autologous Hematopoietic Stem Cell and Bone Marrow Transplant with Purging (codes 41.07, 41.08, 41.09)

New codes have been created for autologous hematopoietic stem cell transplant with purging, allogeneic hematopoietic stem cell transplant with purging, and autologous bone marrow transplant with purging. The code descriptions for the existing stem cell and bone marrow transplant codes were revised to indicate "without purging." Purging, or stem cell selection, is a process that isolates and purifies the stem cells from bone marrow or peripheral blood for use in transplantation. In autologous stem cell transplantation, the patient's own bone marrow or peripheral blood cells are removed prior to high dose chemotherapy treatment. By performing stem cell purging, tumor cells that would be returned to the patient and often contaminate the blood can be substantially reduced, thereby potentially decreasing the risk of post-transplant disease recurrence associated with these tumor cells. In an allogeneic stem cell transplantation, the bone marrow or peripheral stem cells are taken from a human donor. By performing stem cell purging, cells that can cause graft-versus-host disease can be substantially reduced prior to transplant.

Intestinal Transplant (code 46.97)

There is now a procedure code for transplanting the intestine.

Transurethral Destruction of Prostate by Thermotherapy (codes 60.96, 60.97)

Codes have been created to describe transurethral destruction of prostate tissue by microwave thermotherapy and by other thermotherapy. Transurethral microwave thermotherapy (TUMT) is a non-surgical, catheter-based procedure used in the treatment of benign prostatic hyperplasia. The treatment uses a transurethral microwave antenna to heat the prostate. By combining the effects of radiative heating and conductive cooling, the procedure targets the highest temperatures within the prostate at a depth of five to ten millimeters, while preserving surrounding structures, such as the bladder neck, urethral mucosa, and distal sphincter. Because this procedure does not resect tissue, but rather coagulates tissue by microwave energy, it is not considered a prostatectomy. The new code for transurethral destruction of prostate tissue by other thermotherapy includes radiofrequency thermotherapy and transurethral needle ablation (TUNA).

Administration of Neuroprotective Agent (code 99.75)

A new code has been created for administration of neuroprotective agent. Neuroprotective agents are a new treatment for strokes that work directly at the nerve cell to minimize ischemic injury.

Other Highlights of ICD-9-CM Revisions

In addition to the new codes, the fiscal year 2001 ICD-9-CM revisions include a number of new notes in the Tabular List as well as Index changes and additions. A few of the highlights are presented below:

- notes under code V72.3, Gynecological examination clarify that this code includes a cervical pap smear as part of a general gynecological examination, but an additional code should be assigned to identify a routine vaginal pap smear (V76.47)
- VIN (vulvar intraepithelial neoplasia) I and II are indexed to code 624.8
- unspecified pulmonary hypertension is indexed to code 416.8, and idiopathic and primary pulmonary hypertension are indexed to code 416.0
- occipital neuralgia is indexed to code 723.8
- occlusion of coronary stent is indexed to code 996.72
- pseudoseizure is indexed to code 780.39, and psychiatric pseudoseizure is indexed to code 300.11
- current chemotherapy status (i.e., patient has not completed chemotherapy treatment) is indexed to code V58.69
- under Urosepsis, index entries have been added for "meaning sepsis" (038.9) and "meaning urinary tract infection" (599.0)
- In the External Cause codes, boyfriend and male partner are classified to the code for abuse by father or stepfather, and girlfriend and female partner are classified to the code for abuse by mother or stepmother
- antineoplastic chemotherapy, neuroprotective agent, Nimodipine, rotavirus vaccine, and Viagra have been added to the Table of Drugs and Chemicals
- code title for code 86.59 has been revised to state "closure of skin and subcutaneous tissue of other sites," and adhesives (surgical) (tissue), staples, and sutures have been added as inclusion terms
- an Excludes note has been added under code 86.59 to indicate that no code should be assigned for application of adhesive strips
- an Index entry has been added to indicate that no
- code should be assigned for closure of a vascular percutaneous puncture
- creation of a pocket for a loop recorder and insertion of a loop recorder are indexed to code 86.09
- Dermabond is indexed to code 86.59
- percutaneous intraperitoneal drainage is indexed to code 54.91
- embolization of artery by percutaneous transcatheter infusion is indexed to code 99.29
- escharotomy is indexed to code 86.09
- endoscopic and laparoscopic removal of gallstones from the gallbladder are indexed to code 51.88
- removal of a loop recorder is indexed to code 86.05

It is important to review the complete addenda and become familiar with all of the revisions. The addenda for the diagnosis code revisions can be downloaded from www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#addenda. The addenda for the procedure code revisions can be downloaded from www.hcfa.gov/stats/icd9fy01.htm.

2001 DRG reclassification effective October 1, 2000

Changes to the DRG classification were effective on October 1, 2000. A summary of changes to the system follows:

DRG 103 Heart Transplant

Previously, when a bone marrow transplant and a heart transplant were performed during the same admission, the case was assigned to DRG 481 (Bone marrow transplant). It was proposed and adopted that cases that encompassed combined heart-lung transplantation (ICD-9-CM procedure code 33.6) and heart transplantation (ICD-9-CM procedure code 37.5) be assigned to a pre-MDC. Therefore, cases involving a bone marrow transplant and a heart transplant would be assigned to DRG 103.

DRGs 104 and 105 Cardiac Valve and other Major Cardiothoracic Procedures

Procedure codes 37.62 (Implant of other heart assist system), 37.63 (Replacement and repair of heart assist system), and 37.65 (Implant of an external, pulsatile heart assist system) were previously assigned to DRGs 110 and 111 but will now be assigned to DRGs 104 and 105. Procedure code 37.66 (Implant of an implantable pulsatile heart assist system) will stay within DRGs 104 and 105 and not be moved to DRG 103.

Procedure code 39.65 (Extracorporeal membrane oxygenation (ECMO)) was reclassified as an OR procedure and will be assigned to DRGs 104 and 105.

DRG 116 Other Permanent Cardiac Pacemaker Implantation or PTCA with Coronary Artery Stent Implant

Currently, 75 percent of cases in which code 99.20 (Injection or infusion of platelet inhibitor) is present are assigned to DRG 116, and 12 percent are assigned to DRG 112. Cases assigned to DRG 116 generally involve implantation of a pacemaker or artery stent, while cases assigned to DRG 112 involve percutaneous cardiovascular procedures. HCFA concluded that it was not appropriate at this time to assign all cases in which procedure code 99.20 was present to DRG 116. HCFA decided not to change its current policy that specifies "assignment of cases to this code does not affect the DRG assignment."

DRGs 372 and 373 Vaginal Delivery with and without Complicating Diagnosis

Diagnosis code 666.02 (Third-stage postpartum hemorrhage, delivered) was reclassified from DRG 373 to DRG 372.

DRGs 390 Neonate with Significant Problems and 391 Normal Newborn

Diagnosis code V05.8 (Vaccination for other specified disease) was removed from the list of acceptable secondary diagnoses under DRG 390. HCFA adopted the proposal to include code V05.8 on the list of acceptable secondary diagnoses under DRG 391 (Normal newborn). Codes V05.3 and V05.4 are already listed as acceptable secondary diagnoses under DRG 391.

DRGs 400, 401, 402, 403, 404, 406, 407, 408, 413, and 414

Diagnoses codes 273.8 (Other disorders of plasma protein metabolism) and 273.9 (Unspecified disorder of plasma protein metabolism) were removed from medical DRGs 403 and 404 and reassigned to medical DRGs 413 and 414. Diagnoses codes 273.8 and 273.9 are also removed from surgical DRGs 400, 401, and 402 and reassigned to surgical DRGs 406, 407, and 408.

DRGs 468 and 477

No changes in procedures under either DRG 468 or 477.

DRG 482 Tracheostomy for Face, Neck, and Mouth Diagnoses

HCFA added diagnosis code 682.0 (Cellulitis and abscess, face) to DRG 482.

Surgical Hierarchy Changes

In the pre-DRGs, it was adopted to move DRG 103 from MDC 5 to pre-MDC and reorder DRG 103 above DRG 483. Also, it was adopted to reorder DRG 481 above DRG 495. In MDC 8, it was adopted to reorder DRG 230 above DRGs 226 and 227, and in MDC 10, it was adopted to reorder DRG 288 above DRG 285.

Other Issues

- procedure code 99.28 (Injection or infusion of biologic response modifier BRM as an antineoplastic agent) is designated as a non-OR procedure that does not affect DRG assignment. HCFA concluded that it was inappropriate to classify these cases into a single DRG. Therefore, there was no change for procedure code 99.28

- the coding and sequencing of Alport's Syndrome patients with renal failure who are admitted for renal transplant were addressed at the June 2000 meeting of the Editorial Advisory Board of Coding Clinic for ICD-9-CM. It was decided that the code for renal failure would be sequenced first, followed by the code for Alport's Syndrome

- pancreas transplants (procedure codes 52.80 and 52.82) were discussed. Under the current DRG classification, if a kidney transplant and a pancreas transplant are performed simultaneously on a patient with chronic renal failure secondary to diabetes, the case is assigned to DRG 302 (Kidney Transplant). However, if a pancreas transplant is performed following a kidney transplant (during a different hospitalization) on a patient with chronic renal failure secondary to diabetes with renal manifestations, the case is assigned to DRG 468. It was suggested that HCFA create a DRG for these cases. However, at this time, HCFA is not establishing a new DRG

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