Much in Store for ICD-9, DRGs in FY 2004: 104 Diagnosis, 10 Procedure Codes, 13 DRGs Introduced

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New ICD-9-CM codes and DRG changes for fiscal year 2004 were released in the August 1, 2003, *Federal Register*. These changes went into effect October 1, 2003, with discharges occurring on or after that date. There were 104 new diagnosis codes and 10 new procedure codes. Due to code expansions, there are now 32 invalid diagnosis codes and two invalid procedure codes. This article will focus on the major code and DRG changes.

Diagnosis Codes

As new diseases are identified or more specific classification is desired, new codes are added to accommodate the reporting of these conditions. The National Center for Health Statistics (NCHS) created and finalized three new severe acute respiratory syndrome (SARS) related codes after the proposed rule was published. These new codes, which were not listed in table 6A of the addendum to the proposed rule, have been included in table 6A of the addendum to the final rule. These new codes have been identified with a footnote (1) in table 6A of the addendum to the final rule. They are: 079.82, SARS-associated coronavirus; 480.31, Pneumonia due to SARS-associated coronavirus; and V01.82, Exposure to SARS-associated coronavirus.

Expansions have occurred in subcategories 255.1 and 277.8 to identify primary versus secondary types of aldosteronism and carnitine deficiency. New codes and descriptions have been added for sickle-cell disease and codes for conditions associated with sickle-cell crisis were added: 289.52, Splenic sequestration and 517.3, Acute chest syndrome.

Dementia codes were expanded to include a new code for dementia with Lewy bodies, 331.82. This condition is similar to Parkinson's disease, but pathologically differs in that the Lewy body intracellular inclusions are also found frontally, not just within the basal ganglia. Subcategory 348.3 was expanded to identify specific types of encephalopathy, including metabolic.

Differentiation can now be given to patients with myasthenia gravis in crisis. Ulcers in the esophagus can be classified as with and without bleeding and a new code was added for Barrett's esophagus. Category 600 has been expanded to the fifth digit level to show prostate disorders with or without obstruction, as a primary symptom of these disorders is urinary obstruction (often, the admission to the hospital is actually to treat the obstruction).

Several additions to the symptom chapter of ICD-9-CM were made, including new codes for septic shock (785.52), facial weakness (781.94), urgency of urination (788.63), and memory loss (780.93). Additions were added in the injury section so that concussions with loss of consciousness of less than one hour can be categorized and specific sites of injury to the trunk can be classified.

There were a number of new codes added to the V code section. These codes classify conditions that have not been previously reported such as encounters for training and fitting of insulin pump, history of extracorporeal membrane oxygenation (ECMO), long-term use of certain drugs, and vaccination/inoculation distinctions. It will now be possible to report additional surgical procedures converted to open procedures by the following codes: V64.41, Laparoscopic procedure converted to open; V64.42, Thoracoscopic procedure converted to open; and V64.43, Arthroscopic procedure converted to open.

Changes in ICD-9-CM Use

As a result of the code additions, substantial changes have been made to the index and tabular of ICD-9-CM and are available in the official addenda. To correctly assign codes, it is important that all changes are reviewed. Other changes have been made in the use of ICD-9-CM, including:

- Changes in the description of codes for obstructive chronic bronchitis and asthma codes
- Addition of inclusion terms for "decompensated COPD," with and without exacerbation (491.21)
- Deletion of excludes notes under section for Crushing Injury with addition of "use additional code" note to identify associated injuries such as fractures, internal injuries, and intracranial injuries
- Addition of excludes note for "vomiting following gastrointestinal surgery (564.3)" under code 997.4
- Addition of index entry for accelerated angina (411.1)
- Addition of "poorly controlled" as a non-essential modifier for the index entries for diabetes
- Addition of index entry for Monkeypox directing coders to code 057.8
- Addition of the following drugs to the Table of Drugs and Chemicals: Botox, Drotrecogin alfa, Ecstasy, Glutaraldehyde, MDMA, Xigris, and Zovant
- Addition of instructions to index for sepsis

Procedure Codes

A new procedure code was added for high-dose infusion Interleukin-2 therapy (00.15). This therapy is a hospital inpatient-based treatment for advanced renal cell cancer and advanced melanoma. It is performed only in very specialized treatment settings and is different than low-dose therapy, which continues to be classified to code 99.28.

Category 37.5 was expanded to include the following codes:

- 37.51, Heart transplantation
- 37.52, Implantation of total replacement heart system
- 37.53, Replacement or repair of thoracic unit of total replacement heart system
- 37.54, Replacement or repair of other implantable component of total replacement heart system

Code 68.31, Laparoscopic supracervical hysterectomy, has been created to classify the laparoscopic procedure, which spares the cervix and maintains the integrity of the pelvic floor. This technique improves outcomes because preserving the cervix results in fewer long-term problems with pelvic relaxation and urinary symptoms.

Three new codes were added to identify the number of vertebrae fused or refused in spinal fusions. These codes are not used alone and the DRG assignment is based on the specific fusion or refusion code (81.00-81.08, 81.30-81.39, 81.61). The new codes are: 81.62, Fusion or refusion of 2-3 vertebrae; 81.63, Fusion or refusion of 4-8 vertebrae; and 81.64, Fusion or refusion of 9 or more vertebrae.

DRG Changes

Thirteen new DRGs were created as a result of the fiscal year (FY) 2004 changes. CMS identified four DRGs that should be split based on the presence or absence of a complication or comorbidity (CC):

- DRG 4 (Spinal Procedures)
- DRG 5 (Extracranial Vascular Procedures)
- DRG 231 (Local Excision and Removal of Internal Fixation Devices except Hip and Femur)
- DRG 400 (Lymphoma and Leukemia with Major OR Procedure)

The DRGs listed above are no longer valid, and new DRG pairs have been established (see "New DRG Pairs," below):

New DRG Pairs

DRG	Description
531	Spinal Procedures with CC
532	Spinal Procedures without CC
533	Extracranial Procedures with CC
534	Extracranial Procedures without CC

537	Local Excision and Removal of Internal Fixation Devices except Hip and Femur with CC
538	Local Excision and Removal of Internal Fixation Devices except Hip and Femur without CC
539	Lymphoma and Leukemia with Major OR Procedure with CC
540	Lymphoma and Leukemia with Major OR Procedure without CC

New DRG 528 (Intracranial Vascular Procedures with a Principal Diagnosis of Hemorrhage) has been created for patients with an intracranial vascular procedure and an intracranial hemorrhage. Cases involving intracranial vascular procedures without a principal diagnosis of hemorrhage will remain in DRGs 1 and 2.

DRGs 529 and 530 were created, splitting on the basis of "with CC" and "without CC," for patients with only a ventricular shunt procedure. DRG 529 (Ventricular Shunt Procedures with CC) would consist of any principal diagnosis in Major Diagnostic Category (MDC) 1 with the presence of a CC, and one of a list of operating room procedures. DRG 530 (Ventricular Shunt Procedures without CC) consists of any principal diagnosis in MDC 1 with one of the operating room procedures listed in the *Federal Register*, but without the presence of a CC.

New DRGs 535 (Cardiac Defibrillator Implant with Cardiac Catheterization and with Acute Myocardial Infarction, Heart Failure, or Shock) and 536 (Cardiac Defibrillator Implant with Cardiac Catheterization and without Acute Myocardial Infarction, Heart Failure, or Shock) have been established to replace DRG 514 (Cardiac Defibrillator Implant with Cardiac Catheterization). The same procedures currently listed for DRG 514 are classified to the new DRGs, but these cases will now be split based on the presence or absence of acute myocardial infarction, heart failure, or shock as a principal diagnosis.

Definition of Acute Care Transfer

The definition of a transfer between acute-care hospitals has been expanded to include all patients who are admitted to another inpatient prospective payment system (IPPS) hospital on the same day that the patient is discharged from an IPPS hospital, unless the first (transferring) hospital can demonstrate that the patient's treatment was completed at the time of discharge from that hospital.

Unless the same-day readmission at the second hospital is to treat a condition that is unrelated to the condition treated during the original admission (for example, the patient is in a car accident later that day), any situation where the patient is admitted to another IPPS hospital on the same date that he or she is discharged from an IPPS hospital would be considered a transfer, even if the patient left against medical advice from the first hospital.

Expansion of Postacute Care Transfer Policy

The postacute care transfer policy has been extended to a total of 29 DRGs (beyond the original 10 DRGs). Also, DRGs 263 and 264 (Skin Graft and/or Debridement for Skin Ulcer or Cellulitis with and without CC, respectively) have been removed from the list of DRGs for the previous FY postacute transfer policy. All the DRGs to which the postacute transfer policy now applies are listed on page 68.

For a more comprehensive review of DRG changes, please review "Analysis of Final Rule for FY 2004 Revisions to the Medicare Hospital Inpatient Prospective Payment System" available at www.ahima.org/dc.

Discussions held during the ICD-9-CM Coordination and Maintenance Committee meetings give clinical detail and the rationale behind the new code changes and provide insight into the disease process or procedure technique. They are available at www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm.

DRGs Covered by Postacute Transfer Policy	
DRG	**DRG Title**
12	Degenerative Nervous System Disorders
14	Intracranial Hemorrhage and Stroke with Infarction
24	Seizure and Headache Age>17 with CC

25	Seizure and Headache Age >17 without CC
88	Chronic Obstructive Pulmonary Disease
89	Simple Pneumonia and Pleurisy Age >17 with CC
90	Simple Pneumonia and Pleurisy Age >17 without CC
113	Amputation for Circulatory System Disorders Except Upper Limb and Toe
121	Circulatory Disorders with Acute Myocardial Infarction and Major Complication, Discharged Alive
122	Circulatory Disorders with Acute Myocardial Infarction without Major Complications, Discharged Alive
127	Heart Failure and Shock
130	Peripheral Vascular Disorders with CC
131	Peripheral Vascular Disorders without CC
209	Major Joint and Limb Reattachment Procedures of Lower Extremity
210	Hip and Femur Procedures Except Major Joint Age > 17 with CC
211	Hip and Femur Procedures Except Major Joint Age >17 without CC
236	Fractures of Hip and Pelvis
239	Pathological Fractures and Musculoskeletal and Connective Tissue Malignancy
277	Cellulitis Age >17 with CC
278	Cellulitis Age >17 without CC
294	Diabetes Age >35
296	Nutritional and Miscellaneous Metabolic Disorders Age >17 with CC
297	Nutritional and Miscellaneous Metabolic Disorders Age >17 without CC
320	Kidney and Urinary Tract Infections Age >17 with CC
321	Kidney and Urinary Tract Infections Age >17 without CC
395	Red Blood Cell Disorders Age >17
429	Organic Disturbances and Mental Retardation
468	Extensive OR Procedure Unrelated to Principal Diagnosis
483	Tracheostomy with Mechanical Ventilation 96+ Hours, or Principal Diagnosis Except Face, Mouth, and Neck Diagnoses

References

ICD-9-CM code changes and DRG changes are available in the August 1, 2003, *Federal Register* at www.access.gpo.gov/su_docs/fedreg/a030801c.html.

Official addenda to the ICD-9-CM code changes are available at www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#addenda and www.cms.hhs.gov/paymentsystems/icd9/icd9addendafy04.pdf.

Prophet, Sue. "ICD-9-CM Committee Presents New Codes, Changes." *Journal of AHIMA* 73, no. 8 (2002): 68-72.

Prophet, Sue. "ICD-9-CM Committee Discusses New Diagnosis Proposals." *Journal of AHIMA* 73, no. 9 (2002): 102-108.

Prophet, Sue. "ICD-9-CM Committee Discusses Code Proposals for 2004." *Journal of AHIMA* 74, no. 3 (2003): 66-73.

Web Extra! A complete list of the new ICD-9-CM codes with their assigned DRG assignments is available in the FORE Library: HIM Body of Knowledge.

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