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| **FY 2020 MS-DRG\* Changes****Effective October 1, 2019****\*Note: For purposes of this report MS-DRGs are referred to as DRGs.** |
| **Existing:** | **Changed to:** |
| DRG 691 URINARY STONES W ESW LITHOTRIPSY W CC/MCCDRG 692 URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC | Deleted |
| Revise the titles for DRGs 693 and 694 Urinary Stones without ESW Lithotripsy with MCC and Urinary Stones without ESW Lithotripsy without MCC  | DRG 693 URINARY STONES W MCCDRG 694 URINARY STONES W/O MCC |
| Revise the title of DRGs 266 Endovascular Cardiac Valve Replacement with MCC and the title of DRG 267 Endovascular Cardiac Valve Replacement without MCC | DRG 266 ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCCDRG 267 ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC |
| Changes titles for DRGs 207, 291, 296, and 870 to no longer reflect the “or Peripheral Extracorporeal Membrane Oxygenation (ECMO)” terminology in the title. | DRG 207 RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURSDRG 291 HEART FAILURE & SHOCK W MCCDRG 296 CARDIAC ARREST, UNEXPLAINED W MCCDRG 870 SEPTICEMIA OR SEVERE SEPSIS W MV > 96 HOURS |
| Change title of DRG 175 Pulmonary Embolism with MCC | DRG 175 PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE |
| Two New DRGs | DRG 319 OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCCDRG 320 OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC |
| Post-Acute Care transfer policy update | Remove DRGs 273 and 274 from post-acute care transfer policy and special payment policy. |
| **FY 2020 MS-DRG Grouping and MS-DRG Assignments Changes****Effective October 1, 2019** |
| **Proposed:** | **Final Outcome:** |
| **PRE MDC** |
| Reassign the procedure codes describing peripheral ECMO procedures from their current DRG assignments to Pre-MDC DRG 003 and maintain the designation of the peripheral ECMO procedures as non-O.R.DRG 014 Allogeneic Bone Marrow TransplantDRG 016 Autologous Bone Marrow Transplant…DRG 017Autogolous Bone Marrow Transplant… | Pre-MDC DRG 003 ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. ProcedureMaintain the designation of the peripheral ECMO procedures as non-O.R.

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| 5A1522G ECMO, Peripheral Veno-arterial5A1522H ECMO, Peripheral Veno-venous |
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1) Reassigned the four ICD-10-PCS codes for HCT procedures specifying autologous cord blood stem cell as the donor source from DRG 014 to DRGs 016 and 017 (procedure codes 30230X0, 30233X0, 30240X0, 30243X0); and2) deleted the 128 clinically invalid codes from the transfusion table in the ICD–10–PCS Classification and listed in **Table 6P.1a** |
| **MDC 01** |
| DRG 034, 035, 036 Carotid Artery Stent Procedures: Review of ICD-10 PCS Codes That Involve **Dilation of a Neck Artery or Vein with and without an Intraluminal Device****DRG 037, 038, 039 Extra Cranial Procedures****Insertion of Feeding Device (Review of DRGs 981-983)** | Removed procedure codes from DRG 034, 035, 036 that describe procedures which:1) Do not include an intraluminal device 2) describe procedures performed on arteries other than a carotid; and3) describe procedures performed on a vein.1) Remove procedure codes describing dilation of a carotid artery with intraluminal device. **Refer Table 6P.1b** in the final rule2) Delete procedure codes that include the qualifier term “bifurcation”.Cases reporting procedure code 0DH60UZ with a principal diagnosis in MDC 1 will now group to MS-DRGs 040, 041, and 042. |
| **MDC 04** |
| **Pulmonary Embolism reassignment** to a higher severity level DRG | Reassigned cases reporting diagnosis code I26.01, I26.02, or I26.09 to DRG 175 and revise the title “Pulmonary Embolism with MCC or Acute Cor Pulmonale” |
| **MDC 05** |
| **DRGs 266 and 267 Transcatheter Mitral Valve Repair with Implant****New DRG 319** (Other Endovascular Cardiac Valve Procedures with MCC **New DRG 320** (Other Endovascular Cardiac Valve Procedures without MCC**DRGs 260, 261, and 262 Cardiac Pacemaker Revisions..** | Reassigned the procedure codes describing a transcatheter cardiac valve repair (supplement) procedures and revised the titles of these DRGs to:DRG 266 and DRG 267 Endovascular Cardiac Valve Replacement and Supplement Procedures with and without MCC.Reassigned Non-supplemental cardiac valve with a percutaneous (transcatheter/endovascular) approach to these new DRGs.These new DRGs will be above DRGs 270-272 in MDC 5 Surgical Hierarchy. Add procedure code 02H60JZ Insertion of Pacemaker Lead into Right Atrium, Open Approach to the list of non-O.R. procedures that would impact MS-DRGs 260, 261, and 262 when reported as a stand-alone procedure code. |
| **MDC 06** |
| **DRGs 326, 327, and 328 Stomach, Esophageal, and Duodenal Procedures..** **Gastrointestinal stromal tumors (GIST)**C49.A0 Gastrointestinal stromal tumor, unspec site C49.A1 Gastrointestinal stromal tumor of esophagus C49.A2 Gastrointestinal stromal tumor of stomach C49.A3 Gastrointestinal stromal tumor of small intestine C49.A4 Gastrointestinal stromal tumor of large intestine C49.A5 Gastrointestinal stromal tumor of rectum C49.A9 Gastrointestinal stromal tumor of other sites  **Gastric Band Procedure Complications or Infections**  | Moved from MDC 8 to MDC 6, with the additional clarification that in the absence of a surgical procedure, these cases are assigned to medical DRGs 374, 375, 376 for Digestive Malignancy.Cases reporting a principal diagnosis of GIST with a procedure code with group to DRGs 326, 327, and 328 Stomach, Esophageal, and Duodenal Procedures…Reassigned K95.01 and K95.09, infection or complications due to gastric band procedures when reported with a procedure describing revision of or removal of extraluminal device in/from the stomach from MS-DRGs 987, 988, and 989 (Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis to DRGs 326, 327, and 328 Stomach, Esophageal, and Duodenal Procedures.  |
| **MDC 08** |
| **Knee Procedures with Principal Diagnosis of Infection****DRGs 485, 486, 487 Knee Procedures with Principal Diagnosis of Infection****DRGs 456, 457, 458 Spinal Fusion Except Cervical with Spinal Curvature/Malignancy or Extensive Fusions…** **Neuromuscular Scoliosis added to above DRGs** **Secondary Scoliosis and Secondary Kyphosis added to above DRGs** | Added M00.9 Pyogenic arthritis, unspec. and A54.42 Gonococcal arthritis to the list of principal diagnosis codes assigned to DRGs 485, 486, and 487 Knee Procedure with Principal Diagnosis of Infection..Added the following diagnosis to list of principal diagnosis:A18.02 Tuberculous Arthritis of Other JointsM01.X61 Direct infection of right knee in infectious and parasitic diseases classified elsewhere M01.X62 Direct infection of left knee in infectious and parasitic diseases classified elsewhere M01.X69 Direct infection of unspecified knee in infectious and parasitic diseases classified elsewhere M71.061 Abscess of bursa, right knee M71.062 Abscess of bursa, left knee M71.069 Abscess of bursa, unspecified knee M71.161 Other infective bursitis, right knee M71.162 Other infective bursitis, left knee M71.169Other infective bursitis, unspecified kneeRemoved diagnosis codes M86.9 Osteomyelitis and T84.5- and T84.6- Infection/Inflammatory reaction due to internal joint prosthesis or fixation device from DRGs 485, 486, and 487 and maintain their current assignment in DRGs 559, 560, and 561 Aftercare, Musculoskeletal System and Connective Tissue…Added the following diagnosis to list of principal diagnosis:M41.40 Neuromuscular scoliosis, site unspecified M41.44 Neuromuscular scoliosis, thoracic region M41.45 Neuromuscular scoliosis, thoracolumbar region M41.46 Neuromuscular scoliosis, lumbar region M41.47 Neuromuscular scoliosis, lumbosacral regionAdd the following diagnosis to list of principal diagnosis:M40.10 Other secondary kyphosis, site unspecified M40.14 Other secondary kyphosis, thoracic region M40.15 Other secondary kyphosis, thoracolumbar regionM41.50 Other secondary scoliosis, site unspecified M41.54 Other secondary scoliosis, thoracic region M41.55 Other secondary scoliosis, thoracolumbar regionM41.56 Other secondary scoliosis, lumbar region M41.57 Other secondary scoliosis, lumbosacral regionRemoved diagnosis codes that describe conditions involving the cervical region from DRGs 456, 457, 458.  |
| **MDC 09** |
| **DRGs 579, 580, 581 Other Skin, Subcutaneous Tissue and Breast Procedures** **Bone Excision with Pressure Ulcers** (Review of DRGs 981-983) **Stage 3 Pressure Ulcers of the Hip** (Review of DRGs 981-983) **Finger Cellulitis** (Review of DRGs 981-983)**DRGs 573, 574, 575 Skin Graft for Skin Ulcer or Cellulitis..** | Added procedure codes describing excision of the sacrum, pelvic bones, and coccyx to MDC 09 DRGs 579, 580, and 581.Reassigned diagnosis L89.223 (Pressure ulcer left hip, stage 3) when reported with procedures involving excision of pelvic bone or transfer of hip muscle from MS-DRGs 981, 982, and 983 (Extensive O.R. Procedure Unrelated to Principal Diagnosis to DRGs 579, 580, 581 Other Skin, Subcutaneous Tissue and Breast Procedures in MDC 9.Added procedure codes describing excision and resection of phalanx to DRGs 579, 580, 581Added procedure codes to MDC 9:0KXP0ZZ Transfer Left Hip Muscle, Open Approach0KXN0ZZ Transfer Right Hip Muscle, Open Approach |
| **MDC 10** |
| **Insertion of Feeding Device** (Review of DRGs 981-983)**Lower Extremity Muscle and Tendon Excision** (Review of DRGs 981-983) | Cases reporting ICD- 10-PCS procedure code 0DH60UZ with a principal diagnosis in MDC 10 will group to MS-DRGs 628, 629, and 630 Other Endocrine, Nutritional, Metabolic OR Procedures...Added procedure codes describing excision of lower extremity muscles and tendons to MDC 10 and would group to DRGs 622, 623, 624 Skin Grafts and Wound Debridement for Endocrine, Nutritional, Metabolic Disorders.. |
| **MDC 11** |
| **Extracorporeal Shock Wave Lithotripsy** (ESWL) no longer a clinical reason to subdivide the DRGs for urinary stones (DRGs 691-694)**Basilic Vein Reposition in Chronic Kidney Disease** (Review of DRGs 981-983)**Colon Resection with Fistula** (Review of DRGs 981-983) | Deleted DRGs 691 and 692 and revised the titles for DRGs 693 and 694 “Urinary Stones with MCC” and “Urinary Stones without MCC”. Procedure codes describing reposition of basilic vein with a principal diagnosis in MDC 11 will group to MS-DRGs 673, 674, 675 Other Kidney and Urinary Tract Procedures...Added procedure code 0DTN0ZZ Resection of Sigmoid Colon, Open Approach to MDC 11. 0DTN0ZZ with a principal diagnosis of vesico-intestinal fistula (diagnosis code N321) in MDC 11 would group to MS-DRGs 673, 674, 675 Other Kidney and Urinary Tract Procedures.... |
| **MDC 12** |
| **Diagnostic Imaging of Male Anatomy.****Occlusion of Left Renal Vein embolization procedure is performed on the left renal vein (06LB3DZ) should group to the same DRGs as when it is performed on the right renal vein.** | Reassigned the following diagnosis codes from MDC 5 to MDC 12, DRGs 729 and 730 Other Male Reproductive System Diagnoses…R93.811 Abnormal radiologic findings on diagnostic imaging of right testicle R93.812 Abnormal radiologic findings on diagnostic imaging of left testicle R93.813 Abnormal radiologic findings on diagnostic imaging of testicles, bilateral R93.819 Abnormal radiologic findings on diagnostic imaging of unspecified testicleAdded procedure code 06LB3DZ to MDC 12, DRGs 715, 716, 718. |
| **MDC 14** |
| **O99.89 Other diseases and conditions complicating pregnancy, childbirth and the puerperium.**  | Reclassified diagnosis code O99.89 Other diseases and conditions complicating pregnancy/childbirth from a postpartum condition to an antepartum condition under MDC 14 and will follow the logic which asks if there was a principal diagnosis of an antepartum condition on the claim. |
| **MDC 21**  |
| **Peritoneal Dialysis Catheter Complications.** | Added the following procedure codes that describe removal, revision, and/or insertion of new peritoneal dialysis catheters or revision of synthetic substitutes to MDC 21:0WHG03Z Insertion of infusion device into peritoneal cavity, open approach 0WHG43Z Insertion of infusion device into peritoneal cavity, percutaneous endoscopic approach 0WPG03Z Removal of infusion device from peritoneal cavity, open approach 0WPG43Z Removal of infusion device from peritoneal cavity, percutaneous endoscopic approach 0WWG03Z Revision of infusion device in peritoneal cavity, open approach0WWG0JZ Revision of synthetic substitute in peritoneal cavity, open approach 0WWG43Z Revision of infusion device in peritoneal cavity, percutaneous endoscopic approach 0WWG4JZ Revision of synthetic substitute in peritoneal cavity, percutaneous endoscopic approach A principal diagnosis of complications of peritoneal dialysis catheters with a procedure describing removal, revision, and/or insertion of new peritoneal dialysis catheters or revision of synthetic substitutes groups to DRGs 907, 908, 909 Other OR Procedures for Injuries. |
| **MDC 23** |
| **R93.89 Abnormal finding on diagnostic imaging of other specified body structures** | Moved from MDC 05 to MDC 23 and group to DRGs 947, 948 Signs and Symptoms... consistent with other diagnosis codes that include abnormal findings. |
| **O.R. Procedures to Non-O.R. Procedures** |
| **Bronchoalveolar Lavage****Percutaneous Drainage of Pelvic Cavity****Percutaneous Removal of Drainage Device****Endoscopic Insertion of Endobronchial Valves** | 0B9H8ZX Drainage of lung lingula, via natural or artificial opening endoscopic, diagnostic 0B9K8ZX Drainage of right lung, via natural or artificial opening endoscopic, diagnostic 0B9L8ZX Drainage of left lung, via natural or artificial opening endoscopic, diagnostic 0B9M8ZX Drainage of bilateral lungs, via natural or artificial opening endoscopic, diagnostic 0B9C8ZZ Drainage of right upper lung lobe, via natural or artificial opening endoscopic 0B9D8ZZ Drainage of right middle lung lobe, via natural or artificial opening endoscopic 0B9F8ZZ Drainage of right lower lung lobe, via natural or artificial opening endoscopic 0B9G8ZZ Drainage of left upper lung lobe, via natural or artificial opening endoscopic 0B9H8ZZ Drainage of Lung Lingula, via natural or artificial opening endoscopic 0B9J8ZZ Drainage of left lower lung lobe, via natural or artificial opening endoscopic 0B9K8ZZ Drainage of right lung, via natural or artificial opening endoscopic0B9L8ZZ Drainage of left lung, via natural or artificial opening endoscopic0B9M8ZZ Drainage of bilateral lungs, via natural or artificial opening endoscopic 0W9J3ZX Percutaneous Drainage of Pelvic Cavity0FPG30Z Percutaneous Removal of Drainage Device0BH38GZ Insertion of endobronchial valve into right main bronchus, via natural or artificial opening endoscopic0BH48GZ Insertion of endobronchial valve into right upper lobe bronchus, via natural or artificial opening endoscopic0BH58GZ Insertion of endobronchial valve into right middle lobe bronchus, via natural or artificial opening endoscopic0BH68GZ Insertion of endobronchial valve into right lower lobe bronchus, via natural or artificial opening endoscopic0BH78GZ Insertion of endobronchial valve into left main bronchus, via natural or artificial opening endoscopic0BH88GZ Insertion of endobronchial valve into left upper lobe bronchus, via natural or artificial opening endoscopic0BH98GZ Insertion of endobronchial valve into lingula bronchus, via natural or artificial opening endoscopic0BHB8GZ Insertion of endobronchial valve into left lower lobe bronchus, via natural or artificial opening endoscopic  |
| **Approved as O.R. Procedures** |
| **Percutaneous Occlusion of Gastric Artery** | Added procedure 04L23DZ to Appendix E-­Operating Room Procedures assigned to DRGs 270, 271, and 272 Other Major Cardiovascular Procedures… in MDC 05 |
| **FINAL FY 2020 Status of New Technology Add on Payments**  |
| **Trade Brand** | **Technology Name** | **Status and (Maximum) Add- On Payment** | **Identification (ICD-10 Codes and \*NDC Codes)** | **Brief Description** |
| **AndexXa TM** | Coagulation Factor Xa, Inactivated | APPROVED $18,281.25 | XW03372 or XW04372 | Reversal agent (GI Bleed) for both direct Factor Xa inhibitors. |
| **AquaBeam (Aquablation)** | The AQUABEAM System | APPROVED $1,625 | XV508A4 | Tissue removal robot for the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia (BPH). |
| **Sentinel® Cerebral Protection** | Cerebral Protection System | APPROVED $1,820 | X2A5312   | Percutaneously delivered dual-filter embolic protection device while performing transcatheter aortic valve replacement (TAVR) procedures. |
| **KYMRIAH™**  | Tisagenlecleucel | APPROVED $242,450 | XW033C3 or XW043C3 \*NDC Code: 0078-0846-19 and NDC 0078-0958-19 | CD19-directed T cell immunotherapy for Relapsed and refractory acute lymphoblastic leukemia (ALL).  |
| **YESCARTA™** | Axicabtagene ciloleucel | APPROVED $242,450 | XW033C3 or XW043C3 \*NDC 71287-119-02 | CD19-directed genetically modified autologous T cell immunotherapy treatment of adult patients with relapsed or refractory large B-cell lymphoma.  |
| **GIAPREZA™** | Synthetic Human Angiotensin II | APPROVED $1,950 | XW033H4 or XW043H4 | Vasopressor indicated for patients with vasodilatory shock who remain hypotensive.  |
| **ZEMDRI™**  | Plazomicin Anti-infective | APPROVED $4,083.75 | XW033G4 or XW043G4 | Aminoglycoside developed to treat serious bacterial infections due to multidrug resistant Enterobacteriaceae UTI, including pyelonephritis, due to certain Enterobacteriaceae.  |
| **remedē® System** | Multiple Array Stimulator Generator w/ sensing lead and stimulation lead  | APPROVED $22,425 | 0JH60DZ 05H33MZ, and either 05H03MZ or 05H04MZ | Transvenous phrenic nerve stimulator for severe central sleep apnea (CSA) in adult patients.  |
| **Vabomere™** | Meropenem-vaborbactam | APPROVED $8,316 | New codesXW033N5 or XW043N5  | Indicated for gram-negative bacterial infections and complicated UTI and pyelonephritis.  |
| **VYXEOS™** | Daunorubicin and Cytarabine Liposome for Injection | APPROVED $47,352.50 | XW033B3 or XW043B3 | Treatment of adults with newly diagnosed therapy-related AML (t-AML) or AML with myelodysplasia-related changes (AML-MRC), two types of AML having a poor prognosis.  |
| **AZEDRA (NEW)** | Iobenguane I 131 | APPROVED $98,150  | XW043S5 or XW033S5 | Treatment of adult and pediatric patients 12 years and older with Iobenguane scan positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma who require systemic anticancer therapy. |
| **CABLIVI® (NEW)** | Caplacizumab-yhdp | APPROVED $33,215  | XW043W5 or XW033W5 or XW013W5 | Treat adults with acquired thrombotic thrombocytopenic purpura (aTTP) through immediate and direct inhibition of the microclot formation. |
| **ELZONRIS (NEW)** | Tagraxofusp-erzs | APPROVED $125,448.05  | XW043Q5 orXW033Q5 | Treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN). SL-401 is a recombinant protein targeted at CD123. |
| **Balversa (NEW)** | Erdafitinib | APPROVED $3,563.23  | XW0DXL5  | Treatment of adult patients with locally advanced or metastatic urothelial carcinoma whose tumors exhibit certain fibroblast growth factor receptor (FGFR) genetic alterations. |
| **ERLEADA (NEW)** | Apalutamid | APPROVED $1,858.25  | XW0DXJ5  | Treatment of patients with non-metastatic castration resistant prostate cancer (NM-CRPC). |
| **Spravato (NEW)** | Esketamine | APPROVED $1,014.79  | 3E097GC Introduction of other therapeutic substance into nose, via natural or artificial opening\*NDC 50458-028-02 or 50458-028-03 | Nasal spray is a glutamate receptor modulator developed for treatment-resistant depression. |
| **XOSPATA (NEW)** | Gilteritinib | APPROVED $7,312.50  | XW0DXV5 | Treatment of adult patients who have relapsed or refractory Acute Myeloid Leukemia (AML) with a FLT3 mutation. |
| **Jakafi® (NEW)** | Ruxolitinib | APPROVED $3,977.06  | XW0DXT5 | An oral kinase inhibitor that inhibits Janus-associated kinases 1 and 2 (JAK1/JAK2), to reduce graft versus host disease (GVHD). |
| **T2Bacteria® Panel (NEW)** |  | APPROVED $97.50  | XXE5XM5 | The T2Bacteria Test Panel is a multiplex diagnostic panel that detects five major bacterial pathogens associated with sepsis directly from whole blood in 3-5 hours instead of 1-6 days. |
| Defitelio®  | Defibrotide | **DISCONTINUING** |  |  |
| Stelara®  | Ustekinumab | **DISCONTINUING** |  |  |
| ZINPLAVA® | Bezlotoxumab | **DISCONTINUING** |  |  |

\*NDC codes (National Drug Code) – Beginning with FY 2013 IPPS Ruling, CMS approved the use of an alternative code set (National Drug Codes) to identify oral medications where no inpatient procedure is associated for the purposes of new technology add-on payments. NDC info found here: <https://ndclist.com/>

**Additional References:**

CMS RY 2020 Final Rule link: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page.html>

FY2020 IPPS and LTCH Final Rule Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2020-medicare-hospital-inpatient-prospective-payment-system-ipps-and-long-term-acute-0>

The CMS ICD-10 V37 MS-DRG Definitions Manual Files : <https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html>

CMS New Medical Services and New Technologies: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/newtech.html>