DRG Expert - Volume 1

A comprehensive guidebook to the DRG classification system using the ICD-10-CM and -PCS code sets
Summary of Changes

Summary of Changes for Fiscal 2025
The Centers for Medicare and Medicaid Services (CMS) issued its final rule on changes to the hospital inpatient prospective payment system (IPPS) and fiscal year 2025 rates in the Federal Register on August 1, 2024. The Medicare severity diagnosis-related groups (MS-DRGs) are now considered version 41.0 MS-DRGs and are effective for discharges occurring on or after October 1, 2024.

Biannual Code and MS-DRG Updates
The ICD-10-CM and ICD-10-PCS classifications and MS-DRG Grouper and logic will be updated biannually on October 1 and April 1 of each year.

ICD-10-CM/PCS Code Changes
- Added 437 new ICD-10-CM codes (42 effective April 1, 2024)
- Revised 13 ICD-10-CM codes
- Added 112 new ICD-10-PCS codes (34 effective April 1, 2024)
- Revised 14 ICD-10-PCS codes

DRG Grouper Logic Changes
- MDC 02 Diseases and Disorders of the Eye
  - Revised the title of MS-DRG 124 to Other Disorders of the Eye with MCC or Thrombolytic Agent
  - Reassigned eight diagnosis codes describing retinal artery occlusion from MS-DRGs 123 to MS-DRGs 124 and 125
  - Added ten procedure codes describing administration of thrombolytic agent to the list of non-operating room procedures that affect MS-DRG assignment and assigned these codes to MS-DRG 124
- MDC 04 Diseases and Disorders of the Respiratory System
  - Added new MS-DRG 173 (Ultrasound Accelerated and Other Thrombolysis with Principal Diagnosis Pulmonary Embolism)
  - Revised the logic for MS-DRG 177 to exclude diagnosis codes under the logic list entitled “with Secondary Diagnosis” from acting as an MCC when reported as a secondary diagnosis from the logic list entitled “or Principal Diagnosis.”
- MDC 05 Diseases and Disorders of the Circulatory System
  - Added new MS-DRG 212 (Concomitant Aortic and Mitral Valve Procedures)
  - Reassigned procedure code 02H4AZZ for open insertion of short-term external heart assist device as a standalone procedure from MS-DRG 215 to Pre-MDC MS-DRGs 001-002
  - Deleted MS-DRGs 222–223 (Cardiac Defibrillator Implant with Cardiac Catheterization with Acute Myocardial Infarction [AMI], Heart Failure [HF], or Shock with and without MCC)
  - Deleted MS-DRGs 224–225 (Cardiac Defibrillator Implant with Cardiac Catheterization without AMI, HF, or Shock with and without MCC)
  - Deleted MS-DRGs 226–227 (Cardiac Defibrillator Implant without Cardiac Catheterization with and without MCC)
  - Deleted MS-DRGs 246–247 (Percutaneous Cardiovascular Procedures with Drug-Eluting Stent with MCC or 4+ Arteries or Stents and without MCC)
  - Revised MS-DRGs 250–251 to Percutaneous Cardiovascular Procedures without Intraluminal Device with and without MCC
  - Added new MS-DRGs 275–277 (Cardiac Defibrillator Implant with Cardiac Catheterization and MCC, with MCC, and without MCC)
  - Added new MS-DRGs 278–279 (Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures with and without MCC)
  - Added new MS-DRGs 321–322 (Percutaneous Cardiovascular Procedures with Intraluminal Device with MCC or 4+ Arteries/Intraluminal Devices and without MCC)
  - Added new MS-DRGs 323–325 (Coronary Intravascular Lithotripsy with Intraluminal Device with MCC, without MCC, and without Intraluminal Device/MCC)
- MDC 06 Diseases and Disorders of the Digestive System
  - Deleted MS-DRGs 539–540 (Appendectomy with Complicated Principal Diagnosis with MCC, with CC, and without CC/MCC)
  - Deleted MS-DRGs 541–543 (Appendectomy without Complicated Principal Diagnosis with MCC, with CC and without CC/MCC)
  - Added new MS-DRGs 397–399 (Append Procedures with MCC, with CC, and without CC/MCC)
- MDC 16 Diseases and Disorders of Blood, Blood Forming Organs and Immunologic Disorders
  - Revised MS-DRGs 799–801 to Splenic Procedures with MCC, with CC, and without CC/MCC
  - Conducted annual review of procedure code assignments grouping to MS-DRGs 981–983 and 987–989
  - Reassigned procedure code 0DT4AZ2 describing percutaneous endoscopic dilation of ureters with intraluminal device to MDC 05 under MS-DRG 264 (Other Urological O.R. Procedures)
  - Reassigned procedure code 0NR00JZ describing open replacement of skull with synthetic substitute to MDC 09 under MS-DRGs 579–581 (Other Skin, Subcutaneous Tissue and Breast Procedures with MCC, with CC, and without CC/MCC)
  - Reassigned procedure codes 0T768DZ, 0T778DZ, and 0T788DZ describing endoscopic dilation of ureters with intraluminal device to MDC 05 under MS-DRG 264 (Other Urological O.R. Procedures)
  - Reassigned nine procedure codes describing occlusion of splenic artery to MDC 16 under MS-DRGs 799–801 (Splenic Procedures with MCC, with CC, and without CC/MCC)
  - Recalibrated the MS-DRG relative weights as required by the Social Security Act
  - Revised the list of MCC and CC diagnoses
  - Revised the CC Excludes list
<table>
<thead>
<tr>
<th>DRG</th>
<th>Description</th>
<th>RW</th>
<th>GMLOS</th>
<th>AMLOS</th>
<th>Payment</th>
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<tbody>
<tr>
<td>284</td>
<td>ACUTE MYOCARDIAL INFARCTION, EXPRIED WITH CC</td>
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</table>

The national average hospital Medicare base rate is $6,393.78. Each hospital's base rate and corresponding payment will vary. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is Not a Meaningful EHR User, Hospital Did Not Submit Quality Data and is NOT a Meaningful EHR User, using dollar amounts published in the Federal Register FY 2025 Final Rule, Table 1A. National Adjusted Operating Standardized Amounts; Labor/Nonlabor (if wage index greater than 1) or Table 1B. National Adjusted Operating Standardized Amounts; Labor/Nonlabor (if wage index less than or equal to 1). MS-DRGs 998 and 999 contain cases that could not be assigned to valid DRGs.

Note: If there is no value in either the geometric mean length of stay or the arithmetic mean length of stay columns, the volume of cases is insufficient to determine a meaningful computation of these statistics.
Destruction Low Eyelid, R
Destruction Maxilla, Open Appr
Destruction Low Lip, Ext Appr
Destruction Omentum, Open Appr
Destruction Pancreas using LITT, Open Appr
Destruction Nasal Turbinate, Open Appr
Destruction Mastoid Sinus, R
Destruction Nipple, L
Destruction Pancreatic Duct, Open Appr
Destruction Lumbar Nerve, Open Appr
Destruction Orbit, R
Destruction Nasal Bone, Open Appr
Destruction Multiple Parathyroid using LITT, Perc Appr
Destruction Metastatic, R
Destruction Nipple, L
Destruction Pancreatic Duct, Open Appr
Destruction Lumbar Vertebral Jt, Perc Appr
Destruction Lumbar Vertebral Disc, Open Appr
Destruction Neck Skin, Ext Appr
Destruction Mitral Valve, Perc Appr
Destruction Lumbar Vertebral Disc, Perc Appr
Destruction Paraganglion Extremity w LITT, Perc Endo
Destruction Lymphatic, Aortic
Destruction Medulla Oblongata, Open Appr
Destruction Mandible, R
Destruction Lymphatic, Int Mammary, L
Destruction MCP Jt, R
Destruction Medulla Oblongata, Open Appr
Destruction Medulla Oblongata, Perc Appr
Destruction Neck Muscle, R
Destruction Malleable, R
Destruction Massa Iliaca Posterior, Perc Appr
Destruction Medulla Oblongata, Perc Appr
Destruction Massa Illiaca Anterior, Perc Appr
Destruction Medulla Oblongata, Ext Appr
Destruction Massa Iliaca Posterior, Ext Appr
Destruction Medulla Oblongata, Open Appr
Destruction Massa Iliaca Anterior, Open Appr
Destruction Medulla Oblongata, Perc Appr
Destruction Medulla Oblongata, Ext Appr
Destruction Massa Iliaca Anterior, Perc Appr
Destruction Medulla Oblongata, Perc Appr
Destruction Massa Illiaca Anterior, Perc Appr
Destruction Medulla Oblongata, Perc Appr
Destruction Neck Muscle, L
Destruction Malleable, L
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Destruction Medulla Oblongata, Perc Appr
Destruction Massa Iliaca Anterior, Perc Appr
Destruction Medulla Oblongata, Perc Appr
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