

Find-A-Code

ICD-9 MS-DRG Grouper v32.0

The DRG-Grouper is used to calculate payments to cover operating costs for inpatient hospital stays. Under the inpatient prospective payment system (IPPS) each individual case is categorized into a diagnosis related group – DRG. Payment weights are assigned to each DRG based on average resources used to treat Medicare patients in that DRG.

HOW DOES IT WORK?

The IPPS is a complex calculation in which begins with each case being categorized into a diagnosis-related group (DRG). Each DRG has a payment weight assigned to it. Payment weights are affected by factors such as:

- geographic location (cost of living adjustment factor),
- the number of low-income patients in that location (DSH adjustment),
- whether that facility is a teaching facility (IME adjustment), and
- if this is an outlier case (a particularly costly case).

DRGs are assigned by a "grouper" program which gathers claim information based on ICD diagnoses, procedures, age, sex, discharge status and the presence of complications or comorbidities. All these factors are used to determine the appropriate DRG on a case by case basis.

Although there are some exceptions, all principal diagnoses are divided into one of 25 Major Diagnostic Categories (MDC) that generally correspond to a single organ system.

Some Examples of MDCs include:

- MDC 1 Diseases and Disorders of the Nervous System
- MDC 2 Diseases and Disorders of the Eye
- MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat

In the MS-DRG system, many DRGs are split into one, two or three MS-DRGs based on whether any one of the secondary diagnoses has been categorized as an MCC, a CC or no CC.

Example of MS-DRGs with a three way split include:

- MS-DRG 539, Osteomyelitis with MCC
- MS-DRG 540, Osteomyelitis with CC
- MS-DRG 541, Osteomyelitis without CC/MCC

The MS-DRG grouper classifies hospital case types into similar Diagnosis Related Groups as well as determines a fixed payment amount based on the patients DRG. DRG's may further grouped into Major Diagnostic Categories (MDC)

Client Codes/Fee Schedule: UT Fee Schedule Viewing: May 22, 2015

ICD-9 MS-DRG Grouper

Instructions: Enter a ICD9v1 principle diagnosis, as well as any ICD9v1 secondary diagnoses and ICD9v3 procedures, in the boxes below. Click the "Add" links for additional boxes. When done, click the "Group" button. The resultant DRG will display below the form.

ICD-10 Alert: We are gauging interest in the ICD-10 version of the MS-DRG Grouper. For more information, [click here](#).

Have Feedback? Please [Contact Us!](#)

Incident Details

	ICD-9 Code	POA	Description (will appear for codes)
Principal Diagnosis:	<input type="text" value="ICD-9v1 only"/>	<input type="text" value=""/>	
Secondary Diagnoses:	<input type="text" value="ICD-9v1 only"/>	<input type="text" value=""/>	
+ Add More Diagnoses...	<input type="text" value="ICD-9v1 only"/>	<input type="text" value=""/>	
	<input type="text" value="ICD-9v1 only"/>	<input type="text" value=""/>	
	<input type="text" value="ICD-9v1 only"/>	<input type="text" value=""/>	
Procedures:	<input type="text" value="ICD-9v3 only"/>		
+ Add More Procedures...	<input type="text" value="ICD-9v3 only"/>		
	<input type="text" value="ICD-9v3 only"/>		
	<input type="text" value="ICD-9v3 only"/>		
	<input type="text" value="ICD-9v3 only"/>		

Discharge Date: ICD-9 MS-DRG v32.0 (2015)

Age: (0-124)

Gender:

Discharge Status:

Rate this tool: ☆☆☆☆☆

To get started; enter your principal diagnosis; notice you will have the option of choosing the following indicators under POA (Present on Admission) on every diagnosis line.

- Y -Yes, present at the time of inpatient admission
- N -No, not present at the time of inpatient admission
- U -Insufficient documentation to determine if present on Admission
- W -Clinically unable to determine if present at time of admission
- 1 -Code is exempt from POA reporting

**POA – Present on admission it is an
HAC – Hospital Acquired condition**

Notice next to the Discharge Date, the current version is noted with the date it was

released. Simply select the “Submit” button



when you are ready for your grouper results.

ICD-9 MS-DRG Grouper

Instructions: Enter a ICD9v1 principle diagnosis, as well as any ICD9v1 secondary diagnoses and ICD9v3 procedures, in the boxes below. Click the "Add" links for additional boxes. When done, click the "Group" button. The resultant DRG will display below the form.

Have Feedback? Please Contact Us! Like the old version better? [Click here to use it.](#)

Incident Details

	ICD-9 Code	POA	Description (will appear for codes)
Principal Diagnosis:	410.41	<input type="checkbox"/>	Acute myocardial infarction of other inferior wall, initial episode of care MCC
Secondary Diagnoses:	995.90	<input type="checkbox"/>	Systemic inflammatory response syndrome, unspecified CC
+ Add More Diagnoses...	518.81	<input type="checkbox"/>	Acute respiratory failure MCC
	584.6	<input type="checkbox"/>	Acute kidney failure with lesion of renal cortical necrosis MCC
	ICD-9v1 only	<input type="checkbox"/>	
	ICD-9v1 only	<input type="checkbox"/>	
Procedures:	0066		Percutaneous transluminal coronary angioplasty [PTCA] OR
+ Add More Procedures...	3761		Implant of pulsation balloon OR
	ICD-9v3 only		
	ICD-9v3 only		
	ICD-9v3 only		

Discharge Date: 2015-02-26 ICD-9 MS-DRG v32.0 (2015)

Age: 81 (0-124)

Gender: 1-Male

Discharge Status: Discharged/transferred to a Short-Term General Hospital for inpatient care

Submit

DRG Grouping Summary

Type	Check	Status	Result
PROC	PRE MDC Check	Yes	This case does NOT qualify for a PRE DRG based on the procedures.
PDx	PDx MDC Check	Yes	Primary Diagnosis 410.41 groups to a DRG in MDC 05.
All	MDC Result	05	The case groups to a DRG from MDC 05.
PROC	OR Proc Check	Yes	This case DOES have an Operating Room Procedure; scan surgical DRGs.
SDx	CC Check	Yes	Secondary Diagnosis 518.81 DOES constitute a MCC.
SDx	CC Check	No	Secondary Diagnosis 995.90 is not designated as a MCC.
All	DRG Check	Yes	This case potentially groups to DRG 237. Checking other conditions:
All	DRG Group Result	237	All conditions met. This case groups to DRG 237.

If all conditions are met it will group to the appropriate DRG. If conditions are not met, you will be alerted if there is an input that is required to continue.

Results will include any error flags in the grouping summary as well.

Discharge Date:	<input type="text" value="2015-02-25"/>	ICD-9 MS-DRG v32.0 (2015)
Age:	<input type="text" value="78"/>	(0-124)
Gender:	<input type="text" value="1-Male"/>	
Discharge Status:	<input type="text" value="01 - Discharged to home or self-care (Routine Discharge)"/>	
	<input type="button" value="Submit"/>	

DRG Grouping Summary

Type	Check	Status	Result
PROC	PRE MDC Check	Yes	This case does NOT qualify for a PRE DRG based on the procedures.
PDx	PDx MDC Check	Yes	Primay Diagnosis 410.41 groups to a DRG in MDC 05.
All	MDC Result	05	The case groups to a DRG from MDC 05.
PROC	OR Proc Check	No	This case does NOT have an Operating Room Procedure; scan medical DRGs.
All	DRG Check	Yes	This case potentially groups to DRG 280. Checking other conditions:
SDx	CC Check	Yes	Secondary Diagnosis 584.6 DOES constitute a MCC.
SDx	CC Check	No	Secondary Diagnosis 276.2 is not designated as a MCC.
All	DRG Group Result	280	All conditions met. This case groups to DRG 280.

Result DRG: 280

Additional important information about the DRG will display once the DRG has been determined such as the Relative Weight Geometric Mean LoS and Procedure type to name a few.

Result DRG: 280

MS-DRG Chapter/Section Guidelines & Notes
Auto-open

Code Information

280 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC

DRG Relative Weight: 1.7289
Geometric Mean LoS: 4.7
Arithmetic Mean LoS: 6
Procedure type: MED
Post Acute: Yes
Special Pay: No

MS-DRG IPPS Payment Calculator
Auto-open

Note: This calculator gives only an estimate of payment. It is not to be relied upon for exact payment. Edit Location Settings

Provider: **Utah Valley Regional Medical Center** (2015-03-18)
 Service Date: 2015-05-22

Calculations made using *full* update amounts.

(Total Federal Operating Payment + Total Federal Capital Payment) * HAC Reduction	= Total Federal Payment
(\$10,874.49 + \$779.13) * 0.99	= \$11,537.08*

*If costs were unusually high (billed charges greater than \$85,414.00), you may qualify for an additional outlier payment.

Total Federal Operating Payment: \$10,874.49

Total Federal Capital Payment: \$779.13

Billed Outlier Threshold: \$85,414.00

With Find-A-Codes grouper changing the location is easy. Simply Edit Location settings on the fly including hospital provider number and CBSA (Core Based Statistical Area), or save your location as the Default location.

In addition you can define incentives if the hospital qualifies, such as inpatient quality reporting and outpatient quality reporting. Incentives or lack of will be taken into consideration in the payment calculator.

MS-DRG IPPS Payment Calculator
Auto-open

[Edit Location Settings](#)

<u>Hospital Provider Number</u>	<input type="text" value="begin typing to filter..."/>
CBSA	<input type="text" value="46 - Utah"/>
Hospital Qualifies for IQR incentives	<input type="text" value="Yes"/> (?)
Hospital Qualifies for OQR incentives	<input type="text" value="Yes"/> (?)
Hospital is Meaningful EHR User	<input type="text" value="Yes"/>
<input type="button" value="Apply"/> <input type="checkbox"/> Save as Default for 'UT Fee Schedule'	

Note: This calculator gives only an estimate of payment. It is not to be relied upon for exact payment.

Provider: Unadjusted

Calculations made using *full* update amounts.

To see provider-specific calculations here, please click [Edit Location Settings](#) and enter your **Hospital Provider Number** and CBSA.

Total Federal Operating Payment + Total Federal Capital Payment	=	Total Federal Payment
\$27,613.95 + \$2,207.91		= \$29,821.86

+ Total Federal Operating Payment: \$27,613.95

+ Total Federal Capital Payment: \$2,207.91

When managing your fee schedules if you chose to set the national unadjusted rate as your fee schedule under go to “My Account”, select clients/Fee schedules. Form here you can add or manage your fee schedules. For National Un-adjusted simply put all Zeros “00000” in the Zip code and chose **National unadjusted** under State. This is where you can also adjust or change percentages for fee comparisons.

Should you need to use this as your default simply check the box “Use are current Client/Fee Schedule”. Notice in the upper right hand corner the Fee schedule you are currently viewing will be displayed.

My Codes
My Account
Members Only
Sign Out

LiveChat

Client Codes/Fee Schedule:
Viewing: Mar 19, 2015

Manage Client/Fee Schedule
✕

Client/Fee Schedule Information:

Name:

Description (optional):

Use as current Client/Fee Schedule:

Medicare Information:

Please enter your state and zip code and hit 'Search'.
If there are multiple contractors in your area, select the appropriate one from the dropdown.

Zip: * State: *

Medicare Contractor: 00000-00 (National Unadjusted)

Medicare Fee Comparison Percentages:

% of Medicare Amt: % (Ex. 150%)

% of Medicare Amt: % (Ex. 200%)

Hospital/Facility Information:

Hospital Provider Number

CBSA

Hospital Qualifies for IQR incentives (?)

Hospital Qualifies for OQR incentives (?)

Hospital is Meaningful EHR User

CPSA determines the Wage Index Weight and Pricing

The DRG is determined off the Hospital Provider #

APC Calculator based off the CPSA and Hospital Provider

The DRG Grouper takes several things into consideration when factoring payment rates for each DRG, for example the hospital IQR (Hospital Inpatient Quality Reporting Program) and EHR incentive programs are factored in the calculations.

Hospital Provider Number/CCN	460001	UTAH VALLEY REGIONAL MEDICAL CENTER
CBSA	39340 - Provo-Orem, UT	
Hospital Qualifies for OQR incentives	Yes	(?)
Hospital IQR and EHR Use	<i>New! Hospital IQR status and EHR use is calculated automatically from the Hospital Provider Number.</i>	

Save as Default for 'UT Fee Schedule'

For example; if the hospital is a teaching hospital or considered a disproportionate share hospital as well as any outlier cases.

Once the grouping is established, if the hospital qualifies for the Disproportionate Share it will show up under Total Federal Operating Payment, click open this box.

MS-DRG IPPS Payment Calculator
Auto-open

Hospital Provider Number/CCN	460001	UTAH VALLEY REGIONAL MEDICAL CENTER
CBSA	39340 - Provo-Orem, UT	
Hospital Qualifies for OQR incentives	Yes	(?)
Hospital IQR and EHR Use	<i>New! Hospital IQR status and EHR use is calculated automatically from the Hospital Provider Number.</i>	

Save as Default for 'UT Fee Schedule'

Note: This calculator gives only an estimate of payment. It is not to be relied upon for exact payment.

Provider: **Utah Valley Regional Medical Center** (2015-03-18)
 Service Date: 2015-05-22

Calculations made using *full* update amounts.

(Total Federal Operating Payment + Total Federal Capital Payment) * HAC Reduction	= Total Federal Payment
(\$10,874.49 + \$779.13) * 0.99	= \$11,537.08*

*If costs were unusually high (billed charges greater than \$85,414.00), you may qualify for an additional outlier payment.

Total Federal Operating Payment: \$10,874.49

Total Federal Capital Payment: \$779.13


Billed Outlier Threshold: \$85,414.00

Here you will see the add-ons and adjustments. Simply click on the GREEN Plus button to expand your choice to further view the calculations and how they are determined. Remember if the hospital does not qualify there may not be calculations.

- Federal Operating Payment
- Operating Indirect Medical Education Add-on (if the hospital is a teaching Hospital)
- Operating Disproportionate Share Hospital
- Value Based Purchasing Adjustment (HVBP)
- Readmission Reduction



- Total Federal Operating Payment: \$10,874.49	
Federal Operating Payment + Operating Indirect Medical Education Add-on + Operating Disproportionate Share Hospital Add-on + Value Based Purchasing Adjustment + Readmissions Reduction Adjustment	= Total Federal Operating Payment
\$9,014.46 + \$263.42 + \$1,602.59 + \$-5.98 + \$0.00	= \$10,874.49
+ Federal Operating Payment: \$9,014.46	
+ Operating Indirect Medical Education Add-on: \$263.42	
+ Operating Disproportionate Share Hospital Add-on: \$1,602.59	
+ Value Based Purchasing Adjustment: \$-5.98	
+ Readmissions Reduction Adjustment: \$0.00	
+ Total Federal Capital Payment: \$779.13	
+ Billed Outlier Threshold: \$85,414.00	



To view the DRG simply, click on the  to open the selected DRG

Result DRG: 280




+ MS-DRG Chapter/Section Guidelines & Notes	Auto-open <input type="checkbox"/>
Code Information	
280 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	
DRG Relative Weight:	1.7289
Geometric Mean LoS:	4.7
Arithmetic Mean LoS:	6
Procedure type:	MED
Post Acute:	Yes
Special Pay:	No

MS-DRG grouper logic built directly into the code information. When you select an ICD-9 code the information is available on the code page.

Medicare Severity Diagnosis Related Group - 280 | < > |  

+ MS-DRG Chapter/Section Guidelines & Notes Auto-open

Code Information

280 - ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC 

[EDIT]

DRG Relative Weight: 1.7289
Geometric Mean LoS: 4.7
Arithmetic Mean LoS: 6
Procedure type: MED
Post Acute: Yes
Special Pay: No

+ Description Diff (admins only) Auto-open

+ MS-DRG Chapter/Section Guidelines & Notes Auto-open

+ Additional Code Information Auto-open

+ Anatomy & Physiology Online for Coders Auto-open

+ Dictionary Definitions Auto-open

+ My Notes Auto-open

+ Alerts (0 alerts) Auto-open

+ Coding Tips (0 tips) Auto-open

+ MS-DRG Grouper Logic Auto-open

+ MS-DRG IPPS Payment Calculator Auto-open

+ Cross-A-Code™ (ICD-9, CPT, Modifiers, NCCI, NDC, ASA CROSSWALK®) Auto-open

For additional information select the MS-DRG grouper Logic tab and the MS-DRG IPPS Payment Calculator. The following related results will appear such as CC and MCC results. You will also find the associated Diagnosis codes that are payable with the DRG selected.

MS-DRG Grouper Logic
Auto-open

Use the following table to find the applicable DRG to your situation.

<i>ACUTE MYOCARDIAL INFARCTION</i>	<i>DISCHARGED ALIVE</i>	<i>MCC</i>	<i>CC</i>	<i>DRG</i>
Yes	Yes	Yes		280
Yes	Yes	No	Yes	281
Yes	Yes	No	No	282
Yes	No	Yes		283
Yes	No	No	Yes	284
Yes	No	No	No	285

ACUTE MYOCARDIAL INFARCTION

PRINCIPAL OR SECONDARY DIAGNOSIS

- 410.01 AMI anterolateral, init
- 410.11 AMI anterior wall, init
- 410.21 AMI inferolateral, init
- 410.31 AMI inferopost, initial
- 410.41 AMI inferior wall, init
- 410.51 AMI lateral NEC, initial
- 410.61 True post infarct, init
- 410.71 Subendo infarct, initial
- 410.81 AMI NEC, initial
- 410.91 AMI NOS, initial

DISCHARGED ALIVE

Whether or not the patient was discharged alive.

MS-DRG IPPS Payment Calculator
Auto-open

Note: This calculator gives only an estimate of payment. It is not to be relied upon for exact payment.

Provider: Unadjusted

Calculations made using full update amounts.

How would you Rate this Tool? We would love to hear your feedback, select the 5 Star rating at the bottom right side of our grouper and let us know what you think.

