

Find-A-Code MS-DRG Grouper

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?

In determining the appropriate MS-DRG for a Medicare patient, the age, sex, discharge status, principal diagnosis, secondary diagnosis, and procedures performed must be reported accurately to the Grouper program.

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 group into Major Diagnostic Categories (MDC)

Incident Details

	ICD-10 Code	POA	Description (will appear for codes)	Legend
Principal Diagnosis:	I21.19		ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	MCC
Secondary Diagnoses:	R65.10		Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction	CC
+ Add More Diagnoses...	J96.00		Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	MCC
	N17.1		Acute kidney failure with acute cortical necrosis	MCC
	ICD10CM only			
	ICD10CM only			
Procedures:	02703ZZ		Dilation of Coronary Artery, One Artery, Percutaneous Approach	OR
+ Add More Procedures...	5A02110		Assistance with Cardiac Output using Balloon Pump, Intermittent	OR
	ICD10PCS only			
	ICD10PCS only			
	ICD10PCS only			
Discharge Date:	2019-01-01	ICD-10 MS-DRG v36.0 (2019)		
Admitting Diagnosis		(optional - not used in grouping)		
Age:	81	(0-124)		
Gender:	1-Male			
Discharge Status:	02 - Discharged/transferred to a Short-Term General Hospital for inpatient ca			
<input type="button" value="Group"/> <input type="button" value="Save"/> <input type="button" value="Load"/> <input type="button" value="Clear"/> <input type="button" value="Print"/>				

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.

Discharge Date:	<input type="text" value="2019-01-01"/>	ICD-10 MS-DRG v36.0 (2019)
Admitting Diagnosis	<input type="text"/>	(optional - not used in grouping)
Age:	<input type="text" value="81"/>	(0-124)
Gender:	<input type="text" value="1-Male"/>	
Discharge Status:	<input type="text" value="02 - Discharged/transferred to a Short-Term General Hospital for inpatient ca"/>	
	<input type="button" value="Group"/>	<input type="button" value="Save"/> <input type="button" value="Load"/> <input type="button" value="Clear"/> <input type="button" value="Print"/>

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 I21.19 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	Scanning surgical DRGs.
All	DRG Check	Yes	This case potentially groups to DRG 270. Checking other conditions:
SDx	CC Check	No	Secondary Diagnosis R65.10 is not designated as a MCC.
SDx	CC Check	Yes	Secondary Diagnosis J96.00 DOES constitute a MCC.
All	DRG Group Result	270	All conditions met. This case groups to DRG 270.

Result DRG: 270

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.

Result DRG: 270

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

Code Information

270 - OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC

DRG Relative Weight: 5.0617
Geometric Mean LoS: 6.6
Arithmetic Mean LoS: 9.5
Procedure type: SURG
Post Acute: No
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: Unadjusted
Calculations made using *full* update amounts.

To see provider-specific calculations here, please click Edit Location Settings and enter your **Hospital Provider Number/CCN and CBSA.**

Total Federal Operating Payment + Total Federal Capital Payment	= Total Federal Payment
\$28,578.76 + \$2,325.40	= \$30,904.16

Total Federal Operating Payment: \$28,578.76

Total Federal Capital Payment: \$2,325.40

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.

MS-DRG IPPS Payment Calculator
Auto-open

Hospital Provider Number/CCN	begin typing to filter...
CBSA	46 - UTAH ▼
Hospital Qualifies for OQR incentives	Yes ▼ (2)
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 'My 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 and enter your **Hospital Provider Number/CCN and CBSA.**

Total Federal Operating Payment + Total Federal Capital Payment	= Total Federal Payment
\$28,578.76 + \$2,325.40	= \$30,904.16

⊕ Total Federal Operating Payment: \$28,578.76

⊕ Total Federal Capital Payment: \$2,325.40

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](#)

Hospital Provider Number/CCN

CBSA

Hospital Qualifies for OQR incentives (2)

Hospital IQR and EHR Use *New! Hospital IQR status and EHR use is calculated automatically from the Hospital Provider Number.*

Save as Default for 'My 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/CCN and CBSA.**

Total Federal Operating Payment + Total Federal Capital Payment	- Total Federal Payment
\$28,578.76 + \$2,325.40	= \$30,904.16

Total Federal Operating Payment: \$28,578.76

Total Federal Capital Payment: \$2,325.40

When managing your fee schedules if you chose to set the national unadjusted rate as your fee schedule, go to "My Account", select clients/Fee schedules. From 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.

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.

CPSA determines the Wage Index Weight and Pricing

The DRG is determined off the Hospital Provider #

APC Calculator based on 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>	
<input type="button" value="Apply"/> <input type="checkbox"/> 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

[Edit Location Settings](#)

Hospital Provider Number/CCN	460001	
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>	
<input type="button" value="Apply"/> <input type="checkbox"/> Save as Default for Fee Schedule 'National Unadjusted'		

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/CCN** and **CBSA**.

Total Federal Operating Payment + Total Federal Capital Payment	= Total Federal Payment
\$28,578.76 + \$2,325.40	= \$30,904.16

+ **Total Federal Operating Payment: \$28,578.76**

+ **Total Federal Capital Payment: \$2,325.40**

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: \$28,578.76	
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
\$28,578.76 + \$0.00 + \$0.00 + \$0.00 + \$0.00	= \$28,578.76
⊕ Federal Operating Payment: \$28,578.76	
⊕ Operating Indirect Medical Education Add-on: \$0.00	
⊕ Operating Disproportionate Share Hospital Add-on: \$0.00	
⊕ Value Based Purchasing Adjustment: \$0.00	
⊕ Readmissions Reduction Adjustment: \$0.00	
⊕ Total Federal Capital Payment: \$2,325.40	

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.

Rate this tool: 