PRESENTED BY
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2018 ICD-10-CM/PCS Workshop 3: Dealing with Impactful Codes and Other IPPS Changes

SEPTEMBER 2018

ciox

Objectives

- Review changes to MS-DRG classification
- Review HAC/POA methodology
- Review changes to New Technology Add-On Payment (NTAP) methodology
- In-depth discussion of selected impactful coding scenarios

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DRG CHANGES

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DRG CHANGES
Documentation and coding adjustment (DCA)

Accounts for changes in MS-DRG documentation and coding that do not reflect real change in case mix.

Concept	FY 17	FY 18	FY 19
DRG Grouper Version	34	35	36
MS–DRG DCA Adjustment	-1.5 %	0.4588 %	.5%

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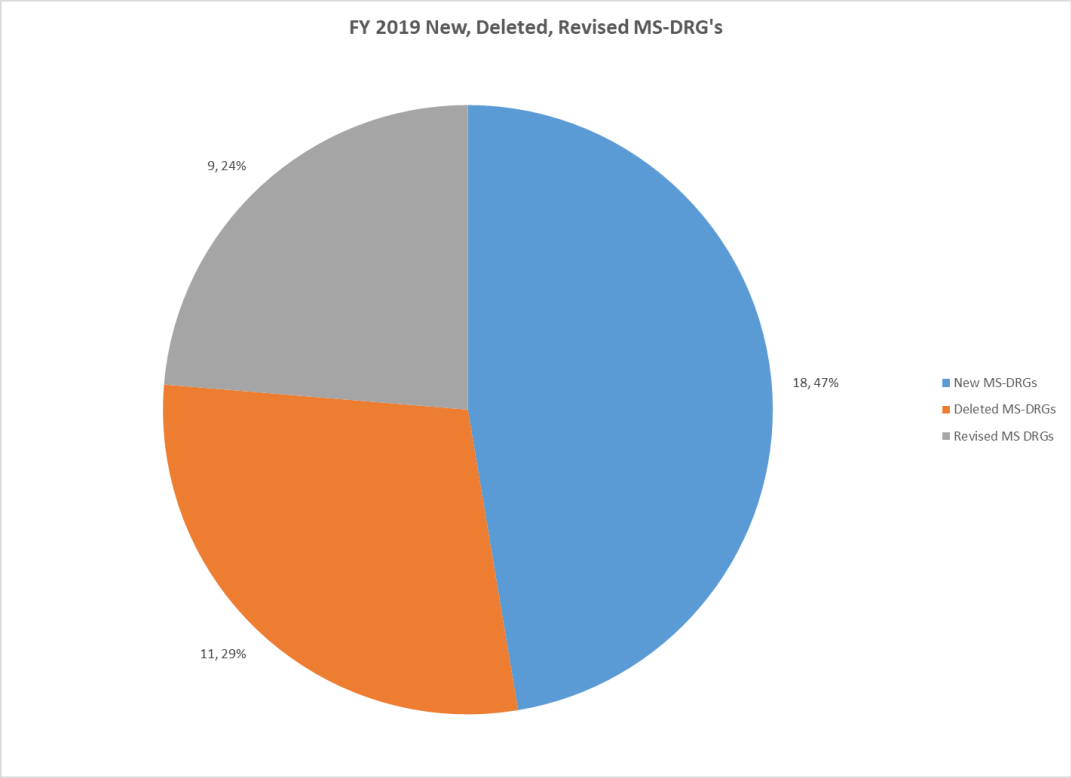
NEW, DELETED, REVISED MS-DRG'S



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DRG CHANGES
Deleted DRGs

Data indicates it is no longer necessary to maintain distinct DRGs for:

MS-DRG
685 Admit for Renal Dialysis

- DRG 685 have been eliminated
- DX and PC combinations formerly mapping to 685 will be remapped to 698-700 (Other Kidney and Urinary Tract Diagnoses with MCC, with CC, and without CC\MCC, respectively)

ICD-10-CM Code	ICD-10-CM Code Title
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter
Z49.31	Encounter for adequacy testing for hemodialysis
Z49.32	Encounter for adequacy testing for peritoneal dialysis

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DRG Reclassification

When no delivery occurs

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Appropriateness of current DRG classification undergoes ongoing evaluation

DRG 777, 778 780, 781, 782

DELETE 5 MS-DRGs:
MS-DRG 777 (Ectopic Pregnancy)
MS-DRG 778 (Threatened Abortion)
MS-DRG 780 (False Labor)
MS-DRG 781 (Other Antepartum Diagnoses with Medical Complications)
MS-DRG 782 (Other Antepartum Diagnoses without Medical Complications)

CREATE 6 MS-DRGs:
MS-DRG XXX (Other Antepartum Diagnoses with O.R. Procedure with MCC)
MS-DRG XXX (Other Antepartum Diagnoses with O.R. Procedure with CC)
MS-DRG XXX (Other Antepartum Diagnoses with O.R. Procedure without CC/MCC)
MS-DRG XXX (Other Antepartum Diagnoses without O.R. Procedure with MCC)
MS-DRG XXX (Other Antepartum Diagnoses without O.R. Procedure with CC)
MS-DRG XXX (Other Antepartum Diagnoses without O.R. Procedure without CC/MCC)

Suggested MS-DRGs for Other Antepartum Diagnoses

MS-DRG	Number of Cases	Average Length of Stay	Average Costs
MS-DRG 817 (Other Antepartum Diagnoses with O.R. Procedure with MCC)	60	5.1	$13,117
MS-DRG 818 (Other Antepartum Diagnoses with O.R. Procedure with CC)	66	4.2	$10,483
MS-DRG 819 (Other Antepartum Diagnoses with O.R. Procedure without CC/MCC)	44	1.7	$5,904
MS-DRG 831 (Other Antepartum Diagnoses without O.R. Procedure with MCC)	786	4.3	$7,248
MS-DRG 832 (Other Antepartum Diagnoses without O.R. Procedure with CC)	910	3.5	$4,994
MS-DRG 833 (Other Antepartum Diagnoses without O.R. Procedure without CC/MCC)	855	2.7	$3,843

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DRG Reclassification

Vaginal Delivery

Appropriateness of current DRG classification undergoes ongoing evaluation

Suggested Modifications to MS-DRGs for MDC 14 (Pregnancy, Childbirth and the Puerperium)
DELETE 3 MS-DRGs:
MS-DRG 767 (Vaginal Delivery with Sterilization and/or D&C)
MS-DRG 774 (Vaginal Delivery with Complicating Diagnosis)
MS-DRG 775 (Vaginal Delivery without Complicating Diagnosis)
CREATE 6 MS-DRGs:
MS-DRG XXX (Vaginal Delivery with Sterilization/D&C with MCC)
MS-DRG XXX (Vaginal Delivery with Sterilization/D&C with CC)
MS-DRG XXX (Vaginal Delivery with Sterilization/D&C without CC/MCC)
MS-DRG XXX (Vaginal Delivery without Sterilization/D&C with MCC)
MS-DRG XXX (Vaginal Delivery without Sterilization/D&C with CC)
MS-DRG XXX (Vaginal Delivery without Sterilization/D&C without CC/MCC)

Suggested MS-DRGs for Vaginal Delivery			
MS-DRG	**Number of Cases**	**Average Length of Stay**	**Average Costs**
MS-DRG 796 (Vaginal Delivery with Sterilization/D&C with MCC)	25	6.7	$11,421
MS-DRG 797 (Vaginal Delivery with Sterilization/D&C with CC)	63	2.4	$6,065
MS-DRG 798 (Vaginal Delivery with Sterilization/D&C without CC/MCC)	126	2.3	$6,697
MS-DRG 805 (Vaginal Delivery without Sterilization/D&C with MCC)	406	5.0	$9,605
MS-DRG 806 (Vaginal Delivery without Sterilization/D&C with CC)	1,952	2.9	$5,506
MS-DRG 807 (Vaginal Delivery without Sterilization/D&C without CC/MCC)	4,105	2.3	$4,601

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DRG Reclassification

Cesarean Delivery

Appropriateness of current DRG classification undergoes ongoing evaluation

Suggested Modifications to MS-DRGs for MDC 14 (Pregnancy, Childbirth and the Puerperium)
DELETE 2 MS-DRGs: MS-DRG 765 (Cesarean Section with CC/MCC) MS-DRG 766 (Cesarean Section without CC/MCC) **CREATE 6 MS-DRGs:** MS-DRG XXX (Cesarean Section with Sterilization with MCC) MS-DRG XXX (Cesarean Section with Sterilization with CC) MS-DRG XXX (Cesarean Section with Sterilization without CC/MCC) MS-DRG XXX (Cesarean Section without Sterilization with MCC) MS-DRG XXX (Cesarean Section without Sterilization with CC) MS-DRG XXX (Cesarean Section without Sterilization without CC/MCC)

Suggested MS-DRGs for Cesarean Section			
MS-DRG	**Number of Cases**	**Average Length of Stay**	**Average Costs**
MS-DRG 783 (Cesarean Section with Sterilization with MCC)	178	6.4	$12,977
MS-DRG 784 (Cesarean Section with Sterilization with CC)	511	4.1	$8,042
MS-DRG 785 (Cesarean Section with Sterilization without CC/MCC)	475	3.0	$6,259
MS-DRG 786 (Cesarean Section without Sterilization with MCC)	707	5.9	$11,515
MS-DRG 787 (Cesarean Section without Sterilization with CC)	1,887	4.2	$7,990
MS-DRG 788 (Cesarean Section without Sterilization without CC/MCC)	1,710	3.3	$6,663

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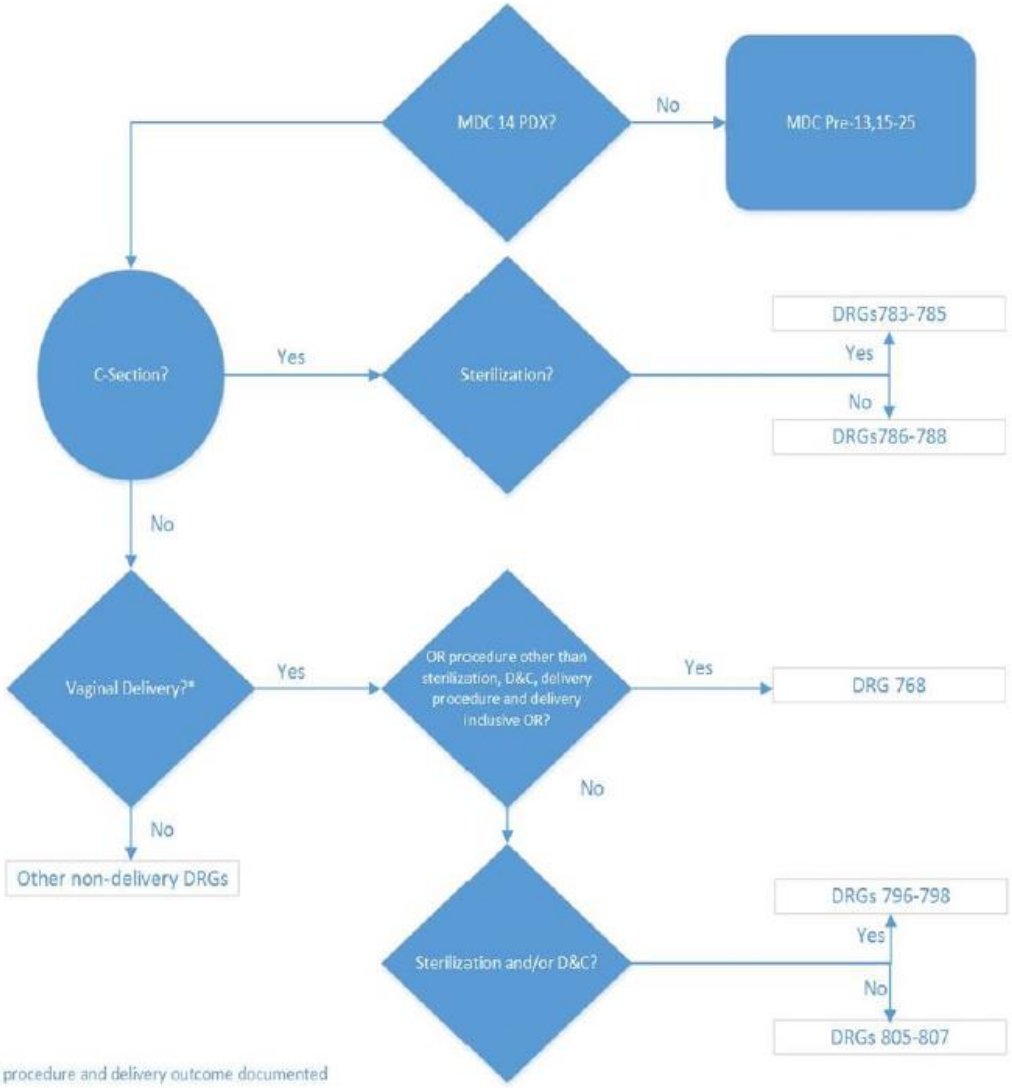
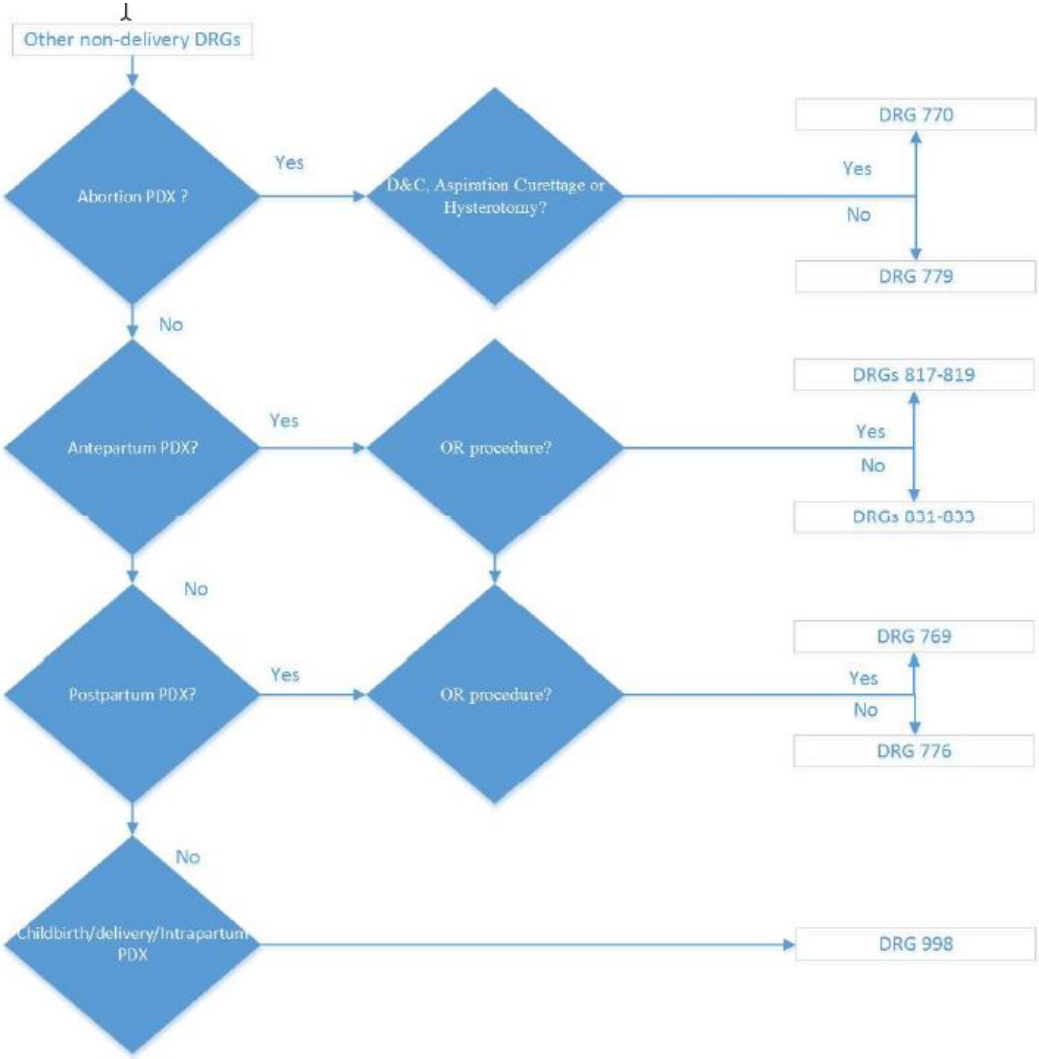
Grouper Logic for MDC 14 (DELIVERY)



* Delivery procedure and delivery outcome documented

This document is private a

Grouper Logic for MDC 14 (Non-DELIVERY)



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DRG CHANGES

Non-O.R procedure

Percutaneous Extracorporeal Membrane Oxygenation (ECMO)

- The codes for percutaneous ECMO or Qualifier G and H will be classified as non-O.R. procedures
- Percutaneous ECMO will affect certain MS-DRG assignments
- Central ECMO will remain in Pre-MDC MS-DRG 003

MDC	MS-DRG	MS-DRG Title
4	207	Respiratory System Diagnosis with Ventilator Support >96 Hours or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
5	291	Heart Failure and Shock with MCC or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
5	296	Cardiac Arrest, Unexplained with MCC or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
18	870	Septicemia or Severe Sepsis with MV>96 Hours or Peripheral Extracorporeal Membrane Oxygenation (ECMO)

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DRG CHANGES

Other Revised MS-DRG Titles

2018	2019
MS-DRGs 11, 12, and 13[Tracheostomy for Face, Mouth and Neck Diagnoses with MCC, with CC and without CC/MCC]	MS-DRGs 11, 12, and 13 [Tracheostomy for Face, Mouth and Neck Diagnoses or Laryngectomy with MCC with CC and without CC/MCC]
MS-DRG 864 [Fever]	MS-DRG 864 [Fever and Inflammatory Conditions]
MS-DRG 016 [Autologous Bone Marrow Transplant with CC/MCC]	MS-DRG 016 [Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy]

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DRG RECLASSIFICATION

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DRG RECLASSIFICATION

O.R procedure

Complete Pacemaker System

- Insertion of a complete pacemaker (lead and generator) will be classified as an OR procedure across all MDC's, regardless of the principal diagnosis
- Insertion of a generator or lead will still be classified as a Non-O.R procedure outside of MDC 5

FY 2018

Medicare DRG and MDC Information

379 G.I. HEMORRHAGE W/O CC/MCC
CMS wt 0.6446 A/LOS 2.5 G/LOS 2.2
Length of stay, discharge to a post-acute care provider, and home health service condition codes can significantly impact reimbursement for this DRG.

006 DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM

Admit Diagnosis

	Code	Descri
1.	K5731	Diverticulosis of large intestine without perforation or abscess with bleeding Codebook Coding HB.

Diagnosis Code Detail

	Code	Description
1.	K5731	Principal Diverticulosis of large intestine without perforation or abscess with bleeding Codebook Coding HB.
2.	R001	Bradycardia, unspecified Codebook

Procedure Code Detail

	Code	Description
1.	0JH604Z	Principal Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
2.	02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach

Estimated Reimbursement -- Medicare Inpatient

Total	$2607.08
Status	Inlier

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DRG CHANGES

DRG Reclassification

Appropriateness of current DRG classification undergoes ongoing evaluation

Some of the more notable changes for FY 2018 are listed below:

Concept	FY18 DRGs	FY 19 DRGs
D17.71 [Benign lipomatous neoplasm of kidney], Reclassified from GI disorders, MDC 06, to MDC 11 Disorders of the Kidney and Urinary Tract	393, 394, 395	686, 687, 688
D17.72 [Benign lipomatous neoplasm of other genitourinary organ], Reclassified from Minor Skin Disorders, MDC 09, to MDC 11, Disorders of the Kidney and Urinary Tract	606, 607	686, 687, 688
Dilation and curettage procedures, reclassified from MDC 14, Pregnancy, Childbirth andthe Puerperium, to MDC 13 (Diseases and Disorders of the Female Reproductive System) in MS-DRGs 744 and 745 (D&C, Conization, Laparaoscopy and Tubal Interruption with and without CC/MCC)	767 (MDC 14)	744-745 (MDC 13)
Codes describing sternal fractures reclassified from Non-related OR Procedures/MDC 4 to MDC 8	981, 982, 983 166, 167, 168	564, 565, 566
Codes describing rib fractures reclassified from Non-related OR Procedure to MDC 4 (Respiratory System)	981, 982, 983	166, 167, 168
Codes in MS congenital conditions section with OR procedures describing repair (such as NUSS procedure for pectus excavatum) reclassified to MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue)	981, 982, 983	515, 516, 517

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OTHER OPERATING ROOM (O.R.) AND NON-O.R. ISSUES

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Other Operating Room (O.R.) and Non-O.R. Issues

Description	FY 18	FY 19
22 ICD-10-PCS procedure codes that describe percutaneous excision procedures involving transcranial brain and cerebral ventricle	non-O.R	O.R.
22 Open extirpation of subcutaneous tissue and fascia	Non-O.R	Non-O.R
13 ICD-10-PCS procedure codes open scrotum and breast procedures that describe procedures involving open drainage, open extirpation, and open debridement/excision of the scrotum and breast.	non-O.R	O.R.
8 ICD-10-PCS procedure codes open parotid gland and submaxillary gland procedures	non-O.R.	O.R.
8 ICD-10-PCS procedure codes removal and reinsertion of spacer; knee joint and hip joint	non-O.R.	O.R
Endoscopic dilation of ureter(s) with intraluminal device	non-O.R.	O.R

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Other Operating Room (O.R.) and Non-O.R. Issues

Description	FY 18	FY 19
7 Thoracoscopic Procedures of Pericardium and Pleura involving Drainage and Extirpation	NON-OR	OR
10 Open Insertion of Totally Implantable	NON-OR	OR
Tunneled Vascular Access Devices	NON-OR	NON-OR
Percutaneous Joint Reposition with Internal Fixation Device	NON-OR	NON-OR
Endoscopic Destruction of Intestine, via natural or artificial opening endoscopic (Jejunum, ileum, ileocecal valve, small intestine)	OR	NON-OR
Drainage of Lower Lung Via Natural or Artificial Opening Endoscopic, Diagnostic	OR	NON-OR
Endobronchial Valve Procedures	NON-OR	NON-OR

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OVERVIEW OF COMPREHENSIVE CC/MCC ANALYSIS

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Requested Changes to Severity Levels

Code	FY 18	FY 19
B20 (Human immunodeficiency virus [HIV] disease)	MCC	CC
J80 (Acute Respiratory Distress Syndrome)	CC	MCC
G93.40 (Encephalopathy, unspecified)	MCC	CC
I50.84 (End-stage heart failure)	--	---

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PRINCIPAL DIAGNOSIS IS ITS OWN CC OR MCC

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Principal Diagnosis Is Its Own CC or MCC

- Initial step of comprehensive review of CC and MCC list
  - Deleting the tables containing the lists of principal diagnosis codes that act as its own CC and MCC
  - **Principal Diagnosis Is Its Own CC or MCC is no longer an applicable concept in ICD-10**

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POSTACUTE CARE TRANSFER POLICY

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EXPANSION OF THE POSTACUTE CARE TRANSFER POLICY

- A discharge assigned to a post acute care MS-DRG subject to the policy with a disposition to **hospice program** is subject to payment as a transfer case
- It is estimated it will reduce Medicare payments by $240 million in FY 2019

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HAC/POA CHANGES

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HAC/POA CHANGES

Background

Complications, such as infections acquired in the hospital can lead to higher Medicare payment in 2 ways:

1. Treatment of complications increase costs of the hospital stays enough to generate outlier payments
2. A condition acquired during the hospital stay may be one of the conditions on the MCC or CC list which may result in higher payment

1. **Unique code**: Conditions must have (or could have) a unique ICD-10-CM coded that clearly describes the condition
2. **Burden**: Conditions must be high cost, high volume, or both
3. **Preventions guidelines**: Conditions could have been reasonably prevented through application of evidence-based guidelines
4. **Diagnosis status**: CC or MCC in MS-DRG scheme

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HAC/POA CHANGES
Background

Indicator	Definition	Outcome
Y	Diagnosis was present at time of inpatient admission	CMS will pay the CC/MCC DRG…
N	Diagnosis was not present at time of inpatient admission	CMS **will not** pay the CC/MCC DRG…
U	Documentation insufficient to determine if the condition was present at the time of inpatient admission	CMS **will not** pay the CC/MCC DRG…
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission	CMS will pay the CC/MCC DRG…
1	Unreported/Not used. Exempt from POA reporting	N/A

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HAC/POA CHANGES

HAC/POA Listing

HAC & Description
HAC 01 FOREIGN OBJECT RETAINED FOLLOWING SURGERY
HAC 02 AIR EMBOLISM
HAC 03 BLOOD INCOMPATABILITY
HAC 04 STAGE III and IV PRESSURE ULCERS
HAC 05 FALLS AND TRAUMA
HAC 06 CATHETHER-ASSOCIATED URINARY TRACT INFECTION (UTI)
HAC 07 VASCULAR CATHETHER-ASSOCIATED INFECTION

Full FY 2019 (V36.0) HAC/POA list available at:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

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CHANGES APPLICABLE TO HAC

HAC/POA Listing

HAC & Description
HAC 08 SURGICAL SITE INFECTION-MEDIASTINITIS FOLLOWING CORONARY ARTERY BYPASS GRAFT (CABG)
HAC 09 MANIFESTATIONS OF POOR GLYCEMIC CONTROL
HAC 10 DEEP VEIN THROMBOSIS (DTV) / PULMONARY EMBOLISM (PE) WITH TOTAL KNEE OR HIP REPLACEMENT
HAC 11 INFECTION AFTER BARIATRIC SURGERY
HAC 12 INFECTION AFTER CERTAIN ORTHOPEDIC PROCEDURES OF SPINE, SHOULDER AND ELBOW
HAC 13 SURGICAL SITE INFECTION FOLLOWING CARDIAC DEVICE PROCEDURES
HAC 14 IATROGENIC PNEUMOTHORAX W/ VENOUS CATHETERIZATION

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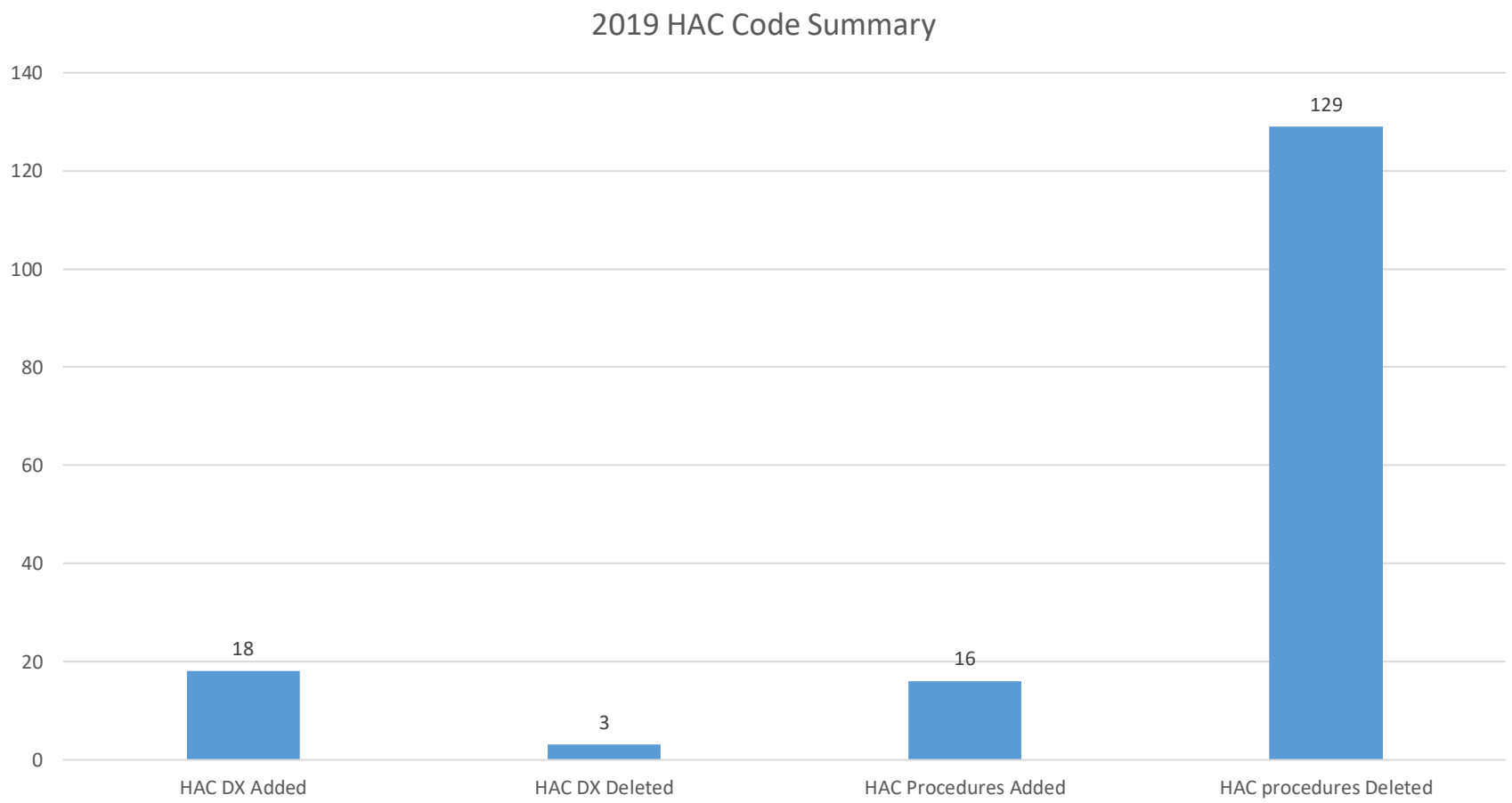
HAC Code Summary



For the full list:https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html

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NEW TECHNOLOGY ADD-ON PAYMENTS (NTAP)

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NEW TECHNOLOGY ADD-ON PAYMENT
BACKGROUND

- Three criteria must be met to receive additional payment
  - ✓ The medical service or technology must be new
  - ✓ The medical service or technology must be costly such that the DRG rate otherwise applicable to discharges involving the medical service or technology is determined to be inadequate
  - ✓ The medical service or technology must demonstrate a substantial clinical improvement over existing services or technologies

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NEW PAYMENTS FOR FY 2019

NEW TECHNOLOGY ADD-ON PAYMENTS

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NEW TECHNOLOGY ADD ON PAYMENT
KYMRIAH® (Tisagenlecleucel)

- Kymariah (Novartis)
- KYMRIAH is as an autologous T-cell immune therapy indicated for use in

the treatment of patients with B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse

- FDA approved on August 30, 2017

MAX FY 19 NTAP = $186, 500

Identifying code(s)
XW033C3 Introduction of engineered autologous chimeric antigen receptor t-cell immunotherapy into peripheral vein, percutaneous approach, new technology group 3
XW043C3 (Introduction of engineered autologous chimeric antigen receptor t-cell immunotherapy into central vein, percutaneous approach, new technology group 3)

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NEW TECHNOLOGY ADD ON PAYMENT
YESCARTA

- Produced by Kite Pharma, *KTE–C19 (AXICABTAGENE CILOLEUCEL)*
- Engineered autologous T-cell immunotherapy used to treat adult patients with relapsed/refractory aggressive B-cell non-Hodgkin lymphoma (NHL) who are ineligible for autologous stem cell transplant (ASCT)

- **MAX FY 19 NTAP = $186, 500**

Identifying code(s)
XW033C3 Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3
XW043C3 Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3

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NEW TECHNOLOGY ADD ON PAYMENT
VYXEOS™

- Produced by Celator Pharmaceuticals
- Indicated for treatment of certain types of AML:
  - Newly diagnosed therapy-related AML (t-AML)
  - AML with myelodysplasia-related changes (AML-MRC)

- **MAX FY 19 NTAP = $36,425**

Identifying code(s)
XW033B3 Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3
XW043B3 Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3

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NEW TECHNOLOGY ADD ON PAYMENT

VABOMERE (Meropenem-vaborbactam)

- VABOMERE™ is indicated for use in the treatment of adult patients who have been diagnosed with complicated urinary tract infections (cUTIs), including pyelonephritis, caused by designated susceptible bacteria.
- VABOMERE™ is the first of a novel class of beta-lactamase inhibitors.
- VABOMERE™ received FDA approval on August 29, 2017
- The applicant may request approval for a unique ICD-10-PCS procedure code for FY 2020.

- **MAX FY 19 NTAP=$5544**

Identifying code(s)
Did not request a specific ICD-10-Code to identify drug VABOMERE will eligible for the FY 2019 new technology add-on payments will be identified by the NDC of 65293-009-01 in place of ICD-10-PCS code

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NEW TECHNOLOGY ADD ON PAYMENT
remedē® System

- The remedē® system isindicated for use as a transvenous phrenic nerve stimulator in the treatment of adult patients who have been diagnosed with moderate to severe central sleep apnea.
- Consists of an implantable pulse generator, and a stimulation and sensing lead.
- Approved by the FDA on October 6, 2017 as an implantable nerve stimulator indicated for the use in the treatment of adult patients that have been diagnosed with moderate to severe CSA

- **MAX FY 19 NTAP = $17,250**

Identifying code(s)
0JH60DZ Insertion of multiple array stimulator generator into chest subcutaneous tissue
05H33MZ Insertion of neurostimulator lead into right innominate (brachiocephalic) vein)
05H03MZ Insertion of neurostimulator lead into right innominate vein, percutaneous approach
05H043MZ Insertion of neurostimulator lead into left innominate vein, percutaneous approach

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NEW TECHNOLOGY ADD ON PAYMENT ZEMDRI™ (Plazomicin)

- Achaogen, Inc. submitted an application for new technology add-on payments for Plazomicin for FY 2019.
- Next-generation aminoglycoside antibiotic, which has been found in vitro to have enhanced activity against many multi-drug resistant (MDR) gram-negative bacteria
- FDA approved on June 25, 2018 for use in the treatment of adults with cUTIs, including pyelonephritis

MAX FY 19 NTAP = $2,722.50

Identifying code(s)
XW033G4 (Introduction of Plazomicin anti-infective into peripheral vein, percutaneous approach, new technology group 4)
XW043G4 (Introduction of Plazomicin antiinfective into central vein, percutaneous approach, new technology group 4)

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NEW TECHNOLOGY ADD ON PAYMENT
GIAPREZA™

- The La Jolla Pharmaceutical Company submitted an application for new technology add-on for FY 2019.
- GIAPREZA™, a synthetic human angiotensin II, is administered through intravenous infusion to raise blood pressure in adult patients who have been diagnosed with septic or other distributive shock.
- GIAPREZA™ is the first synthetic formulation of human angiotensin II, a naturally occurring peptide hormone in the human body.
- FDA approved in December 21, 2017

NTAP FY 19= $1,500

Identifying code(s)
XW033H4 (Introduction of synthetic human angiotensin II into peripheral vein, percutaneous approach, new technology, group 4)
XW043H4 (Introduction of synthetic human angiotensin II into central vein, percutaneous approach, new technology group 4)

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NEW TECHNOLOGY ADD ON PAYMENT
Sentinel® Cerebral Protection System

- Claret Medical, Inc. submitted an application for new technology add-on payments
- Indicated for the use as an embolic protection (EP) device to capture and remove thrombus and debris while performing transcatheter aortic valve replacement (TAVR) procedures.
- The device is percutaneously delivered via the right radial artery and is removed upon completion of the TAVR procedure
- FDA approved June 1, 2017

MAX FY 19 NTAP = $1400

Identifying code(s)
X2A5312 (Cerebral embolic filtration, dual filter in innominate artery and left common carotid artery, percutaneous approach)

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NEW TECHNOLOGY ADD ON PAYMENT
The AQUABEAM System (Aquablation)

- PROCEPT BioRobotics Corporation submitted an application for new technology add-on payments for the AQUABEAM System (Aquablation)
- The AQUABEAM System utilizes intra-operative image guidance for surgical planning and then Aquablation therapy to robotically resect tissue utilizing a high-velocity waterjet.
- Used in the resection and removal of prostate tissue in males suffering from lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia
- The AQUABEAM System provides increased efficacy and safety for larger prostates as compared to the TURP procedure.
- FDA approved December 21, 2017

NTAP FY 19= $1250

Identifying code(s)
XV508A4 (Destruction of prostate using robotic waterjet ablation, via natural or artificial opening endoscopic, new technology group 4)

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NEW TECHNOLOGY ADD ON PAYMENT
AndexXa™ (Andexanet alfa)

- Portola Pharmaceuticals, Inc. (Portola) submitted an application for new technology add-on payments for FY 2019 for the use of AndexXa™ (Andexanet alfa)
- AndexXa indicated for use in the treatment of patients treated with rivaroxaban (Xarelto) and apixaban (Eliquis), when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding
- AndexXa™ has not been shown to be effective for, and is not indicated for, the treatment of bleeding related to any Factor Xa inhibitors other than the direct Factor Xa inhibitors apixaban and rivaroxaban.
- AndexXa™ received FDA approval on May 3, 2018

- **MAX NTAP = $14,062.50**

Identifying code(s)
XW03372 (Introduction of Andexanet alfa, Factor Xa inhibitor reversal agent into peripheral vein, percutaneous approach, new technology group 2
XW04372 (Introduction of Andexanet alfa, Factor Xa inhibitor reversal agent into central vein, percutaneous approach, new technology group 2

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Continued Payments for FY 2019

New Technology Add-On Payments

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NEW TECHNOLOGY ADD ON PAYMENT
DEFITELIO® (DEFIBROTIDE)

- Produced by Jazz Pharmaceuticals
- Indicated for treatment of hepatic veno-occlusive disease (VOD) /Sinusoidal obstruction syndrome (SOS) with evidence of multi-organ dysfunction after stem cell transplant or bone marrow transplant
- First drug approved for hepatic VOD

MAX NTAP = 7$5,900.00 (FY 2018) <u>increased to $80,500 for FY 2019</u>

Identifying code(s)
XW03392 Introduction of Defibrotide Sodium Anticoagulant into Peripheral Vein, Percutaneous Approach, New Technology Group 2
XW04392 Introduction of Defibrotide Sodium Anticoagulant into Central Vein, Percutaneous Approach, New Technology Group 2

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NEW TECHNOLOGY ADD ON PAYMENT

USTEKINUMAB (Stelara®)

- Produced by Janssen Biotech
- Monoclonal antibody indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have:
  - Failed or were intolerant to treatment using immunomodulators or corticosteroids, but never failed a tumor necrosis factor (TNF) blocker
  - Failed or were intolerant to treatment using one or more TNF blockers

MAX NTAP = 2,400.00

Identifying code(s)
XW033F3 Introduction of other New Technology therapeutic substance into peripheral vein, percutaneous approach, New Technology Group 3

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NEW TECHNOLOGY ADD ON PAYMENT
BEZLOTOXUMAB (ZINPLAVA)

- Produced by Merck & Co
- Indicated for use in adult patients who are receiving ABX for a Clostridium difficile infection (CDI) who are at high risk for CDI recurrence
- Is not indicated for the treatment of the presenting episode of CDI and is not an antibiotic

MAX NTAP = 1900.00

Identifying code(s)
XW033A3 Introduction of Bezlotoxumab Monoclonal Antibody into Peripheral Vein, Percutaneous Approach, New Technology Group 3
XW043A3 Introduction of Bezlotoxumab Monoclonal Antibody into Central Vein, Percutaneous Approach, New Technology Group 3

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DISCONTINUED ADD-ON PAYMENTS FOR FY 2019

NEW TECHNOLOGY ADD-ON PAYMENTS

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NEW TECHNOLOGY ADD ON PAYMENT

Technology	Indication/function	Amount
INTUITY EliteTM Valve System and Perceval Valve (Perceval)	Used for the treatment of patients who are not candidates for surgical AVR	$6,110.23
GORE® EXCLUDER® Iliac Branch Endoprosthesis	Designed to be used in conjunction with the GORE® EXCLUDER® AAA Endoprosthesis	$5,250.00
PRAXBIND® (IDARUCIZUMAB)	Antidote to reverse the bleeding effect of Pradaxa (Dabigatran)	$1,750.00
VISTOGARD™ (URIDINE TRIACETATE)	Developed as an antidote to Fluorouracil toxicity or overdose	$37,500.00

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NTAP SUMMARY

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NTAP SUMMARY
FY 2019

Technology Name	NTAP Status	MAX NTAP $
KYMRIAH	NEW	$186,500
YESCARTA	NEW	$186, 500
VYXEOS	NEW	$36,425
remedē® System	NEW	$17,250
ZEMDRI™	NEW	$2,722.50
GIAPREZA™	NEW	$1500.00
Sentinel® Cerebral Protection System	NEW	$1400.00
The AQUABEAM System (Aquablation)	NEW	$1250.00
AndexXa™ (Andexanet alfa)	NEW	$14,062.50
Defitelio® (Defibrotide)	CONTINUED	$80,500.00
Bezlotoxumab (ZINPLAVA)	CONTINUED	$1,900.00
Ustekinumab (Stelara®)	CONTINUED	$2,400.00
Vistogard™ (Uridine Triacetate)	DISCONTINUED	$37,500.00
GORE® EXCLUDER® Iliac Branch Endoprosthesis	DISCONTINUED	$5,250.00
Praxbind® (Idarucizumab)	DISCONTINUED	$1,750.00
EDWARDS INTUITY EliteTM Valve System (INTUITY)	DISCONTINUED	$6,110.23
LivaNova Perceval Valve (Perceval)	DISCONTINUED	$6,110.23

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Conclusions

- Multiple classification changes were made due to commonly-encountered diagnoses and commonly-performed procedures
- Goodbye to *Admit to HD* DRG and the concept of PDX acting as its own MCC/CC
- Hello to the new Pregnancy DRG's!
- No obvious changes to HAC/POA methodology for FY 2018
- Capitalize New Technology Add-On Payment (NTAP) opportunities

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Sources & Citations

- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, September 22-23, 2015
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, March 9-10, 2016
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, September 13-14, 2016
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, March 7-8, 2017
- IPPS Final Rule; CMS-1677-F
- ICD-10-PCS Topics, ICD-10 Coordination and Maintenance Committee Meeting, March 7, 2017
- ICD-10-PCS Topics, ICD-10 Coordination and Maintenance Committee Meeting, September 13, 2016
- IPPS Final Rule; [CMS-1694-F]

- ICD-10-CM Official Guidelines for Coding and Reporting FY 2019
- FY 2019 Final Rule Tables

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Thank you

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