PRESENTED BY
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2020 Other IPPS Changes

OCTOBER 2019

Objectives

- Review changes to MS-DRG classification
- Review HAC/POA methodology
- Review changes to New Technology Add-On Payment (NTAP) methodology

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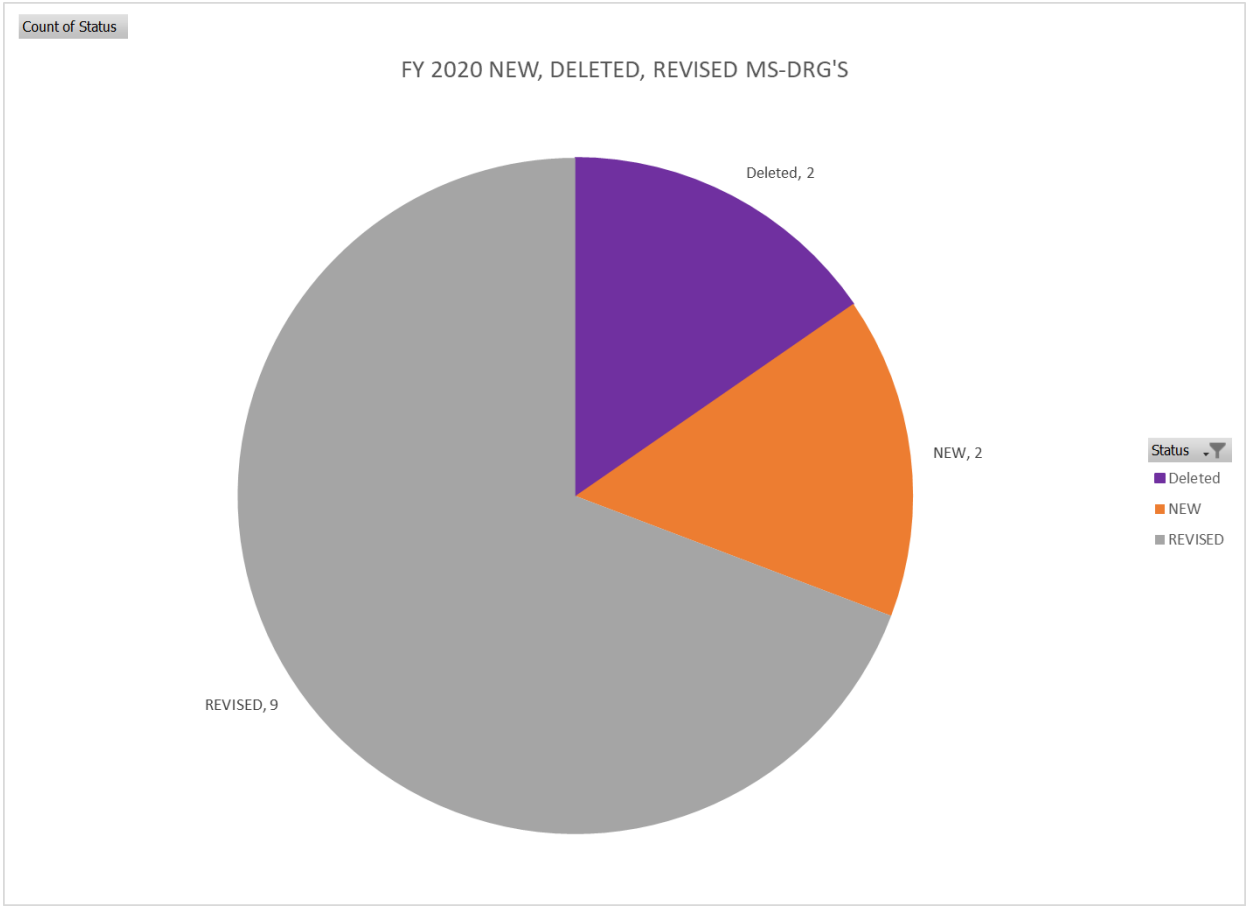
DRG CHANGES

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.

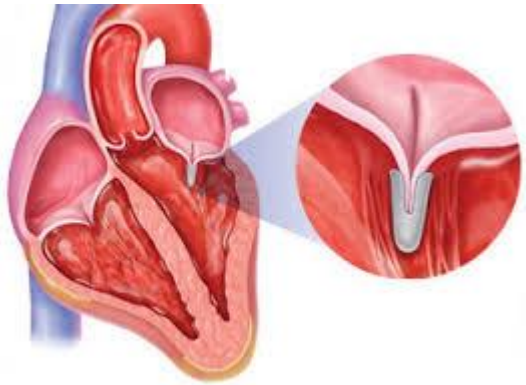
Concept	FY 17	FY 18	FY 19	FY 20
DRG Grouper Version	34	35	36	37
MS–DRG DCA Adjustment	-1.5 %	0.4588 %	.5%	.5%

NEW, DELETED, REVISED MS-DRG'S



DRG CHANGES: REVISED DRG

TRANSCATHETER VALVE REPAIR (TMVR) WITH IMPLANT



ICD–10–PCS procedure code 02UG3JZ describing a transcatheter mitral valve repair with implant procedure is the only endovascular cardiac valve intervention with implant procedure assigned to MS–DRGs 228 (OTHER CARDIOTHORACIC PROCEDURES W MCC and 229 (OTHER CARDIOTHORACIC PROCEDURES W/O MCC). It will now map to **Revised DRG's** listed below:

FY 2019	FY 2020
266 (ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC) 267 (ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC)	266 (ENDOVASCULAR CARDIAC VALVE REPLACEMENT **& SUPPLEMENT PROCEDURES** W MCC) 267 (ENDOVASCULAR CARDIAC VALVE REPLACEMENT **& SUPPLEMENT PROCEDURES** W/O MCC)

DRG CHANGES: NEW MS-DRG'S

OTHER TRANSCATHETER CADIAC VALVE PROCEDURES (NON-SUPPLEMENTAL)

CMS created two new MS-DRGs with a two-way severity level split non-supplement transcatheter cardiac valve procedures

CMS proposes to reassign the procedure codes from their current MS-DRGs to the new MS- DRGs

MS-DRG	MS-DRG TITLE
319	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC
320	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC

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DRG CHANGES: *REVISED DRGS*

Percutaneous Extracorporeal Membrane Oxygenation (ECMO)

- CMS finalizes its proposal to reassign procedure codes describing peripheral ECMO procedures from their current MS-DRGs to **MS-DRG 003** and to maintain peripheral ECMO procedures as non-O.R. procedures.
- CMS also finalizes title changes to MS-DRGs 207,291, 296, and 870 to no longer reflect the "or Peripheral ECMO' terminology

FY 2019	FY 2020
MS-DRG 291 HEART FAILURE & SHOCK W MCC OR PERIPHERAL EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	MS-DRG 291 HEART FAILURE & SHOCK W MCC
MS-DRG 296 CARDIAC ARREST, UNEXPLAINED W MCC OR PERIPHERAL EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	MS-DRG 296 CARDIAC ARREST, UNEXPLAINED W MCC
MS-DRG 207 RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS OR PERIPHERAL EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	MS-DRG 207 RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS
MS-DRG 870 SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS OR PERIPHERAL EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	MS-DRG 870 SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS

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DRG CHANGES: REVISED DRG

PULMONARY EMBOLISM

FY 2019	FY 2020
MS-DRG 175 PULMONARY EMBOLISM W MCC	MS-DRG 175 PULMONARY EMBOLISM W MCC **OR ACUTE COR PULMONALE**

The following codes will now be assigned to a higher severity MS-DRG 175

ICD-10-CM Code	Code Description
I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale

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DRG CHANGES: REVISED AND DELETED DRG'S

Extracorporeal Shock Wave Lithotripsy (ESWL)

MS-DRG	FY 2014 (Version 31)			FY 2015 (Version 32)			FY 2016 (Version 33)			FY 2017 (Version 34)			FY 2018 (Version 35)		
	Number of Cases	Average Length of Stay	Average Costs	Number of Cases	Average Length of Stay	Average Costs	Number of Cases	Average Length of Stay	Average Costs	Number of Cases	Average Length of Stay	Average Costs	Number of Cases	Average Length of Stay	Average Costs
MS-DRG 691--Urinary Stones with ESW Lithotripsy w CC/MCC	898	3.77	$10,274	832	3.81	$11,141	812	3.72	$11,534	750	4.06	$11,907	448	3.4	$11,502
MS-DRG 692—Urinary Stones with ESW Lithotripsy without CC/MCC	231	2.02	$7,292	197	2.14	$8,041	133	2.32	$9,273	103	2.39	$9,398	61	2.3	$8,702

FY 2019	FY 2020
~~MS–DRGs 691 and 692 (Urinary Stones with ESW Lithotripsy with CC/MCC and without CC/MCC, respectively)~~	MS–DRGs 693 and 694 to ''Urinary Stones with MCC'' and ''Urinary Stones without MCC''
693 (URINARY STONES ~~W/O ESW~~ LITHOTRIPSY W MCC) 694 (URINARY STONES ~~W/O ESW~~ LITHOTRIPSY W/O MCC)	MS–DRGs 693 and 694 to ''Urinary Stones with MCC'' and ''Urinary Stones without MCC''

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DRG RECLASSIFICATION

DRG CHANGES: PROCEDURE REASSIGNMENT

ALLOGENEIC BONE MARROW TRANSPLANT

ICD-10-PCS Code	Code Description
30230X0	Transfusion of autologous cord blood stem cells into peripheral vein, open approach
30233X0	Transfusion of autologous cord blood stem cells into peripheral vein, percutaneous approach
30240X0	Transfusion of autologous cord blood stem cells into central vein, open approach
43X0	Transfusion of autologous cord blood stem cells into central vein, percutaneous approach

FY 2019	FY 2020
MS–DRG 014 (Allogeneic Bone Marrow Transplant)	MS–DRGs 016 and 017 (Autologous Bone Marrow Transplant with CC/MCC or T-cell Immunotherapy and Autologous Bone Marrow Transplant without CC/MCC, respectively

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DRG CHANGES: PROCEDURE REASSIGNMENT

CAROTID ARTERY STENT PROCEDURES

Removed all codes that :

- ❑ Do not involve an intraluminal device from DRG's 037-039
- ❑ Describe procedures performed on arteries other than the carotid
- ❑ Moved all procedures involving carotid arteries with intraluminal devices to DRG's 034-036

034	SURG	CAROTID ARTERY STENT PROCEDURE W MCC
035	SURG	CAROTID ARTERY STENT PROCEDURE W CC
036	SURG	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC
037	SURG	EXTRACRANIAL PROCEDURES W MCC
038	SURG	EXTRACRANIAL PROCEDURES W CC
039	SURG	EXTRACRANIAL PROCEDURES W/O CC/MCC

See Table 6P.1b. for the complete list of procedure codes that we proposed to remove from MS–DRGs 037, 038, and 039

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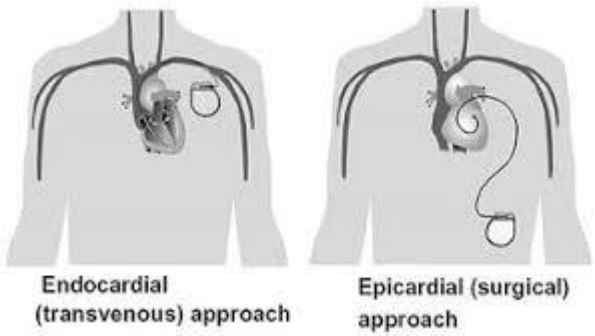
DRG CHANGES: PROCEDURE REASSIGNMENT

REVISION OF PACEMAKER LEAD



- CMS was informed that ICD-10-PCS procedure code 02H60JZ (Insertion of pacemaker lead into right atrium, open approach) was omitted from the GROUPER logic for MS-DRGs 260, 261, and 262 (Cardiac Pacemaker Revision Except Device Replacement with MCC, with CC and without CC/ MCC, respectively)
- CMS **finalized** its proposal to add procedure code 02H60JZ to the list of non-O.R. procedures that would impact MS-DRGs 260, 261, and 262 when reported as a stand- alone procedure.

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DRG CHANGES: DIAGNOSIS REASSIGNMENT

KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION

Codes added to the list of Principal Diagnosis

- ✓ M00.9(Pyogenic arthritis, unspecified)
- ✓ A54.42 (Gonococcal arthritis)

2019 MS-DRG's	2020 MS-DRGS
MS–DRGs 488 and 489 (Knee Procedures without Principal Diagnosis of Infection with and without CC/MCC, respectively)	MS–DRGs 485, 486, and 487 (Knee Procedure with Principal Diagnosis of Infection with MCC, with CC, and without CC/MCC

After further analysis, these codes were also added to the principal diagnosis list.

ICD-10-CM Code	Code Description
A18.02	Tuberculous arthritis of other joints
M01.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
M71.169	Other infective bursitis, unspecified knee

DRG CHANGES: DIAGNOSIS REASSIGNMENT

KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION

2019 MS-DRG's	2020 MS-DRGS
MS–DRGs 488 and 489 (Knee Procedures without Principal Diagnosis of Infection with and without CC/MCC, respectively)	MS–DRGs 485, 486, and 487 (Knee Procedure with Principal Diagnosis of Infection with MCC, with CC, and without CC/MCC

Codes removed from the list of principal diagnosis as options available specific to the knee, but unspecified codes used (Likely coding errors:

ICD-10-CM Code	Code Description
M86.9	Osteomyelitis, unspecified
T84.50XA	Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter
T84.51XA	Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter
T84.52XA	Infection and inflammatory reaction due to internal left hip prosthesis, initial encounter
T84.59XA	Infection and inflammatory reaction due to other internal joint prosthesis, initial encounter
T84.60XA	Infection and inflammatory reaction due to internal fixation device of unspecified site, initial encounter
T84.63XA	Infection and inflammatory reaction due to internal fixation device of spine, initial encounter
T84.69XA	Infection and inflammatory reaction due to internal fixation device of other site, initial encounter

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DRG CHANGES: DIAGNOSIS REASSIGNMENT

NEUROMUSCULAR SCOLIOSIS

2019 MS-DRG's	2020 MS-DRGS
MS-DRGs 459 and 460 (Spinal Fusion except Cervical).	MS-DRGs 456, 457, and 458 (Spinal Fusion except Cervical with Spinal Curvature or Malignancy or Infection of Extensive Fusions).

ICD-10-CM Code	Code Description
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 region

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DRG CHANGES: DIAGNOSIS REASSIGNMENT

SECONDARY SCOLIOSIS AND SECONDARY KYPHOSIS

2019 MS-DRG's	2020 MS-DRGS
MS-DRGs 459 and 460 (Spinal Fusion except Cervical).	MS-DRGs 456, 457, and 458 (Spinal Fusion except Cervical with Spinal Curvature or Malignancy or Infection of Extensive Fusions).

ICD-10-CM Code	Code Description
M41.50	Other secondary scoliosis, site unspecified
M41.54	Other secondary scoliosis, thoracic region
M41.55	Other secondary scoliosis, thoracolumbar region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region

In addition, 34 codes involving the cervical spine were removed from MS-DRG's 456-458

MAPPING ISSUES: DIAGNOSIS CODE REASSIGNMENT

DIAGNOSTIC IMAGING OF MALE ANATOMY

ICD-10-CM Code	Code Description
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 testicle

2019 MS-DRG's	2020 MS-DRGS
MS–DRGs 302 and 303 (Atherosclerosis with MCC and Atherosclerosis without MCC, respectively).	MS–DRGs 729 and 730 (Other Male Reproductive System Diagnoses with CC/MCC and without CC/MCC, respectively)

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DRG CHANGES: DIAGNOSIS REASSIGNMENT

PROPOSED REASSIGNMENT OF DIAGNOSIS CODE O99.89 (Other specified diseases and conditions complicating pregnancy, childbirth and puerperium)

Based on CMS' analysis and input from its clinical advisors, CMS proposed to reclassify diagnosis code O99.89 from a postpartum condition to an antepartum condition under MDC 14. CMS' medical advisors also recommended that CMS consider a proposal to expand ICD-10-CM diagnosis code O99.89 to become a sub-subcategory that would result in the creation of unique codes with a sixth digit character to specify which obstetric related stage the patient is in

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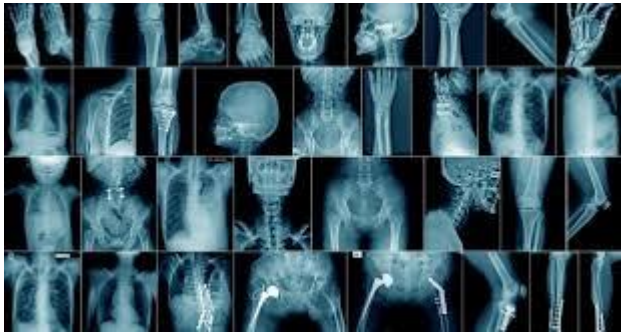
DRG CHANGES: DIAGNOSIS REASSIGNMENT



R93.89 (ABNORMAL FINDING ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES)

2019 MS-DRG's	2020 MS-DRGS
MS–DRGs 302 and 303 (Atherosclerosis with MCC and Atherosclerosis without MCC, respectively).	MS-DRGs 947 and 948 Signs and Symptoms with and without MCC, respectively

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REVIEW OF PROCEDURE CODES IN MS-DRGS 981 THROUGH 983 AND 987 THROUGH 989

REVIEW OF PROCEDURE CODES IN MS-DRGS 981 THROUGH 983 AND 987 THROUGH 989

TOPIC	ISSUE
Gastrointestinal stromal tumors (GIST) with Excision of Stomach and Small Intestine	Cases reporting a principal diagnosis of GIST would group to MS-DRGs 326, 327, and 328 (Stomach, Esophageal and Duodenal Procedures) instead of MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue
Peritoneal Dialysis Catheter Complications	Cases reporting a principal diagnosis of complications of peritoneal dialysis catheters with a procedure describing removal, revision, and/or insertion of a new peritoneal dialysis catheters or revision of synthetic substitutes would group to MS-DRGs 907, 908, and 909 (Other O.R. Procedures for Injuries).

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REVIEW OF PROCEDURE CODES IN MS-DRGS 981 THROUGH 983 AND 987 THROUGH 989

TOPIC	ISSUE
Lower Extremity Muscle and Tendon Excision	Procedure codes describing excision of lower extremity muscles and tendons to MDC 10 (Endocrine, Nutritional and Metabolic Diseases and Disorders). Cases reporting these procedure codes with a principal diagnosis in MDC 10 would group to MS-DRGs 622, 623, and 624 (Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders)
Bone Excision with Pressure Ulcers	Cases reporting a principal diagnosis in MDC 9 (such as pressure ulcers) with a procedure describing excision of the sacrum, pelvic bones, and coccyx would group to MS-DRGs 579, 580, and 581 (Other Skin, Subcutaneous Tissue and Breast Procedures

REVIEW OF PROCEDURE CODES IN MS-DRGS 981 THROUGH 983 AND 987 THROUGH 989

TOPIC	ISSUE
Insertion of Feeding Device into Stomach, Open Approach	Add the procedure code for insertion of feeding tube into the stomach (ICD-10-PCS procedure code 0DH60UZ) to MDC 1 (Diseases and Disorders of the Nervous System) and MDC 10 (Endocrine, Nutritional and Metabolic Diseases and Disorders). Cases reporting procedure code 0DH60UZ with a principal diagnosis in MDC 1 would group to MS-DRGs 040, 041, and 042 (Peripheral, Cranial Nerve and Other Nervous System Procedures) and cases reporting procedure code 0DH60UZ with a principal diagnosis in MDC 10 would group to MS-DRGs 628, 629, and 630 (Other Endocrine, Nutritional and Metabolic O.R. Procedures
Basilic Vein Reposition in Chronic Kidney Disease	CMS finalizes its proposal to add three ICD-10-PCS procedure codes describing reposition of the basilic vein to MDC 11 (Diseases and Disorders of the Kidney and Urinary Tract).

REVIEW OF PROCEDURE CODES IN MS-DRGS 981 THROUGH 983 AND 987 THROUGH 989

TOPIC	ISSUE
Colon Resection with Fistula	Add the procedure code for the resection of sigmoid colon (ICD-10-PCS 0DTN0ZZ) to MDC 11 (Diseases and Disorders of the Kidney and Urinary Tract). Cases reporting procedure code 0DTN0ZZ with a principal diagnosis of vesicointestinal fistula (diagnosis code N321) in MDC 11 would group to MS-DRGs 673, 674, and 675 (Other Kidney and Urinary Tract Procedures).

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NOT FINALIZED

TOPIC	ISSUE
Kidney Transplantation Procedures	CMS proposed to the add procedure codes for transplantation of allogeneic kidneys (ICD-10-PCS 0TY00Z0 and 0TY10Z0) to MS-DRG 264 in MDC 5. (Disease and Disorders of the Circulatory System). Cases reporting a principal diagnosis in MDC 5 with a procedure describing a kidney transplantation would group to MS- DRG 264 (Other Circulatory System O.R. Procedures) in MDC 5.

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ADDITION OF DIAGNOSIS OR PROCEDURE CODES TO MDC'S.

TOPIC	ISSUE
Stage 3 Pressure Ulcers of the Hip	CMS finalizes its proposal to add the procedure codes for the transfer of the hip muscles (ICD-10-PCS procedure codes 0KP0ZZ and 0KXN0ZZ) to MDC 9 (Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast). Cases reporting these procedure codes with a principal diagnosis in MDC 9 would group to MS-DRGs 573, 574, and 575 (Skin Graft for Skin Ulcer or Cellulitis)
Finger Cellulitis	CMS finalizes its proposal to add 12 procedure codes describing excision and resection of phalanx to MS-DRGs 579, 580, and 581. Cases reporting these procedures with a principal diagnosis from MDC 9 (Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast) would group to MS-DRGs 579, 589, and 581 (Other Skin, Subcutaneous Tissue and Breast Procedures).

ADDITIN OF DIAGNOSIS OR PROCEDURE CODES TO MDC'S.

TOPIC	ISSUE
Gastric Band Procedure Complications of Infections	CMS finalizes its proposal to add procedure codes for the revision and removal of an extraluminal device in the stomach (ICD-10-PCS procedure codes 0DW64CZ and ODP64CZ) to MDC 6 (Diseases and Disorders of the Digestive System). Cases reporting these procedure codes with a principal diagnosis of K95.01 (Infection due to gastric band procedure) or K95.09 (Other complications of gastric band procedure) would group to MS-DRGs 326, 327, and 328 (Stomach, Esophageal, and Duodenal Procedures).
Occlusion of Left Renal Vein	CMS finalizes its proposal to add CMS proposed to add the procedure for varicose veins in the pelvic region (ICD-10-PCS procedure code 06LB3DZ) to MDC 12 (for male patients) in MS- DRGs 715 and 716 (Other Male Reproductive System O.R. Procedures for Malignancy) and 717, and 718 (Other Male Reproductive System O.R. Procedures Excluding Malignancy) and to MDC 13 (female patient) in MS-DRGs 749 and 750 (Other Female Reproductive System O.R Procedures). Cases reporting diagnosis code I86.2 (Pelvic varices) with procedure code 06LB3DZ would group to MDC 12 and MDC 13.

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

O.R TO NON-O.R. PROCEDURES

Description	FY 19	FY 20
Bronchoalveolar Lavage (14 codes)	OR	NON-OR
Percutaneous Drainage of Pelvic Cavity (2 codes)	OR	NON-OR
Percutaneous Removal of Drainage Device (2 Codes)	OR	NON-OR

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

Description	FY 19	FY 20
Percutaneous Occlusion of Gastric Artery	NON-OR	OR
Endoscopic Insertion of Endobronchial Valves	NON-OR	non-O.R. affecting MS-DRGs 163, 164, and 165

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OVERVIEW OF COMPREHENSIVE CC/MCC ANALYSIS

NON-CC UPGRADED TO CC LIST

Code	Description	CC ALERT
Z16.10	Resistance to unspecified beta lactam antibiotics	
Z16.11	Resistance to penicillins	
Z16.12	Extended spectrum beta lactamase (ESBL) resistance	
Z16.19	Resistance to other specified beta lactam antibiotics	
Z16.20	Resistance to unspecified antibiotic	
Z16.21	Resistance to vancomycin	
Z16.22	Resistance to vancomycin related antibiotics	
Z16.23	Resistance to quinolones and fluoroquinolones	
Z16.24	Resistance to multiple antibiotics	
Z16.29	Resistance to other single specified antibiotic	
Z16.30	Resistance to unspecified antimicrobial drugs	
Z16.31	Resistance to antiparasitic drug(s)	
Z16.32	Resistance to antifungal drug(s)	
Z16.33	Resistance to antiviral drug(s)	
Z16.341	Resistance to single antimycobacterial drug	
Z16.342	Resistance to multiple antimycobacterial drugs	
Z16.35	Resistance to multiple antimicrobial drugs	
Z16.39	Resistance to other specified antimicrobial drug	

DRG RECLASSIFICATION SURGICAL HIERARCHIES

DRG RECLASSIFICATION
SURGICAL HIERARCHIES

Surgical Hierarchy: MDC 5	
MS-DRG 215	Other Heart Assist System Implant
MS-DRGs 216-221	Cardiac Valve and Other Major Cardiothoracic Procedures
MS-DRGs 266 and 267	Endovascular Cardiac Valve Procedures
MS-DRGs 222-227	Cardiac Defibrillator Implant
MS-DRGs 228-229	Other Cardiothoracic Procedures
MS-DRGs 231-236	Coronary Bypass
MS-DRGs 268-269	Aortic and Heart Assist Procedures
New MS-DRGs 319 and 320	Other Endovascular Cardiac Valve Procedures
MS-DRGs 270-272	Other Major Cardiovascular Procedures

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POSTACUTE CARE TRANSFER POLICY

CHANGES TO THE POSTACUTE CARE TRANSFER POLICY

- Removed MS-DRGs 273 and 274 from the list of MS-DRGs subject to the post-acute care transfer policy.

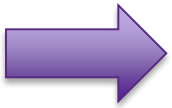
HAC/POA CHANGES

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

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

HAC/POA CHANGES

HAC/POA Listing (as of FY 2019)

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 2020 list is not available as of 9/24

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

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

NEW TECHNOLOGY ADD-ON PAYMENTS (NTAP)

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

  - ✓ NEW Alternative Inpatient New Technology Add-On Payment Pathway for Transformative New Devices
  - ✓ NEW Add-on Payment increased from full MS-DRG payment + 50% of cost to full MS-DRG payment + 65% of cost of technology

NEW PAYMENTS FOR FY 2020

NEW TECHNOLOGY ADD-ON PAYMENTS

NEW TECHNOLOGY ADD-ON PAYMENT

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD S** Iobenguane I-131 Antineoplastic	**5** New Technology Group 5

ADMINISTRATION OF AZEDRA® (IOBENGUANE I-131)

AZEDRA®, a very high specific activity radiopharmaceutical, is the first and only drug approved for the treatment of adult and pediatric patients 12 years and older with unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma (collectively referred to as PPGL) who require systemic anticancer therapy.

Before AZEDRA®, patients in the U.S. had no approved treatment option for advanced PPGL disease

With the FDA approval of AZEDRA®, for the first time, physicians have an FDA approved treatment option that is proven to control the symptomatic high blood pressure in people with PPGL, shrink and control tumor growth, and reduce dangerous cardiovascular complications, all contributing to improved outcomes

MAX NTAP: $98,150

NEW TECHNOLOGY ADD-ON PAYMENT

T2BACTERIA® PANEL (WHOLE BLOOD NUCLEIC ACID-BASE MICROBIAL DETECTION)

Section	**X** New Technology
Body System	**X** Physiological Systems
Operation	**E** Measurement: Determining the level of a physiological or physical function at a point in time

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
5 Circulatory	**X** External	**ADD M** Infection, Whole Blood Nucleic Acid-base Microbial Detection	**5** New Technology Group 5

The T2Bacteria® Panel is a new diagnostic technology that can detect five major bacterial pathogens directly from whole blood and provide a result within three to five hours, with an overall sensitivity of 90% and overall specificity of 98%. More rapid effective antimicrobial therapy has been shown to reduce the odds of death by over 50% and reduce the length of stay by an average of 8 days.

The T2Bacteria® Panel is indicated as an aid in the diagnosis of bacteremia and results should be used in conjunction with other clinical and laboratory data. Blood cultures are necessary to recover organisms for susceptibility testing or further identification and for organisms not detected by the T2Bacteria® Panel.

To administer a T2Bacteria diagnostic test, a healthcare professional will collect a blood sample via venipuncture or intravenous catheter.

MAX NTAP: $97.50

NEW TECHNOLOGY ADD-ON PAYMENT

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
1 Subcutaneous Tissue **3** Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD W** Caplacizumab	**5** New Technology Group 5

ADMINISTRATION OF CAPLACIZUMAB

Caplacizumab is an intravenously administered, humanized bivalent Nanobody® which is FDA approved to treat adults with acquired thrombotic thrombocytopenic purpura (aTTP).

aTTP is a life-threatening, immune-mediated thrombotic microangiopathy characterized by severe thrombocytopenia, hemolytic anemia, and organ ischemia

It is an Ultra-orphan disease with an estimated incidence of 3-11 cases per million per year in the UK and US

Nanobodies represent a novel therapeutic class of proteins

MAX NTAP: $33215

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NEW TECHNOLOGY ADD-ON PAYMENT

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD Q** Tagraxofusp-erzs Antineoplastic	**ADD 5** New Technology Group 5

ADMINSTRATION OF TAGRAXOFUSP-ERZS (ELZONRIS™) ANTINEOPLASTIC

Tagraxofusp-erzs is an intravenously administered antineoplastic approved for treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) **(C86.4, Blastic NK-cell lymphoma)** in adults and in pediatric patients 2 years and older

BPDCN is a highly aggressive hematologic cancer that is most frequently diagnosed in males between the ages of 60 and 70. Primary sites include the skin and bone marrow

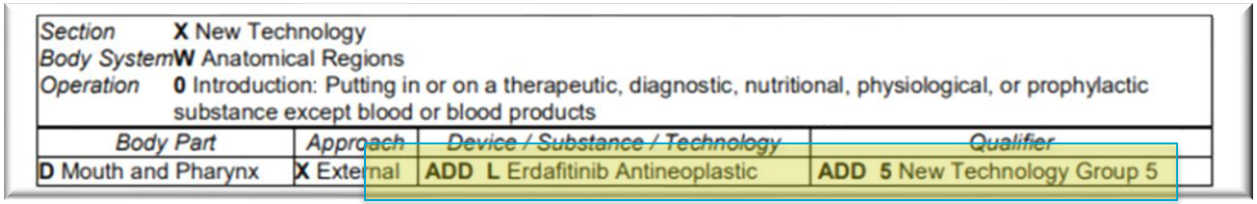
Treatment leads to growth arrest and apoptosis in leukemia blasts and cancer stem cells.

There is no other FDA-approved treatment or standard of care for BPDCN, and patients have a poor prognosis, with median overall survival of approximately 8 to 14 months

MAX NTAP: $125,448.05

50

NEW TECHNOLOGY ADD-ON PAYMENT



Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD L** Erdafitinib Antineoplastic	**ADD 5** New Technology Group 5

ADMINISTRATION OF ERDAFITINIB (BALVERSA)

Erdafitinib is an orally-administered fibroblast grown factor receptor (FGFR) tyrosine kinase inhibitor that is a targeted treatment for patients with metastatic or surgically unresectable urothelial cancer

For patients with metastatic disease, outcomes can be dire because the tumors often progress rapidly and there is a lack of effective treatments, especially in relapsed or refractory disease

Patients with locally advanced or metastatic urothelial cancer have low survival rates.

A subset of patients, who have a FGFR genetic alteration in the tumor, and who have had disease progression during or following at least one line of prior chemotherapy including within 1 2 months of chemotherapy, may benefit from erdafitinib

MAX NTAP: $3563.23

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NEW TECHNOLOGY ADD-ON PAYMENT

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD J** Apalutamide Antineoplastic	**ADD 5** New Technology Group 5

ADMINISTRATION OF ERLEADA (APALUTAMIDE), FOR ORAL USE

ERLEADA™ (apalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC).

ERLEADA™ is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC)

ERLEADA™ is administered orally . Patients receiving ERLEADA™ should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy

MAX NTAP: $1858.25

NEW TECHNOLOGY ADD-ON PAYMENT

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD T** Ruxolitinib	**ADD 5** New Technology Group 5

ADMINISTRATION OF JAKAFI® (RUXOLITINIB)

Jakafi® for the treatment of patients with acute graft versus host disease (GVHD) who have had an inadequate response to corticosteroids, submitted with Orphan Drug and Breakthrough Therapy designations

Jakafi® is dosed orally and can be administered with or without food. No other formulations are available.

Allogeneic hematopoietic stem cell transplantation (allo-HSCT) represents a potentially curative treatment option for several high-risk or relapsed hematologic malignancies, as well as for certain non-malignant hematologic disorders. Despite the increasing use of allo-HSCT and advances in methodology, outcomes remain suboptimal. Major barriers to successful outcomes include relapse of the underlying malignancy and transplant-related complication

Jakafi® is expected to often be initiated in the inpatient setting (60-80% of the time during either hospital admission for alloHSCT, or upon need for hospital re-admission for treating patients with acute GVHD who have had an inadequate response to corticosteroids)

MAX NTAP: $3977

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NEW TECHNOLOGY ADD-ON PAYMENT

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD V** Gilteritinib Antineoplastic	**5** New Technology Group 5

ADMINISTRATION OF XOSPATA® (GILTERITINIB)

XOSPATA® (gilteritinib) is an oral medication approved for the treatment of adult patients who **have relapsed or refractory (R/R) Acute Myeloid Leukemia (AML)** with a FLT3 mutation

Represents 1.1% of all new cases of cancer in the United States

XOSPATA® (gilteritinib) iorally administered

MAX NTAP: $7312.50

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ADMINISTRATION OF SPRAVATO (ESKETAMINE)

Johnson & Johnson (on behalf of Janssen Oncology, Inc) submitted an application for SPRAVATO, a drug administered through a nasal spray for the treatment of treatment-resistant depression (TRD).

According to the applicant, SPRAVATO is a non-competitive, subtype non- selective, activity-dependent glutamate receptor modulator that helps to restore connections between brain cells in people with TRD.

There are no approved ICD-10-PCS procedure codes to uniquely identify the administration of SPRAVATO; a request for approval for a unique code was submitted and CMS has not yet finalized a decision

MAX NTAP: $1014.79

Identifying code(s)
3E097GC (Induction of Other Therapeutic Substance into Nose)

Continued Payments for FY 2019

New Technology Add-On Payments

CONTINUED TECHNOLOGY ADD ON PAYMENT

KYMARIAH® (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 NTAP = $242,450

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)

CONTINUED 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 NTAP = $242,450

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

CONTINUED 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 NTAP = $47352.50

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

CONTINUED TECHNOLOGY ADD ON PAYMENT

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD N** Meropenem-vaborbactam Anti-infective	**5** New Technology Group 5

ADMINISTRATION OF VABOMERE (MEROPENEM-VARBORBACTAM)

A New Technology Add-on Payment (NTAP) application was submitted and has been approved for Vabomere™ (meropenem-vaborbactam) for FY 2019 but did not submit new code request in time for FY 19

Vabomere™ was developed to address certain gram-negative bacteria, widely considered to be one of the largest current areas of unmet medical need

FDA-approved for the treatment of patients 18 years of age and older with complicated urinary tract infections (cUTI) including pyelonephritis caused by the following susceptible microorganisms: Escherichia coli (E. coli), Klebsiella pnemoniae, and Enterobacter cloacae species complex.

- **MAX NTAP=$8316**

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CONTINUED TECHNOLOGY ADD ON PAYMENT REMEDĒ® SYSTEM

The remedē® system is indicated 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 NTAP = $22425

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

CONTINUED 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 NTAP = $4083.75

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)

CONTINUED 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

MAX NTAP = $4083.75

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)

CONTINUED 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 NTAP = $1820

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

CONTINUED 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

MAX NTAP = $1625

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

CONTINUED 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 = $18281.25

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

DISCONTINUED ADD-ON PAYMENTS FOR FY 2020

NEW TECHNOLOGY ADD-ON PAYMENTS

DISCONTINUED ADD-ON PAYMENTS

Technology	Indication/function	Amount
DEFITELIO® (DEFIBROTIDE)	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	$80,500
USTEKINUMAB (Stelara®)	Monoclonal antibody indicated for the treatment of adult patients with moderately to severely active Crohn's disease	$2,400.00
BEZLOTOXUMAB (ZINPLAVA)	Antidote to reverse the bleeding effect of Pradaxa (Dabigatran)	$1900.00

NTAP SUMMARY

NTAP SUMMARY

Newly Approved

Technology Name	NTAP Status	MAX NTAP $	Expected # of patients
AZEDRA® (Ulratace® iobenguane Iodine-131) Solution	NEW	$98,150	400
CABLIVI® (caplacizumab-yhdp)	NEW	$33,215	131
ELZONRIS™ (tagraxofusp, SL-401)	NEW	$125,448.05	247
Balversa™ Erdafitinib	NEW	$3,563.23	50
ERLEADA™ (Apalutamide)	NEW	$1,858.25	154
SPRAVATO (Esketamine)	NEW	$1,014.79	6400
XOSPATA® (gilteritinib)	NEW	$7,312.50	1875
JAKAFI™ (Ruolitinib)	NEW	$3,977	140
T2Bacteria® (T2 Bacteria Test Panel)	NEW	$97.50	37,639

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NTAP SUMMARY
Continued and Discontinued

Technology Name	NTAP Status	MAX NTAP $	Expected # of patients
KYMRIAH	CONTINUED	$242,450	386
YESCARTA	CONTINUED	$242,450	386
VYXEOS	CONTINUED	$47,352.50	960
VABOMERE	CONTINUED	$8,316	2648
remedē® System	CONTINUED	$22,425	80
ZEMDRI™	CONTINUED	$4083.75	2500
GIAPREZA™	CONTINUED	$4083.75	5730
Sentinel® Cerebral Protection System	CONTINUED	$1820	6500
The AQUABEAM System (Aquablation)	CONTINUED	$1625	417
AndexXa™ (Andexanet alfa)	CONTINUED	$18281.25	5402
Defitelio® (Defibrotide)	DISCONTINUED	$80,500.00	N/A
Bezlotoxumab (ZINPLAVA)	DISCONTINUED	$1,900.00	N/A
Ustekinumab (Stelara®)	DISCONTINUED	$2,400.00	N/A

NTAP SUMMARY
Submissions that did not meet criteria

Technology Name	NTAP Status
CivaSheet®	DID NOT MEET CRITERIA
Eluvia™ Drug-Eluting Vascular Stent System	DID NOT MEET CRITERIA
GammaTile™	DID NOT MEET CRITERIA
Supersaturated Oxygen (SSO2) Therapy (DownStream® System)	DID NOT MEET CRITERIA
VENCLEXTA	Withdrew Application
CONTEPO	Withdrew Application
IMI/REL	Did not receive FDA approval for its technology by July 1, 2019 and is not eligible for consideration for new technology add-on payments for FY 2020

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Thank you

Sources & Citations

- 2020 IPPS Final Rule; CMS- **1716F**
- FY 2020 Final Rule Tables

Diagnosis Codes Issues

We encourage commenters to address suggestions on coding issues involving diagnosis codes to: Donna Pickett, Co-Chairperson, ICD–10 Coordination and Maintenance Committee, NCHS, Room 2402, 3311 Toledo Road, Hyattsville, MD 20782.

Comments may be sent by

Email to: nchsicd10cm@cdc.gov.

Procedure Codes Issues

Questions and comments concerning the procedure codes should be submitted via Email to: ICDProcedureCodeRequest@cms.hhs.gov..

Surgical hierarchy Issues

MS–DRG related issues,
we encourage commenters to submit
requests to examine ICD–10 claims
pertaining to the surgical hierarchy via
the CMS MS–DRG Classification Change
Request Mailbox located at:
MSDRGClassificationChange@
cms.hhs.gov by November 1, 2019 for
consideration for FY 2021.