



Coding Highlights on the Horizon 2019

nThrive Speakers Bureau // Sample Presentation





Agenda

Learning Objectives:

- Identify the 2019 Final Rule ICD-10-CM/PCS changes
- Recognize changes with the Final Rule CC/MCC codes
- Identify/Locate Final Rule ICD-10-CM/PCS MS-DRG changes

Highlights IPPS Final Rule Coding Changes 2019

- ICD-10-CM Additions, Deletions and Revisions
- Changes in CC / MCC and MS-DRG changes
 - Additions and Deletions to the CC / MCC list
 - Acute Respiratory Distress Syndrome
Change to MCC
 - Sepsis following an Obstetrical Procedure
Change to MCC
 - Congenital Zika Virus Change to MCC
 - Human Immunodeficiency Virus Change to CC
- ICD-10-PCS Additions, Deletions and Revisions
- Final Rule ICD-10-CM / PCS MS-DRG changes
- Query Opportunities

Final Rule Changes

- The Centers for Disease Control and Prevention (CDC) released the fiscal year (FY) 2019 ICD-10-CM (diagnosis) code changes and CMS released ICD-10-CM / PCS (procedural) code changes.
- There are **473 diagnosis code changes beginning Oct. 1st including 279 new codes, 143 revised codes and 51 deactivated codes**, according to the CDC website.
- The 2019 ICD-10-CM/PCS codes are for discharges from October 1, 2018 through September 30, 2019.
- CMS released the ICD-10-PCS codes for 2019, all years totaling 78,881 codes. **There are 392 new ICD-10-PCS codes, 216 deleted codes, and eight code revisions.**
- The Hospital Inpatient Prospective Payment System (IPPS) **final rule published** in the Federal Register as mandated by Public Law 99-509 on **August 17, 2018**.
<https://www.federalregister.gov/documents/2018/08/17/2018-16766/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals>
- This rule **can** be accessed here, including links for all final codes.
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html>
- CMS released a number of changes for the fiscal year 2019 IPPS with the **most significant changes** pertaining to major complication or comorbidity (MCC), and complication or comorbidity (CC) additions and deletions of codes.

IPPS Changes of CC / MCC

- **CCs and MCCs have a two-fold effect.** They are critical, affecting MS-DRG reimbursement in the majority of cases and they also perform as risk adjustment factors in influencing quality metrics:

- mortality rates,
- rate of readmissions,
- cost-per-patient visit,
- value based purchasing,
- hospital acquired infection rates,
- and physician reimbursement

- CMS's categorization of diagnoses as an MCC, CC, or non-CC is accomplished using an iterative approach in which each diagnosis is evaluated to determine the **extent to which its presence as a secondary diagnosis results in increased hospital resources**. Reporting of secondary diagnoses has greater significance as certain conditions are designated as major CCs with substantial impact on reimbursement and risk adjustment.

The complete MCC list of deletions, found in Table 6I.2 of rule include:

TABLE 6I.2 - PROPOSED DELETIONS TO THE MCC LIST	
Diagnosis Code	Description
B20	Human immunodeficiency virus [HIV] disease
I63.8	Other cerebral infarction
K35.2	Acute appendicitis with generalized peritonitis
K35.3	Acute appendicitis with localized peritonitis

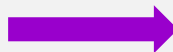


TABLE 6I.2 - DELETIONS TO THE MCC LIST	
Diagnosis Code	Description
B20	Human immunodeficiency virus [HIV] disease
G93.40	Encephalopathy, unspecified
G93.49	Other encephalopathy
I63.8	Other cerebral infarction
K35.2	Acute appendicitis with generalized peritonitis
K35.3	Acute appendicitis with localized peritonitis



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