McKESSON
Empowering Healthcare

STAR 2000™

STAR PATIENT CARE
STAR / 3M Coding and Reimbursement Interface Guide

Release 17.0
October 2011

C17000241

Publication date

October 2011
Produced in Cork, Ireland

Product and version

STAR 2000 Release 17.0

Publication number

C17000241

Reader comments

Any comments or suggestions regarding this publication are welcomed and should be forwarded to the attention of

STAR 2000 Documentation Team
McKesson
Mail Stop ATHQ-3302
5995 Windward Parkway
Alpharetta, GA 30005

Preface

This book provides a detailed explanation of the interface between McKesson's STAR Medical Record product line and the Coding and Reimbursement System from 3M™.

It includes preinstallation steps, activating the encoder, accessing the encoder, processing data from STAR to the 3M Coding and Reimbursement System, processing data from the 3M Coding and Reimbursement System to STAR, tables, data storage, 3M Coding and Reimbursement Audit Report, and information on using RCS and the multiple grouper option.

Documentation Conventions

Documentation for McKesson's STAR 2000™ line of products follows these conventions:

Revisions
Text revisions are indicated by a change bar in the left margin. Paragraphs that contain grammatical changes that do not affect content are not marked.

Canadian Documentation
This volume may include documentation for Canadian users of this product. Complete sections of Canadian text are identified by "CN" and "CN Only."

Key Names
Named keys, such as ENTER, SHIFT, CTRL, and ALT, appear in this document in uppercase (capital) letters. Symbol keys display according to the key name, followed by the symbol on the key in parentheses, such as hyphen (-) and asterisk (*).

Key Chords
Key chords are key entries that require you to hold down one or more keys (typically, CTRL, ALT, or SHIFT) before pressing another key. In this document, key chords display as the names of each key in the chord with a hyphen (-) between each (for example, CTRL-ALT-DEL). You should press the keys in the order indicated.

ENTER
ENTER is a key on a computer keyboard used to complete an entry on the STAR system. (This key may also be referred to as NEW LINE or NL in the STAR system.)

Data Entries
Letters or words you enter in response to the system display in **boldface** letters in this document. For example: Enter **Y** for Yes or **N** for No.

Selecting an Entry
This document often instructs you to "select an entry." The method you use to select an entry depends on whether you are using STAR from a terminal or IBM-compatible personal computer. Entry methods include:

- Entering the option number
- Using your arrow keys to highlight the option and pressing ENTER
- Clicking on the option using a mouse or other pointing device (PC only)

For more information about these options, see the *General Information Volume*.

Prompts
System prompts display at the bottom of many STAR screens when the system requests an entry or displays a message. Prompts display in this document italicized and indented from the rest of the text. For example:

Enter patient name--

Field Characteristics

STAR product documentation provides field explanation codes, in addition to a narrative description for each field on a screen. These codes display the maximum length of your entry in the field, the type of entry you make in the field, and whether the field is required. This information displays in the following format:

- DISPLAY ONLY for a field you cannot edit.
- For X-YY-Z field types, where:
  - X is the maximum number of characters permitted in the field:
    - P for a field length determined by a Parameter
    - T for a field length determined by a Table
    - U for a field having an Undefined length
  - YY is the type of entry technique permitted in the field:
    - A for Letters only
    - N for Numerals only
    - C for Characters (including punctuation)
    - AC for Letters and Punctuation only (no numbers)
    - NC for Numerals and Punctuation only (no letters)
    - AN for Letters and Numerals only (no punctuation)
  - Z is the requirement indicator of the field:
    - R if an entry is required to complete the function

      NOTE: Facilities can designate that certain fields be required. STAR product documentation does not display R for fields designated as required by a facility.

    - O if an entry is Optional to complete the function
    - C if an entry is Conditionally required or optional
  - For YY-Z field types, where YY is:
    - TABLE LOOKUP for a field that enables you to select from a displayed table. See the *General Information Volume* for more information regarding this entry technique.
    - SPECIAL FORMAT for a field having data entry requirements not conforming to standard format. The field definition contains the specific data entry requirements for the field.
    - DATE for a field subject to the date entry conventions described in the *General Information Volume*.
    - TIME for a field subject to the time entry conventions described in the *General Information Volume*.

    NOTE: For use of the Z position in this format, refer to the explanations for Z under X-YY-Z.

Table of Contents

Chapter 8 - 3M CODING AND REIMBURSEMENT AUDIT REPORT

Chapter 9 - USING RCS

Chapter 10 - MULTIPLE GROUPER OPTION

Introduction

An encoder is an automated method of assigning ICD and/or CPT codes to diagnosis and procedure descriptions. An encoder accepts entry of noncoded information and returns the information in the form of ICD or CPT codes.

3M Health Information Systems markets multiple encoding products found in their 3M Coding and Reimbursement System. The interfaces between the McKesson STAR Medical Record product line and the 3M Coding and Reimbursement System provide customers with a transparent and seamless two-way interface that accesses the 3M products and returns information to STAR using character-based or GUI abstracting.

Customers can use the Code 3/STAR Interface to obtain (from the 3M Coding and Reimbursement System) ICD and CPT codes, preliminary APCs, and/or DRGs and reimbursement data on a variety of payors. Customers also can use the 3M Coding and Reimbursement Windows® version by using the 3M Connections DataMax software from STAR character-based M/R Abstracting and DRG Assignment if using McKWEM.exe.

This book contains the following chapters:

Chapter 1: Preinstallation Steps

This chapter provides steps you should complete before installing the interface.

Chapter 2: Activating the Encoder

This chapter provides information on activating the encoder and setting up the interface parameter.

Chapter 3: Accessing the Encoder

This chapter describes how to access the encoder from the diagnosis, procedure, and HCPCS procedures screens.

Chapter 4: Processing Data from STAR to 3M

This chapter includes information on the supplemental data fields sent from STAR to the 3M Coding and Reimbursement product.

Chapter 5: Processing Data from 3M to STAR

This chapter describes fields and descriptions that are sent from the 3M software to STAR.

Chapter 6: Other Tables

This chapter includes information on the 3M Coding and Reimbursement disposition codes and the STAR DRG discharge status codes and how they correspond.

Chapter 7: Data Storage

This chapter provides information on what 3M data is stored in STAR Patient Care.

Chapter 8: 3M Coding and Reimbursement Audit Report

This chapter provides information on viewing or printing the audit report.

Chapter 9: Using RCS

This chapter contains information on setting up the 3M Reimbursement Calculation System (RCS) and its effect on STAR screens.

Chapter 10: Multiple Grouper Option

This chapter describes how to set up the multiple grouper option and how this option affects STAR processes.

Chapter 1 - PREINSTALLATION STEPS

PREINSTALLATION STEPS

After you decide to use the 3M Coding and Reimbursement System with the STAR interface, follow these steps:

- Contact your McKesson account manager to inform him/her of this decision. You need to place a work order so a McKesson representative is assigned to the project.

- Contact the 3M representative in your area to begin the process of ordering the appropriate interface software. The licensing of the 3M Coding and Reimbursement software is done completely between your facility and 3M. 3M will inform you of the hardware requirements, the number of copies of software that are necessary, and when it can be installed.

- After the 3M software is ordered, received, and installed, test the product as a standalone system to ensure that it is functioning properly. Any problems with the 3M Coding and Reimbursement System are handled by 3M support.

- In order for the 3M software to transmit the admitting diagnosis code to and from STAR, the Admit Diagnosis parameter in the CEDIT functions of the 3M software must be set to either *Optional Admit Dx* or to *Required Admit Dx*. If this parameter is set to *No Admit Dx*, the admitting diagnosis code cannot be transmitted. Any questions about this parameter should be directed to 3M support.

- Contact your McKesson representative and inform him/her that the 3M Coding and Reimbursement System software is active and you are ready for the STAR interface software.

- After the interface software is loaded onto your system, proceed to Chapter 2: Activating the Encoder.

- It is strongly recommended that you load the STAR software into your test ID first. The STAR/3M Coding and Reimbursement Interface can be used in both your test and live IDs.

Chapter 2 - ACTIVATING THE ENCODER

SYSTEM ACTIVATION - MCKESSON ONLY

To indicate the STAR/3M interface is active, **J** (uppercase) must be added to ~CI in Parameter Maintenance of the McKesson tables. It is the responsibility of your McKesson Installation Representative to ensure that the J has been set up at your facility.

Your representative also must update the 3M Facility field in HBOC Parameter Functions > Medical Records Modules Parameters > ABST & DRG Maintenance.

PRODUCT ACTIVATION

The Encoder Maintenance function is located on the Abstracting & DRG Maintenance Options Menu, as shown below. This function is used to maintain the encoder product.

```
              General Hospital Maintenance Functions Processor
                                                  Fri Jun 25, 2004 01:33 pm
Maintenance Functions Input Options

            Option No.  Option
            ----------------------------------------
                1       ICD & HCPCS Maintenance
                2       DRG Rate Table Generation
                3       DRG Rate Master
                4       Concurrent Monitoring Parameters
                5       Calculate Budget Using Averages
                6       Budget Maintenance
                7       M/R Abstract & DRG Census Criteria
                8       Abstracting Facility Options
                9       Build/Print Abstract Deletion List
               10       Edit/Print Abstract Deletion List
               11       Delete Selected Abstracts
               12       Departmental Table Maintenance
               13       Electronic Signature Maintenance
               14       Encoder Interface
               15       SQL User Menu
               16       GUI Abstract Maintenance
Enter option number--
```

After you select the Encoder Interface option, this submenu displays:

```
               General Hospital Encoder Interface Processor
                                                  Wed May 15, 1998 03:24 pm
Encoder Interface Input Options

            Option No.  Option
            ----------------------------------------
                1       Encoder Interface Status
                2       Encoder Parameters









Enter option number--
```

Encoder Interface Status

When you select the Encoder Interface Status option, this screen is displayed:

```
                  General Hospital Encoder Interface Status Processor
                                                 Wed May 15, 1991 03:24 pm


( 1)HSI Coder Status  : Inactive
( 2)Code 3 Status     : Active









Enter field number or '/' starting field number--
```

Field Explanations

1. HSI CODER STATUS
The HSI Coder Status field is no longer applicable.

2. CODE 3 STATUS
This field indicates the current status of the 3M Coding and Reimbursement product. When you access this field, the following prompt displays:

(A)ctivate or (I)nactivate Code 3--

Enter **A** to activate the encoder or **I** to inactivate the encoder.

When you press ENTER to exit this screen, the system displays a *Filed* message to indicate that your changes have been made.

Encoder Parameters

Encoder Parameters are used only for the *generic* encoder interface in GUI Abstracting. These parameters do not apply to the STAR/3M interface.

3M CODING AND REIMBURSEMENT INTERFACE PARAMETERS

3M offers a variety of encoding and reimbursement products. Since McKesson does not know which of these encoding products each hospital has installed, you must define the Code 3 Product field and, if necessary, the Default Bill Type, Code 3 2nd Product, and APRDRG Payor-Product fields on the M/R Abstract & DRG Census Criteria screen. The purpose of these fields is to associate the encoding or reimbursement product you wish to use when accessing the 3M Coding and Reimbursement System.

Therefore, part of your installation process is to define these fields. By associating a coding product option with an abstract code when the encoder is accessed, the system knows which product to call when the interface is triggered.

These fields displays on the following screen:

```
     General Hospital M/R Abstract & DRG Census Criteria Processor
                                              Mon Nov 03, 2008 08:56 pm

ABSTRACT PARAMETERS AND CONTROLS
 1 Abstract Code  2 Abstract Name               3 Retention    4 Audit History
   IPMC             INPATIENT MEDICARE           9999           Yes
 5 DRG Required   6 DRG Complete  7 Abst Complete  8 Print HCPCS  9 Resequence
   No               0               0               Yes            Yes
10 E-Code Msg    11 Comp Before Disch              12 Default Bill Type
   Yes              No
13 Rev Codes/View Chrgs                       14 Prin DX Default  15 2nd Grouping
   All                                           No
16 Product Code     17 Calc OP DRG  18 2nd Product      19 APRDRG Payor/Product
   05 DRGFINDER W/O                 05 DRGFINDER W/O    12-06 DRGFINDER WITH
20 GUI Abstract Form Flow                             21 POA Required?
   IP INPATIENT ABSTRACT




Enter field number or '/' starting field number--
                      next(/) or previous screen(/P) [/]
```

Selected Field Explanations

12. DEFAULT BILL TYPE (4-C-O)
This field is accessible only if the code for 3M's APCfinder is entered in the Code 3 Product or Code 3 2nd Product field. It controls the default bill type that is sent to the 3M Coding and Reimbursement System when you are using APCfinder.

You have the following options:

- Leave the field blank. 13X is the bill type sent to the 3M Coding and Reimbursement System. This default gives you almost all of the CCI/OCE edits, and the few missing edits do not affect APC assignment.

- Enter **N** for None, and the STAR system does notsend a bill type to the 3M Coding and Reimbursement System. The coder is prompted to enter a bill type when computing APCs.

- Enter a case-sensitive bill type code to be sent to the 3M Coding and Reimbursement System. Contact your 3M representative if you need a list of valid bill types.

16. PRODUCT CODE (TABLE LOOKUP-R)
When you access the Code 3 Product field, the following prompt is displayed:

Enter Code 3 product code--

Enter the 3M product code if you know it, or press hyphen (-) and ENTER to access the code table. Available options are as follows:

00 - Select Product
01 - Codefinder
02 - Codefinder w/MCE
03 - Codefinder HCPCS/CPT
04 - Codefinder HCPCS/CPT with MCE
05 - DRGfinder w/o CPT *
06 - DRGfinder with CPT *
07 - HCPCS/CPTfinder only
08 - HCPCS/CPTfinder with ICD-9 DX
09 - HCPCS/CPTfinder with ICD-9 DX and OCE
10 - HCPCS/CPTfinder OCE (ICD-9 and RX)
11 - Review Criteria
13 - APC Finder

* If you purchased ICDE from 3M, it is available via the DRGfinder product.

If you do not define a code in this field, the system automatically enters *00 - Select Product.* When this product code is associated with any of the abstract and DRG census codes, you select the actual product option when you access the 3M Coding and Reimbursement software.

NOTE: The 00 - Select Product option cannot be used if you are using the option to return multiple DRGs and reimbursement.

Each code represents one of several coding product options offered by 3M. As stated previously, it is necessary for you to enter this information in order for the system to determine which of the 3M products to call at the designated screen.

The Code 3 Product Options table is hardcoded. It is maintained by McKesson and is updated as necessary based on information received by 3M Health Care. This table has been added to the Medical Records Module parameters under HBOC Parameter Functions.

18. 2ND PRODUCT (TABLE LOOKUP OR 2-AN-C)
This field is accessible only if your hospital is defined to use multiple groupers. It allows you to perform two groupings when using the APCfinder product option with the 3M Coding and Reimbursement System interface.

Enter the code for the 3M Coding and Reimbursement System product option to be executed for this abstract code for the second grouping. Enter a hyphen and press ENTER to select the code from the table.

19. APRDRG PAYOR-PRODUCT (SPECIAL FORMAT-O)
When you access this field, the following prompt is displayed:

Enter Vendor APR-DRG payor code or `N` if None [N]-- |

If you are using the 3M All Patient Refined (APR) DRG software, enter **12** in this field.

Once you enter the APR-DRG payor code, the following additional prompt is displayed:

Enter the APR-DRG product code-- |

The following two options are available for the product code:

- **05** for DRGfinder without CPT
- **06** for DRGfinder with CPT

21. POA REQUIRED? (1-A-C)
This field is used to indicate whether Present on Admission processing is required for the DRG. This field is passed to the 3M Coding and Reimbursement System to indicate that POA is NOT required (exempt) for certain patient types/FC/S,services, station.

NOTE: This POA indicator is not stored anywhere on the account, it is used only to send to 3M to provide override settings with the third party grouping software.

Upon accessing this field, the following prompt is displayed:

POA Processing is Required for DRG ?(Y/N) [Y]-- |

If you enter **Y**, there is no override in 3M, and Present on Admission processing occurs per the 3M Configuration file.

If you enter **N**, a zero (0) is sent to 3M, via the Coding and Reimbursement Interface, indicating that Present on Admission processing is not required for this account. This "0" overrides setup in the 3M Configuration file for this account.

NOTE: Customers using the 3M Interface for processing Inpatient Psychiatric Facilities (IPF) or Long Term Care Hospitals (LTCH) groupers are advised to use this parameter.

INCLUSION CRITERIA

This section defines which patients are associated with this abstract code. When a patient is admitted, STAR checks the patient type, medical service, financial class, and nurse station associated with the patient against what has been entered for this abstract code. If the patient meets **all** the established criteria, this abstract code is assigned to the patient. If the patient does not meet the criteria, STAR checks the patient information against the next code's criteria. If there are patients who do not meet the criteria for any abstract code, they are *not* included in the abstract and/or DRG census. If all fields are blank, *every* patient matches the abstract code.

NOTE: You cannot complete this section for the default abstract code. Using the default assumes that the patient's criteria do not match, but you want to override the criteria to include the patient in the Abstract/DRG census.

When you access one of the Inclusion Criteria fields, the system displays the appropriate table and the following prompt:

Enter choices (e.g. 1,7,5-9) or `-` choices to remove or `=` for All--
end select(NL) next pg(/ or PG DN) Search(TAB)

```
     General Hospital M/R Abstract & DRG Census Criteria Processor
                                                  Mon Nov 03, 2008 08:56 pm

INCLUSION CRITERIA
 1 Patient Types                              2 Services
   ADV,ALL,I/P,NII,OB,OPO,OPR,RES            ->
 3 Financial Class                            4 Stations
   DJ,M
 5 Edited By                                  6 Edited Date
   Fields,Dorothy                               10/13/05 1240









Enter service codes separated by `,`, `-` for table lookup, Partial Name`-`, or
`=` for All--
```

You can:

- Enter one choice, or enter multiple choices. To select more than one choice, you can enter the option numbers one by one or use one of the following methods:
  - Separated by commas: 1,5,7
  - Range: 1-9
  - Combination: 1,5,7-9
- Deselect a choice by entering a hyphen (-) followed by the option number.
- Enter an equal sign (=) to select all.

NOTE: For any of the four criteria, you have the option to leave the field blank. The system interprets the blank to mean that the patient does not have to have that data element in order to match the criteria. For example, if the Nurse Station field is blank, but the patient is in a bed, the system does not use the Nurse Station in determining whether the patient is assigned this abstract code.

1. PATIENT TYPES (TABLE LOOKUP-O)
This field enables you to identify the patient types associated with this abstract code. This field accesses the Patient Type table.

2. SERVICES (TABLE LOOKUP-O)
This field enables you to identify the hospital services associated with this abstract code. This field accesses the Hospital Service code table.

3. FINANCIAL CLASS (TABLE LOOKUP-O)
This field enables you to identify the financial classes associated with this abstract code. This field accesses the Financial Classes code table.

4. STATIONS (TABLE LOOKUP-O)
This field is used for entry of the nurse stations associated with this abstract code. This field accesses the Nurse Station code table. If this parameter is set to All, patients are required to have a station/room/bed assignment to match this criteria.

5. EDITED BY (DISPLAY ONLY)
This field displays the name of the person completing or editing this screen.

6. EDITED DATE (DISPLAY ONLY)
This field displays the date the completion or editing of this screen occurred.

NOTE: Since outpatients usually are not assigned a bed, they will never meet the criteria if you set the Stations field to All.

Chapter 3 - ACCESSING THE ENCODER

INTRODUCTION

The 3M Coding and Reimbursement System product can be accessed from the character-based Diagnosis screen, Procedure screen, and/or HCPCS Procedure screen found in the following sections:

- DRG Simulation
- DRG Assignment
- MR Abstracting
- HCPCS Procedures

In GUI Abstracting, the Encoder command button is located on the base form Diagnosis/Procedure/HCPCS Information.

The 3M Coding and Reimbursement System can only be accessed from these screens if the following conditions exist:

- J is included in ~CI (HBO & Company Parameter)
- The Code 3 Status is active
- You are signed on to a PC or network where the 3M Coding and Reimbursement/Codefinder has been installed

The following are error messages and/or events that take place if the above conditions do not exist:

- If the J is not set in ~CI, the E for encoder does not display at the prompt on any of the screens from which the encoder could be accessed in character-based Abstracting, and the Encoder button is dimmed on the Diagnosis/Procedure/ HCPCS Information form in GUI Abstracting.
- If the Code 3 Status is not Active when **E** for encoder is entered, this error message is displayed:

  Error: Code 3 Communications NOT active!

- If the 3M Coding and Reimbursement product is active and the Code 3 Product parameter has been set, but **E** for encoder has been entered from a PC where the 3M Coding and Reimbursement System is not installed, the system appears as if 3M Coding and Reimbursement System is being accessed; however, nothing happens. In this case, you need to press the ESC key to exit.

Each of these error messages displays briefly; then you are returned to the prompt from which **E** was entered.

ACCESSING 3M CODING AND REIMBURSEMENT FROM THE DIAGNOSIS SCREEN (CHARACTER-BASED ABSTRACTING)

When the Code 3 Status is Active, the prompt on this screen displays as follows:

Enter admit (A), principal (P), add secondary (S), number to change (N)--
or encoder (E) next screen (/)

NOTE: If you are using the 3M Reimbursement Calculation System (RCS), you only have the option to enter an **E** for Encoder. For additional information, please refer to Chapter 9: Using RCS.

When you enter **E**, the system triggers a call to the 3M product for this patient (as determined in the Code 3 Product field on the M/R Abstract & DRG Census Criteria screen). Instructions on processing in the 3M Coding and Reimbursement coding product can be found in the reference guide provided by 3M Health Information Systems.

NOTE: Once you enter the 3M Coding and Reimbursement System, you can simultaneously code diagnoses and procedures, or move from one to the other. The STAR system always places the codes on the appropriate STAR screen regardless of which screen you were in when the 3M Coding and Reimbursement product was entered.

WARNING: Due to the fact that the 3M Coding and Reimbursement System does not accommodate diagnosis or procedure detail information (i.e., anesthesia, tissue, etc.), this information is lost when you add it on STAR and then return to 3M Coding and Reimbursement. However, procedure dates, surgeons, and HCPCS modifiers are retained.

If you press ESC to exit the encoder and return to STAR, changes made while in the encoder are cancelled. The system displays the following message:

WARNING: Encoder packet was not processed!

To exit the encoder and send changes to STAR, do one of the following:

- Enter **C** for Compute at the Coding Options menu.
- Enter **S** for Session/Patient Completed at the Session Options menu.

ACCESSING 3M CODING AND REIMBURSEMENT FROM THE PROCEDURE SCREEN (CHARACTER-BASED ABSTRACTING)

When the Code 3 Status is Active, the prompt on this screen displays as follows:

Select procedure to revise, Code 3(E), View Charges (C), or add(A)--
next screen (/) or previous screen (/P) [/]

NOTE: If you are using the 3M Reimbursement Calculation System (RCS), you only have the options to enter **E** for Encoder or **C** to view the STAR Patient Accounting charges posted to the account. For additional information, please refer to Chapter 9: Using RCS.

When you enter **E**, the system triggers a call to the 3M product for this patient (as determined in the 3M Coding and Reimbursement Interface Screen Parameters). Instructions on processing in the 3M Coding and Reimbursement coding product can be found in the reference guide provided by 3M Health Information Systems. If you want to enter a code without using the 3M Coding and Reimbursement System, enter **A** to Add.

NOTE: Once you enter the 3M Coding and Reimbursement System, you can simultaneously code diagnoses and procedures or move from one to the other. The STAR system always places the codes on the appropriate STAR screen regardless of which screen you were in when the 3M Coding and Reimbursement product was entered.

Because procedure time cannot be entered in 3M, STAR automatically defaults the episode time to 7:00 am. The episode date and time can be manually updated on the Procedure Detail screen in STAR Patient Care.

WARNING: Due to the fact that the 3M Coding and Reimbursement System does not accommodate diagnosis or procedure detail information (i.e., anesthesia, tissue, etc.), this information is lost when you add it on STAR and then return to 3M Coding and Reimbursement. However, procedure dates, surgeons, and HCPCS modifiers are retained.

If you press ESC to exit the encoder and return to STAR, changes made while in the encoder are cancelled. The system displays the following message:

WARNING: Encoder packet was not processed!

To exit the encoder and send changes to STAR, do one of the following:

- Enter **C** for Compute at the Coding Options menu.
- Enter **S** for Session/Patient Completed at the Session Options menu.

ACCESSING 3M CODING AND REIMBURSEMENT FROM THE HCPCS PROCEDURES SCREEN (CHARACTER-BASED ABSTRACTING)

When the Code 3 Status is Active, the prompt for this screen displays as follows:

Select HCPCS to revise, add(A) a HCPCS, Code 3(E), View Charges(C), View PA APCs (V)-- next screen (/) or previous screen (/P) [/]

When you enter **E**, the system triggers a call to the 3M product for this patient (as determined in the 3M Coding and Reimbursement Interface Screen Parameters). Instructions on processing in the 3M Coding and Reimbursement coding product can be found in the reference guide provided by 3M Health Information Systems. If you want to enter a code without using the 3M Coding and Reimbursement System, enter **A** to Add.

NOTE: Once you enter the 3M Coding and Reimbursement System, you can simultaneously code diagnoses and procedures or move from one to the other. The STAR system always places the codes on the appropriate STAR screen regardless of which screen you were in when the 3M product was entered.

Because procedure time cannot be entered in 3M, STAR automatically defaults the episode time to 7:00 am. The episode date and time can be manually updated on the Procedure Detail screen in STAR Patient Care.

WARNING: Due to the fact that the 3M Coding and Reimbursement System does not accommodate diagnosis or procedure detail information (i.e., anesthesia, tissue, etc.), this information is lost when you add it on STAR and then return to 3M Coding and Reimbursement. However, procedure dates, surgeons, and HCPCS modifiers are retained.

If you press ESC to exit the encoder and return to STAR, changes made while in the encoder are cancelled. The system displays the following message:

WARNING: Encoder packet was not processed!

To exit the encoder and send changes to STAR, do one of the following:

- Enter **C** for Compute at the Coding Options menu.
- Enter **S** for Session/Patient Completed at the Session Options menu.

Chapter 4 - PROCESSING DATA FROM STAR TO 3M

PROCESSING DATA FROM STAR TO 3M

Once the 3M Coding and Reimbursement encoding product is accessed, STAR sends a packet of information containing supplemental data fields. These data fields are pieces of information used by 3M in the encoding process. Each packet contains information specific to one patient. The facility code also is included in the packet so the correct facility information is applied in 3M.

Each packet contains some or all of the following fields:

Field	Description
Payor	Contains the default 0 for Medicare or the code that was entered in the Other Payor Code field of the Financial Classes table.
Patient ID	Contains the patient's account number and name.
Age	Contains the patient's birthdate and admission date.
Sex	Contains either **M** for Male or **F** for Female.
Discharge Date	Contains the patient's discharge date as MM/DD/YYYY. If the patient has not been discharged, the system assumes the current date.
Admission Date	Contains the patient's admission date as MM/DD/YYYY.
Disposition	Contains one of the five expected disposition codes. If the patient has not been discharged, this field contains 1. (The 3M Coding and Reimbursement System disposition code must have been added to the DRG Discharge Status Code Processor; see Chapter 6, Other Tables.)
Code	Contains any ICD and HCPCS codes already associated with the patient. Codes preceded with an **I** are diagnosis codes. Codes preceded with an **S** are procedure codes. Codes preceded with a **C** or **H** are CPT/HCPCS codes. For procedure codes, the dates, surgeons, and HCPCS modifiers are included.
Revenue Code	The three-digit UB revenue code associated with the HCPCS procedure code.
Admitting Diagnosis	Contains the admitting diagnosis code if the code is entered in the Diagnoses screen in either the M/R Abstracting or DRG Assignment functions. If the admitting diagnosis code was not entered in the Diagnoses screen, but a valid ICD code was entered during admission, the code entered during admission defaults into the Admitting Diagnosis field on the Diagnoses screen in the M/R Abstracting and DRG Assignment functions and is transmitted to the encoder. If the admitting diagnosis code was not entered in the Diagnoses screen and an *invalid* ICD code was entered during admission, no admitting diagnosis code is transmitted to the encoder.

NOTE: The only two fields required by 3M to be included in the packet are Sex and Age. If these fields are not included in the packet, the 3M Coding and Reimbursement System prompts you to enter that information before you can begin coding.

Outgoing Packet Example

The following is an example of an outgoing packet (from STAR to 3M):

```
CMD:013
SYS:0
COD:
TEXT:
PID:FARMER,CAROL Unit# 000002446 Acct# 0414000014
AGE:01/01/1990 05/19/2004
SEX:F
LOS:1 hours
DDT:05/19/2004
ADT:05/19/2004
DSP:1
PTTYP:ER
CODER:33721
ATTMD:10
FACID:0
PAYER:M
PAY:23
CHG: 0.00
COD:BILL.13X
COD:CON.9999
COD:AI.1234
COD:I.1234
COD:I.5769
COD:S.8801
DATE:05/19/2004
PHYS:10 COLEMAN,MICHAEL G
COD:C.74160
MOD:47
REVCOD:320
DATE:05/19/2004
PHYS:10 COLEMAN,MICHA
COD:C.68400
DATE:05/19/2004
PHYS:10 COLEMAN,MICHAEL G
```

You see this information only if the debugging option is turned on. It is not necessary to use debugging unless you are experiencing problems with the interface. The debugging display is controlled from the 3M setup (for the DOS version) for the active interface.

Once the packet is received and accepted by the 3M Coding and Reimbursement System, you can begin the encoding process using the reference guide provided to you by 3M.

Chapter 5 - PROCESSING DATA FROM 3M TO STAR

INCOMING PACKET

After you finish coding, the 3M software sends a packet to the STAR system. The packet of information returned from the 3M Coding and Reimbursement System contains the following information:

Field	Description
Error Code	Contains an error code from 0-31. The text of the error code displays in the next field.
Error Text	Contains the error text that corresponds to the error code that appeared in the previous field (error code). These codes and corresponding text are as follows: 0 - No Error 1 - Backup at Keyword Prompt 2 - Abort at Keyword Prompt 3 - No Entry at Keyword Prompt 4 - Next at Keyword Prompt 5 - (currently not used) 6 - Bad Command or Command Unauthorized 7 - Error Opening Interface Input File 8 - Error Opening Interface Output File 9 - (currently not used) 10 - (currently not used) 11 - Incomplete Coding Session by Operator Request 12 - (currently not used) 13 - Unable to allocate memory for interface buffer 14 - Fatal Error in Coding Session 15 - Runtime Stack Overflow 16 - String Stack Overflow 17 - Unknown Instruction 18 - Unresolved external 19 - Code buffer overflow 20 - Trace buffer overflow 21 - Reading database file 22 - Opening database file 23 - Opening history file 24 - Serious database error 25 - Line printer open error 26 - Database revision mismatch 27 - Accessing Codefinder.ss 28 - Division by zero 29 - Opening Config File 30 - Reading Config File 31 - Memory for dbfiles
Patient ID	Contains the same information that was in the PATIENT ID field that was sent to 3M in the outgoing packet.
Text	Does not contain any information. This is simply a field marker to indicate that text is being returned with the codes. If text is not being returned with the ICD codes, there is no field marker present.

Field	Description
Code	Contains the ICD and/or HCPCS codes obtained by the coding product. Each code is separated by a field separator such as a line feed. If the output record contains the text field marker, the data area will contain codes followed by the corresponding text. For procedure codes, the dates, surgeons, and HCPCS modifiers are included.
Revenue Code	The three-digit UB revenue code associated with the HCPCS procedure code.
Admitting Diagnosis	If an admitting diagnosis code is transmitted to STAR, regardless of whether it was entered in STAR or the encoder, and the code already exists in the STAR ICD-9-CM table, then the code is stored as the admitting diagnosis in the Diagnoses screen in the M/R Abstracting and DRG Assignment functions. If an admitting diagnosis code is *not* transmitted to STAR, the Admitting Diagnosis field in the Diagnoses screen in the M/R Abstracting and DRG Assignment functions is autocompleted as follows: • If the original admitting diagnosis (entered in the Admission function) is a valid ICD diagnosis code, that code defaults into the Admitting Diagnosis field on the Diagnoses screen of the M/R Abstracting and DRG Assignment functions. • If the original admitting diagnosis (entered in the Admission function) is *not* a valid ICD diagnosis code, the code in the Principal Diagnosis field defaults into the Admitting Diagnosis field of the M/R Abstracting and DRG Assignment functions.

NOTE: You do not see this information unless the debugging option is turned on (with the DOS version of the 3M software). It is not necessary to do so unless you are having problems with the interface.

3M Code Formats

The codes returned from the 3M Coding and Reimbursement System follow a standard format. The standard code format is in the form h.xxxxx where **h** indicates the type of code and "xxxxx" indicates the actual code. The options for **h** are as follows:

I - ICD9 diagnosis code

S - ICD9 procedure code

C - CPT code

H - HCPCS code

M - ICD0 morphology code (not stored on STAR)

R - DRG code (only stored on STAR if RCS is being used)

O - Bill type code (not stored on STAR)

Processing Error

If you enter a procedure date that is past the account's discharge date, the following error displays at the top of the screen, as shown in the screen below:

```
General Hospital

Error/Warning(s):Procedure date past discharge date of 06/10/98

                              Record Detail
Page:01
(1)     ERR-0
2  ETX-(3M CF)  No error
3  PID-9529800010   WATSON, IRMA
4  TXT-4
5  COD-33
6  R.108
7  OTHER CARDIOTHORACIC PROCEDURES
8
9
10  *.40413
11  BENIGN HYPERTENSIVE HEART AND RENAL DISEASE, WITH CONGESTIVE
12
Enter Newline to quit,item # to edit,'A'ccept codes,or 'R'ecode-
                      next pg (/ or PG DN)Search (TAB)
```

The options available are explained below:

- Press ENTER to quit. No codes or data are saved on STAR.
- Enter the item # corresponding to the data you want to modify and type the modification. Press ENTER, then **A** to accept.
- Enter **A** to accept the codes and data if there are no existing errors.
- Enter **R** to re-access the encoder.

To correct a procedure date, do the following:

1. Proceed to the next page (by entering /) containing the discharge date field.
2. Select the corresponding line number.
3. Type the correct procedure date (with slashes).
4. Enter **A** to accept the codes and the data on STAR.

NOTE: If you do not do this, all codes just entered on 3M are deleted and are not saved on STAR.

Chapter 6 - OTHER TABLES

OTHER TABLES

The 3M Coding and Reimbursement System encoding product uses a disposition code in the packet that is sent from STAR to 3M. The *Code 3 Disposition* field is located on the McKesson DRG Discharge Status Code table, which is accessed by selecting **System Management** > **HBOC Table Maintenance Functions** > **ADT Control** > **DRG Discharge Status Code**.

The McKesson DRG codes have been mapped to 3M Coding and Reimbursement (Code 3) disposition codes in the DRG Discharge Status Code table as follows:

McKesson DRG Code	Discharge Status Description	Code 3 Disposition
1	Short Term General Hospital	2
2	Skilled Nursing Facility	3
3	Intermediate Care Facility	4
4	Other Facility	5
5	Home or Self Care	1
6	Home Health Care Organization	6
7	Against Medical Advice	7
8	Expired	20
9	Home IV Service	8
21	Discharged/Transferred to a Court/Law Enforcement	21
30	Still a Patient	30
43	Federal Hospital	43
50	Hospice-Home	50
51	Hospice-Medical Facility	51
61	Swing Bed	61
62	Rehab Facility or Rehab Unit	62
63	LTC Hospital	63
64	Discharged/Transferred to Nursing Facility, Medicaid Cert	64
65	Discharged/Transferred to Psychiatric Hospital or Unit	65
66	Discharged/Transferred to Critical Access Hospital	66
71	OP Services-Other Facility	71
72	OP Services-This Facility	72

This update to the DRG Discharge Status Code table is done automatically as part of the installation process. You do not update this table.

NOTE: If you are using 3M's RCS and/or the option to return multiple DRGs, the Financial Classes table must be updated as well. Please refer to Chapters 9 and 10 of this book for more information.

Chapter 7 - DATA STORAGE

DATA STORAGE

If you are using only the encoder portion of this interface (not reimbursement), only the following information returned in the output packet from the 3M Coding and Reimbursement System is stored in STAR Patient Care:

- ICD9 codes,
- CPT codes,
- HCPCS codes and modifiers,
- UB revenue codes associated with HCPCS codes,
- surgeons, and
- procedure dates.

If you are using 3M's RCS package, additional information is stored in STAR. Please refer to “Chapter 9 - USING RCS” for more information.

Chapter 8 - 3M CODING AND REIMBURSEMENT AUDIT REPORT

3M CODING AND REIMBURSEMENT AUDIT REPORT

STAR retains an audit trail of records passed from 3M to STAR if you are using character-based abstracting. The Code 3 Audit Report (3M Coding and Reimbursement Audit Report) is on the Demand Reports menu found on the Abstracting & DRG options menu. This audit is helpful when trying to determine if the data was received on STAR and/or what data was actually transmitted.

NOTE: You can use the STAR Audit Service to audit user requests for this report. The Audit Service collects and stores information such as report request date and time, the name of the user requesting the report, and the criteria selected for the report. For more information, see the *STAR Audit Service Reference Guide*.

When you select this report, a table of the audit days appear. The audit days that display are those that have not yet been purged during Midnight Processing. The report data is purged based on the number of days defined in the Midnight Processing Run Control, Log Rec Rtn field. If you need the retention days altered, contact your McKesson representative. The following is an example of the screen listing the available audit dates:

```
             General Hospital Code 3 Audit Report Processor
                                                Tue Nov 26, 1991 03:35 pm

Page:01                CODE 3/STAR Coding Audit Dates
( 1) Tuesday November 26,1991









Enter date to review [Today]--
```

Enter the date to view, and a table is displayed that lists all records stored for that day.

The following is an example of the records for a selected day. It includes *any* calls made to the 3M Coding and Reimbursement System and displays in reverse chronological order:

```
               General Hospital Code 3 Audit Report Processor
                                                 Tue Nov 26, 1991 03:35 pm

Page:01    CODE 3/STAR Coding Audit for Tuesday, November 26, 1991
     Date      Time      Patient ID                              Error/Warning
( 1) 11/26/91  15.28.36  9131100004 TEST,DAVE
( 2) 11/26/91  15.27.34  9131100004 TEST,DAVE
( 3) 11/26/91  15.26.10  9131100004 TEST,DAVE
( 4) 11/26/91  15.23.49  9131100006 TEST,BABA S
( 5) 11/26/91  15.19.24  9131100025 TEST,BLUE









Enter option for detail, or enter time (HHMM) to start list [Now]--
```

Select the patient whose packet information you would like to view. You also have the option to print the packet information. The following is an example of the packet detail for a selected record:

```
               General Hospital Code 3 Audit Report Processor
                                                 Tue Nov 26, 1991 03:35 pm

Record Received                    Error/Warning(s)
11/26/91 15:28:36 pm

Page:01                           Record Detail
( 1)    ERR-0
( 2)    ETX-No Error
( 3)    PID-9131100004 TEST,DAVE
( 4)    COD-13
( 5)     R.112
( 6)     R.112
( 7)    *I.40491
( 8)    #I.25071
( 9)    #I.0400
(10)    *S.3601
(11)     S.8855
(12)     S.8622
(13)     C.92982
(14)     EOR-##

Enter Newline to quit or `P` to print--
```

NOTE: The EOR-## indicates End of Record with a check digit number and does not indicate an error for the record.

Press period (.) followed by ENTER to return to the listing for the selected date. Press period (.) followed by ENTER to return to the audit date listing. Press period (.) followed by ENTER to return to the Demand Reports menu.

NOTE: See "Chapter 4 - PROCESSING DATA FROM STAR TO 3M" for more information on packet contents.

Chapter 9 - USING RCS

INTRODUCTION

3M Health Information Systems provides ICD and HCPCS codes as well as DRG (grouper) information via its 3M Coding and Reimbursement System products (for example, Codefinder, DRGfinder, etc.). 3M also provides DRG reimbursement information via the 3M Reimbursement Calculation System (RCS) product. The function of RCS is to calculate accurate reimbursement estimates.

3M has integrated the Coding System and RCS products, enabling customers to obtain the appropriate ICD codes, DRG, and expected reimbursement directly from 3M.

Through the STAR Medical Record Modules (DRG Assignment and Medical Record Abstracting), McKesson supports and provides customers with DRG and related reimbursement for Medicare *only*.

McKesson maintains a product supported interface between the STAR Medical Record modules and the 3M Coding and Reimbursement System products. The STAR/3M Coding and Reimbursement Interface includes the ability to obtain DRG and reimbursement information for specialized groupers and associated reimbursement information (for inpatients only), including:

- Medicare
- Medicare long-term care hospitals (LTCH)
- Medicare preliminary APCs
- Inpatient Psychiatric Facility DRG (IPF-DRG)
- CHAMPUS
- Illinois Medicaid
- Indiana Medicaid
- New Jersey All Payor (AP)
- New York AP
- North Carolina Medicaid
- Ohio Medicaid
- Virginia Medicaid
- Texas Medicaid

- Washington, D.C. Medicaid

NOTE: The STAR/3M Coding and Reimbursement Interface also includes the ability to obtain All Patient Refined-DRGs (APR-DRGs). APR-DRGs describe a complete cross-section of acute carepatients (not just Medicarepatients) and are specifically designed to adjust data for severity of illness and risk of mortality. Even though the data returned from 3M for APR-DRGs does not include reimbursement information, you must use 3M's RCS to generate APR-DRG information.

This section describes how to set up the interface so that DRGs and associated reimbursement are calculated by the 3M Coding and Reimbursement System and brought back to and stored on STAR.

GETTING STARTED - CURRENT USERS

Steps 1a and 2a apply to customers who currently use the STAR/3M Coding and Reimbursement Interface and are now adding the RCS package from 3M. If you are not currently using the STAR/3M Coding and Reimbursement Interface, proceed to Steps 1b and 2b.

Step 1a: Interface Setup for Encoder

If you are currently using the STAR/3M Coding and Reimbursement Interface, you have already completed the instructions in the first chapter of this reference guide and can proceed to the next step.

Step 2a: Interface Setup for RCS

If you have not purchased the RCS software from 3M, you should do prior to performing the implementation steps. Your 3M representative will assist you in the necessary 3M Coding and Reimbursement System implementation process. Ensure that the encoder and RCS work correctly stand-alone. Report any problems at this point to 3M.

After the 3M Coding and Reimbursement System set-up for RCS is complete, the RCS information is automatically added to the upload packet (sent from the 3M Coding and Reimbursement System to STAR). You can now proceed to Step 3: Table Changes. If you purchased RCS packages from 3M other than Medicare, Medicare-Long Term Care, APCfinder, CHAMPUS, Illinois, Indiana, New York (AP), New Jersey (AP), North Carolina, Ohio, Texas, Virginia, or Washington, D.C., you are not able to upload that information in STAR since the interface does not currently handle the information returned by any other RCS package.

NOTE: You can also upload information for APR-DRGs. APR-DRGs are calculated when the APR-DRG Software has been purchased from 3M and the APRDRG Payor-Product field on the M/R Abstract & DRG Census Criteria screen has been completed. APR-DRGs are calculated using the same codes that are entered to calculate MS-DRGs. The data returned from 3M for APR-DRGs includes severity of illness and risk of mortality indicators, but does not include reimbursement information.

GETTING STARTED - NEW USERS

Step 1b: Interface Setup For Encoder

If you are not currently using the STAR/3M Coding and Reimbursement Interface, follow the instructions in Chapter 1: Preinstallation Steps and Chapter 2: Activating the Encoder in this reference guide prior to proceeding.

Step 2b: Interface Setup for RCS

If you have purchased both the encoder and RCS from 3M, it is likely that 3M will install both at the same time. It is advisable that you have all the McKesson software loaded prior to the 3M Coding and Reimbursement System software so that you are ready when the 3M software is ready. There is implementation that must be performed on the 3M Coding and Reimbursement System, and your 3M representative should assist you in this process. Ensure that the encoder and RCS work correctly stand-alone. Report any problems at this point to 3M.

After the 3M Coding and Reimbursement System implementation is complete for both the encoder and RCS, the information (codes, DRG and reimbursement) is automatically included in the upload packet (sent from 3M to STAR). At this point, you can proceed to Step 3.

If the STAR programs for the RCS interface have not been loaded, your packet errors out on STAR since the programs necessary to read the updated packet are not present. If you purchased RCS packages from 3M other than Medicare, Medicare-Long Term Care, APCfinder, CHAMPUS, Illinois, Indiana, New York (AP), New Jersey (AP), North Carolina, Ohio, Texas, Virginia, or Washington, D.C., you are not able to upload that information in STAR since the interface does not currently handle the information returned by any other RCS package.

NOTE: You can also upload information for APR-DRGs. APR-DRGs are calculated when the APR-DRG Software has been purchased from 3M and the APRDRG Payor-Product field on the M/R Abstract & DRG Census Criteria screen has been completed. APR-DRGs are calculated using the same codes that are entered to calculate MS-DRGs. The data returned from 3M for APR-DRGs includes severity of illness and risk of mortality indicators, but does not include reimbursement information.

INTERFACE STEPS - ALL USERS

Step 3: Table Changes

The Financial Classes table contains the Other Payor Code and APC Payor Code fields for entry of the applicable 3M Coding and Reimbursement payor code. If ~CI does not contain J, these fields cannot be edited (this is the responsibility of the McKesson installer). The following is a sample of the fourth Financial Classes table screen, which contains the information about DRG and APC/ASC Payor Codes:

```
               General Hospital Table Maintenance Processor
                                                  Tue Apr 28, 2009 01:20 pm
Financial Classes
DRG and APC/ASC Payor Codes
DRG PAYOR             PAYOR MSDRG HAC DTE FROM DTE TO  APC/ASC DTE FROM DTE TO
--------------------------------------------------------------------------------
O-OTHER PAYERS                                          23









    F1Prev Page F2Next Page F3 Insert  F4 Delete  F6 Reset  F7  Exit   ?
```

Selected Field Explanations

OTHER PAYOR CODE (3-AN-O)
This field is used for entry of the 3M Coding and Reimbursement System payor code. If the STAR/3M Coding and Reimbursement Interface is not active, this field cannot be completed. Entry of a value in this field indicates to the system that the DRG and associated reimbursement information for this payor is calculated on and uploaded from the 3M Coding and Reimbursement System and is not calculated on STAR.

The following Payor Codes are valid:

Payor Code	3M Grouper Description
FEDERAL GROUPERS:	
00	Medicare Inpatient MS- DRG Grouper
08	Medicare LTCH (Long-Term Care Hospital) Grouper
42	Medicare "Classic" Grouper

Payor Code	3M Grouper Description
34	Medicare Psychiatric Grouper
STATE GROUPERS	
01	New Jersey APDRG
02	New York APDRG
03	Champus
04	Ohio Medicaid
09	Illinois Medicaid
18	Indiana Medicaid
104	North Carolina Medicaid
105, 110, 111	Washington, D.C. Medicaid
109	Virginia Medicaid
900-999	Texas Medicaid User-Defined
*	To indicate that a carrier should group on STAR, enter an asterisk (*).

Update the DRG Payor table and Financial Classes table as necessary for your facility to indicate which payor's DRG and reimbursement is to be obtained via the 3M Coding and Reimbursement System. Do not complete this field for a DRG payor for which RCS is not utilized.

When **01** is entered for New Jersey, the following prompt displays:

Enter New Jersey APDRG Reimbursement code--

Enter the code or a hyphen (-) to select from the New Jersey Reimbursement Code table. The options are:

- 0 for New Jersey Medicaid
- 1 for All Payors

When **02** is entered for New York, the following prompt displays:

Enter APDRG Reimbursement Code--

Enter the appropriate APDRG Reimbursement Code if you know it, or press hyphen (-) followed by ENTER to display the APDRG Reimbursement Payor Code table for selection.

This additional entry accommodates the different types of all-payor plans. The valid APDRG Reimbursement Payor Codes for New York are as follows:

- 1 for Medicaid
- 2 for New York Blue Cross
- 3 for New Jersey Blue Cross
- 4 for Commercial
- 5 for Worker's Comp/No Fault
- 6 for Self Pay
- 7 for Self-Administered Commercial

NOTE: The APDRG Reimbursement Payor table has been added to the HBOC Parameter Functions, Medical Record Modules Parameters. This table is automatically created by McKesson and does not require additional McKesson or customer implementation.

In the 3M Coding and Reimbursement System manual, these different payor plans are referred to as “NEW YORK VARIABLES.”

For detailed Field Explanations of all other fields on the DRG Payors and Financial Classes tables, refer to the *STAR Patient Care Reference Guide, Tables Volume*.

NOTE: If you enter an "other payor code" but do not have the associated RCS package, you will not receive the DRG and reimbursement information from the 3M Coding and Reimbursement System, nor will the patient be grouped on STAR; therefore, the DRG Assignment screen for the patient is blank.

MS-DRG OTHER PAYOR? (1-A-R)
If a value is placed in the previous field to send an Other Payor Code to the PC-based encoding system, this field is required to indicate whether the returned DRG from the coding vendor is MS-DRG or non-MS-DRG (CMS DRG). This information is used by STAR Patient Accounting and other vendors to verify the correct DRG codeset to use.

At the following prompt, enter **Y** or **N** to indicate whether the Other Payor Code is an MS-DRG Payor. The default is blank.

Is the Other Payor Code entered a MS-DRG Payor? (Y/N) --

If no value is placed in the previous field (STAR is used to calculate the DRG), no entry is allowed in this field.

HAC (1-A-R)
This field is passed to 3M to override Hospital Acquired Condition (HAC) processing for insurance companies that have moved to MS-DRGs, but are not ready for HAC processing.

If you enter **Y**, there is no override in 3M, and HAC processing occurs per the 3M Configuration file.

If you enter **N**, a zero (0) is sent to 3M, via the Coding and Reimbursement Interface, indicating that HAC processing is not required for this account. This "0" overrides setup in the 3M Configuration file for this account.

DATE FROM
The beginning date that payor code is effective.

DATE TO
The ending date that payor code is effective.

APC/ASC PAYOR CODE (3-AN-O)
This field contains the payor code to be sent to the 3M Coding and Reimbursement System when 3M Outpatient groupers are used for a patient. The payor code indicates the grouper that will be accessed. Examples are:

23 Medicare APC Grouper

39 Tricare APC Grouper

43 Medicare ASC Grouper

DATE FROM
The beginning date that payor code is effective.

DATE TO
The ending date that payor code is effective.

Step 4: Testing the RCS Portion of the Interface

In order to test the updated STAR/3M Coding and Reimbursement Interface in your test ID, do the following:

1. Load and implement RCS on each PC.

2. When testing the interface for RCS, set the Reimbursement flag in the 3M Coding and Reimbursement System to Enabled.

3. When not testing the interface for RCS (in other words, coding patients in your LIVE ID using the 3M Coding and Reimbursement System), set the Reimbursement flag in the 3M Coding and Reimbursement System to Disabled.

4. You can designate one PC as testing for RCS and keep the Reimbursement flag in the 3M Coding and Reimbursement System set to Enabled. You should only use this PC to code patients in the test ID.

5. After you have adequately tested RCS in your test ID, you can move the McKesson software to the LIVE ID and set the 3M Coding and Reimbursement System Reimbursement flag to Enabled on all PCs.

It is necessary to follow these steps for testing because the 3M Coding and Reimbursement System software that resides on the PC is accessed regardless of whether you are in the STAR TEST or LIVE ID. If the STAR programs that handle the RCS data are not in the LIVE ID and you continue to utilize the 3M Coding and Reimbursement System software (with RCS enabled), your packets error out every time (since the programs that interpret the RCS data are not present).

Step 5: Change in Outgoing Packet (from STAR to 3M)

In the STAR/3M Coding and Reimbursement Interface, a packet of information is downloaded from the host (STAR) to 3M. If you have the debugging option turned on in the 3M Coding and Reimbursement System, you can view the changes in the outgoing packet. There are no additional implementation steps for you to complete to update the information packet. The packet includes the following field markers and associated data items:

Field Marker	Data for Marker
ADT:	Patient's admission date
PTTYP:	Patient's three-character patient type code from the STAR Patient Type table
CHG:	Total charges (including the decimal)
PAY:	Payor Code
RPY:	Payor Type

The field marker PAY contains the value found in the Other Payor Code field that is associated with the DRG payor via the Financial Classes table.

The field marker RPY contains the value found in the Other Payor Code field that indicates which of the all-payor plans is being used for this payor. A payor type is only included when the value in the PAY marker is 01 or 02.

Step 6: Overview of Information Flow

DRG and related reimbursement information must be available under a variety of situations, depending on the RCS packages that have been purchased from 3M. For example, you can purchase the CHAMPUS RCS package, but not Medicare. In this scenario, you set up (or modify) the DRG payor for CHAMPUS (via the DRG Payor table) and enter 03 as the appropriate 3M Coding and Reimbursement System payor code for CHAMPUS. You would also have a DRG payor for Medicare, but without a 3M Coding and Reimbursement System payor code. Then, before invoking the STAR

grouper/rate master, the system would check the Financial Classes table to confirm whether an Other Payor code exists for the patient's DRG payor.

If you are processing a patient with a DRG payor that *does not* have a value in the Other Payor Code field, the system processes the DRG and expected reimbursement as per current programming (using the grouper/rate master resident on STAR). If you are processing a patient with a DRG payor that *does* have a value in the Other Payor Code field, the system does not invoke the STAR grouper/rate master. The system stores and displays the data that is returned from the 3M Coding and Reimbursement System.

NOTE: When you access the 3M Coding and Reimbursement System and are processing a patient with a DRG payor that does not have an Other Payor Code, 3M Coding and Reimbursement prompts you to select a grouper and then requests additional information that is not included in the packet. Your responses to these prompts are not significant since your patient's DRG and reimbursement is calculated on STAR.

When a DRG payor has an associated Other Payor Code, you *must* obtain all diagnosis and procedure information from the 3M Coding and Reimbursement System. In character-based Abstracting, the diagnosis and procedure screens in the DRG Assignment and Medical Record Abstracting functions are modified to force all coding on the 3M Coding and Reimbursement System product.

Step 7: Screen Changes (Character-Based Abstracting)

DRG Assignment and M/R Abstracting Diagnosis Screen

When you are processing a patient whose DRG Payor has an Other Payor Code, **all** coding of diagnoses and procedures *must be done* via the 3M Coding and Reimbursement System. You cannot enter codes directly into either the diagnosis or procedure screen. The reason for this is that the grouping and reimbursement calculation is done in the 3M Coding and Reimbursement System and any changes to codes could change the DRG.

When you are processing a patient with an Other Payor Code, in either DRG Assignment or Medical Record Abstracting, the Diagnosis screen displays as follows:

```
                  General Hospital Diagnoses Processor
                                                 Tue Jul 10, 2007 09:54 am
   Account No     Name                             Unit No        Corp No
   0310700012     TANNER,SAM TREET                 000-00-3620    00004192
               Code   Description                DRG Dx  Tumor Ind.  Type
 Admitting     208.01  ACT LEUK UNS CL W RMSON
 Principal     208.01 ACT LEUK UNS CL W RMSON
 Secondary ( 1) 401.0  MALIGNANT HYPERTENSION
           ( 2) 802.1  NASAL BONE FX-OPEN                                2
           ( 3) 300.00 ANXIETY STATE NOS
           ( 4) 522.2  TOOTH PULP DEGENERATION
           ( 5) 611.2  FISSURE OF NIPPLE




Enter (A)dmit,(R)eason,(N)osocomial,(P)rin,add (S)econdary,number to change--
          or (E)ncoder   next screen (/) or previous screen (/P) [/] N
```

Enter **A** for an Admitting diagnosis code, **R** for Reason for Visit diagnosis code, **N** for Nosocomial Infection codes, **P** for a Principal diagnosis code, **S** for a Secondary diagnosis code or enter **E** to access the encoder. You can revise the admitting diagnosis, but you *cannot* add other diagnosis codes to this screen without using the 3M Coding and Reimbursement product. If you invoke the 3M Coding and Reimbursement product for additional coding, you are returned to this screen upon reentry into STAR.

NOTE: If you are collecting diagnosis types (the diagnosis type for the DRG Payor is set to Yes), the prompt displays as follows to allow you to edit the type (even though you cannot enter/edit diagnosis codes):

Enter (A)dmit,(R)eason,(N)osocomial,(P)rin,add (S)econdary,number to change--
or (E)ncoder next screen (/) or previous screen (/P) [/] N

DRG ASSIGNMENT AND M/R ABSTRACTING PROCEDURE SCREEN

When you are processing a patient whose DRG Payor has an Other Payor Code, **all** coding of procedures (and diagnoses) **must** be done via the 3M Coding and Reimbursement System. You cannot enter codes directly into either the procedure or diagnosis screen. The reason for this is that the grouping and reimbursement calculation is done in the 3M Coding and Reimbursement System and changes to codes could change the DRG.

When you are processing a patient with an Other Payor Code, in either DRG Assignment or Medical Record Abstracting, the Procedure screen displays as follows:

```
                  General Hospital Procedures Processor
                                                Thu Jun 26, 2003 02:12 pm
    Account No     Name                              Unit No        Corp No
    0316000005     TANNER,SALLY Q                    000-00-3614    00004186
       Code  Description              S Date/Time         Surgeon             AC
P  (1) 40.0 INCIS LYMPHATIC STRUCTUR    03/15/03 4:15p    SPIEGEL,RONALD F
M  (2) 47.0 APPENDECTOMY                03/15/03 4:15p    SPIEGEL,RONALD F
   (3) 40.11 LYMPHATIC STRUCT BIOPSY    03/10/03 9:45a    LEIBOWITZ,RONNIE









Select procedure to revise, Code 3(E), View Charges(C) or NEW LINE to Continue--
                     next screen (/) or previous (/P) [/]
```

The prompt associated with this screen enables you to select the procedure to revise (you can add or update the procedure date and/or surgeon), press ENTER to continue, enter **C** to view the STAR Patient Accounting charges posted to the account, or enter **E** to access the encoder.

You *cannot* add codes to this screen without using the 3M Coding and Reimbursement product. If you invoke the 3M Coding and Reimbursement product for additional coding, you are returned to this screen upon reentry into STAR. You can add the procedure date and surgeon on this screen. If you press ENTER, the following prompt displays:

Accept this screen? (Y/N) [Y]--

Select one of the following entry options:

- Enter **N** for No and the previous prompt redisplays.
- Press ENTER to accept the default of Y, or enter **Y** to continue.

DRG ASSIGNMENT AND M/R ABSTRACTING DRG ASSIGNMENT SCREEN

If the Financial Classes table contains a value in the Other Payor Code field (indicating that 3M Coding and Reimbursement is to be utilized for this DRG payor), the DRG Assignment screen contains the DRG and associated reimbursement information obtained from the 3M Coding and Reimbursement System. The information returned from 3M Coding and Reimbursement varies depending on the DRG payor. Also, see payor code fields on Insurance Carrier and Insurance Plan tables. In STAR, payor codes may be entered at Financial Class, Insurance Carrier, or Insurance Plan levels.

Currently information is returned to and stored on STAR for the following:

- All Patient Refined DRGs (APR-DRGs)

  NOTE: APR-DRG information is returned for a patient in addition to MS-DRG information when 3M's APR-DRG Software has been installed and the APRDRG Payor-Product field on the M/R Abstract & DRG Census Criteria screen has been completed for the patient's abstract code.

- APCfinder
- CHAMPUS
- Illinois
- Indiana
- Medicare
- Medicare Long-Term Care Hospital (LTCH)
- New Jersey (All-Payor)
- New York (All-Payor)
- North Carolina
- Ohio
- Texas
- Virginia
- Washington, D.C.

All Patient Refined (APR) DRG Information

The following is a list of the information that is stored and displayed for APR-DRGs:

APR-DRG INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
AGE	Field 2	Age
APR wt	Field 8	APR-DRG Weight
CHG	Field 11	Charges
COD: R.###	Field 7	APR-DRG

APR-DRG INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
COD: RMT.#	Field 15	Risk of mortality
COD: RSV.#	Field 14	Severity of illness
COD: STAT.#	Field 9	Outlier status
DSP	Field 4	Discharge status/disposition
ERR	N/A	Flag for type of error encountered
ETX	N/A	Text message describing the ERR value
High Trim	Field 13	High stay trim point
LOS	Field 10	Length of stay
Low Trim	Field 12	Short stay trim point
MDC	Field 5	Major diagnostic category
PAY	Field 1	Payor code
SEX	Field 3	Sex

The following screen is a sample of how the above data displays:

```
                  General Hospital DRG Assignment Processor
              DRG Results          Page  4 of  4 Fri Jul 22, 2005 04:40 pm
    Account No     Name                              Unit No        Corp No
    0510400004     FINCH,ALLYSON                     000-00-3445    00003903
 1 Other Payor       2 Age           3 Sex          4 Dischg Disposition
   12                  50Y             FEMALE         *HOME OR SELF CARE
 5 Major Diagnostic Category                              6 FINAL ACCEPT DATE
   006 DISEASES AND DISORDERS OF THE DIGESTIVE SYSTEM
 7 APRDRG                                                 8 Weight
   254 OTHER DIGESTIVE SYSTEM DIAGNOSES                     0.4395
 9 Outlier Status                          10 LOS         11 Charges
   1  LOS INLIER                             1                 700.00
12 Short Trim Point                        13 High Trim Point
   1                                          8
14 Severity of Illness                     15 Risk of Mortality
   1 Minor                                    1 Minor




Press NL--
```

Field Explanations

1. OTHER PAYOR

This field indicates the payor code that is entered in the APRDRG Payor-Product field on M/R Abstract & DRG Census Criteria screen. This code is downloaded to the 3M Coding and Reimbursement System to indicate which grouper and RCS payor to utilize.

2. AGE
This field displays the patient's age at the time of admission. This data item is not downloaded to the 3M Coding and Reimbursement System; however, the birthdate and admission date are included in the download packet, which enables 3M Coding and Reimbursement to calculate the appropriate age.

3. SEX
This field displays the patient's sex. This data item is downloaded to the 3M Coding and Reimbursement System.

4. DISCHG DISPOSITION
This field indicates the patient's discharge disposition. If the patient is not discharged, the system assumes a disposition of HOME when downloading this data item to the 3M Coding and Reimbursement System.

5. MAJOR DIAGNOSTIC CATEGORY
This field displays the major diagnostic category (MDC) associated with this APR-DRG. There are some APR-DRGs for which there is no associated MDC; in these instances, the MDC is 0. This information is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

6. FINAL ACCEPT DATE
This field displays the last date the APR-DRG was accepted as final. You cannot accept an APR-DRG as final until the patient is discharged since the discharge disposition can affect the APR-DRG. Also, any changes made to the following patient information automatically causes the system to remove the final accept date: financial class, birthdate, discharge disposition, transfer indicator, sex, any diagnosis (including admitting), any procedure.

In addition, you cannot accept the APR-DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

7. APRDRG
This field displays the APR-DRG number and description that is uploaded from the 3M Coding and Reimbursement System. This information is stored with the patient's data in STAR. If this field is blank, then you did not select a 3M Coding and Reimbursement product option that calculates an APR-DRG.

8. WEIGHT
This field displays the weight associated with the APR-DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

10. LOS
This field displays the current length of stay (LOS) for this patient's visit. This data item is not downloaded to the 3M Coding and Reimbursement System; however, the dates of admission and discharge are included in the download packet, which enables 3M Coding and Reimbursement to calculate the appropriate LOS.

11. CHARGES
This field displays the current total charges for this patient's visit. This data item is downloaded to the 3M Coding and Reimbursement System. If the patient currently has no charges, the 3M Coding and Reimbursement System prompts you for charge information (once you have accessed the 3M Coding and Reimbursement product). If there are no charges, enter 0.0 at the 3M Coding and Reimbursement System prompt. Charge information entered in the 3M Coding and Reimbursement System is not uploaded to STAR.

12. SHORT TRIM POINT
This field displays the short stay trim point for the calculated APR-DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

13. HIGH TRIM POINT
This field displays the high stay trim point for the calculated APR-DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

14. SEVERITY OF ILLNESS
This field displays the severity of illness for the patient. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR. Valid values are as follows:

- 0 = Refinement not possible
- 1 = Minor patient severity of illness
- 2 = Moderate patient severity of illness
- 3 = Major patient severity of illness
- 4 = Extreme patient severity of illness

15. RISK OF MORTALITY
This field displays the risk of mortality for the patient. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR. Valid values are as follows:

- 0 = Refinement not possible
- 1 = Minor patient risk of mortality
- 2 = Moderate patient risk of mortality
- 3 = Major patient risk of mortality
- 4 = Extreme patient risk of mortality

All-Payor DRG Information

The following is a list of the information that is stored and displayed for APDRGs:

APDRG PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
CTHRSH	Field 16	Cost outlier threshold in cost dollars
DRGWT	Field 12	Severity Index Weight
DTHRSH	Field 15	High Stay Threshold
ERR	N/A	Flag for type of error encountered
ETX	N/A	Text message describing the ERR value
GLOS	Field 13	Geometric length of stay
NREIMB	Field 18	Normal patient's reimbursement amount
PID	N/A	Patient identification
STN	Field 22	Flag indicating the status of the patient
STRIM	Field 14	Short Stay Day Threshold
STX	Field 22	Text message describing the status of the patient
TOUT	Field 20	Total outlier amount
TREIMB	Field 19	Total reimbursement amount

NOTE: This data has been added to the upload packet and can be viewed via the 3M Coding and Reimbursement Audit Report.

The following screen is a sample of how the above data displays:

```
                  General Hospital DRG Assignment Processor
            DRG Results          Page  4 of  4 Wed Nov 05, 2008 09:32 pm
    Account No     Name                                Unit No        Corp No
    9333400001     ROOTHONE,TESTONE                    000000301      00000359
1 DRG Payor                   2 Other Payor            3 AP Reimb. Payor
  NY-MEDICAID                   02                       MEDICAID
4 Age                         5 Sex                    6 Dischg Disposition
  87Y                           FEMALE                   *HOME OR SELF CARE
7 Major Diagnostic Category                            8 FINAL ACCEPT DATE
  25  HIV INFECTIONS
9 DRG/VER                                  10 LOS          11 Charges
  730 V26.0 CRANIOTOMY FOR MULTIPLE SIGNI 15                 37519.80
12 DRG Wght  13 Geom LOS  14 Short Stay Trim   15 Day Thresh 16 Cost Thresh
   12.2462      31.00        6                    56            42725.71
17 Tot Cap Reimb              18 Reimb Amt              19 Tot Reimb Amt
   1190.36                       23214.79                 23214.79
20 Tot Outlier                21 Variance              22 Outlier Indication
   0.00                          -14305.01



Accept Final DRG Assignment? (Y/N) [N]--
```

Field Explanations

1. DRG PAYOR
This field indicates the DRG payor associated with the primary financial class of this patient (as set up in the DRG Payor table).

2. OTHER PAYOR
This field indicates the Other Payor Code that is associated with the DRG payor in the Financial Classes table. This code is downloaded to the 3M Coding and Reimbursement System to indicate which grouper and RCS payor to utilize.

3. AP REIMB. PAYOR
This field displays the APDRG Reimbursement payor (also known as New York Variable) that was selected in the DRG Payor table. This code is downloaded to the 3M Coding and Reimbursement System to indicate which all-payor plan to access.

4. AGE
This field displays the patient's age at the time of admission. This data item is not downloaded to the 3M Coding and Reimbursement System; however, the birthdate and admission date are included in the download packet which enables 3M Coding and Reimbursement to calculate the appropriate age.

5. SEX
This field displays the patient's sex. This data item is downloaded to the 3M Coding and Reimbursement System.

6. DISCHG DISPOSITION
This field indicates the patient's discharge disposition. If the patient is not discharged, the system assumes a disposition of HOME when downloading this data item to the 3M Coding and Reimbursement System.

7. MAJOR DIAGNOSTIC CATEGORY
This field displays the major diagnostic category (MDC) associated with this DRG. There are some DRGs for which there is no associated MDC, therefore in these instances, the MDC is 0. This information is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

8. FINAL ACCEPT DATE
This field displays the last date the DRG was accepted as final. You cannot accept a DRG as final until the patient is discharged since the discharge disposition can affect the DRG. Also, any changes made to the following patient information automatically causes the system to remove the final accept date: financial class, birthdate, discharge disposition, transfer indicator, sex, any diagnosis (including admitting), any procedure.

In addition, you cannot accept the DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

9. DRG/VER
This field displays the DRG number, version number, and description that is uploaded from the 3M Coding and Reimbursement System. This information is stored with the patient's data in STAR. If this field is blank, then you did not select a 3M Coding and Reimbursement product option that calculates a DRG.

10. LOS
This field displays the current length of stay (LOS) for this patient's visit. This data item is not downloaded to the 3M Coding and Reimbursement System; however, the dates of admission and discharge are included in the download packet, which enables 3M Coding and Reimbursement to calculate the appropriate LOS for determination of reimbursement.

11. CHARGES
This field displays the current total charges for this patient's visit. This data item is downloaded to the 3M Coding and Reimbursement System for use in the determination of reimbursement. If the patient currently has no charges, the 3M Coding and Reimbursement System prompts you for charge information (once you have accessed the 3M Coding and Reimbursement product). If there are no charges, enter 0.0 at the 3M Coding and Reimbursement System prompt. Charge information entered in the 3M Coding and Reimbursement System is not uploaded to STAR.

12. DRG WGHT
This field displays the weight associated with the DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

13. GEOM LOS
This field displays the geometric mean length of stay for the calculated DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

14. SHORT STAY TRIM
This field displays the short stay trim point for the calculated DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

15. DAY THRESH
This field displays the high stay day threshold for the calculated DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

16. COST THRESH
This fields displays the cost threshold (also known as high cost outlier threshold) for the calculated DRG. This data item is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

17. TOT CAP REIMB
This field displays the total capital reimbursement amount for the calculated DRG. This information is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

18. REIMB AMT
This field displays the operating reimbursement amount for the calculated DRG. This information is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

19. TOT REIMB AMT
This field displays the total reimbursement amount including any capital and/or outlier reimbursement. This information is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

20. TOT OUTLIER
This field displays the total outlier reimbursement for the calculated DRG. This information is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

21. VARIANCE
This field displays the difference between the total reimbursement and the total charges for this patient. The variance is calculated on STAR and stored with the patient's data.

22. OUTLIER INDICATION
This field displays, if applicable, the code and description for the outlier status of the patient. The outlier status is determined by the 3M Coding and Reimbursement System and uploaded into STAR. If the patient is not an outlier, this field is blank. If the patient is a high cost outlier, this field displays HIGH COST. If the patient is a high stay outlier, this field displays HIGH STAY. If the patient is transferred, this field displays TRANSFER. If this patient is a short stay outlier (i.e., the LOS is below the short stay trim), this field displays SHORT STAY. The outlier status is uploaded from the 3M Coding and Reimbursement System and stored with the patient's data in STAR.

CHAMPUS Information

The following is a list of the information that is stored and displayed for CHAMPUS:

CHAMPUS PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
CTHRSH	Field 15	Cost outlier threshold in cost dollars
DEDUCT	Field 17	Deductible amount
DRGWT	Field 11	DRG weight
DTHRSH	Field 14	Day Threshold

CHAMPUS PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
ERR	N/A	Flag for type of error encountered
ETX	N/A	Text message describing the ERR value
GLOS	Field 12	Geometric length of stay
NREIMB	Field 18	Normal patient's reimbursement amount
PID	N/A	Patient identification
STN	Field 23	Flag indicating the status of the patient
STRIM	Field 13	Short stay day threshold
STX	Field 23	Text message describing the status of the patient
TARGET	Field 16	DRG base rate for hospital
TIME	Field 19	Total amount of indirect educational adjustment
TOUT	Field 20	Total outlier amount
TREIMB	Field 21	Total reimbursement amount

NOTE: This data has been added to the upload packet and can be viewed via the 3M Coding and Reimbursement Audit Report.

The following is an example of how the above data displays on the screen:

```
                        DRG Assignment Processor
                                              Mon Feb 08, 1993 10:30 am
   Account No     Name                              Unit No        Corp No
   93033-00003    VEREEN,EVELYN T                   0000-9006-12   00000823
 1 DRG Payor            2 Other Payor  3 Age   4 Sex     5 Dischg Disposition
   CHAMPUS                3              33Y     FEMALE    AGAINST MEDICAL ADVI
 6 Major Diagnostic Category                          7 FINAL ACCEPT DATE
   4  DISEASES/DISORDERS OF THE RESPIRATORY SYSTEM
 8 DRG                                 9 LOS        10 Charges
   088  CHRONIC OBSTRUCTIVE PULMONARY      1              215.80
11 DRG Wght     12 Geom LOS   13 Short Stay Trim 14 Day Thresh  15 Cost Thresh
   1.1391          5.00          1                  35             75385.37
16 DRG Base Amt 17 Deduct Amt 18 Reimb Amt       19 Tot IME     20 Tot Outlier
   3095.168        241.00        1471.20            60.92          0.00
21 Tot Reimb Amt              22 Variance               23 Outlier Indication
   1471.20                       1255.40




Accept Final DRG Assignment? (Y/N) [N]--
```

Field Explanations

1. DRG PAYOR
This field indicates the DRG payor associated with the primary financial class of this patient.

2. OTHER PAYOR
This field indicates the Other Payor Code that is associated with this DRG payor in the Financial Classes table. This is the code transmitted to 3M Coding and Reimbursement that indicates which grouper and RCS payor to utilize.

3. AGE
This field indicates the patient's age at the time of admission. This data item is not sent to the 3M Coding and Reimbursement System, however, the birthdate at the time of admission is included in the packet of information downloaded to 3M Coding and Reimbursement.

4. SEX
This field indicates the patient's sex. This data item is sent in the download packet to 3M Coding and Reimbursement.

5. DISCHG DISPOSITION
This field indicates the patient's discharge disposition. If the patient has not been discharged, the system assumes the disposition of Home when calculating the DRG.

6. MAJOR DIAGNOSTIC CATEGORY
This field displays the major diagnostic category (MDC) associated with this DRG. There are some DRGs for which there is no associated MDC, therefore, the MDC is 0. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

7. FINAL ACCEPT DATE
This field displays the last date the DRG was accepted as final. You cannot accept a DRG as final until the patient has been discharged since the discharge disposition can affect the DRG. Also, any change made to the following patient information automatically causes the system to remove the final accept date: financial class, birthdate, discharge disposition, sex, diagnosis, procedure.

In addition, you cannot accept the DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

8. DRG
This field displays the DRG number and description that is returned from 3M Coding and Reimbursement. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If this field is blank, then you did not select a 3M Coding and Reimbursement product option that calculates a DRG.

9. LOS
This field displays the current length of stay (LOS) for this patient's visit. This data item is not sent to the 3M Coding and Reimbursement System, however, the dates of admission and discharge are sent; therefore, the same LOS is used in 3M Coding and Reimbursement for determination of high stay outliers.

10. CHARGES
This field displays the current total charges for this patient's visit. This data item is sent to 3M Coding and Reimbursement for use in the determination of high cost outliers. If the patient currently has no charges, the 3M Coding and Reimbursement System prompts you for charge information once you have accessed the 3M Coding and Reimbursement product. If there are no charges, enter 0.0 at the 3M Coding and Reimbursement System prompt. Charge information entered in the 3M Coding and Reimbursement System is not uploaded to STAR.

11. DRG WGHT
This field displays the weight of the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

12. GEOM LOS
This field displays the geometric mean length of stay for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

13. SHORT STAY TRIM
This field displays the short stay trim point for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

14. DAY THRESH
This field displays the day threshold (also known as high stay trim point) for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

15. COST THRESH
This field displays the cost threshold (also known as cost outlier threshold) for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

16. DRG BASE AMT
This field displays the base amount for the facility used in the calculation of the DRG. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

17. DEDUCT AMT
This field displays the deductible amount used in determining the total reimbursement. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

18. REIMB AMT
This field displays the reimbursement amount for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

19. TOT IME
This field displays the reimbursement amount for indirect medical education (IME). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

20. TOT OUTLIER
This field displays any additional reimbursement amount if the patient was either a high stay or cost outlier. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

21. TOT REIMB AMT
This field displays the total reimbursement amount for this patient for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

22. VARIANCE
This field displays the difference between the expected reimbursement and total charges for this patient. The variance is calculated on STAR by subtracting the Total Reimbursement Amount from the Total Charges. This information is stored with the patient.

23. OUTLIER INDICATION
This field displays, if applicable, the code and description for the outlier status of the patient. If the patient is a high cost outlier, this field displays COST. If the patient is a high stay outlier, this field displays STAY. If this patient is not an outlier, the field is blank. Determination of outlier status is done on the 3M Coding and Reimbursement System and this information is uploaded to STAR. The outlier indicator is stored with the patient.

Medicare Information

The following is a list of the information that is stored and displayed for Medicare:

MEDICARE PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
CTHRSH	Field 14	Cost outlier threshold in cost dollars
DRGWT	Field 11	DRG weight
DTHRSH	Field 13	Day Threshold
ERR	N/A	Flag for type of error encountered
ETX	N/A	Text message describing the ERR value
GLOS	Field 12	Geometric length of stay

MEDICARE PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
NREIMB	Field 16	Normal patient's reimbursement amount
PID	N/A	Patient identification
STN	Field 22	Flag indicating the status of the patient
STX	Field 22	Text message describing the status of the patient
TOTCAP	Field 15	Total capital reimbursement
TIME	Field 18	Total amount of indirect educational adjustment
TDSH	Field 17	Total amount of disproportionate share adjustment
TOUT	Field 19	Total outlier amount
TREIMB	Field 20	Total reimbursement amount

NOTE: This data has been added to the upload packet and can be viewed via the 3M Coding and Reimbursement Audit Report.

The following screen is a sample of how the above data displays:

```
                General Hospital DRG Assignment Processor
             DRG Results          Page  4 of  4 Mon Feb 08, 1993 03:43 pm
   Account No     Name                              Unit No        Corp No
   93035-00004    ROOTHSBY,NELLIE O                 0000-9006-25   00000837
 1 DRG Payor            2 Other Payor  3 Age   4 Sex     5 Dischg Disposition
   MEDICARE               0              71Y     FEMALE
 6 Major Diagnostic Category                                7 FINAL ACCEPT DATE
   6  DISEASES/DISORDERS OF THE DIGESTIVE SYSTEM
 8 DRG                                 9 LOS        10 Charges
   164  APPENDECTOMY WITH COMPLICATED      4              180.48
11 DRG Wght      12 Geom LOS                      13 Day Thresh  14 Cost Thresh
   2.1733           9.80                           42             71821.98
15 Tot Cap Reimb 16 Reimb Amt  17 Total DSH      18 Tot IME     19 Tot Outlier
   3389.03          8457.54       309.25           0.00           0.00
20 Tot Reimb Amt               21 Variance              22 Outlier Indication
   8457.54                          8277.06



Enter alternate description for diagnoses and/or procedures? (Y/N) [N]--  |
```

Field Explanations

1. DRG PAYOR
This field indicates the DRG payor associated with the primary financial class of this patient.

2. OTHER PAYOR
This field indicates the other payor code that has been associated with this DRG payor in the Financial Classes table. This is the code being transmitted to the 3M Coding and Reimbursement System to indicate which grouper and RCS payor to utilize.

3. AGE
This field indicates the patient's age at the time of admission. This data item is not sent to the 3M Coding and Reimbursement System, however, the birthdate at the time of admission is included in the packet of information downloaded to the 3M Coding and Reimbursement System.

4. SEX
This field indicates the patient's sex. This data item is sent in the download packet to the 3M Coding and Reimbursement System.

5. DISCHG DISPOSITION
This field indicates the patient's discharge disposition. If the patient has not been discharged, the system assumes the disposition of Home when calculating the DRG.

6. MAJOR DIAGNOSTIC CATEGORY
This field displays the major diagnostic category (MDC) associated with this DRG. There are some DRGs for which there is no associated MDC, therefore, the MDC is 0. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

7. FINAL ACCEPT DATE
This field displays the last date the DRG was accepted as final. You cannot accept a DRG as final until the patient has been discharged since the discharge disposition can affect the DRG. Also, any change made to the following patient information automatically causes the system to remove the final accept date: financial class, birthdate, discharge disposition, sex, diagnosis, procedure.

In addition, you cannot accept the DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

8. DRG
This field displays the DRG number and description that is returned from the 3M Coding and Reimbursement System. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If this field is blank, then you did not select a 3M Coding and Reimbursement product option that calculates a DRG.

9. LOS
This field displays the current length of stay (LOS) for this patient's visit. This data item is not sent to the 3M Coding and Reimbursement System, however, the dates of admission and discharge are sent; therefore, the same LOS is used in 3M Coding and Reimbursement for determination of high stay outliers.

10. CHARGES
This field displays the current total charges for this patient's visit. This data item is sent to the 3M Coding and Reimbursement System for use in the determination of high cost outliers. If the patient currently has no charges, the 3M Coding and Reimbursement System prompts you for charge information once you have accessed the 3M Coding and Reimbursement product. If there are no charges, enter 0.0 at the 3M Coding and Reimbursement System prompt. Charge information entered in the 3M Coding and Reimbursement System is not uploaded to STAR.

11. DRG WGHT
This field displays the weight of the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

12. GEOM LOS
This field displays the geometric mean length of stay for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

13. DAY THRESH
This field displays the day threshold (also known as high stay trim point) for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

14. COST THRESH
This field displays the cost threshold (also known as cost outlier threshold) for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

15. TOT CAP REIMB
This field displays the capital reimbursement amount for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

16. REIMB AMT
This field displays both the operating and capital reimbursement amount for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

17. TOT DSH
This field displays the reimbursement amount for disproportionate share hospital (DSH) for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

18. TOT IME
This field displays the reimbursement amount for indirect medical education (IME). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

19. TOT OUTLIER
This field displays any additional reimbursement amount if the patient was either a high stay or cost outlier. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

20. TOT REIMB AMT
This field displays the total reimbursement amount for this patient for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If the patient is not an outlier, the information in the Reimb Amt field and this field are the same.

21. VARIANCE
This field displays the difference between the expected reimbursement and total charges for this patient. The variance is calculated on STAR by subtracting the Total Reimbursement Amount from the Total Charges. This information is stored with the patient.

22. OUTLIER INDICATION
This field displays, if applicable, the code and description for the outlier status of the patient. If the patient is a high cost outlier, this field displays COST. If the patient is a high stay outlier, this field displays STAY. If the patient is not an outlier, the field is blank. The outlier status is determined on the 3M Coding and Reimbursement System and this information is uploaded to STAR. The outlier indicator is stored with the patient.

Medicare Long-Term Care Hospital Information

The following is a list of the information that is stored and displayed for Medicare long-term care hospital (LTCH):

MEDICARE LTCH PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
ALS	Field 10	Interrupted length of stay
CTHRSH	Field 15	Cost outlier threshold in cost dollars
DRGWT	Field 13	DRG weight
DSPALS	Field 11	Disposition value indicating the type of facility to which the patient was admitted during the interrupted stay
DTHRSH	Field 14	Day threshold
ERR	N/A	Flag for type of error encountered
ETX	N/A	Text message describing the ERR value
NREIMB	Field 16	Normal patient's reimbursement amount
PID	N/A	Patient identification

MEDICARE LTCH PAYOR - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
STN	Field 20	Flag indicating the status of the patient
STX		Text message describing the status of the patient
TOUT	Field 17	Total outlier amount
TREIMB	Field 18	Total reimbursement amount

NOTE: This data has been added to the upload packet and can be viewed via the 3M Coding and Reimbursement Audit Report.

The following screen is a sample of how the above data is displayed:

```
                  General Hospital DRG Assignment Processor
              DRG Results          Page  4 of  4 Fri Jul 09, 2004 05:36 pm
   Account No     Name                              Unit No        Corp No
   04121-00003    ENGLISH,BONNIE G                  100006423      00000090
 1 DRG Payor           2 Other Payor  3 Age   4 Sex     5 Dischg Disposition
   MEDICARE              08             53Y     FEMALE    *HOME OR SELF CARE
 6 Major Diagnostic Category                              7 FINAL ACCEPT DATE
   06
 8 DRG                                 9 LOS   10 I-LOS 11 I-Disp 12 Charges
   183                                 1                          16125.00
13 DRG Wght         14 Day Thresh     15 Cost Thresh     16 Reimb Amt
                                                            2447.22
17 Tot Outlier      18 Tot Reimb Amt  19 Variance        20 Status Indicator
   0.00                 2688.50           -13436.50




Press NL--
```

Field Explanations

1. DRG PAYOR
This field indicates the DRG payor associated with the primary financial class of this patient.

2. OTHER PAYOR
This field indicates the other payor code that has been associated with this DRG payor in the Financial Classes table. This is the code being transmitted to the 3M Coding and Reimbursement System to indicate which grouper and RCS payor to utilize.

3. AGE
This field indicates the patient's age at the time of admission. This data item is not sent to the 3M Coding and Reimbursement System; however, the birthdate at the time of

admission is included in the packet of information downloaded to the 3M Coding and Reimbursement System.

4. SEX
This field indicates the patient's sex. This data item is sent in the download packet to the 3M Coding and Reimbursement System.

5. DISCHG DISPOSITION
This field indicates the patient's discharge disposition. If the patient has not been discharged, the system assumes the disposition of Home when calculating the DRG.

6. MAJOR DIAGNOSTIC CATEGORY
This field displays the major diagnostic category (MDC) associated with this DRG. There are some DRGs for which there is no associated MDC; therefore, the MDC is 0. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

7. FINAL ACCEPT DATE
This field displays the last date the DRG was accepted as final. You cannot accept a DRG as final until the patient has been discharged since the discharge disposition can affect the DRG. Also, any change made to the following patient information automatically causes the system to remove the final accept date: financial class, birthdate, discharge disposition, sex, diagnosis, procedure.

In addition, you cannot accept the DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

8. DRG
This field displays the DRG number and description that is returned from the 3M Coding and Reimbursement System. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If this field is blank, then you did not select a 3M Coding and Reimbursement product option that calculates a DRG.

9. LOS
This field displays the current length of stay (LOS) for this patient's visit. This data item is not sent to the 3M Coding and Reimbursement System; however, the dates of admission and discharge are sent. Therefore, the same LOS is used in 3M Coding and Reimbursement for determination of high stay outliers.

10. I-LOS
This field displays the interrupted length of stay, which is the number of days the patient was away from the long-term facility (for example, a patient was transferred to another facility and then returned 9 days later).

11. I-DISP
This field displays the disposition value indicating the type of facility to which the patient was admitted during the interrupted stay.

12. CHARGES
This field displays the current total charges for this patient's visit. This data item is sent to the 3M Coding and Reimbursement System for use in the determination of high cost outliers. If the patient currently has no charges, the 3M Coding and Reimbursement System prompts you for charge information once you have accessed the 3M Coding and Reimbursement product. If there are no charges, enter 0.0 at the 3M Coding and Reimbursement System prompt. Charge information entered in the 3M Coding and Reimbursement System is not uploaded to STAR.

13. DRG WGHT
This field displays the weight of the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

14. DAY THRESH
This field displays the day threshold (also known as high stay trim point) for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

15. COST THRESH
This field displays the cost threshold (also known as cost outlier threshold) for the calculated DRG (displayed in the DRG field). This data item is obtained from the 3M Coding and Reimbursement System and stored with the patient.

16. REIMB AMT
This field displays both the operating and capital reimbursement amount for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

17. TOT OUTLIER
This field displays any additional reimbursement amount if the patient was either a high stay or cost outlier. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

18. TOT REIMB AMT
This field displays the total reimbursement amount for this patient for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If the patient is not an outlier, the information in the Reimb Amt field and this field is the same.

19. VARIANCE
This field displays the difference between the expected reimbursement and total charges for this patient. The variance is calculated on STAR by subtracting the Total Reimbursement Amount from the Total Charges. This information is stored with the patient.

20. STATUS INDICATOR
This field displays, if applicable, the status indicator for the patient. Following are valid values:

1 inlier, not outlier

2 outlier

3 day outlier

4 cost outlier

5 transfer (or interrupted stay) patient

6 DRG number ID is out of range (1-571)

The status is determined on the 3M Coding and Reimbursement System, and this information is uploaded to STAR. The status indicator is stored with the patient.

Inpatient Psychiatric Facility DRG Information

You can code and group psychiatric records with the 3M™ Inpatient Psychiatric Facility DRG (IPF-DRG) Software using the STAR Coding and Reimbursement Interface and store the results within the STAR system. The following is a list of the information that is stored and displayed for Inpatient Psychiatric Facility DRG:

INPATIENT PSYCHIATRIC FACILITY DRG - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
AGEADJ	Field 16	Age adjustment
CMORADJ	Field 15	Comorbidity adjustment
CMORSTX	Field 14	Comorbidity status 0= No text display 1= No Comorbidity Payment Adjustment
COSTPAY	Field 20	Cost base payment
CTHRSHAMT	Field 13	Charge threshold amount
DIEMPAY	Field 20	Federal per diem payment
DX	Field 22	Diagnoses X9 (primary plus 8 other). Value shows Code, Adj amt, IPF marking, IPF category
ECTPAY	Field 12	ECT payment
ECTUNITS	Field 12	ECT units
EOR	N/A	End of record with Longitudinal Redundancy Check (LRC) number
ERR	N/A	Flag for type of error encountered
ETX	N/A	Text message describing the ERR value
PPSPAY	Field 11	PPS payment

INPATIENT PSYCHIATRIC FACILITY DRG - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
PX	Field 22	Procedures X6 (primary plus 5 other). Value shows Code, Adj amt, IPF marking, IPF category
RCS	N/A	Start of reimbursement information
STX	Field 18	Text message describing the status of the patient 0=Inlier 1=Outlier
TCHPAY	Field 17	Teaching payment
TOUT	Field 19	Total outlier amount
TREIMB	Field 21	Total reimbursement amount

NOTE: This data has been added to the upload packet and can be viewed via the 3M Coding and Reimbursement Audit Report.

The following screen is a sample of how the above data is displayed:

```
                    General Hospital DRG Assignment Processor
                                                 Thu Feb 22, 2007 07:02 pm
    Account No     Name                               Unit No        Corp No
    0616200002     FITCHETT,UM                        000-00-4594    00005113
 1 DRG Payor            2 Other Payor  3 Age   4 Sex     5 Dischg Disposition
   MEDICARE               00             50Y     MALE      *HOME OR SELF CARE
 6 Major Diagnostic Category                             7 FINAL ACCEPT DATE

 8 DRG                                  9 LOS  10 I-LOS 11 Charges     12 NCCHG
   253  FX, SPRN, STRN & DISL OF UPAR      110      0     77912605.00    1450.00
11 PPSPAY     12 RV1/ECT UNITS/PAY 13 Chg THRESH   14 CMORSTX 15 COMOR ADJ
    9949.84        1/1/1100.00          29875.42
16 AGEADJ    17 TCHPAY   18 STX      19 TOUT  20 COSTPAY/DIEMPAY 21 TReimb
    1.04         1.01       1-Outlier   956.00   1120.00  4789.00   179388.00
22 DX/PX  ADJ AMT
   XX XXXX.XX/ X.XX   XXXX.XX / X.XX        XX XXX.XX / X.XX   XX XXX.XX / X.XX
   XX XXXX.XX/ X.XX   XXXX.XX / X.XX        XX XXX.XX / X.XX
   XX XXXX.XX/ X.XX   XXXX.XX / X.XX        XX XXX.XX / X.XX
   XX XXXX.XX/ X.XX   XXXX.XX / X.XX        XX XXX.XX / X.XX
   XX XXXX.XX/ X.XX                         XX XXX.XX / X.XX


Press NL--
```

Field Explanations

1. DRG PAYOR
This field indicates the DRG payor associated with the primary financial class of this patient.

2. OTHER PAYOR
This field indicates the other payor code that has been associated with this DRG payor in the Financial Classes table. This is the code being transmitted to the 3M Coding and Reimbursement System to indicate which grouper and RCS payor to utilize.

3. AGE
This field indicates the patient's age at the time of admission. This data item is not sent to the 3M Coding and Reimbursement System; however, the birthdate at the time of admission is included in the packet of information downloaded to the 3M Coding and Reimbursement System.

4. SEX
This field indicates the patient's sex. This data item is sent in the download packet to the 3M Coding and Reimbursement System.

5. DISCHG DISPOSITION
This field indicates the patient's discharge disposition. If the patient has not been discharged, the system assumes the disposition of Home when calculating the DRG.

6. MAJOR DIAGNOSTIC CATEGORY
This field displays the major diagnostic category (MDC) associated with this DRG. There are some DRGs for which there is no associated MDC; therefore, the MDC is 0. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

7. FINAL ACCEPT DATE
This field displays the last date the DRG was accepted as final. You cannot accept a DRG as final until the patient has been discharged since the discharge disposition can affect the DRG. Also, any change made to the following patient information automatically causes the system to remove the final accept date: financial class, birthdate, discharge disposition, sex, diagnosis, procedure.

In addition, you cannot accept the DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

8. DRG
This field displays the DRG number and description that is returned from the 3M Coding and Reimbursement System. This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If this field is blank, then you did not select a 3M Coding and Reimbursement product option that calculates a DRG.

9. LOS
This field displays the current length of stay (LOS) for this patient's visit. This data item is not sent to the 3M Coding and Reimbursement System; however, the dates of admission and discharge are sent. Therefore, the same LOS is used in 3M Coding and Reimbursement for determination of high stay outliers.

10. I-LOS
This field displays the interrupted length of stay, which is the number of days the patient was away from the Inpatient Psychiatric Facility (for example, a patient was transferred to another facility and then returned 9 days later).

11. CHARGES
This field displays the current total charges for this patient's visit. This data item is sent to the 3M Coding and Reimbursement System for use in the determination of high cost outliers. If the patient currently has no charges, the 3M Coding and Reimbursement System prompts you for charge information once you have accessed the 3M Coding and Reimbursement product. If there are no charges, enter 0.0 at the 3M Coding and Reimbursement System prompt. Charge information entered in the 3M Coding and Reimbursement System is not uploaded to STAR.

12. NCCHG
Non-covered charges.

11. PPSPAY
PPS payment.

12. RV1/ECT UNITS/PAY
Electroconvulsive therapy units and ECT payment.

13. CHG THRESH
Charge threshold amount.

14. CMORSTX
Comorbidity status. Values are:

0 No text display

1 No Comorbidity Payment Adjustment

15. COMOR ADJ
Comorbidity adjustment.

16. AGEADJ
Age adjustment.

17. TCHPAY
Teaching payment.

18. STX
This field displays, if applicable, the status indicator for the patient. Following are valid values:

0 inlier, not outlier

1 outlier

The status is determined on the 3M Coding and Reimbursement System, and this information is uploaded to STAR. The status indicator is stored with the patient.

19. TOUT
Total outlier amount.

20. COSTPAY/DIEMPAY
Cost base payment / Federal per diem payment.

21. TREIMB
This field displays the total reimbursement amount for this patient for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient. If the patient is not an outlier, the information in the Reimb Amt field and this field is the same.

22. DX/PX ADJ AMT
Diagnoses X9 (primary plus 8 others) / Procedures X6 (primary plus 5 others) adjustment amount.

Ambulatory Surgical Center Payment Information

You can code and group Ambulatory Surgical Center records using the 3M™ Medicare ASC Grouper Software using the STAR Coding and Reimbursement Interface and store the results within the STAR system. The following information is stored and displayed from the Ambulatory Surgical Center Grouping:

AMBULATORY SURGICAL CENTER (ASC) - INFORMATION OUTPUT		
Field Marker Title	**Screen Location**	**Field Marker Contents**
TREIMB	Field Total at bottom of ASC Payment column	Total reimbursement amount

NOTE: This data has been added to the upload packet and can be viewed via the 3M Coding and Reimbursement Audit Report.

The following screen is a sample of how the above data is displayed:

```
                General Hospital HCPCS Procedures Processor
                                              Mon Jul 14, 2008 02:49 pm

    Account No     Name                              Unit No        Corp No
    0808900001     ABUNDIS,SANFORD S                 000-00-5337    00005963

HCPCS Code/Description          Modifiers          P-APC Rev  ASC Amt/P-APC Amt
  (1) 61795/BRAIN SURGERY USING                                  $0.00/    $0.00
  (2) 95954/EEG MONITORING/GIVIN                        490      $0.00/    $0.00
  (3) 95957/EEG DIGITAL ANALYSIS                        490      $0.00/    $0.00
  (4) 76700/US EXAM, ABDOM, COMP                                 $0.00/    $0.00
  (5) 76506/ECHO EXAM OF HEAD                                    $0.00/    $0.00
                                          Total  --            $508.27/    $0.00




Select HCPCS to revise, add(A) a HCPCS, Code 3(E), View Charges(C), View PA APCs
(V)--             next screen (/) or previous screen (/P) [/]
```

Field Explanations

TREIMB (Total field at bottom of ASC Payment column)
This field displays the total reimbursement amount for this patient for the calculated DRG (displayed in the DRG field). This information is obtained from the 3M Coding and Reimbursement System and stored with the patient.

Step 8: Prompt Processing

When the DRG Assignment screen displays, the following prompts may display in this order:

Accept DRG as Final? (Y/N) [N]--

To accept the DRG as final, enter **Y** for Yes (do not press ENTER). This indicates to the system this DRG is acceptable for the bill. It also causes the date of the acceptance to display in the Final Accept Date field on the DRG Assignment screen.

NOTE: The system does not allow you to accept the DRG as final unless all procedure codes (both HCPCS and ICD-9-CM) also have dates entered.

If you use the 3M's Coding and Reimbursement System for reimbursement calculation, the system does not allow you to accept the DRG as final if the field that displays the DRG is blank. If you enter **Y** at the prompt when this field is blank, the system displays one of two messages:

- For visits that have DRGs calculated:

  Error: Final DRG is missing. Recalculate using a valid Code 3 product option.

The system then displays the acceptance prompt again, and you must enter **N** or press ENTER. You must then reaccess 3M's Coding and Reimbursement System and select a 3M product option that calculates a DRG, then return to this screen and accept the DRG as final. If you are using multiple groupers, you must select a 3M product option that calculates a DRG both times STAR Patient Care accesses 3M's Coding and Reimbursement System.

- For visits that have APCs calculated:

  It is not necessary to mark the DRG as final when using APCfinder.

  The system then displays the acceptance prompt again, and you must enter **N** or press ENTER.

NOTE: The prompt to accept the DRG as final does not display if the patient has not been discharged.

Enter Alternate Description for Diagnoses and/or Procedures? (Y/N) [N]--

Print Attestation Form? (Y/N) [N]--

Send Attestation Message? (Y/N) [N]--

All current processing associated with these prompts remains the same. For additional information regarding these prompts, refer to the*STAR Patient Care Reference Guide, Medical Record Abstracting Module* or *DRG Assignment Module*.

When using the PC-based grouper and rate master, you cannot view budget information or alternate DRGs. This is due to the fact that these two processes require use of the grouper, which is no longer activated when using the PC-based system.

Chapter 10 - MULTIPLE GROUPER OPTION

INTRODUCTION

Some states require healthcare facilities to obtain and store DRG and associated reimbursement information for two different payors.

For example, New Jersey state requirements dictate the availability and storage of both an All-Payor DRG (APDRG) and a MS-DRG and related reimbursement. Since New Jersey is considered an “all-payor” state, an APDRG must be calculated for all patients, even if the primary payor is Medicare.

Therefore, to accommodate this state requirement, the STAR system was updated to enable the storage and display of two DRG Assignment screens in the appropriate STAR Medical Record products. This change is referred to as the multiple grouper option.

NOTE: All Patient Refined-DRGs (APR-DRGs) are calculated when the APR-DRG Software has been purchased from 3Mand the APRDRG Payor-Product field on the M/R Abstract & DRG Census Criteria screen has been completed. The APR-DRG Assignment screen is displayed in addition to the two DRG Assignment screens displayed for multiple groupers.

GETTING STARTED - CURRENT RCS INTERFACE USERS

The following steps apply to those customers currently using the RCS portion of the STAR/3M Coding and Reimbursement Interface.

NOTE: If you are not currently using the RCS portion of the STAR/3M Coding and Reimbursement Interface, you cannot use the Multiple Grouper Option.

Please refer to the steps outlined in Chapter 9: Using RCS. At a minimum, you must have the RCS software (from 3M) that corresponds to the two payors on which you want to receive multiple DRGs and reimbursement. If you do not have all the necessary RCS tables, do not continue with these instructions.

Step 1 - Verifying the Financial Classes Table

OTHER PAYOR CODE FIELD

If you have the 3M Coding and Reimbursement software installed, review the Financial Classes table to verify that the Other Payor Code field for each of the DRG Payors contains the appropriate RCS payor code. You cannot use the multiple grouper option if only one of the required payors has a value in the Other Payor Code field. If you require additional information regarding the Other Payor Code field, please refer to Chapter 9: Using RCS.

Currently, the valid RCS payor codes (supported by this interface) are as follows:

Code	Description
00	Medicare
01	New Jersey APDRG & Medicaid
02	New York APDRG
03	CHAMPUS
04	Ohio
08	Medicare LTCH (Long-Term Care Hospital)
09	Illinois
18	Indiana
34	Inpatient Psychiatric Facility (IPF)
104	North Carolina
105, 110, 111	Washington, D.C.
109	Virginia
900-999	Texas or any user-defined groups

In an all-payor state such as New Jersey, all payors in the Financial Classes table should have a value in the Other Payor Code field.

MS-DRG OTHER PAYOR? FIELD

If a value is placed in the previous field to send an Other Payor Code to the PC-based encoding system, this field is required to indicate whether the returned DRG from the coding vendor is MS-DRG or non-MS-DRG (CMS DRG). This information is used by STAR Patient Accounting and other vendors to verify the correct DRG codeset to use.

At the following prompt, enter **Y** or **N** to indicate whether the Other Payor Code is an MS-DRG Payor. The default is blank.

Is the Other Payor Code entered a MS-DRG Payor? (Y/N)--

If no value is placed in the previous field (STAR is used to calculate the DRG), no entry is allowed in this field.

APC/ASC PAYOR CODE FIELD

This field contains the payor code to be sent to the 3M Coding and Reimbursement System when 3M Outpatient groupers are used for a patient. The payor code indicates the grouper that will be accessed. Examples are:

23 Medicare APC Grouper

39 Tricare APC Grouper

43 Medicare ASC Grouper

Step 2 - Verifying the 3M Coding and Reimbursement Product Options

One of the 3M Coding and Reimbursement Product Option Codes available for use in the Code 3 Product field is 00 (zero zero), as discussed in Chapter 2: Activating the Encoder. Entering 00 enables you to select the 3M Coding and Reimbursement product once you have accessed the 3M Coding and Reimbursement System.

If you are using the multiple grouper option, 00 *cannot be used* as a product option.

Access the M/R Abstract & DRG Census Criteria and review the entries in the Code 3 Product and Code 3 2nd Product fields, and verify that they are not set to 00. It is suggested that option code 05 or 06 be entered here, as these access 3M's DRGFinder product which is necessary in obtaining a DRG and reimbursement.

Step 3 - Table Changes - McKesson Only

To accommodate the multiple grouper update, a Multiple Groupers parameter has been added to ABST & DRG Maintenance within HBOC Parameter Functions. Your McKesson representative must complete this parameter with your assistance.

Following is an example of the screen:

```
              General Hospital ABST & DRG Maintenance Processor
                                                  Wed Mar 31, 2010 12:51 pm

( 1)Implementation Date      : 05/29/85
( 2)Routine Charge Types     : 9
( 3)Trendserve Hospital Code : MH
( 4)Default HCPCS Payor      : M-MEDICARE
( 5)3M Facility              : 0
( 6)Multiple Groupers        :
( 7)DRG Payors          : M-MEDICARE, C-CHAMPUS
( 8)Financial Classes   : M-MEDICARE, B-BLUE CROSS
( 9)Other Payors        : 00,03









Maintain multiple groupers(Y/N) [N]--
```

Field Explanations

1. IMPLEMENTATION DATE (DATE-R)
This is the date the facility went “live” on the Medical Record modules. This date is used by the system in several Midnight Processing routines.

2. ROUTINE CHARGE TYPES (48-C-O)
This parameter is used to indicate whether the charges are coming from an external source (i.e., tape). If your facility uses the STAR Financials product, this field is left blank.

3. TRENDSERVE HOSPITAL CODE (3-C-O)
This parameter is used for entry of the facility's three-character TRENDSTAR® code.

4. DEFAULT HCPCS PAYOR (TABLE LOOKUP-O)
This parameter is used for entry of the HCPCS payor that should be used when a HCPCS payor has not been defined for the patient's primary financial class. The entry in this field should match a HCPCS payor found in the HCPCS Payor table. You can select your entry by pressing a hyphen (-) and ENTER, or enter the HCPCS payor code, if you know it.

5. 3M FACILITY (2-N-C)
This field indicates which 3M system code corresponds with your STAR facility code. The field is required in multi-facility environments.

6. MULTIPLE GROUPERS (1-A-O)
This field is used to identify both the primary required payor and the secondary required payor when the multiple grouper option is used. When this field is entered, this prompt displays:

Maintain Multiple Groupers (Y/N) [N]--

If you are not using the multiple grouper option, press ENTER to accept the default of **N** for No.

If you are using the multiple grouper option, enter a **Y** for Yes. To determine the primary and secondary groupers for the patient in Multiple Grouper processing, you must enter values in the following three fields: DRG Payors, Financial Classes, and Other Payors. This is necessary in order for the system to determine the correct Payor to use for the secondary grouping.

7. DRG PAYORS (1-AN-R)
Enter the DRG Payor Codes used in Multiple Grouper processing. In this field, the primary required payor is displayed first, followed by the secondary required payor.

8. FINANCIAL CLASSES (29-N-R)
Enter a Financial Class code for each of the DRG Payors listed in the DRG Payors field. Any Financial Class (for the respective DRG Payor) can be entered, as all roll up to the same DRG Payor.

9. OTHER PAYORS (3-AN-R)
Enter the Other Payor Codes associated with the Financial Classes entered in the Financial Classes field.

Step 4 - Change in Download Packet (from STAR to 3M)

NOTE: If your facility does not use APDRGs, this change in the download packet does not affect you.

In the STAR/3M Coding and Reimbursement Interface, a packet of information is downloaded from the host (STAR) to 3M. If you have the debugging option turned on in the 3M Coding and Reimbursement System (via WSSETUP for DOS version), you can view both the outgoing and incoming packets. There are no additional implementation steps for you to complete to update the information packet.

The download packet has been updated with two field markers associated with APDRGs and reimbursement. Although these are not new fields for APDRGs, they were added with the multiple grouper update to eliminate the need for the coder to enter this information once the 3M Coding and Reimbursement System is accessed.

When 02 (APDRG payor code) is downloaded to the 3M Coding and Reimbursement System, the packet now includes the following field markers:

Field Marker	Data for Marker
WGT	Birthweight
ALS	Alternate Level of Care days

The field marker WGT contains the birthweight in grams. This information is obtained from the Newborn Information Screen of the Medical Record Abstract. If this field is not completed, the 3M Coding and Reimbursement System prompts you for birthweight if the patient is less than 29 days old.

The field marker ALS contains the number of alternate care days received by the patient. This information is used specifically for calculation of reimbursement when the payment plan is for New York or New Jersey. This information is obtained from the ALOC Days field on the UB Non-Covered Days Summary screen.

The UB Non-Covered Days Summary screen can be accessed from the Utilization Management Module. When the UB Non-Covered Days Summary screen is selected, this screen is displayed:

```
          General Hospital UB Non-Covered Days Summary Processor
                                                Tue Feb 08, 1994 10:45 am
Account No     Name                             Unit Number   Birthdate
9403300001     BOOTH,LESLIE                    000000302     05/05/05 88Y
Sex  Adm Date  Attending Dr           Pt Type  Diagnosis                    LOS
M    02/02/94  ADAMS,HAROLD R         I/P                                  1
F/C #Plans    Cert Days Nurse Sta/Rm/Bd          Comp Date/Init    # Revs
                        OTHER FACILITY
 1 Approval Ind                    2 App From   3 App To     4 Tot Non-Cov Days
->                                                            0
 5 ICF Days    6 SNF Days    7 Denied Days    8 Grace Days    9 LOA Days

10 Tot Avoid Days   11 Tot Acute Days        12 ALOC Days   13 RES Days
                       1                        0
14 Notice Date   15 Reinst. Date    16 Steri/Hyster Ind    17 Co-Pay Exception Code









Enter table code--
```

Field Explanations

1. APPROVAL IND (TABLE LOOKUP-O)
This field is used to indicate the type of approval given to this patient's stay. Enter the Approval Indicator Code if you know it, or press hyphen (-) followed by ENTER to display the UM Approval Indicator Code table for selection. The code and description display.

2. APP FROM (DATE)
This field is used to indicate thebeginning date of approval. The system automatically completes this field with the admission date of the patient, or you can edit the date.

3. APP TO (DATE)
This field is used to indicate the ending date of approval. The system automatically completes this field with the discharge date of the patient, or you can edit the date. If the patient has not been discharged, this field is blank.

4. TOT NON-COV (DISPLAY ONLY)
This field indicates the total number of non-covered days for this patient's stay. The number in this field reflects the number of days associated with a Non-Covered Days Code that is tied to the UB buckets. The system automatically calculates this number based on the information entered in the Avoidable/Non-Covered Days Screen of the Add/Edit Review function. This field can only be edited by updating the information in the Avoidable/Non-Covered Days screen.

5. ICF DAYS (DISPLAY ONLY)
This field contains the number of Intermediate Care Facility Days as defined by CMS and/or the facility's fiscal intermediary. This field is automatically completed by the system based on the number of days in the Non-Covered Day Type field of the Avoidable/Non-Covered Days screen with a link to this UB bucket type. This field can only be edited by updating the information in the Avoidable/Non-Covered Days screen.

6. SNF DAYS (DISPLAY ONLY)
This field contains the number of Skilled Nursing Facility Days as defined by CMS and/or the facility's fiscal intermediary. This field is automatically completed by the system based on the number of daysin the Non-Covered Day Type field in the Avoidable/Non-Covered Days screen with a link to this UB bucket type. This field can only be edited by updating the information in the Avoidable/Non-Covered Days screen.

7. DENIED DAYS (DISPLAY ONLY)
This field contains the number of Denied Days as defined by CMS and/or the facility's fiscal intermediary. This field is automatically completed by the system based on the number of days in the Non-Covered Day Type field of the Avoidable/Non-Covered Days screen with a link to this UB bucket type. This field can only be edited by updating the information in the Avoidable/Non-Covered Days screen.

8. GRACE DAYS (DISPLAY ONLY)
This field contains the number of Grace Days as defined by CMS and/or the facility's fiscal intermediary. This field is automatically completed by the system based on the number of days in the Non-Covered Day Type field of the Avoidable/Non-Covered Days screen with a link to this UB bucket type. This field can only be edited by updating the non-covered days information in the UM Avoidable/Non-Covered Days screen.

9. LOA DAYS (DISPLAY ONLY)
This field contains the number of Leave of Absence Days as defined by CMS and/or the facility's fiscal intermediary. This field is automatically completed by the system based on the number of days in the Non-Covered Day Type field of the Avoidable/Non-

Covered Days screen with a link to this UB bucket type. This field can only be edited by updating the non-covered days information in the UM Avoidable/Non-Covered Days screen.

10. TOT AVOID DAYS (DISPLAY ONLY)
This field contains the total number of avoidable days. This field is automatically completed by the system based on the number of days associated with an Avoidable Days Code in the Avoidable/Non-Covered Days screen of the Add/Edit Review function. This field can only be edited by updating the Avoidable Day Type field in this screen.

11. TOT ACUTE DAYS (DISPLAY ONLY)
This field contains the total number of acute care days administered to the patient during this stay. This field is automatically completed by the system based on the total length of stay minus the total non-covered days. This field can only be edited by updating the Non-Covered Day Type field in the UM Avoidable/Non-Covered Days screen.

12. ALOC DAYS (3-N-C)
This field is used to indicate the number of Alternate Level of Care days this patient received. It only needs to be completed on those patients whose payor utilizes the New York or New Jersey formula for reimbursement. The value in this field is sent to the 3M Coding and Reimbursement System in the ALS field marker.

If the ALS field marker is blank, the 3M Coding and Reimbursement System prompts you for entry of this information. Even if the patient's ALOC days are zero, a zero should be entered on this screen to avoid being prompted for this information when the 3M Coding and Reimbursement System is accessed. 3M Coding and Reimbursement prompts for Alternate Level of Care Days anytime the APDRG formula is New York or New Jersey.

This field is for the number of ALOC days only. To enter more detail about the patient's ALOC (such as specific dates), use the UM Alternate Level of Care Information screen. The number of days from that screen automatically updates this field.

13. RES DAYS (DISPLAY ONLY)
This field is used to indicate the number of Residential Level of Care days this patient received. It only needs to be completed on patients receiving care in the state of New Jersey. This information is only used for the MIDS tape and is not sent to the 3M Coding and Reimbursement System nor does it affect reimbursement.

14. NOTICE DATE (DISPLAY ONLY)
This field contains the date on which the patient received notice regarding termination of benefits. This field is automatically completed by the system based on the information in the UM Contact to Advisor detail screen of the Add/Edit Review function. This field can only be edited by updating the information in the UM Contact to Advisor screen.

15. REINST DATE (DISPLAY ONLY)
This field contains the date on which the patient's benefits were reinstated. This field is automatically completed by the system based on the information in the UM Contact to Advisor screen of the Add/Edit Review function. This field can only be edited by updating the information in the UM Contact to Advisor screen.

16. STERI/HYSTER IND (1-A-O)
This field indicates if the Sterilization Hysterectomy consent form has been signed. Enter **Y** for Yes, **N** for No, or leave the field blank. This is not a required field.

17. CO-PAY EXCEPTION CODE (2-N-O)
This field contains the two digit numeric code that indicates the reason for which the Code patient is exempt from co-payment. This is not a required field.

Valid entries are

- 01 = Pregnancy
- 02 = Resident of an OMH/OMRDD Certified Community Residence.

When you update this screen, the following prompt displays:

Accept this screen? (Y/N) [Y]--

Select one of the following options:

- Enter **N** for No to not accept the screen and the following prompt displays:

  Enter field number or '/' starting field number--

  Enter the number of the field you want to update, or press ENTER to redisplay the prompt for acceptance of the screen.

- Enter **Y** for Yes and the screen is accepted.

After you accept the screen, the following prompt displays:

C'omplete this abstract or Continue with review [NL]--

Select one of the following options:

- Enter **C** to complete this UM Abstract. The date of completion and the initials of the person signed on display in the header information. This begins the countdown for the purging of data based on the number of days set up in the UM Maintenance Parameters option.
- Press ENTER to continue this review for this patient. The UM Review submenu redisplays.

Step 5 - Overview of Information Flow

Based on the value of the Other Payor Code field in the Financial Classes table, the primary financial class of the patient, and the Multiple Grouper parameter, the system determines when and on whom to obtain two DRGs and reimbursement from the 3M Coding and Reimbursement System.

When this patient is being processed through either the DRG Assignment Function or the M/R Abstracting function, *all* coding of diagnoses and procedures *must be done* via the 3M Coding and Reimbursement System. You cannot enter codes directly into either the diagnosis or procedure screen in the character-based version. The reason for this is that the grouping and reimbursement are done in the 3M Coding and Reimbursement System and any changes to codes could alter the DRG. Although the GUI version of Abstracting enables entry of diagnosis and procedure codes, it is the responsibility of the coder to pass this information through the 3M Coding and Reimbursement System to ensure the correct DRG is obtained.

When you access the 3M Coding and Reimbursement System from either the Diagnosis, Procedure, or HCPCS Procedure screen, the first packet to download contains payor information associated with the patient's primary financial class. Thus, the first DRG and reimbursement to be calculated and uploaded to STAR corresponds to the DRG payor associated with the patient's primary financial class (this is the DRG for billing).

Immediately after you return to STAR, the system automatically accesses the 3M Coding and Reimbursement System again and downloads a second packet to calculate the DRG and reimbursement for either the primary or secondary required payor (depending on the patient's primary financial class). During this second entry into 3M Coding and Reimbursement, you *do not* have the ability to perform any additional coding. The second entry is strictly for the purpose of calculating the second DRG and reimbursement. You should not resequence the diagnoses or procedures at this time. To update and/resequence diagnoses and/or procedures, you must access the 3M Coding and Reimbursement System again.

NOTE: The *00 - Select Product* option cannot be used if you are using the option to return multiple DRGs and reimbursement.

DRG Assignment Screens

The DRG Assignment Screens that display are based on the payor code(s) downloaded to the 3M Coding and Reimbursement System. All these screens have been reviewed and detailed in the previous chapter (Using RCS) of this reference guide.

Accepting the DRG as Final

The prompt to accept the DRG as final displays on the second of the two DRG Assignment screens. When you enter a **Y** to accept a DRG as final, you are accepting

both DRGs. However, the only one that affects billing is that associated with the patient's primary financial class.

Attestation Form

The prompt to print the attestation form displays on the second of the two DRG Assignment screens. When you enter **Y** to print an attestation form, you are printing a form for the DRG information associated with the patient's primary financial class.

Sending an Attestation Form

The prompt to send the attestation form displays on the second of the two DRG Assignment screens. When you enter **Y** to send an attestation form, you are sending the information associated with the patient's primary financial class.

Index

R

S

T

U

■ Reader Comment Form ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *STAR Patient Care - STAR/3M Coding and Reimbursement Interface Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

Other Comments:

Thanks for your help in improving the documentation.

Your Name and Position _____

Hospital/Organization Name _____

Telephone Number _____

May we contact you? Yes or No (circle one)

■

McKesson
STAR 2000 Documentation Team

Fold here

Place
Stamp
Here

STAR 2000 Documentation Team
McKesson
Mail Stop ATHQ-3302
5995 Windward Parkway
Alpharetta, GA 30005

Fold here