

Defining the Medicare Severity Diagnosis Related Groups (MS-DRGs), Version 34.0

Each of the Medicare Severity Diagnosis Related Groups is defined by a particular set of patient attributes which include principal diagnosis, specific secondary diagnoses, procedures, sex and discharge status. The purpose of this chapter is to specify the patient attributes which define each MS-DRG. This chapter is organized around the twenty-five Major Diagnostic Categories. For each Major Diagnostic Category the following material is provided:

1. A logic table depicting the MS-DRG structure for the Major Diagnostic Category.
2. A listing of all the ICD-10-CM diagnoses assigned to the Major Diagnostic Category.
3. A detailed description of patient attributes which define each MS-DRG in the Major Diagnostic Category.

The tree diagrams have been replaced with logic tables. Each logic table specifies in its columns specific conditions which determine the MS-DRG assigned. The rows specify individual MS-DRGs. Each cell in the logic table indicates whether a specific condition in the column is necessary for the MS-DRG in the row to be assigned. The combination of the cells which are required for a specific MS-DRG represent a complete description of the assignment logic for that MS-DRG.

In the sample logic table below, discharge status and the presence of either an MCC or CC will define the MS-DRG assignment. With a discharge status indicating that patient was discharged alive, the presence of an MCC would assign to MS-DRG 280, a CC would assign to MS-DRG 281, while having neither would assign to MS-DRG 282. If the discharge status indicates the patient died, an MCC would assign to MS-DRG 283, a CC would assign to MS-DRG 284, while having neither an MCC or CC would assign to MS-DRG 285.

Table 1. Sample logic table

<i>Acute Myocardial Infarction</i>	<i>[blank]</i>	<i>[blank]</i>	<i>[blank]</i>
Discharged Alive	MCC	CC	DRG
Yes	Yes	[blank]	280
Yes	No	Yes	281
Yes	No	No	282
No	Yes	[blank]	283
No	No	Yes	284
No	No	No	285

The description of the patient attributes which define each MS-DRG begins with a one line description of the MS-DRG. This description includes the MS-DRG number and a brief description of the MS-DRG. Following the MS-DRG description is a series of headings which indicate the patient characteristics used to define the MS-DRG. These headings indicate how the patient's diagnoses and procedures are used in determining MS-DRG assignment. Following each heading

is a complete list of all the ICD-10-CM diagnosis or procedure codes included in the MS-DRG. The MS-DRGs listed in the logic tables are in hierarchical order. The following headings appear in the MS-DRG definitions:

- **Principal diagnoses.** Indicates that a specific set of principal diagnoses are used in the definition of the MS-DRG.
- **Operating room procedures.** Indicates that a specific set of procedures are used in the definition of the MS-DRG. The list of procedures contains only procedures which are expected to require the operating room (see Appendix E).
- **Non-operating room procedures.** Indicates that a specific set of procedures are used in the definition of the MS-DRG. The set of procedures contains only procedures which are not expected to require the operating room (i.e., procedures listed in Appendix E with an asterisk). For example, cardiac catheterization is used to define MS-DRGs 233-234.
- **Any operating room procedure.** Indicates that the presence of any procedure which is expected to require the operating room (see Appendix E) is used in the definition of the MS-DRG. For example, patients with systemic infectious diseases are assigned to MS-DRG 876 if any operating room procedure is performed.
- **Any combination of two or more operating room procedures.** Indicates that in order to be assigned to the specified MS-DRG, two or more procedures from the list must appear on the patient's record. For example, in order to be assigned to MS-DRGs 461-462, a patient must have had two or more major joint procedures.
- **Any of the following combinations.** Indicates that both procedures in the specified combinations of procedures must appear on the patient's record in order to be assigned to the specified MS-DRG. For example, in order to be assigned to MS-DRGs 242-244, a patient must have had both procedures in the combination (e.g., 0JH605Z and 02H40MZ).
- **Principal or secondary diagnoses.** Indicates that a specific set of diagnoses are used in the definition of the MS-DRG. The diagnoses may be listed as principal or as any one of the secondary diagnoses. A special case of this condition is MS-DRG 008 in which two diagnoses (e.g., renal and diabetic) must both be present somewhere in the list of diagnoses in order to be assigned to MS-DRG 008.
- **Secondary diagnoses.** Indicates that a specific set of secondary diagnoses are used in the definition of the MS-DRG. For example, the presence of a secondary diagnosis of history of malignancy is used to define MS-DRG 082-084.
- **Only secondary diagnoses.** Indicates that in order to be assigned to the specified MS-DRG no secondary diagnoses other than those in the specified list may appear on the patient's record. For example, in order to be assigned to MS-DRG 795, only secondary diagnoses from the specified list may appear on the patient's record.