

## The DRG Families for Simple Pneumonia & Pleurisy and Intracranial Hemorrhage or Cerebral Infarction

Hello, I am Lynn Kelly, senior provider education consultant at Palmetto GBA.

The topics for part two of the DRG series are:

- DRG Family for Simple Pneumonia and Pleurisy
- DRG Family for Intracranial Hemorrhage or Cerebral Infarction

As a Medicare Administrative contractor for CMS, Palmetto GBA is tasked with preventing claims payment errors. Our Provider Outreach and Education department helps providers like you understand the fundamentals of Medicare, as well as any significant changes and new initiatives. This includes national and local policies, procedures, and issues identified through data analysis.

Our goal is to create a strong Health Information Supply Chain. This helps reduce incorrect billing and payments, and at the same time ensures that your patients are receiving the correct level of care they need.

CMS has identified the top DRG families by Medicare reimbursement as areas for improvement in the supply chain.

In this two-part video series we'll take a look at each of those families.

CMS selected each of the DRG families we cover in this series after an analysis of billing data showed abnormal billing practices for these DRGs.

These abnormal billing practices potentially occur when the principle and secondary diagnoses are improperly assigned, which results in overpayments to hospitals.

The most common areas were related to sequencing of the principal diagnosis and improper coding of secondary diagnosis.

Secondary diagnoses errors were related to selecting the improper code based on physician documentation or the addition of a secondary diagnosis that was not documented within the medical record.

The goals of these videos are:

- To identify where and how DRG errors take place
- To determine if there is a process in your office or institution to double check for proper DRG assignments
- To ensure all components are included on the claims before submitting them for payment
- To reduce improper payments

Improper payments can result in overpayments and underpayments. To make sure your facility is being properly reimbursed for the services you bill, please follow the guidelines I offer in this video.

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Before we get started, let's clarify the definition of the principal diagnosis:

The principle diagnosis is that condition established after study to be chiefly responsible for the patient's admission to the hospital for care. Two or more diagnoses may equally meet the definition for principal diagnosis. This is in terms of the circumstances of admission, diagnostic workup, and/or therapy provided.

Be aware that there is a difference between admitting a patient to treat two conditions, and two conditions being present at the time of admission. The principal diagnosis is always the reason for the admission.

Let's begin with the DRG family for simple pneumonia and pleurisy: DRGs 193, 194 and 195.

When reviewing the diagnosis of pneumonia be sure to note the documentation that substantiates the diagnosis. This includes

- The results of the chest X-ray
- The patient's temperature
- The sputum culture
- The patient's white blood cell count

The physician must determine the diagnosis of pneumonia. A coder should not determine the type of pneumonia based on the laboratory findings and other information in the medical record without seeking clarification from the physician.

And now the final DRG family we will be discussing is the DRG family for Intracranial Hemorrhage or Cerebral Infarction, which includes DRG 064, 065 and 066.

Documentation in the medical record must substantiate the cerebral vascular disorder.

This may include:

- Sudden onset of acute severe headaches
- Syncope, loss of consciousness, coma or stupor
- Fever, leukocytosis in conjunction with other signs and symptoms
- Vomiting, confusion, obtundation, dizziness in conjunction with other signs and symptoms
- Lethargy, delirium
- Seizures
- Stiffness in neck
- Sudden onset of a focal neurological deficit
- Sudden increase in intracranial pressure
- Alteration in mental status
- Hypertension
- Hemiparesis

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- Motor dysfunction
- Facial weakness, pain, numbness, hypoesthesia
- CT and MRI scans, brain
- Skull X-rays
- Cerebral angiography
- Lumbar puncture
- ECG
- EEG

If the record documentation raises questions about the diagnosis, a process should be in place for the coder to clarify the diagnosis with the physician prior to coding the claim.

The coder should refer to the applicable Coding Clinic guidelines:

- CMS considers Coding Clinic, published by The American Hospital Association, to be the official source for coding guidelines
- Hospitals should follow the Coding Clinic guidelines to ensure accuracy in ICD-9 or ICD-10 coding and DRG assignment

Remember: errors can occur if there is not a system of checks and balances in place. Insufficient documentation leads to inadequately conveyed medical assessments.

Incorrect coding and billing errors can delay claim payments when additional information is required. Ultimately, improper payment can be made or claims are denied.

We believe if your internal process includes the Medicare billing and documentations recommendations we made in these videos, you will help create and maintain a strong Health Information Supply Chain.

This will help you deliver the best care possible and avoid costly errors that could result in the loss of Medicare coverage and payment.

I'm Lynn Kelly with Palmetto GBA. Thanks for watching.