

# Coding and Payment Guide

## Neurovascular Treatment of Aneurysms

2008

Hospital Inpatient Guide

The following guide provides coding and payment information for neuroendovascular repair of aneurysms for hospital inpatient services. For questions about physician billing, please consult the Society of NeuroInterventional Surgery (SNIS)<sup>1</sup> Physician Guide.

### Policy Update:

Effective October 1, 2007, the Center for Medicare and Medicaid Services (CMS) is replacing the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize severity of illness among patients. Claims for the most ill patients will go into highest paying MS-DRGs. Claims for less ill patients will be grouped into lower paying MS-DRGs.

### Introduction

Hospital inpatient departments typically submit claims to Medicare and many private and Medicaid insurers on CMS-1450 (UB-04) forms using codes such as ICD-9-CM diagnosis codes (for the documentation of medical diagnoses) and ICD-9-CM procedure codes (for the documentation of procedures they perform). Many insurers, including Medicare, use a 24-hour length of stay to define inpatient hospital care.

Medicare assigns a hospital inpatient stay to a Medicare Severity-Diagnosis Related Group (MS-DRG) based on the reported ICD-9 diagnoses and procedure codes. Hospitals generally receive a fixed, predetermined payment for each MS-DRG, which includes all costs associated with the patient's hospital stay. Hospital MS-DRG payments vary based on teaching status, disproportionate share services, and location in urban versus rural regions. Note that MS-DRGs do not include payment for physician services, which are coded and reimbursed separately.

Other health insurers may reimburse hospitals for inpatient care using per diems, DRGs, case rates, or a percentage of charges. Some health insurers also provide separate payment for implantables such as detachable coils and intracranial stents used in aneurysm repair procedures. You should ask your hospital's insurer contracting department if your contracts allow this separate implantable payment, known as a device carve-out.

Please note that Medicare restricts coiling embolization to the inpatient setting. Therefore, there are no Category C-codes for the implantables because C-codes are only used under Medicare for outpatient procedures.

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<sup>1</sup> Please Note: SNIS was formerly known as the American Society of Interventional and Therapeutic Neuroradiology (ASITN).

## ICD-9-CM Diagnosis Codes

430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
437.3	Cerebral aneurysm, nonruptured
442.81	Other aneurysm of artery of neck (e.g., aneurysm of carotid artery; excludes internal carotid artery, intracranial portion [437.3])
747.81	Anomalies of cerebrovascular system (eg, arteriovenous malformation of brain)

## ICD-9-CM Procedure Codes

### Neuroendovascular Repair

39.72 Endovascular repair or occlusion of head and neck vessels

### Angiography

88.41 Arteriography of cerebral arteries

### Thrombolytic Infusion (if medically necessary)

99.10 Injection or infusion of thrombolytic agent

## Medicare MS-DRG Payment

	FY 2008 Medicare National Average Payment	Average Length of Stay <sup>1</sup>
<b>MS-DRG 20 Intracranial Vascular Procedures with a Principal Diagnosis of Hemorrhage with Major Complication or Comorbidity (MCC)</b>	\$41,748	19.1
<b>MS-DRG 21 Intracranial Vascular Procedures with a Principal Diagnosis of Hemorrhage with Complication or Comorbidity (CC)</b>	\$36,304	15.5
<b>MS-DRG 22 Intracranial Vascular Procedures with a Principal Diagnosis of Hemorrhage without CC/MCC</b>	\$30,380	9.6
<ul style="list-style-type: none"> <li>• Includes cases having principal diagnosis codes 430 or 431 <b>with</b> procedure code 39.72</li> <li>• For example, subarachnoid hemorrhage cases that are coiled</li> </ul>		
<b>MS-DRG 25 Craniotomy &amp; Endovascular Intracranial Procedures with MCC</b>	\$22,946	13.3
<b>MS-DRG 26 Craniotomy &amp; Endovascular Intracranial Procedures with CC</b>	\$17,107	8.2
<b>MS-DRG 27 Craniotomy &amp; Endovascular Intracranial Procedures without CC/MCC</b>	\$12,599	4.6

- Includes cases having diagnosis codes 437.3, 442.81, or 747.81 **with** procedure code 39.72
- For example, nonruptured brain aneurysm cases that are coiled (these cases group to either MS-DRGs 25, 26 or 27, depending on severity of illness)

The 2008 Fiscal Year began October 1, 2007. Teaching and disproportionate share hospitals may receive additional payments per discharge.

Sources: International Classification of Diseases, 9th Revision, Clinical Modification. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized, non-labor and capital amounts (\$5,417). October 18, 2007. CMS Transmittal 1354.

<sup>1</sup>The average length of stay is given for all cases in the relevant DRG as opposed to just coiled cases.

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