Importance of Documentation and the Impact on MS-DRG Assignment- WATCHMAN™ Left Atrial Appendage Closure Device

The Importance of Medical Documentation
Often times, physicians hear the mantra, “If it isn’t documented in the medical record, then it didn’t happen.” This is important from a compliance and reporting perspective because appropriately capturing a patient’s clinical condition impacts how hospitals are reimbursed under the Medicare severity-adjusted DRG system. Under this system, payment is influenced by the patient’s age, gender and diagnosis codes. Specificity of both the principal and secondary diagnoses is imperative to reimbursement accuracy. The accurate presentation of patient risks and illness severity helps hospitals receive appropriate reimbursement for the care of these patients.

Major Complications and Comorbidities
The presence of a major complication or comorbidity (MCC) or complication or comorbidity (CC) generally is representative of a patient that requires more resources; therefore, hospitals are paid more to care for these patients. Greater specificity in documenting the patient’s diagnosis allows the coder to select the diagnosis code which most accurately reflects the patient’s condition resulting in assignment to the appropriate MS-DRG.

The WATCHMAN™ Left Atrial Appendage (LAA) closure procedures map most commonly to MS-DRGs 250 and 251 when reported with inpatient procedure code: 37.90 (Insertion of a left atrial appendage device, transseptal catheter technique) and the common diagnosis of atrial fibrillation. Below are the aforementioned MS-DRG descriptors:

MS-DRG 250: Percutaneous Cardiovascular Procedure without Coronary Artery Stent with MCC
MS-DRG 251: Percutaneous Cardiovascular Procedure without Coronary Artery Stent without MCC


See last page for important information about the uses and limitations of this document.
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Example

The examples below represent different levels of acuity for a patient that presents with atrial fibrillation and undergoes the WATCHMAN™ LAA Closure procedure (inpatient code: 37.90). The examples demonstrate how the presence of a major complication or comorbidity (MCC) impacts the MS-DRG assignment.

Example #1:
Principal diagnosis: Atrial Fibrillation (427.31)
Secondary diagnosis: Congestive heart failure, unspecified (428.0). Diagnosis code 428.0 is considered a non-complication or comorbidity.
MS-DRG assignment: MS-DRG 251: Percutaneous Cardiovascular Procedure without Coronary Artery Stent without MCC
FY2014 National Base Payment: $11,965

Example #2:
Principal diagnosis: Atrial Fibrillation (427.31)
Secondary diagnosis: Acute systolic heart failure (428.21). Diagnosis code 428.21 is classified as a major complication and comorbidity.
MS-DRG assignment: MS-DRG 250: Percutaneous Cardiovascular Procedure without Coronary Artery Stent with MCC
FY2014 National Base Payment: $17,529

Below is an example of some of the MCC, CC, and non-CC conditions that may be relevant to your WATCHMAN Implant patients. This is not an all-inclusive list and providers should refer to the CMS website (Tables 6I and 6J) for a comprehensive and current year’s listing of those diagnosis codes that are considered MCC’s and CC’s. Please note that any diagnosis code not on the MCC or CC list is considered a non CC diagnosis code and represents the lowest level of severity of illness and resource use.

Major Complications/Comorbid Conditions
- Congestive heart failure, acute
  Acute on Chronic systolic (428.23) or diastolic (428.33)
  Systolic (428.21) or Diastolic (428.31)
- Endocarditis (421.9) or Myocarditis (422.90), Acute
- Myocardial infarction, Acute (410.01, 410.11, 410.21, 410.31, 410.41, 410.51. 410.81, 410.91)
- Pneumonia, due to adenovirus (480.0)
- Respiratory Failure, Acute (518.81)
- End stage renal disease (585.6)
- Diabetes with ketoacidosis, Type II or unspecified type, not stated as uncontrolled (250.10)
- Subarachnoid hemorrhage (430)
- Acute laryngitis with obstruction (464.01)
- Sepsis (995.91)

Complications/Comorbid Conditions
- Chronic systolic heart failure (428.22)
- Left heart failure (428.1)
- Chronic diastolic heart failure (428.32)
- Atrial Flutter (427.32)
- Aneurysm of heart (wall) (414.10)
- Malignant hypertensive Heart Disease with heart failure (402.01)
- Cardiomyopathy in other disease classified elsewhere (425.8)
- Post myocardial infarction syndrome (411.0)
- Tachycardia, Sustained PSVT (427.0)
- Acute kidney failure, unspecified (584.9)
Non-CC Conditions
- Congestive heart failure, unspecified (428.0)
- Hypertension NOS (401.9)
- Hyperlipidemia, other and unspecified (272.4)
- Diabetes without mention of complication (250.0)
- Chronic kidney disease, Stage I (585.1)
- Atrial Fibrillation (427.31)
- Anemia NOS (285.9)
- Hypothyroidism NOS (244.9)
- Mitral valve disorder (424.0)
- Hypotension NOS (458.9)

Since physicians were limited by the inclusion and exclusion criteria of the WATCHMAN clinical trials (PROTECT AF, CAP, PREVAIL, CAP II), most WATCHMAN Implant patients in the trials mapped to MS-DRG 251. Thus, it is important that physicians appropriately assess their WATCHMAN Implant eligible patients to ensure that documentation supports the appropriate level of patient acuity.

Please note that coding is complicated and it is important that healthcare providers work with their coders to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. Complete documentation in the medical record cannot be overemphasized.

Questions
Please contact 1.800.CARDIAC and ask for “WATCHMAN Reimbursement.”

Additional WATCHMAN Health Economics & Reimbursement resources are found on www.WATCHMANdevice.com.

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