Importance of Documentation and the Impact on MS-DRG Assignment- WATCHMAN™ LAAC 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 closure (LAAC) procedures map most commonly to MS-DRGs 273 and 274 when reported with inpatient ICD10 procedure code: 02L73DK (Occlusion of left atrial appendage with intraluminal device, percutaneous approach) and the common diagnosis of atrial fibrillation. The ICD10 reporting and MS-DRG payment mappings are effective on October 1, 2015 as a result of the FY2016 Inpatient Hospital Final Rule. Below are the aforementioned MS-DRG descriptors:

MS-DRG 273: Percutaneous Intracardiac Procedure with MCC
MS-DRG 274: Percutaneous Intracardiac Procedure without MCC

Example

The examples below represent different levels of acuity for a patient that presents with atrial fibrillation and undergoes the WATCHMAN™ LAAC procedure (inpatient ICD10 code: 02L73DK). All diagnosis codes reflect the ICD10 reporting methodology effective on October 1, 2015. The examples demonstrate how the presence of a major complication or comorbidity (MCC) impacts the MS-DRG assignment.

Example #1:
Principal diagnosis: Unspecified atrial fibrillation (I48.91)
Secondary diagnosis: Heart failure, unspecified (I50.9). Diagnosis code I50.9 is considered a non-complication or comorbidity.

MS-DRG assignment: MS-DRG 274: Percutaneous Intracardiac Procedure without MCC
FY2016 National Base Payment: $14,288

Example #2:
Principal diagnosis: Unspecified atrial fibrillation (I48.91)
Secondary diagnosis: Acute systolic (congestive) heart failure (I50.21). Diagnosis code I50.21 is classified as a major complication and comorbidity.

MS-DRG assignment: MS-DRG 273: Percutaneous Intracardiac Procedure with MCC
FY2016 National Base Payment: $20,961

Below is an example of some of the MCC, CC, and non-CC conditions that may be relevant to your WATCHMAN 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 (I50.23) or diastolic (I50.33)
  - Systolic (I50.21) or Diastolic (I50.31)
- Endocarditis (I33.9) or Myocarditis (I40.9), Acute
- Adenoviral pneumonia (J12.0)
- Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia (J96.90)
- End stage renal disease (N18.6)
- Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) (E11.00)
- Nontraumatic subarachnoid hemorrhage, unspecified (I60.9)
- Acute epiglottitis with obstruction (J05.11)
- Sepsis due to unspecified staphylococcus (A41.2)

Complications/Comorbid Conditions
- Chronic systolic (congestive) heart failure (I50.22)
- Left ventricular failure (I50.1)
- Chronic diastolic (congestive) heart failure (I50.32)
- Unspecified atrial flutter (I48.92)
- Aneurysm of heart (I25.3)
- Acute rheumatic heart disease, unspecified (I01.9)
- Cardiomyopathy in diseases classified elsewhere (I43)
- Post myocardial infarction syndrome/Dressler’s syndrome (I24.1)
- Supraventricular tachycardia (I47.1)
- Acute kidney failure, unspecified (N17.9)
Non-CC Conditions
- Hypertension NOS (I10)
- Hyperlipidemia, other (E78.4)
- Type II diabetes mellitus without complications (E11.9)
- Chronic kidney disease, Stage I (N18.1)
- Unspecified atrial fibrillation (I48.91)
- Anemia NOS (D64.9)
- Hypothyroidism NOS (E03.9)
- Nonrheumatic mitral valve disorder, unspecified (I34.9)
- Hypotension NOS (I95.9)

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 (prior to October 1, 2015). Thus, it is important that physicians appropriately assess their WATCHMAN 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.watchmandownloadcenter.com.

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