

WATCHMAN

IMPORTANCE OF DOCUMENTATION & THE IMPACT ON MS- DRG ASSIGNMENT

This guide stresses the importance of documentation in capturing the appropriate acuity level for patients considered WATCHMAN candidates. It helps provide an overview of the common complications and comorbidities that assist with the MS-DRG assignment based on patient medical appropriateness.

For questions regarding WATCHMAN™ reimbursement, please contact:

Email: WATCHMAN.Reimbursement@bsci.com

Voicemail: (877) 786-1050

Press 2 to leave a message. Messages are monitored M-F, 8am – 4pm CT and responses are typically on the same or following business day.

Phone (toll free): (877) 786-1050

Press 1 to connect with WATCHMAN Prior Authorization or Appeal support.

Additional WATCHMAN Reimbursement resources are found on www.watchmandownloadcenter.com

WATCHMAN™
LEFT ATRIAL APPENDAGE CLOSURE DEVICE

IMPORTANT INFORMATION – DISCLAIMER

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. It is always the provider's responsibility to understand and comply with national coverage determinations (NCD), local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

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.

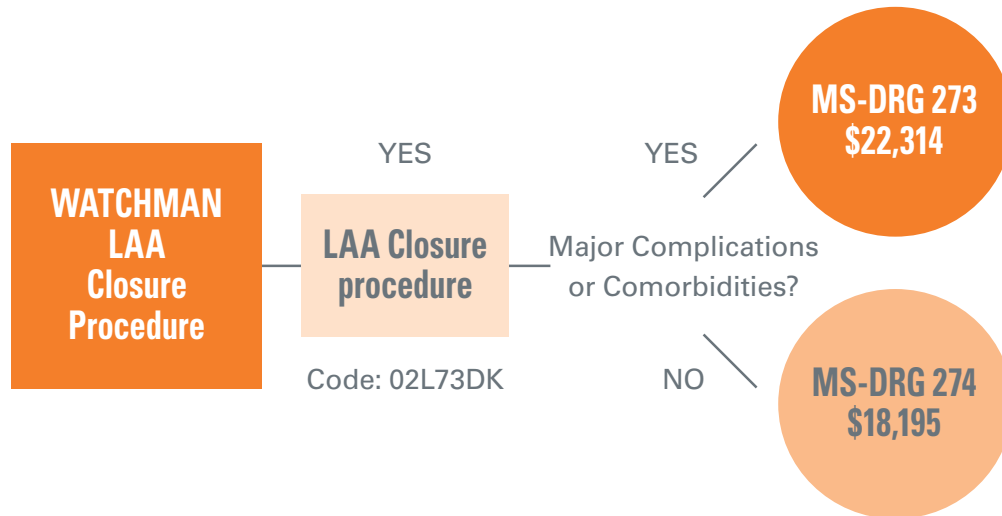
The WATCHMAN Left Atrial Appendage (LAA) closure procedures map most commonly to **MS-DRGs 273** and **274** when reported with inpatient procedure code: 02L73DK (Insertion of a left atrial appendage device, transseptal catheter technique) and the common diagnosis of atrial fibrillation. Below are the aforementioned MS-DRG descriptors:

DRGs	Description
MS-DRG 273	Percutaneous Cardiovascular Procedure without Coronary Artery Stent with MCC
MS-DRG 274	Percutaneous Cardiovascular Procedure without Coronary Artery Stent without MCC

Medicare Program: FY2019 Hospital Inpatient Prospective Payment System, Final Rule; Updated August 2, 2018. Payment based on FY2019 National Base Payment).

THE IMPORTANCE OF MEDICAL DOCUMENTATION

Continued



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: 02L73DK). The examples demonstrate how the presence of a major complication or comorbidity (MCC) impacts the MS-DRG assignment.

Example #1	
Codes	Description
I48.0 I48.1 I48.2 I48.9	Principal diagnosis: Atrial Fibrillation
Z00.6	Encounter for examination for normal comparison and control in clinical research program
MS-DRG 274	MS-DRG assignment: Percutaneous Intracardiac Procedures without MCC
FY2018 National Base Payment: \$18,195	

THE IMPORTANCE OF MEDICAL DOCUMENTATION

Continued

Example #2	
Codes	Description
I48.0 I48.1 I48.2 I48.9	Principal diagnosis: Atrial Fibrillation
Z00.6	Encounter for examination for normal comparison and control in clinical research program
I50.33	Secondary diagnosis: Acute on chronic diastolic heart failure. Diagnosis code I50.33 is classified as a major complication and comorbidity.
MS-DRG 273	MS-DRG assignment: Percutaneous Intracardiac Procedures with MCC
FY2018 National Base Payment: \$22,314	

Medicare Program: FY2019 Hospital Inpatient Prospective Payment System, Final Rule; Updated August 2, 2018. Payment based on FY 2019 National Base Payment).

THE IMPORTANCE OF MEDICAL DOCUMENTATION

Continued

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 (Top 10 Reported)	
Codes	Description
N186	End stage renal disease
I50.33	Acute on chronic diastolic (congestive) heart failure
150.23	Acute on chronic systolic (congestive) heart failure
J9601	Acute respiratory failure with hypoxia
J95821	Acute post-procedural respiratory failure
J9600	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
I50.31	Acute diastolic (congestive) heart failure
J189	Pneumonia, unspecified organism
G9340	Encephalopathy, unspecified
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure

THE IMPORTANCE OF MEDICAL DOCUMENTATION

Continued

Complications/Comorbid Conditions (Top Reported)	
Codes	Description
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
N179	Acute kidney failure, unspecified
D62	Acute posthemorrhagic anemia
I50.32	Chronic diastolic (congestive) heart failure
I429	Cardiomyopathy, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
I10	Essential (primary) hypertension
I16.0	Hypertensive urgency
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E11.9	Type 2 diabetes mellitus without complications
E13.9	Other specified diabetes mellitus without complications
N18.1	Chronic kidney disease, stage 1

THE IMPORTANCE OF MEDICAL DOCUMENTATION

Continued

Complications/Comorbid Conditions (Top Reported) cont.	
Codes	Description
I48.0	Paroxysmal atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.91	Unspecified atrial fibrillation
D64.9	Anemia, unspecified
E03.9	Hypothyroidism, unspecified
I95.9	Hypotension, unspecified

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. The current MS-DRGs for WATCHMAN™ are 273 and 274. Thus, it is important that physicians appropriately assess their WATCHMAN™ Implant eligible patients to ensure that documentation supports the appropriate level of patient acuity.

NOTE: 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.