



Oregon

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To: DRG Hospitals, Inpatient
Rehabilitation Hospital Units, and
Managed Care Organizations

From: Georgia Rhay, DMAP Hospital Policy Analyst and Program Manager
DMAP Policy and Planning Section

Subject: DRG coding changes for inpatient rehabilitation and neonate hospital services
effective October 1, 2007



DMAP processes urban inpatient, contiguous and non-contiguous hospital service claims using the Diagnosis-Related Group (DRG) system defined by the Centers for Medicare and Medicaid Services (CMS). In 1995, Myers and Stauffer LLC developed the Oregon Unique DRG codes for DMAP to reflect the higher cost of providing services for neonates and inpatient rehabilitation.

For the 2008 federal fiscal year, CMS has adopted a Medicare Severity Diagnosis Related Group (MS-DRG) classification system to better recognize the severity of illness among patients. The MS-DRG classification system expands the number of codes in the DRG system from 579 to 999 codes.

The MS-DRG system has other services assigned to the codes currently used for Oregon Unique DRG codes. To retain Oregon Unique coding, DMAP will crosswalk current Oregon Unique codes to unassigned CMS MS-DRG codes (see table below). This means that for neonate and inpatient rehabilitation services rendered on or after October 1, 2007, your Remittance Advice will show new codes for the following services.

Current code	Description	New code effective 10/1/07
601	Rehab with diagnosis of central nervous system disorder	268
602	Rehab with diagnosis of quadriplegia	269
603	Other rehabilitation visit	270
801	Neonates < 1000 grams	272
802	Neonates 1000-1499 grams	273
803	Neonates 1500-1999 grams	274
804	Neonates > 2000 grams with RDS	275
805	Neonates > 2000 grams, premature with major problems	276
810	Neonates with low birth weight diagnosis, age > 28 days at admit	277

If you have additional questions about this change, please e-mail me at georgia.rhay@state.or.us. Thank you for your continued support of the Oregon Health Plan.

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