

Question:

We cannot get the product to uninstall as documented.

Answer:

They need to use the uninstall feature and then go to the directory and delete the directory also. There are files that are left behind when you save documents. There is also a batch file that is used on installation that needs to be manually deleted.

Question:

I believe that my questions are primarily technical in nature. I'm asking if we shouldn't be seeing DRG 999 (Invalid) or DRG 470 (Invalid) returned when the input is invalid, but specifically for the procedure code. What I'm concluding is that the software is functioning correctly because when I ran the same codes through our production environment for version 24 I got the same results. This tells me this is current functionality. I see that version 25 is operating the same way. So I must conclude that either we have always had our grouper set up incorrectly or we cannot expect to get an DRG 999 or 470 for invalid procedure codes, only for invalid diagnosis codes. I wanted to see if you could validate this for me.

Answer:

I am sorry but these are grouping questions not technical. Again if the PDX is valid as was the case in all your examples (except for 7053) then you can expect grouping whether or not you have an invalid procedure. Again I would suggest, obtaining a Definitions Manual, or finding someone in your organization that can answer the clinical grouping questions that you have.

Question:

Do you know of any issues with the new MS-DRG grouper (version 25) for zOS? I'm getting 1,828 ungroupable cases in a 100,000 case sample, either mapped or unmapped. The same sample with AP v25 results in 203 not grouped without mapping, and 0 ungrouped with the mapper. The return codes say invalid dx and invalid proc codes, although the codes are valid. The dx codes are all over the place, but here's a distribution of the principal procedure codes:

Principal Procedure Code Distribution

Code Count

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0085	6
0086	6
7865	1
8151	707
8152	223

8154	870
8156	3
8954	2
9390	1
9900	4
9902	1
9904	4

Total 1,828

Answer:

Everything is new with MS-DRGs. You need to read all the documentation if you have not done so. From the return codes you are getting, I am wondering if you modified the dx and proc field lengths to accommodate the changes?

The dx field is 8 bytes, first 7 for dx and 8th position for POA. dx code needs to be left justified blank field to 7 positions and again the 8th position is for POA if you have it or blank. The procedures are 7 bytes, left justified blank filled,.

Question:

I have read both the user manual and the 2 page instruction sheet and I still can't figure it out. I have triple checked all the fields/formats but I am still getting the same error message....."Invalid line length". I went to the "Batch Processing Error Message" section in the user manual and it says that a single line can not be more or less than 400 characters, but the record layout calls for a lot more than 400 characters. It starts the last field at position 808??

Answer:

400 characters is a typo. On page 4.9 of the manual it states that the last field starts at position 808 and is 25 characters long. So the total record length is 832 (808+25-1)and with a carriage return it is 833.

Question:

There is a new condition in the DRG table called "ORindic". How does the grouper handle this bit. I suspect it is a variation of the old "ONLY Surgery" condition.

Answer:

ORindic is a renaming of the condition that used to be called "O.R.". (Condition names can no longer contain punctuation in the new technology.) For the ORindic condition to be true, one of the following must be true:
(a) at least one procedure must have the "or_indic" (position 128 in the EBCDIC procedure file) true, or there must be at least one pair of procedures where one has "leadN" and the other "deviceN" true, where N is 1 or 2 or 3 or 4 or 5 or 6. (When a lead-device pair like this is found, it turns on not only ORindic but also LDPAIR.) Note that "ONLY Surgery" is no longer used. Perhaps we should have

removed it from the documentation -- however the grouper can still execute that logic and it may come back into play in future years.

Question:

Is any special process required for the new diagnosis bits entitled "unless excluded from list nn" where nn is 1 to 20?

Answer:

It actually reads "CC unless excluded list nn". There is no "from". We will put some punctuation before "list" next year so it says "CC unless excluded -- list nn".

There are 21 CC lists and 21 MCC lists. MCC/CC exclusions work differently than in version 24. If a secondary diagnosis index is in the list of indexes referenced by the primary diagnosis's CC_group (position 16 in the EBCDIC diagnosis table which maps into the CC table) then all the bits from dxcc (position 29) through dxccm20 (position 70) are turned off for the secondary diagnosis. If the secondary diagnosis is marked "mccalive" (position 84) and the patient has discharge status 20 (died), then all of the bits from dxccm (position 50) through dxccm20 (position 70) are turned off for the secondary diagnosis. Testing of MCC/CC is done via the SDX submask of the DRG mask, instead of by a "CC" general bit, as in version 24.

Question:

How does the new re-routing logic work - ie when are we expected search back to MDC 00 in the DRG table.

Answer:

You should start with MDC 00 regardless of the MDC of the principal diagnosis. If all criteria of a DRG mask with MDC 00 are satisfied, then the mask will either have a nonzero DRG or a nonzero New MDC (position 11 in the DRG EBCDIC file). If a nonzero DRG, then you are done -- you have the DRG, the GRC is given at position 14, and the MDC is 00. If the DRG is 000 then the New MDC will not be 00. If it is not 99, then you reroute to the MDC given in New MDC (i.e. resume your search at the beginning of that MDC in the table). If the MDC is 99, then you take the MDC from the Principal Diagnosis (position 12 in the diagnosis EBCDIC table) and resume your search there. Reroutings can in principle occur from within other MDCs but the 99-rerouting will only occur at the end of the pre-MDC section (i.e.MDC 00).

Question

1. We understand that DRG version 25 is effective from 10/1/07 and we need to deploy the grouper software into our Mainframe systems by that date. However, we want to understand if the grouper software has any logic hard-coded in it to work only effective 10/1/07.

Can you please give the details of what modules have date-specific logic

(if any)?

Answer:

No. There are no dates in the grouper input, grouper logic or grouper output.

2. Say, we do not deploy our technical changes on 10/1 and decide to do so on 11/1 - would the grouper software still work fine? What do you think would be the changes required to do this?

Answer:

Yes. There are no dates in the grouper input, grouper logic or grouper output.

Question:

In grouper version 24.0, DRG 490 is described as "HIV w/ or w/o other related condition." It is noted in the "OWISE" condition testing in the installation guide on page 5.8 at the top of the page.

In version 25.0, however, that code has become 977, but in the guide in the "OWISE" conditions on page 5.7, code 997 is named. And there IS no code 997 in the description file (DRGDSC3).

Should this 997 REALLY be 977?

Answer:

Yes, you are correct. It should be 977 not 997. It is a typo.... we will correct in the next manual

Question:

Our company is currently using the following return data from Grouper Version 24.0 but it seems to be these fields are no longer available on Grouper 25.0.

MPR - The first O.R. procedure code returned (used) by the Grouper ADX - The first diagnosis code, other than principal, returned (used) by the Grouper SDX - The second diagnosis code, other than principal, returned (used) by the Grouper

Answer:

You are correct, these particular fields are no longer available under MS-DRGs exactly how they were in CMS v24 However, information regarding the diagnoses and procedures are listed on page 1.8 in the MS DRG install guide. The MS-DRG V25 software is actually providing more information on diagnoses and procedures by not limiting the info to the 1st or 2nd code that was used in the DRG assignment. All dx and procedure codes will be flagged if used for assignment.

Question:

We ran JCLs to unload the tape received from NTIS onto our DASD.

1. However, while we were trying to make changes to the modules, we observed that several elements have different information when compared to prior versions. (For example, in version 23 and 24, D230CN and D240CN had some common information, which is missing in D250CN).

2. Also, some of the elements that we expected to see (example D250COM) are not present in the SRCLIB dataset.

I have listed the list of all the discrepancies that we found below.

Answer: The MS-DRG v25 software looks much different than previous releases of the CMS DRG groupers because it uses new technology in order to accommodate the CMS requirements for MS-DRGs. Please refer to the memo enclosed with the software. The memo discusses the differences in modules compared to last year.

- D250COM member is not present in SRCLIB PDS. - This is correct. The DxxxCOM member does not exist in MS-DRG v25. It's functions are still available in DxxxGR and LB.

- D250CN member is present in SRCLIB PDS. But it doesn't have a lot of info that we expected to see (like we did in D230CN or D240CN). - The DxxxCN member was completely rewritten in order to accommodate the required CMS changes; therefore, it will look much different than the DxxxCN members delivered with previous releases.

- D250CX member is not present in SRCLIB pds. - This is correct. The DxxxCX member does not exist in MS-DRG v25. It's functions are still available in DxxxGR and LB.

- D250GR member is present in SRCLIB pds. But it doesn't have a lot of info that we expected to see (like we did in D230GR or D240GR). - The DxxxGR member was completely rewritten in order to accommodate the required CMS changes; therefore, it will look much different than the DxxxGR members delivered with previous releases.

- DXTB250, SGTB250, DGTB250 and CCTB250 members are not present in SRCLIB pds. - This is correct. These grouper tables are now implemented as a set of hexadecimal constants in the D250RT module, which is linked with the rest of the grouper and loaded as part of the program.

Question:

Can you please help us understand the reason for this difference? We were wondering if the process to make DRG updates has changed for version 25. With the change to Medicare Severity DRGs, including new input and outfields it was necessary to update the technology used to create the MS-DRGs. Your software package should have contained a memo discussing the differences in modules compared to last year. Please refer to that memo.

Also, in several of the elements, we observed the wording "CMS". This was not present in prior versions. Since this product is from NTIS, we are not sure why we have referral to CMS in multiple places.

Answer:

NTIS is the distributor for government software. The DRG Grouper and MS-DRG grouper are both products designed by and for CMS. Whether it is just DRG or CMS MS-DRG, both are software for CMS that was made public and is only distributed by NTIS, NTIS does not create their own software.

Question:

DRG (000-999) occupies 4 characters, is the first char a zero?

Answer:

Yes, for future expansion DRG 001-999 is what is used by CMS Page 1.7

Question:

Table 1-2 describes GRFLAGS as occupying 5 chars but only 4 are shown, Is position 5 unused?

Answer:

yes

Page 1.8, Page 1.9

Question:

What do Initial and Final mean as applied to DRGs and CCs - this is not described in the manual

Answer:

This is described on page 1.5. All fields marked as initial are for future use with POA. It will indicate values prior to the POA logic (scheduled for 10/01/08) being applied. If there are dx codes that will not be used because they did not pass the POA criteria, the DRG assignment could possibly change.

Page 2.10

Question:

Diagnosis table does not seem to match what is in the assembly code (D250RT). The assembly code seems to have some extra fields, the bits are not in the same order as the flags in the EBCDIC file, and the number of EBCDIC flags set differs from the number of bits set.

Answer:

The EBCDIC tables supplied on the distribution tape contain all of the fields used by the grouper logic to compute the DRG. The binary tables embedded in the code contain the same contents, but they are formatted differently for space and runtime efficiency. They do contain some additional fields which are helpful in the

computation of the flags and for debugging and verification purposes, but all the information needed to compute the DRG is contained more readably in the EBCDIC tables.

Page 2.19

Question:

In several places the DRG is specified as a 4 character field but only 3 characters are used in the EBCDIC DRG table.

Answer:

The actual DRG assignment is 3 digits, we assigned 4 bytes for future expansion.

Page 2.20

Question:

The description of the exclusion table does not match the ccpairs.ebc EBCDIC file. I suspect that only the Group and Index fields are in ccpairs.ebc and the other fields described in the document are a misprint. Please confirm.

Answer:

Yes you are correct, we are correcting the documentation and you will be sent a new manual via NTIS.

Page 5.5

Question:

Step 4 error processing says that RTC 1 is returned for diagnoses with MDC 0. But section 1 says RTC 1 is not longer used (replaced by RTC 7).

Answer:

You are correct, it should read RTC 7. Again we are correcting the manual

Question:

I'm trying to understand how the new output values (DXFLGS, etc. are set by the grouper). I'm reading the assembly code supplied but find it rather hard to follow. I suspect it was generated from a higher-level domain-specific language. Is it possible to get a copy of the code in that higher-level language?

Answer:

We are supplying the Assembler code that is supplied to the Medicare F.I.s so you can be sure to have exactly the same logic they will use. The higher level language from which it is derived is not a standard programming language and therefore subject to alternative interpretations, which could lead to inconsistent results and wasteful support calls.

Question:

I was given your email address as a point of contact to see if possibly you or someone else within your organization could answer a few questions for us. We currently are using the CMS Grouper Software with Medicare Code Editor (CMSG/MCE) Version 24.0 distributed by NTIS to group our 2007 data. We use the same version of the Grouper for an entire year, manually mapping back the October - December Discharges. We have annually been running the windows version as far back to version 19.0. I am not sure as to which version this was implemented but within the release of one of the versions, in the packaging of the software there is embedded logic that requires us to have a currently installed version on 10/01 regardless if that version is actively being used. Historically, the version we are running stops functioning on 10/01 unless we have installed the next version. For example our Version 24 will stop functioning on 10/01/2007 unless we have a installed version 25. We had to have a licensed version of the Grouper for the Current System date.

Our goal is to be able to continue using Version 24.0 beyond 09/30. Can we do this? By either installing a Version 25.0 that will allow us to continue to use Version 24.0. or is there a patch that can be applied to Version 24.0 that turns off the kill switch, so we don't have to have Version 25.0 installed? Will there even be a Version 25.0 that we can install?

Answer:

They do not need to install MSG/MCE v25.0 in order to use last year CMSG/MCE v24.0 after 10/01/07. Last year's version will continue to work. The CMS update for FY08 is MS-DRG v25.0, implementing new severity levels in the grouper. I don't know if they use the edits at all but, this year the MCE has some retroactive changes that impact CMS DRG v24.0. By not installing MSG/MCE v25.0 they will not have benefit of those retroactive changes.