

The following FAQ's include both the current and prior editions of the CMS MS-DRG Grouper Product with the most current release Q&A's at the beginning of the list.

Question: Is CMS proposing any new MS-DRGs?

Answer: Yes, CMS is proposing to increase the number of MS-DRGs from 747 to 751. This would be done by deleting MS-DRG 015 (Autologous bone marrow transplant) and replacing it with the following two new MS-DRGs which creates two severity levels:

- Proposed new MS-DRG 016 (Autologous Bone Marrow Transplant with MCC)
- Proposed new MS-DRG 017 (Autologous Bone Marrow Transplant without MCC)

We are also proposing to remove debridements (code 86.22) from MS-DRGs 573 – 578, which combine both debridements and skin grafts and create three new MS-DRGs for skin debridements as follows:

- MS-DRG 570 (Skin Debridement with MCC)
- MS-DRG 571 (Skin Debridement with CC)
- MS-DRG 572 (Skin Debridement without CC/MCC)

We propose that MS-DRGs 573 – 578 have the following revised titles to reflect the fact that they no longer include debridements:

- MS-DRG 573 (Skin Graft for Skin Ulcer or Cellulitis with MCC)
- MS-DRG 574 (Skin Graft for Skin Ulcer or Cellulitis with CC)
- MS-DRG 575 (Skin Graft for Skin Ulcer or Cellulitis without CC/MCC)
- MS-DRG 576 (Skin Graft Except for Skin Ulcer or Cellulitis with MCC)
- MS-DRG 577 (Skin Graft except for Skin Ulcer or Cellulitis with CC)
- MS-DRG 578 (Skin Graft Except for Skin Ulcer or Cellulitis without CC/MCC)

Question: What is the proposed MS-DRG change involving rechargeable dual array deep brain stimulation?

Answer: We propose moving the codes for rechargeable dual array deep brain stimulation (02.93 and 86.98) to MS-DRGs 023 – 024 (Craniotomy with Major Device Implant/Acute Complex CNS PDX) where similar devices are currently assigned.

Question: What is the proposed MS-DRG change involving thoracic aneurysm repair?

Answer: We are proposing to move two procedure codes that either repair a thoracic aneurysm or place a stent graft (codes 38.45 and 39.73) out of MS-DRG 237 – 238 (Major Cardiovascular Procedures w MCC or Thoracic Aortic Aneurysm Repair, and Major Cardiovascular Procedures w/o MCC). We propose assigning these two codes to MS-DRGs 219-221 (Cardiac Valve & Other Major Cardiothoracic Procedure w/o Cardiac Cath w MCC, w CC, and w/o CC).

Question: What MS-DRG change is being proposed regarding an obesity-related procedure?

Answer: We are proposing to add a procedure code for partial gastrectomy (43.89) to MS-DRGs 619 – 621 (O.R. Procedure for Obesity w MCC, w CC, and w/o CC/MCC). This type of gastric procedure is used for obesity.

Question: When are the Grouper Products available?

Answer: After the final rule is published in very early August. The public will have 4-6 weeks prior to implementation on October 1, 2009.

Question: <http://www.ntis.gov/products/grouper.aspx> Your website shows that you only support 3 formats for the MS-DRG grouper software for mainframe systems (3480 cart, and two density of reel tape). Due to recent legislation around PHI and encrypted data, our shop has removed all types of tape storage except 3592 cartridge. Will you be able to supply the next version of the DRG software in that format? If not, will you be able to supply it in a CD format that we could load to a mainframe from a PC?

Answer: For 3M to put the software on CD would require a contract modification since 3M deliverable to FISS/FIs and CMS is on cartridge. We deliver to NTIS the same media we give FISS/FIs and CMS. For 3M to put the software on CD would require additional documentation and installation testing. Since the MF does not use CDs there would have to be additional testing of copying the files from a PC to the MF and the need for a contract modification.

Question: In testing version 27 of the DRG Grouper software for z/OS batch processing for the Utah Medicaid system, we seem to get a 0999 DRG returned instead of a 562 that the PC version gets when the following data is submitted to the grouper program:

DOB: 07/12/2009
SEX: M
ADMIT DATE: 09/10/2009
DISCH DATE: 09/11/2009
DISCH STATUS: 01
ADMIT DIAG: 81221
PRIM DIAG: 81221
ADD'L DIAGS: E9889 5070 80708 E8499 53081 2689

This 0999 occurs on at least one other test input claim, but other claims seem to produce the correct DRG from the batch program version 27.

Answer: As stated in the install manual with the software, an X in the POA logic indicator field specifies and exempt hospital and the POA and HAC logic would not be invoked. So they need to put an X in this field for all records and then the software will not look at the POA.

Question: Is Version 27 compatible with ICD10?

Answer: No. Version 27.0 will be for claims submitted during FY 2010. ICD-10-CM (diagnosis) and ICD-10-PCS (procedure coding system) are still in draft form. I-10 does not become effective until October 1, 2013 (FY 2014). When ICD-10 is implemented (October 1, 2013), then we will stop using the ICD-9-CM coding system. We don't yet have a plan for claims prior to October when ICD-9 was still effective. CMS is still working that part out.

Question: Is there a crosswalk from ICD9 to ICD10?

Answer: The crosswalk (still in **draft** form, as ICD-10 is not effective until 2013) is available on CMS' web site. <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/>

Question: Can this software be used in UNIX platform?

Answer: The public domain software does not support UNIX for either the PC or Mainframe product.

Question: Is version 26.0 contained in version 27.0 of the MS-DRG Grouper.

Answer: No, each of the GROUPER products is a stand-alone program. What might be confusing is that the Medicare Code Editor (MCE) is numbered one lower than the current GROUPER. Example: it's GROUPER version 26.0 for FY 2009, but it's MCE version 25.0 for FY 2009.

Question: It was brought to our attention that codes 257.2, Other testicular hypofunction and 257.8, Other testicular dysfunction do not have an MCE edit to reflect these as "male only" codes. Is this correct? In the ICD-9CM code book, the rest of the codes in category 257, Testicular dysfunction are marked as "male only procedures".

Answer: As outside-the-box as this might seem at first glance, these two codes were purposely omitted from the "male only" MCE edit at our Medical Officer's recommendation. It has to do with that tiny portion of the population with transgender or gender-confusion issues. Therefore – they're not on the list on purpose, and CMS is not going to put them on the list in the future.

Question: As discussed, we are having difficulty testing the v26 grouper and POA functionality in same. We get the NTIS product via Trizetto and have successfully installed. We are attempting to test the POA functionality and understand that there is a level of editing that is performed within the product itself. I have yet to be able to create a test case that produces any abnormal results without regard to what POA Indicators are sent. Are you aware of any test

cases that I can plug in and run thru the process of calling the grouper that would produce the POA related error messages. Per the documentation - a return-code of 08 thru 15 would indicate an error in the process. Our problem we have no test cases where we have expected outcomes - specifically pertaining to POA. Our process allows me to plug in the DXCODES POA INDICATORS, Number of DX CODES, OPCODES, Number of OPCODES, AGE, SEX, DISCHARGE STATUS, POA LOGIC INDICATOR and then calls D260CA. I can then view the results.

Answer: We only apply payment logic with POA to the selected HACs. Therefore the GROUPER logic doesn't really apply beyond cases that are on our HAC list." Follow-up questions can be referred to Lisa Grabert, 410.786.6827.

Question: We are processing admissions in calendar year 2007 through this version. Based on the date of the admission, will the MS-DRG grouper select the appropriate version to process the data and assign DRGs? In other words, although we have bought version 26, depending on the date of the admission, will the software apply Version 24 or 25 when assigning a DRG to an admission?

Answer: DRGs aren't assigned to admissions, they're assigned to discharges. Therefore, the date of the discharge will determine the GROUPER version used. If the patient is discharged on or after October 1st, then the next year's GROUPER will be used.

Question: The software output file shows DRG assignments such as 470 ungroupable (Invalid age <0 or >124) when, in fact, the person has age 62.

Answer: DRG 470 Ungroupable has not been used since version 24.0. DRG 470 had been replaced with DRG 999.

Question: We understand that Medicare has 8 conditions in Grouper 26 that would qualify for the use of the POA indicator. If a private insurer did not want to use the POA indicator, or more likely, only wanted to use 7 of the 8 conditions, is there any flexibility built into the program for us to work with?

Answer: (1) Not for Medicare claims. All of the conditions identified by CMS must have a POA indicator.

(2) For other (private) reimbursement, insurance companies can have their programmers rewrite the program to suit their reimbursement criteria. However, the option for modifications will not be built in to the program.

Question: We cannot get the product to uninstall as documented.

Answer: 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 (V24.0) I got the same results. This tells me this is current functionality. I see that Version 25 (V25.0) 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: These are grouping questions, not technical/programmatic questions. If the principal diagnosis (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.

I would suggest that you obtain a Definitions Manual, or find 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 25.0) 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. The diagnosis code (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 (b) 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: We understand that DRG Version 25.0 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.

Question: 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 as they were in CMS V24.0 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 V25.0 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. Its 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. Its 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 25.0.

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 apparently 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: The 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 fiscal intermediaries (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: 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 function 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: Users do not need to install MSG/MCE v25.0 in order to use last year's CMSG/MCE v24.0 after 10/01/07. Last years 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.

3M had an inquiry regarding the length of the procedure mask in the DRG table on page 2.20 of the MS-DRG MF installation guide. The correct length for the procedure mask in the DRG table is 204 NOT 203. The installation guide has been corrected to reflect this change.

Question: How is the NTIS DRG GROUPER handling diagnosis codes with periods in them? Is this an implied decimal point and if so, does the physical decimal point need to be removed prior to calling the grouper?

Answer: The ICD-9-CM codes in the NTIS MS-DRG GROUPER do not have decimal points. As he has found out, if the decimal point is put in, the first thing that should happen is that the code is deemed invalid. If, somehow, that doesn't happen, then the next thing that happens is that there will be no correct MS-DRG assignment. Yes – remove them.

Question: Are there any plans to enhance the NTIS DRG Grouper to handle the physical decimal points?

Answer: No. In electronic programs, decimal points in 9,000 procedure codes and 13,000 diagnosis codes would consume an inordinate amount of space, not to mention be expensive to maintain. The NTIS GROUPER is the same as the CMS GROUPER. We only have one product for all users.

Question: Is version 26.0 contained in version 27.0 of the MS-DRG Grouper?

Answer: The PC or CD-ROM version of the MSGMCE contains 16-27 Grouper and 15-26 MCE. The mainframe software is a stand-alone program.

Question: Does the MS-DRG Grouper support UNIX?

Answer: MS-DRG Grouper for either the PC or the Mainframe **does not** support UNIX.

Question: Can **Order number:** PB2010-595301 be run in a windows server installation?

Answer: No, not on the mainframe.

Question: Can **Order number:** PB2010-595301 be run in a windows server installation?

Answer. On the PC side it should run on Windows XP or Windows 7, but not Linux.

