

3M™ All Patient Refined Diagnosis Related Groups (APR DRG)

Summary of Changes

for ICD-10-CM/PCS

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3M™ APR DRG Summary of Changes

This document identifies changes for the 3M[™] All Patient Refined Diagnosis Related Groups (APR DRG) Classification System v40.0, effective October 1, 2022.

Each year, 3M revises the APR DRG grouping logic for two reasons:

- To accommodate changes in code sets used by the hospital industry, most importantly the
 International Classification of Diseases, Version 10, Clinical Modification (ICD-10-CM) and the
 International Classification of Diseases, Version 10, Procedure Coding System (ICD-10-PCS).
 The U.S. Department of Health and Human Services updates the ICD-10-CM and ICD-10-PCS
 code sets effective October 1 of each year.
- 3M continually performs research to enhance the clinical precision of the APR DRG logic, that is, how each inpatient is assigned to a single base APR DRG, severity of illness (SOI), and risk of mortality (ROM) based on his or her diagnoses, major procedures, and other clinical data.

Table 1. Comparison of ICD-10-CM diagnosis codes

	Effective 10/01/2021	Effective 10/01/2022
Total ICD-10-CM diagnosis codes	72,750	73,639
Number of new diagnosis codes	159 + 6 diagnoses effective 04/01/2021	1,176
Number of deleted diagnosis codes	32 + 1 diagnosis effective 04/01/2021	287
Number of revised diagnosis codes	22	28

Table 2. Comparison of ICD-10-PCS procedure codes

	Effective 10/01/2021	Effective 10/01/2022
Total ICD-10-PCS procedure codes	78,229	78,496
Number of new procedure codes	200	331
Number of deleted procedure codes	107	64
Number of revised procedure codes	62	0

Table 3. Comparison of APR DRG v39.0 and v40.0

	v39.0 effective 10/01/2021	v40.0 effective 10/01/2022
Number of base APR DRGs	332	333
New base APR DRGs	0	1
Deleted base APR DRGs	0	0
Revised base APR DRGs	0	1
Severity of illness levels per base APR DRG	4	4
Risk of mortality levels per base APR DRG	4	4
Error APR DRGs	2	2
Total APR DRGs	1,330	1,334
Total Major Diagnostic Categories (MDCs)	25	25
Procedures changing status from OR to non-OR	168	13
Procedures changing status from non-OR to OR	9	4

With regard to updating the clinical logic, changes have been made to improve the precision of the grouping logic, taking into account recommendations, the shift in coding to ICD-10-CM and ICD-10-PCS, and changes in practice, such as many procedures being performed percutaneously versus an open approach.

Almost all APR DRGs can be aggregated into 25 Major Diagnostic Categories (MDCs), such as Diseases and disorders of the respiratory system. As well, nine base APR DRGs are considered "pre-MDC" while three base APR DRGs (APR DRGs 950-952 Procedures unrelated to principal diagnosis) and two error APR DRGs are not assigned to an MDC.

As summarized in table 3 above, highlights of the changes in the clinical logic are listed below in the following bullets. More detailed information about changes in base APR DRGs, severity of illness (SOI), and risk of mortality (ROM) is provided later in this document.

- Chimeric antigen receptor T-cell (CAR-T) procedures were moved from DRG 08 (Autologous bone marrow transplants) to new DRG 11 (Chimeric antigen receptor (CAR) T-cell and other immunotherapies).
- The logic for birthweight and gestational age conflicts was modified to exclude multiple birth babies.
- A new flag has been created for surgical mortality. The primary intent of mortality
 measurement is to provide hospitals the incentive and the information to improve mortality
 performance through quality improvement initiatives. To be effective for quality
 improvement, the measure of mortality should be limited to patients for whom a hospital is
 reasonably responsible for the patient outcome and thereby amenable to quality
 improvement efforts.

This measure included extensive exclusions for patients for whom a hospital was not considered reasonably responsible for the patient outcome, such as patients who left against medical advice, had a secondary diagnosis code of do not resuscitate (poa) or were in critical condition at the time of admission.

The intent of mortality measurement is to provide hospitals the incentive and the information needed to improve mortality performance with reports utilizing the Surgical Mortality Flags.

- There were 13 procedure codes moved from OR to non-OR status.
- There were four procedure codes moved from non-OR to OR status.

APR DRG v40.0 will be accompanied by updates of the Methodology Overview, the Definitions Manual, this Summary of Changes document, and the Weights and Trims with Code Descriptions spreadsheet.

DRG and MDC changes

For APR DRG v40.0, there was one APR DRG added, no deleted APR DRGs, and one revised APR DRG description.

New DRGs

There was one new DRG:

DRG	Description
011	Chimeric antigen receptor (CAR) T-cell and other immunotherapies

Deleted DRGs

There were no deleted DRGs.

Revised DRGs

There was one DRG description change:

DRG	Previous Description	Revised Description
008	Autologous bone marrow transplant or T-cell immunotherapy	Autologous bone marrow transplant

Pre-MDC

DRG 004 Tracheostomy with MV >96 hours with extensive procedure

The following procedure codes were added to DRG 004 Tracheostomy with MV >96 hours with extensive procedure and changed to OR procedures:

Code	Description
0J9R00Z	Drainage of Left Foot Subcutaneous Tissue and Fascia with Drainage Device, Open Approach
0J9Q00Z	Drainage of Right Foot Subcutaneous Tissue and Fascia with Drainage Device, Open Approach

The following procedure codes were removed from DRG 004 Tracheostomy with MV >96 hours with extensive procedure and changed to non-OR procedures: