



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

Summary of Changes

for ICD-10-CM/PCS

version 39.0

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3M™ APR DRG Summary of Changes

This document identifies changes planned for v39.0 of the 3M™ All Patient Refined Diagnosis Related Groups (APR DRG) Classification System, effective October 1, 2021. Although we do not expect changes before the software is released at the end of September, please note that changes are possible.

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 10/01/2020	Effective 10/01/2021
Total ICD-10-CM diagnosis codes	72,616	72,748
Number of new diagnosis codes	490	159 + 6 diagnoses effective 01/01/2021
Number of deleted diagnosis codes	58	32 + 1 diagnosis effective 01/01/2021
Number of revised diagnosis codes	47	22

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

	Effective 10/01/2020	Effective 10/01/2021
Total ICD-10-PCS procedure codes	78,115	78,220
Number of new procedure codes	556	191 + 21 procedures effective 01/01/2021
Number of deleted procedure codes	0	107
Number of revised procedure codes	0	63

Table 3. Comparison of APR DRG v38.0 and v39.0

	v38.0 effective 10/01/2020	v39.0 effective 10/01/2021
Number of base APR DRGs	332	332
New base APR DRGs	4	0
Deleted base APR DRGs	2	0
Revised base APR DRGs	1	4
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	1,330
Total Major Diagnostic Categories (MDCs)	25	25
Procedures changing status from OR to non-OR	58	168
Procedures changing status from non-OR to OR	20	9

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.

- Four APR DRG descriptions were changed
- Re-routing logic added for DRG 161 Implantable heart assist systems and DRG 440 Kidney transplant
- Logic changes were also made to APR in these MDCs:
 - Pre-MDC
 - MDC 01 Diseases and disorders of the nervous system
 - MDC 02 Diseases and disorders of the eye
 - MDC 03 Ear, nose, mouth, throat and craniofacial diseases and disorders
 - MDC 05 Diseases and disorders of the circulatory system

- MDC 08 Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 09 Diseases and disorders of the skin, subcutaneous tissue and breast
- Nine procedure codes changed from Non-OR to OR status.
- 168 procedure codes changed from OR to Non-OR status.
- Comprehensive review of pre-existing list.
- A new flag has been created that is based on a subset of diagnosis and/or procedure codes that when present on the claim will likely require an ICU admission.
- Service lines have been updated based on new APR DRG description changes.

APR DRG v39.0 will be accompanied by updates of the Methodology Overview, the Definitions Manual, and the Weights and Trims with Code Descriptions spreadsheet.

Additional information on the v39.0 changes is provided in the following sections.

Discharge status changes

There are no new, deleted, or revised discharge statuses.

Diagnosis and procedure code changes

The following number of diagnoses and procedure codes are added, deleted, or revised as noted.

Diagnoses	Number of codes
New	159 + 6 diagnoses effective 01/01/2021
Deleted	32 + 1 diagnosis effective 01/01/2021
Description revisions	22
Total FY 2021 diagnoses	72,748

Procedures	Number of codes
New	191 + 21 procedures effective 01/01/2021
Deleted	107
Description revisions	63
Total FY 2021 procedures	78,220

New diagnosis codes effective 10/01/2021

For a list of new diagnosis codes and their DRG assignments, see Appendix A (page [55](#)).

Deleted diagnosis codes effective 10/01/2021

For a list of deleted diagnosis codes, see Appendix B (page [57](#)).

Revised diagnosis codes effective 10/01/2021

For a list of long and short description changes, see Appendix C (page [59](#)).

New procedure codes effective 10/01/2021

For a list of new procedure codes, see Appendix D (page [61](#)).

Deleted procedure codes effective 10/01/2021

For a list of deleted procedure codes, see Appendix E (page [63](#)).

Revised procedure codes effective 10/01/2021

For a list of revised procedure codes, see Appendix F (page [69](#)).

DRG and MDC changes

For APR DRG v39.0, there were no new or deleted APR DRGs. There were five revised APR DRG descriptions.

New DRGs

There were no new DRGs.

Deleted DRGs

There were no deleted DRGs.

Revised DRGs

There were five DRG description changes:

DRG	Previous Description	Revised Description
182	Other peripheral vascular procedures	Other peripheral vascular and related procedures
226	Anal procedures	Anal and perineal procedures
310	Intervertebral disc excision and decompression	Vertebral and intervertebral spinal procedures including disc procedures
321	Cervical spinal fusion and other back or neck procedures except disc excision or decompression	Spinal fusion and other back and neck procedures except for disc procedures
444	Renal dialysis access device procedures and vessel repair	Renal dialysis access device procedures