
WISCONSIN MEDICAID UPDATE

MAY 22, 1996

UPDATE 96-15

TO:
Hospitals

Major Organ Transplants Included in the DRG Program

DRG reimbursement for inpatient transplants

Effective for dates of discharge on and after July 1, 1995, Wisconsin Medicaid included inpatient transplants (heart, lung, heart/lung, liver, pancreas, and bone marrow) in the DRG (Diagnosis Related Groups) Reimbursement System. The present DRG reimbursement methodology, (i.e., weights, outliers, etc.) applies to transplants.

- ① For claims paid by EDS between July 1, 1995, and May 31, 1996:
- Wisconsin Medicaid will manually calculate payment for these claims based on the DRG System.
 - On the June 1996 Remittance and Status Report, we will adjust payment for these claims based on the net difference between what was paid on the claim and the manually calculated DRG amount.
 - Later, these claims will be reprocessed using the automatic DRG System in order to assure proper claim history and payment. At that time, the final calculated amount will appear on a Remittance and Status Report for

claims paid by EDS between July 1, 1995, and May 31, 1996.

- ② For claims received by EDS between June 1, 1996, and June 28, 1996:
- Wisconsin Medicaid will pay these claims under the current suffix methodology.
 - Later, these claims will be automatically reprocessed using the automatic DRG System in order to assure proper claim history and payment. This will be done when the claims between July 1, 1995, and May 31, 1996, are reprocessed.
 - At that time, the final calculated amount will be on your Remittance and Status Report for claims received by EDS between June 1, 1996, and June 28, 1996.
- ③ For claims received by EDS on and after July 1, 1996:
- Transplant claims will be automatically paid based under the DRG Reimbursement System. Modifications have been made to billing procedures. Refer to billing instructions in this *Update*.

Capital and medical education pass-through payments revised

We have calculated revised capital and medical education pass-through payments for the rate year July 1, 1995 through June 30, 1996. These payments are for those hospitals eligible for additional payment due to transplants being included in the DRG System. We will notify those hospitals qualifying for the additional payment by separate letter the amount that will be paid for the adjustments. The June Remittance and Status Report will show the adjusted payment amounts.

Transplant DRG assignments

Heart transplants

DRG 103 is assigned to heart transplants. Wisconsin Medicaid will automatically reassign DRG 103 to all claims that are grouped as DRG 483 *and* have ICD-9 surgical procedure code 375 (heart transplant) *and* 311, 3121 or 3129 (tracheostomy). In these situations, the heart transplant is the primary procedure.

Lung transplants

DRG 495 is assigned to lung transplants.

Heart/lung transplants

We have created a unique "Medicaid DRG" 990 for heart/lung transplants since the Medicare Grouper does not currently have an assigned DRG for heart/lung transplants. Wisconsin Medicaid automatically reassigns DRG 990 to all claims that are grouped as DRG 0103 *and* have ICD-9 surgical procedure code 0336 (heart/lung transplant).

Liver transplants

DRG 480 is assigned to liver transplants.

Pancreas transplants

We have created a unique "Medicaid DRG" 991 for pancreas transplants since the Medicare Grouper does not currently

have an assigned pancreas transplant DRG. Wisconsin Medicaid automatically reassigns DRG 991 to all claims that are grouped as DRG 191-192 or 292-293 *and* have ICD-9 surgical procedure codes 5280-5283 (pancreas transplants). Combined pancreas/kidney transplants are also assigned 991.

Kidney transplants

DRG 302 is assigned to kidney transplants.

Bone marrow transplants

DRG 481 is assigned to bone marrow transplants.

Reminder: major organ and bone marrow transplants require prior authorization

Reimbursement requires an approved prior authorization request except for kidney transplants. When you submit a transplant claim, you *must* include the required prior authorization number on the claim. For prior authorization requests received on and after July 1, 1996, providers must use their eight-digit base hospital number ending with a "00" suffix.

How to bill for claims received by EDS on and after July 1, 1996

For these claims, providers *must* use their eight-digit base hospital number ending with the "00" suffix only. *Do not* use the two-digit suffix numbers 05 through 09 for transplants as you had in the past. Wisconsin Medicaid will no longer accept these two-digit suffix numbers.

Use local HCPCS code when billing organ acquisition charge

When submitting a claim for a major organ or bone marrow transplant, providers must

include one of the following local HCPCS codes in item 44 of the UB-92 claim form. Add the code along with the associated organ acquisition charges. The claim denies if one of the following local HCPCS codes is not on the claim (except for the example under bone marrow transplants):

- W9110* Organ acquisition and storage charges for heart transplants
- W9111* Organ acquisition and storage charges for lung transplants
- W9112* Organ acquisition and storage charges for liver transplants
- W9113* Organ acquisition and storage charges for pancreas transplants
- W9114* Organ acquisition and storage charges for kidney transplants
- W9115* Organ acquisition and storage charges for bone marrow transplants when the donor is located in another hospital

Do *not* add *W9115* if the *donor* is located in the same hospital and applicable charges are made directly on the *recipient's* claim.

Bill transplant claims on paper until further notice

Starting July 1, 1996, you must submit transplant claims on paper until we update the electronic claim software so it can "read" the new HCPCS codes for transplant acquisition charges. We will notify you when you may submit electronic claims again for transplants. If you submit claims electronically, the claim will be denied.

Remember when billing

When submitting an inpatient transplant claim, remember to indicate:

- ✓ the ICD-9 surgical procedure code for the transplant
- ✓ the Medicaid-assigned prior authorization number
- ✓ the local HCPCS code for each type of organ or bone marrow acquisition and storage charge
- ✓ your eight-digit base Medicaid provider number that ends with the "00" suffix

Cost reporting changes for periods ending after June 30, 1995

Effective with cost report periods ending after June 30, 1995, all paid Medicaid transplant claims must be included in the Wisconsin Medicaid portion of the filed cost report. In addition, a separate Schedule D-6, Part I, must be prepared for every type of organ acquisition cost for those Medicaid transplants performed.