DRG Grouper (ICD)
User Manual

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Revision History

Date	Revision	Description	Author
July 2014	ICD*18*64	Updates for ICD-10 Remediation Patch ICD*18*64: • Title Page • Table of Contents Added and updated headings. • p. 1 Updated the Introduction, references to the specific number of DRGs in DRG Components and Classifying DRGs. Added Present on Admission (POA) to Classifying DRGs. • p. 4 Updated the example in the Online Help section. • p. 5 Added "Option" to the DRG Grouper section title. Updated ICD-9 help description. Added ICD-10 help and POA help descriptions. • p. 6 Updated *DRG Grouper* Option screen. Example 1 to show the use of ICD-10 codes for a registered patient. • p. 7 Updated *DRG Grouper* Example 2 to show the use of ICD-10 codes for a non-registered patient. • p. 8 Added Example 3 to show the use of ICD-9 codes for a non-registered patient • p. 9 Added section, Present on Admission • p. 10 Added "Option" to the *ICD Code Inquiry* section title. Updated *ICD Code Inquiry* section to include inactive code selection not allowed. • p. 11 Updated the Glossary to include ICD-9, ICD-10, and Present on Admission. • p. 12 Updated ICD-10 and Present on Admission (POA) Index entries. Technical edit.	C. Clay, VA PM / M. Klein, PM/ J. Nemetz, Technical Writer C. DeCapua / C Hula Technical Writer
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Table of Contents

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Introduction

The Diagnosis Related Group (DRG) Grouper is a "black box" utility with standalone functionality and can be called by other VistA applications. The DRG Grouper package contains two options:

- DRG Grouper - Used to compute and display the DRG for a patient based on that patient's diagnoses, present on admission (POA) values, and any operations/procedures performed.

- ICD Code Inquiry - Allows the user to display information for a selected diagnosis or operation/procedure code.

This Department of Veterans Affairs (VA)–engineered version of the DRG Grouper is based on the current Medicare Severity Diagnosis Related Group (MS-DRG) Grouper requirements as defined by the Centers for Medicare & Medicaid Services (CMS) contained in the annual update from 3M Health Information Systems (3M-HIS). The same 3M DRG Grouper is used by the Austin Information Technology Center (AITC).

> **NOTE: Existing ICD-9 functionality has not changed and the selection of inactive ICD-9 Operation/Procedure codes within the ICD9OP tag is not allowed.**

DRG Components

The DRGs are defined as a manageable, clinically coherent set of patient classes that relate a hospital case mix to the resource demands and associated costs experienced by the hospital. There are hundreds of DRGs associated with the DRG Grouper. Each represents a class of patients deemed medically comparable and requiring similar amounts of resources for care.

The DRGs may be calculated for both registered VA patients and non-VA patients. Except for Transfer DRGs, the system does not store the DRG compiled for each patient. DRGs are recalculated each time the DRG Grouper option is utilized.

If data entered is insufficient for the DRG Grouper to function, the DRG will not be computed and will be displayed as "UNGROUPABLE". A message such as "Grouper needs to know if patient died during this episode!" will appear to inform the user what missing data is required.

Classifying DRGs

The actual process of classifying the patients into one of the DRGs is done by the DRG Grouper using the following information:

- Date (determines use of ICD-9 or ICD-10 code sets based on ICD-10 activation date)
- Age
- Sex
- Diagnosis codes
- Operation/procedure codes
- Discharge status
- Present on Admission (POA) value

The patient's age and any secondary diagnoses the patient had are used to determine whether the patient's stay had significant and contributing complications and/or comorbidities. The DRG Grouper accepts one primary diagnosis and unlimited secondary diagnoses and operations/procedures.

Related Manuals

- DRG Grouper Technical Manual
- DRG Grouper Installation Guide
- DRG Grouper Release Notes
- PTF Section of the PIMS (formerly MAS) User Manual contains detailed information on DRGs and DRG calculation, especially in the following options:
    - DRG Information Report
    - DRG Calculation
    - DRG Reports Menu

Orientation

User Responses

All user responses in this manual are shown in **bold** type. The symbol **<RET>** is used to show when users are to press the RETURN or ENTER key as a response to the prompt. The symbol <^> is used when referring to the up-arrow (caret).

Option Documentation

For each option, the Introduction portion of the documentation gives a description of the option and how it is used. It contains any special instructions related to the option. An example of what might appear on the screen when utilizing the option is provided in the Example portion of the option documentation. If the option produces an output, an example of the output is also provided.

Using the Software

Online Help

When the format of a response is specific, there usually is a Help message provided for that prompt. Help messages provide lists of acceptable responses or format requirements which provide instructions on how to respond.

A Help message can be requested by typing one, two, or three question marks. The Help message will appear under the prompt, then the prompt will be repeated. For example, perhaps the user sees the **Enter Secondary diagnosis** prompt and assistance is needed answering. The user can enter **??** and press **Enter**. The Help message appears.

Help Prompt Example – ICD-10 Secondary Diagnosis Code

```
Enter SECONDARY diagnosis: ??


Enter a "free text" term or part of a term such as "femur fracture" or


Enter a "classification code" (ICD/CPT, etc.) to find the single
term associated with the code or


Enter a "partial code." Include the decimal when a search criterion
includes 3 characters or more for code searches.
```

For some prompts, the software will list the possible answers from which the user may choose. Any time choices appear with numbers, the software will usually accept the number or the name.

DRG Grouper Option

Introduction

Use the *DRG Grouper* option to compute and display the Diagnosis Related Group (DRG) for a patient based on that patient's diagnoses and any operations/procedures performed. The DRG may be calculated for registered VA patients or non-VA patients. The system does not store the DRG compiled for each patient. It is recalculated each time the DRG Grouper option is utilized.

If data entered is insufficient for the DRG Grouper to function, the DRG will not be computed and will be displayed as "UNGROUPABLE". A message such as "Grouper needs to know if patient died during this episode!" will appear to inform the user what missing data is required. For nonregistered patients, users will be asked for the patient's age and sex instead of the patient's name.

The following applies for registered patients:

- The age used for the grouper is based on the date/time that the grouper is run compared to the patient's date of birth.
- The "Did patient die during this episode?" prompt will only appear if a date of death has been previously entered/changed/deleted.
- The patient's age will be displayed.

Users can enter only one primary diagnosis. The secondary diagnosis and operation/procedure prompts will repeat until a **<RET>** is entered. Enter either the ICD code number or a key word from the code description.

- For ICD-9, entering question marks <??> at these prompts will provide a list of the ICD code numbers and descriptions.

- For ICD-10, entering question marks, <?>, <??>, or <???>, at these prompts will provide information on how to search for diagnosis and procedure codes.

For each diagnosis code entered, the "Present on Admission" prompt displays. Entering question marks <?> provides a list of possible POA values.

Example

Example 1 - Calculates the DRG for a patient in the PATIENT file (#2) using ICD-10 codes

```
Select OPTION NAME: DRG GROUPER  ICD DRG GROUPER  DRG Grouper DRG Grouper

         DRG Grouper    Version 18.0

Effective Date:  TODAY// 10/15/14  (OCT 15, 2014)
DRGs for Registered PATIENTS  (Y/N)? YES// YES
Select PATIENT NAME: DRGPATIENT, ONE  12-13-54   666880101   YES   SC VETERAN
 Enrollment Priority: GROUP 1    Category: IN PROCESS     End Date:

Was patient transferred to an acute care facility? NO
Was patient discharged against medical advice? NO  AGE: 57
Enter Principal diagnosis (ICD 10): E01.1

 One match found


 E01.1     Iodine-Deficiency Related Multinodular (Endemic)Goiter

  OK? (Yes/No) Yes// YES
Present on Admission: YES
Enter SECONDARY diagnosis (ICD 10): D30.3

 One match found


 D30.3     Benign neoplasm of bladder


 OK? (Yes/No) Yes// YES
Present on Admission: YES
Enter SECONDARY diagnosis (ICD 10): <RET>

Press '*' to display available choices for next character or '^' to exit.
Enter Operation/Procedure (ICD 10): <RET>

Principal Diagnosis: E01.1  Iodine-deficiency related multinodular (end POA=Y
Secondary Diagnosis: D30.3  Benign neoplasm of bladder POA=Y

        Effective Date:    OCT 15,2014
Diagnosis Related Group:    645        Avg len of stay:    2.8
              Weight: 0.7252       Local Breakeven:
            Low day(s):     1     Local low day(s):
             High days:     99       Local High days:

DRG: 645- ENDOCRINE DISORDERS W/O CC/MCC DRG Grouper
```

Example 2 - Calculates the DRG for a non-registered patient using ICD-10 codes

```
Select Menu Option:  DRG Grouper

DRG Grouper    Version 18.0

Effective Date:  TODAY// 01/01/15  (JAN 01, 2015)
DRGs for Registered PATIENTS  (Y/N)? YES// NO
Patient's age: 44
Did patient die during this episode? NO
Was patient transferred to an acute care facility? NO
Was patient discharged against medical advice? NO
Patient's Sex:  (M/F): FEMALE
Enter Principal diagnosis (ICD 10): E01.1

One match found

E01.1   Iodine-Deficiency Related Multinodular (Endemic)Goiter

OK? (Yes/No) Yes//   YES
Present on Admission: YES
Enter SECONDARY diagnosis (ICD 10): D30.3

One match found

D30.3     Benign neoplasm of bladder

OK? (Yes/No) Yes//   YES
Present on Admission: YES
Enter SECONDARY diagnosis (ICD 10): <RET>

Press '*' to display available choices for next character or '^' to exit.
Enter Operation/Procedure (ICD 10): <RET>

Principal Diagnosis: E01.1    Iodine-deficiency related multinodular (ende
     POA=Y
Secondary Diagnosis: D30.3    Benign neoplasm of bladder    POA= Y
Effective Date:    JAN 1,2015
Diagnosis Related Group:   645         Avg len of stay:    2.8
Weight: 0.7252        Local Breakeven:
Low day(s):      1        Local low day(s):
High days:    99        Local High days:

DRG: 645- ENDOCRINE DISORDERS W/O CC/MCC
```

The *DRG Grouper* option uses ICD-9 codes if the **Effective Date** entered is before the ICD-10 activation date.

Example 3 - Calculates the DRG for a non-registered patient using ICD-9 codes

```
Effective Date:  TODAY//   <RET> (NOV 01, 2012)
DRGs for Registered PATIENTS  (Y/N)? YES// NO
Patient's age: 44
Did patient die during this episode? NO
Was patient transferred to an acute care facility? NO
Was patient discharged against medical advice? NO
Patient's Sex:  (M/F): FEMALE
Enter Principal diagnosis (ICD 9): Diabetes
  1   DIABETES  250.01   ICD-9  250.01  DMI WO CMP NT ST UNCNTRL
  2   DIABETES  250.11   ICD-9  250.11  DMI KETO NT ST UNCNTRLD  (Major C/C)
  3   DIABETES  250.21   ICD-9  250.21  DMI HPRSM NT ST UNCNTRLD  (Major C/C)
  4   DIABETES  250.31   ICD-9  250.31  DMI O CM NT ST UNCNTRLD  (Major C/C)
  5   DIABETES  250.41   ICD-9  250.41  DMI RENL NT ST UNCNTRLD
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4  250.31   ICD-9  250.31  DMI O CM NT ST UNCNTRLD  (Major C/C)
Enter SECONDARY diagnosis (ICD 9): 320.3   ICD-9  320.3  STAPHYLOCOCC MENINGI
TIS  (Major C/C)
        ...OK? Yes// Y  (Yes)

Enter SECONDARY diagnosis (ICD 9): <RET>

Enter Operation/Procedure (ICD 9): <RET>

        Effective Date:    NOV 1,2012
Diagnosis Related Group:    637         Avg len of stay:    4.4
              Weight: 1.4398         Local Breakeven:
          Low day(s):      1      Local low day(s):
           High days:     99       Local High days:

DRG: 637- DIABETES W MCC
```

Present on Admission

DRG Grouper captures the Present on Admission (POA) value for each diagnosis the user enters.

According to the Centers for Medicare and Medicaid Services (CMS), POA is defined as present at the time the order for inpatient admission occurs—conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered POA.

Present on Admission (POA) Values

Value	Description
Y	Present at the time of inpatient admission
N	Not present at the time of inpatient admission
U	Documentation is insufficient to determine if condition is present on admission
W	Provider is unable to clinically determine whether condition was present on admission or not
<Return>	POA exempt (Warning provided if code entered is not on the POA Exempt List)

The diagnosis must have a POA value; it cannot be left blank. The only exception is if the diagnosis is on the POA Exempt List. In all other cases, if the POA value is left blank, a message will be received that DRG Grouper treats the blank as a No.

POA Blank Message

```
Present on Admission:
Diagnosis A05.1 is not contained in the POA Exempt list so the POA field
should not be blank. If left blank, it will be treated as if it were a No
("N").
Do you wish to continue? (Y/N)? YES//
```

At the `Do you wish to continue? (Y/N)? Yes//` prompt, if **Enter** is pressed for the default of Yes, DRG Grouper uses a POA value of No for the diagnosis.

However, if a user types **N** and presses **Enter**, the system stops processing for this patient and starts the DRG steps from the beginning.

ICD Code Inquiry **Option**

Introduction

Use the *ICD Code Inquiry* option to display the description for a selected diagnosis or operation/procedure code. It also informs the user if the specified code is inactive but does not allow selection of an inactive code. Users will first be asked to choose between diagnosis code or operation/procedure code. Users will then be asked to enter the desired code.

Example – *ICD Code Inquiry* Option

```
Select OPTION NAME:  ICD Code Inquiry

     Select one of the following:

          1          ICD 9 DIAGNOSIS CODE
          2          ICD 9 OPERATION/PROCEDURE CODE
          3          ICD 10 DIAGNOSIS CODE
          4          ICD 10 OPERATION/PROCEDURE CODE

Enter response: 3  ICD 10 DIAGNOSIS CODE

ICD-10 Diagnosis Code or a Code Fragment: D35.0

 3 matches found

    1.  D35.00     Benign Neoplasm of unspecified Adrenal Gland
    2.  D35.01     Benign Neoplasm of right Adrenal Gland
    3.  D35.02     Benign Neoplasm of left Adrenal Gland

 Select 1-3: 1
SELECTED:

D35.00          Benign Neoplasm of unspecified Adrenal Gland
Try another? Yes// N  (No)
```

Glossary

Complication/comorbidity	A condition whose presence in conjunction with a specific primary diagnosis would cause an increase in length of stay by at least one day in 75% of the patients.
DRG	Diagnosis Related Group. A manageable, clinically coherent set of patient classes that relate a hospital case mix to the resource demands and associated costs experienced by the hospital.
ICD-10	International Classification of Diseases, Tenth Revision
ICD-9	International Classification of Diseases, Ninth Revision
Present on Admission (POA)	Condition present at the time the order for inpatient admission occurs—conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered POA.
Principal diagnosis	Diagnosis that is chiefly responsible for causing the patient's admission to the hospital.
PTF	Patient Treatment File
Registered VA patient	Patient contained in the PATIENT file (#2).
Ungroupable	Where sufficient data has not been entered for the DRG Grouper to function, the DRG will not be computed and will be displayed as UNGROUPABLE.

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