



Flu Shot Reminder

It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. But re-vaccination is necessary each year because the flu viruses change each year. Encourage your Medicare patients who haven't already done so to get their annual flu shot and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot. It's Not Too Late!** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

MLN Matters Number: MM5455 Revised

Related Change Request (CR) #: 5455

Related CR Release Date: January 26, 2007

Effective Date: October 1, 2006

Related CR Transmittal #: R1166CP

Implementation Date: April 2, 2008

Note: This article was updated on August 27, 2012, to reflect current Web addresses. All other information is the same.

Correction to the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Pricer

Provider Types Affected

Inpatient Psychiatric Facilities (IPFs) submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), and Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 5455 which announces that a new version of the IPF PPS Pricer will be released which will account for new Diagnosis-Related Groups (DRGs) effective on October 1, 2006. CR 5455 also instructs Medicare contractors to add International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code 238.73 (High Grade Myelodysplastic Syndrome Lesions) which needs to receive a comorbidity adjustment of 1.07 for discharges on or after October 1, 2006.

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Background

The IPF PPS Pricer (Rate Year 2007 effective October 1, 2006) was not updated to include new Diagnosis Related Groups (DRGs). Although the IPF PPS Pricer only makes a DRG adjustment on 15 DRGs, psychiatric facility claims are still grouped and receive a DRG. Prior to October 1, 2006, there were 559 DRGs (DRGs 1 through 559), but 19 DRGs have been added (DRGs 560 through 579). A table containing DRGs 560 through 579 is included below in the Additional Information Section of this article. Medicare contractors are currently holding IPF claims received that group to DRGs 560 through 579, and these claims will be released (and paid with interest) once the April 2007 Pricer is in production on April 2, 2007.

The IPF PPS Pricer (Rate Year 2007 effective October 1, 2006) also did not include ICD-9-CM diagnosis code 238.73 (High Grade Myelodysplastic Syndrome Lesions). This code should appear in the Oncology Comorbidity list, and it should receive a comorbidity adjustment of 1.07. After April 2, 2007, IPFs should resubmit claims (with discharges on or after October 1, 2006 through March 31, 2007) that contain ICD-9-CM diagnosis code 238.73 if the comorbidity adjustment should apply.

Additional Information

For complete details, please see the official instruction, CR 5455, issued to your FI and A/B MAC regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1166CP.pdf> on the CMS web site. If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The following table lists Diagnosis Related Groups (DRGs) 560 through 579:

DRG	DRG Description
560	BACTERIAL AND TUBERCLOUS INFECTIONS OF NERVOUS SYSTEM
561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS
562	SEIZURE AGE >17 W CC
563	SEIZURE AGE >17 W/O CC
564	HEADACHES AGE >17
565	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS
566	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT < 96 HOURS
567	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W MAJOR GI DX
568	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W/O MAJOR GI DX

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DRG	DRG Description
569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX
570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX
571	MAJOR ESOPHAGEAL DISORDERS
572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS
573	MAJOR BLADDER PROCEDURES
574	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL
575	SEPTICEMIA W MV 96+ HOURS AGE >17
576	SEPTICEMIA W/O MV 96+ HOURS AGE >17
577	CAROTID ARTERY STENT PROCEDURE
578	O. R. PROCEDURE W PDX EXC POSTOPERATIVE OR POST-TRAUMATIC INFECTION
579	O. R. PROCEDURE W PDX OF POSTOPERATIVE OR POST-TRAUMATIC INFECTION

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