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Information for Medicare Fee-For-Service Health Care Professionals



News Flash – The *Medicare Dependent Hospital Fact Sheet* (April 2009), which provides the criteria that rural hospitals must meet in order to be classified as a Medicare Dependent Hospital, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedDependHospfctsht508.pdf> on the CMS website.

MLN Matters® Number: MM6634 **Revised**

Related Change Request (CR) #: 6634

Related CR Release Date: September 17, 2009

Effective Date: Discharges on or after October 1, 2009

Related CR Transmittal #: R1816CP

Implementation Date: October 5, 2009

Note: This article was updated on January 3, 2013, to reflect current Web addresses. This article was previously revised on October 7, 2009, to show the correct national labor share operating rates for a wage index > 1 with a FULL Market Basket in the table on page 2. The rates previously shown were incorrect, although the correct rates were shown in CR 6634. All other information remains the same.

Fiscal Year (FY) 2010 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS, and Inpatient Psychiatric Facility (IPF) PPS Changes

Provider Types Affected

Providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or 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) 6634 which outlines changes for IPPS hospitals and LTCHs for Fiscal Year (FY) 2010. The policy changes for FY 2010 appeared in the Federal Register on August 27, 2009. All items covered in CR 6634 are effective for hospital discharges occurring on or after October 1, 2009, unless otherwise noted. CR 6634 also addresses changes to Medicare Severity Diagnosis Related Groups (MS-DRGs) and ICD-9-CM coding that affects the IPF PPS. The IPF PPS is affected only by the ICD-9-CM changes that affect the comorbidity adjustment, effective October 1, 2009. The IPF PPS rate changes occurred on July 1, 2009 and are discussed in MLN Matters® article MM6461 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM6461.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. Be sure your billing personnel are aware of these changes.

Background

The key changes conveyed in CR 6634 are as follows:

ICD-9-CM Changes

The ICD-9-CM coding changes are effective October 1, 2009. The new ICD-9-CM codes are listed, along with their MS-DRG classifications in Tables 6a and 6b of the August 27, 2009, Federal Register. The ICD-9-CM codes that have been replaced by expanded codes or other codes, or have been deleted are included in Tables 6c and 6d. The revised code titles are in Tables 6e and 6f. The August 27, 2009, Federal Register notice is available at <http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=FR&browsePath=2009> on the Internet.

The Grouper Contractor, 3M-HIS, introduced a new MS-DRG Grouper, Version 27.0, software package effective for discharges on or after October 1, 2009. The GROUPER 27.0 assigns each case into a MS-DRG on the basis of the diagnosis and procedure codes and demographic information (that is age, sex, and discharge status). The Medicare Code Editor (MCE) 26.0 which is also developed by 3M-HIS, uses the new ICD-9-CM codes to validate coding for discharges on or after October 1, 2009.

The Inpatient Prospective Payment System (IPPS) FY 2010 Update

The FY 2010 IPPS Pricer is for discharges occurring on or after October 1, 2009. It includes all pricing files for FY 2005 through FY 2010 to process bills with discharge dates on or after October 1, 2004.

FY 2010 IPPS Rates

Standardized Amount Update Factor	1.021 1.001 (for hospitals that do not submit quality data)
Hospital Specific Update Factor	1.021 1.001 (for hospitals that do not submit quality data)
Common Fixed Loss Cost Outlier Threshold	\$23,140.00
Federal Capital Rate	\$429.26
Puerto Rico Capital Rate	\$203.56
Outlier Offset-Operating National	0.948994
Outlier Offset-Operating Puerto Rico	0.957524
IME Formula (no change for FY 2010)	$1.35 \times [(1 + \text{resident to bed ratio})^{.405} - 1]$
MDH/SCH Budget Neutrality Factor	0.997941

Operating Rates with FULL Market Basket

	Wage Index > 1		Wage Index ≤ Than 1	
	Labor Share	Non-Labor Share	Labor Share	Non-Labor Share
National	\$3,593.52	\$1,629.62	\$3,238.35	\$1,984.79
PR National	\$3,593.52	\$1,629.62	\$3,238.35	\$1,984.79
PR Specific	\$1,542.72	\$941.52	\$1,540.23	\$944.01

Rates with REDUCED Market Basket

	Wage Index > 1		Wage Index ≤ 1	
	Labor Share	Non-Labor Share	Labor Share	Non-Labor Share
National	\$3,523.13	\$1,597.70	\$3,174.91	\$1,945.92
PR National	\$3,523.13	\$1,597.70	\$3,174.91	\$1,945.92
PR Specific	\$1,542.72	\$941.52	\$1,540.23	\$944.01

Cost-of-Living Adjustment (COLA) Factors: Alaska and Hawaii Hospitals

Area	COLA Factor
Alaska:	
City of Anchorage and 80-kilometer (50-mile) radius by road	1.23
City of Fairbanks and 80-kilometer (50-mile) radius by road	1.23
City of Juneau and 80-kilometer (50-mile) radius by road	1.23
Rest of Alaska	1.25 (no change for FY 2010)

Note: There are no COLA changes for Hawaii in FY 2010.

Postacute Transfer Policy

See Table 5 of the IPPS Final Rule for a listing of all Postacute and Special Postacute MS-DRGs.

New Technology Add-On Payments

The following items are eligible for new-technology add-on payments in FY 2010:

- **Total Artificial Heart (TAH-t)** – Effective in FY2009 and through FY 2010, the new technology add-on payment for the TAH-t is triggered by the presence of ICD-9-CM procedure code 37.52 (Implantation of total heart replacement system), condition code 30, and the diagnosis code V70.7 (Examination of participant in clinical trial). The maximum add-on payment is \$53,000 per case.
- **Spiration IBV** – Effective for FY 2010, cases involving the Spiration® IBV® that are eligible for the new technology add-on payment will be identified by assignment to MS-DRGs 163, 164 and 165 with procedure code 33.71 or 33.73 in combination with one of the following procedure codes: 32.22, 32.30, 32.39, 32.41, or 32.49. The maximum add on payment for the Spiration® IBV® is \$3,437.50 per case.

If the costs of the discharge (determined by applying cost-to-charge ratios as described in 42 CFR 412.84(h)) exceed the full DRG payment, an additional amount will be paid that is equal to the lesser of 50 percent of the costs of the new medical service/technology or 50 percent of the amount by which the costs of the case exceed the standard DRG payment.

State Rural Floor Budget Neutrality Adjustment Factors

The FY2009 IPPS Pricer included a new Pricer table, “State Rural Floor Budget Neutrality Adjustment Factors”, due to new regulations for the wage index, at 42 CFR 412.64(e)(4), that were implemented in the FY 2009 IPPS final rule (73 FR 48570). “Specifically, CMS must make an adjustment to the wage index to ensure that aggregate payments after implementation of the rural floor under section 4410 of the Balanced Budget Act of 1997 (Pub. L. 105-33) and the imputed floor under Section 412.64(h)(4) are made in a manner that ensures that aggregate payments to hospitals are not affected. Beginning October 1, 2008, such payments will transition from a nationwide adjustment, with a statewide adjustment fully in place by October 1, 2011.”

The table in Attachment A of CR 6634 lists the blended overall rural floor budget neutral factors, for FY 2010, that are to be applied onto the wage index (based on the providers’ geographic state location). CR 6634 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1816CP.pdf> on the CMS website. The wage table loaded for the FY 2010 Pricer contains wage index values PRIOR to the application of the blended overall rural floor budget neutrality factors. The Pricer software is applying the budget neutrality factors from Attachment A to the wage index within the Pricer payment logic. The wage index tables printed in the FY 2010 Federal Register Final Rule Notice already have the blended overall rural floor budget neutrality factors applied. To confirm the wage index Pricer used in calculating payments with the wage index printed in the Federal Register, you must take the wage index from Pricer and multiply it by the appropriate factor from Attachment A. Attachment A of CR 6634 is also duplicated at the end of this article.

Expiration of Section 508 Reclassifications

Section 508 of the 2003 Medicare Modernization Act will expire on October 1, 2009. The PSFs will be adjusted accordingly for hospitals previously designated as a Section 508 hospital.

Section 505 Hospital (Out-Commuting Adjustment)

Attachment B of CR 6634 shows the IPPS providers that will be receiving a "special" wage index for FY 2010 (i.e., receives an out-commuting adjustment under section 505 of the MMA). For any provider with a Special Wage Index from FY 2009, FIs and A/B MACs shall remove that special wage index, by entering zeros in the field unless they receive a new special wage index as listed in Attachment B.

Low Volume Hospitals

Hospitals considered low volume shall receive a 25 percent bonus to the operating final payment. To be considered "low volume" the hospital must have fewer than 200 discharges and be located at least 25 road miles from another hospital. The discharges are determined from the latest cost report. Hospitals shall notify their FI or A/B MAC if they believe they are a low volume hospital. The Low Volume hospital status should be re-determined at the start of the federal fiscal year. The most recent filing of a provider cost report can be used to make the determination.

Hospital Quality Initiative

The hospitals that will receive the quality initiative bonus are listed at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212 on the Internet. This website is expected to be updated in September 2010. Should a provider later be determined to have met the criteria after publication of this list, they will be added to the website. Hospitals not receiving the 2.0% RHQDAPU annual payment update for FY 2010 s are listed in Attachment C of this CR.

For new hospitals, FIs and A/B MACs will provide information to the Quality Improvement Organization (QIO) as soon as possible so that the QIO can enter the provider information into the Program Resource System and follow through with ensuring provider participation with the requirements for quality data reporting. This allows the QIOs the opportunity to contact new facilities earlier in the fiscal year to inform them of the Hospital Quality Initiative.

Capital IPPS Adjustment for Indirect Medical Education (IME)

In the Fiscal Year (FY) 2008 Inpatient Prospective Payment System (IPPS) final rule, the CMS adopted a policy to phase-out the capital IPPS teaching adjustment. For FY 2009, hospitals would receive 50 percent of the IME adjustment provided under the current formula. Section 4301(b) of the American Recovery and Reinvestment Act (ARRA) removes the 50 percent adjustment that applied for FY 2009 and gives teaching hospitals the full capital IME amount for discharges occurring on or after October 1, 2008 through September 30, 2009 (per CR 6444 issued on March 27, 2009).

The capital teaching adjustment is no longer being eliminated for FY 2010. Therefore, the full capital IME teaching adjustment is restored for FY 2010 and will be determined under Section 412.322(b).

Capital PPS Payment for Providers Redesignated Under Section 1886(d)(8)(B) of the Act

42 CFR 412.64(b)(II)(D)(3) implements section 1886(d)(8)(B) of the Act, which redesignates certain rural counties (commonly referred to as "counties") adjacent to one or more urban areas as urban for the purposes of payment under the IPPS. Accordingly, hospitals located in these "Lugar counties" (commonly referred to as "Lugar hospitals") are deemed to be located in an urban area and receive the Federal payment amount for the urban area to which they are redesignated. To ensure these "Lugar hospitals" are paid correctly under the capital PPS, FIs and A/B MACs must enter the urban Core Based Statistical Area (CBSA) (for the urban area shown in chart 6 of the FY

2005 IPPS final rule (August 11, 2004; 69 FR 49057 – 49059)) in the standardized amount CBSA field on the PSF. (Note: This may be different from the urban CBSA in the wage index CBSA field on the PSF for “Lugar hospitals” that are reclassified for wage index purposes.) However, if a “Lugar hospital” declines its redesignation as urban in order to retain its rural status, FIs and A/B MACs must enter the rural CBSA (2-digit State code) in the standardized amount CBSA field on the PSF rather than the urban CBSA from the chart to ensure correct payment under the capital PPS.

Treatment of Certain Urban Hospitals Reclassified as Rural Hospitals Under Section 412.103 for purposes of Capital PPS payments

Hospitals reclassified as rural under Section 412.103 are not eligible for the capital DSH adjustment since these hospitals are considered rural under the capital PPS (see Section 412.320(a)(1)). Similarly, the Geographic Adjustment Factor (GAF) for hospitals reclassified as rural under Section 412.103 is determined from the applicable statewide rural wage index.

Medicare-Dependent Hospitals (MDHs): Budget Neutrality Adjustment Factors for FY 2002-Based Hospital-Specific (HSP) Rate

Effective FY 2010, CMS is correcting the MDH FY 2002 HSP rate calculation to include the cumulative budget neutrality adjustment factor for FYs 1993 through 2002 in addition to the budget neutrality adjustment factors for FYs 2003 forward. Section 5003(b) of the Deficit Reduction Act (DRA) of 2005 (Public Law 109-171) allows MDHs to rebase their HSP rates using data from their FY 2002 cost report if this results in a payment increase. To implement this provision, CMS issued Transmittal 1067 (Change Request 5276 dated September 25, 2006) with instructions to FIs to determine and update the FY 2002 HSP rate for qualifying MDHs. To calculate an MDH’s FY 2002 HSP rate and update it to FY 2007, the instructions directed FIs to apply cumulative budget neutrality adjustment factors for FYs 2003 through 2007. However, the instructions did not include the cumulative budget neutrality adjustment factor to account for changes in the DRGs from FYs 1993 through 2002.

To correct for this, FIs and A/B MACs must adjust any FY 2002 HSP rates of MDHs currently in the Provider Specific File (PSF) by applying a factor of 0.982557, which is calculated as the product of the following budget neutrality adjustment factors from FYs 1993 through 2002: 0.999851 for FY 1993; 0.999003 for FY 1994; 0.998050 for FY 1995; 0.999306 for FY 1996; 0.998703 for FY 1997; 0.997731 for FY 1998; 0.998978 for FY 1999; 0.997808 for FY 2000; 0.997174 for FY 2001; and 0.995821 for FY 2002. The inflation update from FYs 2002 through 2007 and the cumulative budget neutrality adjustment factors for FYs 2003 through 2007 should have already been applied as specified in Transmittal 1067 (Change Request 5276 dated September 25, 2006.)

Section 1886(d)(5)(G) of the Act provides that the HSP rate for MDHs is based on FY 1982, FY 1987 or FY 2002 costs per discharge, whichever of these HSP rates is the highest. After the FY 2002 HSP rates are adjusted as described above, FIs and A/B MACS should verify that the FY 2002 HSP rate is still the highest of the applicable based years (that is, FY 1982, FY 1987 or FY 2002). In those cases where a MDH’s FY 2002 HSP rate is no longer higher than its FY 1982 or FY 1987 HSP rate, the applicable HSP rate (FY 1982 or FY 1987) updated to FY 2007 dollars shall be entered in to the PSF effective October 1, 2009. For FY 1982 or FY 1987 HSP rates that had previously been updated to FY 2000 dollars (that is, a MDH’s HSP rate prior to the implementation of the rebasing to FY 2002 provided for by section 5003(b) of the DRA) before entering it in the PSF with an effective date of October 1, 2009, the FY 1982 or FY 1987 HSP shall be updated from FY 2000 dollars to FY 2007 dollars by applying an update factor of 1.233973509, which is computed as the product of the FY 2001 update factor of 1.034, the FY 2001 budget neutrality factor of 0.997174, the FY 2002 update factor of 1.0275, the FY 2002 budget neutrality factor of 0.995821 and the update and inflation factors for FYs 2003 through 2007 listed above.

As directed above, FIs and A/B MACs shall adjust the FY 2002 HSP rates of MDHs currently in the PSF and enter it that amount in the PSF with an effective date of October 1, 2009. This adjustment to the FY 2002 HSP rates of MDHs is not to be applied in determining payments for discharges occurring prior to October 1, 2009. For purposes of the settlement of MDH cost reports that include discharges that occurred from October 1, 2006 through September 30, 2009, FIs and A/B MACs shall use the originally computed, that is, the FY 2002 HSP rates of MDHs that is currently in the PSF.

The Long-Term Care Hospital (LTCH) PPS Rate Year (RY) 2010 Update

RY 2010 LTCH PPS Rates

Federal Rate	\$39,896.65
High Cost Outlier Fixed-Loss Amount	\$18,425.00
Labor Share	75.779%
Non-Labor Share	24.221%

MS-LTC-DRG Update

The LTCH PPS Pricer has been updated with the Version 27.0 MS-LTC-DRG table and weights, effective for discharges occurring on or after October 1, 2009, and on or before September 30, 2010.

Cost of Living Adjustment (COLA) Update for LTCH PPS

LTCH PPS incorporates a COLA for hospitals located in Alaska and Hawaii. See the table below for the updated COLAs implemented as part of the RY 2010 LTCH PPS Final Rule, which are effective for discharges occurring on or after October 1, 2009.

Area	COLA Factor
Alaska:	
City of Anchorage and 80-kilometer (50-mile) radius by road	1.23
City of Fairbanks and 80-kilometer (50-mile) radius by road	1.23
City of Juneau and 80-kilometer (50-mile) radius by road	1.23
Rest of Alaska	1.25 (no change from RY 2009)
Hawaii:	
City and County of Honolulu	1.25 (no change from RY 2009)
County of Hawaii	1.18
County of Kauai	1.25 (no change from RY 2009)
County of Maui and County of Kalawao	1.25 (no change from RY 2009)

Core-Based Statistical Area (CBSA)-based Labor Market Definition Changes

There are several revisions to the Core-Based Statistical Area (CBSA)-based labor market definitions used under the LTCH PPS, which are the basis of the wage index adjustment, effective October 1, 2009. The following changes affect the CBSA codes used for the wage index assignment under the LTCH PPS:

- For any LTCHs currently located in CBSA 42260, the CBSA code on the PSF will need to be changed to 14660 (from 42260) effective October 1, 2009, due to a title change for that CBSA.
- For any LTCHs currently located in Bollinger County or Cape Girardeau County, Missouri, the CBSA code on the PSF will need to be changed to 16020 (from the rural 2-digit State code 26) effective October 1, 2009, due to the creation of a new urban CBSA.

- For any LTCHs currently located in Alexander County, Illinois, the CBSA code on the PSF will need to be changed to 16020 (from the rural 2-digit State code 14) effective October 1, 2009, due to the creation of a new urban CBSA.
- For any LTCHs currently located in Geary County, Pottawatomie County or Riley County, Kansas, the CBSA code on the PSF will need to be changed to 31740 (from the rural 2-digit State code 17) effective October 1, 2009, due to the creation of a new urban CBSA.
- For any LTCHs currently located in Blue Earth County or Nicollet County, Minnesota, the CBSA code on the PSF will need to be changed to 31860 (from the rural 2-digit State code 24) effective October 1, 2009, due to the creation of a new urban CBSA.

Changes to LTCH PPS Payment Policy made by the American Recovery and Reinvestment Act (ARRA) of 2009
 The February 17, 2009 enactment of the ARRA, made changes to two provisions of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007, the 3-year moratoria on the establishment of new LTCHs and LTCH satellites and on the increase in beds in existing LTCHs and LTCH satellites and revisions to the percentage threshold payment adjustment for LTCHs and LTCH satellites. (These MMSEA changes, which were finalized in the RY 2010 LTCH PPS final rule, were addressed, respectively, in CR 6172, issued on December 19, 2008, and CR 5955, issued on March 7, 2008.) The ARRA added an additional exception to the moratorium on the increase in beds in existing LTCHs or LTCH satellites if an existing LTCH located in a State that required a Certificate of Need (CON), had obtained a CON for a bed increase that was issued on or after April 1, 2005 and before December 29, 2007. Additionally, the ARRA amended the MMSEA provision regarding the percentage threshold payment adjustment. (These ARRA changes were implemented in an interim final rule with comment period which was published with the RY 2010 LTCH PPS final rule.) Specifically, an additional category of LTCH satellites, “grandfathered” satellites (described at 42 CFR §412.22(h)(3)(i)) was added to those LTCH HwHs and satellites identified by the MMSEA as “applicable” for the 3-year percentage threshold increase. The ARRA also changed the effective date of all of MMSEA changes from the effective date of MMSEA (December 29, 2009) to July 1, 2007 or October 1, 2007, based upon the particular provision.

The Inpatient Psychiatric Facility (IPF) PPS Update

DRG Adjustment Update

The IPF PPS has DRG specific adjustments for MS-DRGs. CMS provides payment under the IPF PPS for claims with a principal diagnosis included in Chapter Five of the ICD-9-CM or the DSM-IV-TR. However, only those claims with diagnoses that group to a psychiatric MS-DRG will receive a DRG adjustment and all other applicable adjustments. Although the IPF will not receive a DRG adjustment for a principal diagnosis not found in one of CMS’s identified psychiatric DRGs, the IPF will still receive the Federal per diem base rate and all other applicable adjustments.

The IPF PPS uses the same GROUPER as the IPPS, including the same diagnostic code set and MS-DRG classification system, in order to maintain consistency. The updated codes are effective October 1 of each year. Although the code set is being updated, note that these are the same adjustment factors in place since implementation.

Based on changes to the ICD-9-CM coding system used under the IPPS, the following changes are being made to the principal diagnoses that are used to assign MS-DRGs under the IPF PPS. The following table lists the FY 2010 new ICD-9-CM diagnosis codes that group to one of the MS-DRGs for which the IPF PPS provides an adjustment. This table is only a listing of FY 2010 new codes, and does not reflect all of the currently valid and applicable ICD-9-CM codes classified in the MS-DRGs. When coded as a principal diagnosis, these codes receive the correlating MS-DRG adjustment.

Diagnosis Code	MS-DRG Descriptions	MS-DRG
438.13	Late effects of cerebrovascular disease, dysarthria	056, 057
438.14	Late effects of cerebrovascular disease, fluency disorder	056, 057

Diagnosis Code	MS-DRG Descriptions	MS-DRG
799.21	Nervousness	880
799.22	Irritability	880
799.23	Impulsiveness	882
799.24	Emotional lability	883
799.25	Demoralization and apathy	880
799.29	Other signs and symptoms involving emotional state	880

The following table lists the FY 2010 invalid ICD-9-CM diagnosis code that is no longer applicable for the DRG adjustment.

Diagnosis Code	MS-DRG Description	MS-DRG
799.2	Nervousness	880

Since CMS does not plan to update the regression analysis until the IPF PPS data is analyzed, the MS-DRG adjustment factors, shown in the Medicare Claims Processing Manual (Pub. 100-04), Chapter 3, Section 190.5.1 are effective October 1, 2009, and will continue to be paid for RY 2010.

Comorbidity Adjustment Update

The IPF PPS has 17 comorbidity groupings, each containing ICD-9-CM codes for certain comorbid conditions. Each comorbidity grouping will receive a grouping-specific adjustment. Facilities receive only one comorbidity adjustment per comorbidity category, but may receive an adjustment for more than one comorbidity category. The IPFs must enter the full ICD-9-CM codes for up to 8 additional diagnoses if they co-exist at the time of admission or develop subsequently.

Comorbidities are specific patient conditions that are secondary to the patient's primary diagnosis and require treatment during the stay. Diagnoses that relate to an earlier episode of care and have no bearing on the current hospital stay are excluded and should not be reported on IPF claims. Comorbid conditions must co-exist at the time of admission, develop subsequently, and affect the treatment received, the length of stay or both treatment and length of stay.

The IPF PPS utilizes the MS-Severity DRG coding system, in order to maintain consistency with the IPPS, which is effective October 1 of each year. Although the code set will be updated, the same adjustment factors are being maintained. CMS is currently using the FY 2010 GROUPER, Version 27.0 which is effective for discharges occurring on or after October 1, 2009.

The following three tables below list the FY 2010 new, revised and invalid ICD-9-CM diagnosis codes, respectively, which group to one of the 17 comorbidity categories for which the IPF PPS provides an adjustment. These tables are only a listing of FY 2010 changes and do not reflect all of the currently valid and applicable ICD-9-CM codes classified in the DRGs.

The table below lists the FY 2010 new ICD-9-CM diagnosis codes that impact the comorbidity adjustment under the IPF PPS. The table lists only the FY 2010 new codes, and does not reflect all of the currently valid ICD codes applicable for the IPF PPS comorbidity adjustment. The RY 2010 IPF Pricer will be updated to include these codes in the comorbidity tables, effective for discharges on or after October 1, 2009.

Diagnosis Code	Description	Comorbidity Category
209.31	Merkel cell carcinoma of the face	Oncology Treatment
209.32	Merkel cell carcinoma of the scalp and neck	Oncology Treatment
209.33	Merkel cell carcinoma of the upper limb	Oncology Treatment
209.34	Merkel cell carcinoma of the lower limb	Oncology Treatment
209.35	Merkel cell carcinoma of the trunk	Oncology Treatment
209.36	Merkel cell carcinoma of other sites	Oncology Treatment
209.70	Secondary neuroendocrine tumor, unspecified site	Oncology Treatment
209.71	Secondary neuroendocrine tumor of distant lymph nodes	Oncology Treatment
209.72	Secondary neuroendocrine tumor of liver	Oncology Treatment
209.73	Secondary neuroendocrine tumor of bone	Oncology Treatment
209.74	Secondary neuroendocrine tumor of peritoneum	Oncology Treatment
209.75	Secondary Merkel cell carcinoma	Oncology Treatment
209.79	Secondary neuroendocrine tumor of other sites	Oncology Treatment
239.81	Neoplasms of unspecified nature, retina and choroid	Oncology Treatment
239.89	Neoplasms of unspecified nature, other specified sites	Oncology Treatment
969.00	Poisoning by antidepressant, unspecified	Poisoning
969.01	Poisoning by monoamine oxidase inhibitors	Poisoning
969.02	Poisoning by selective serotonin and norepinephrine reuptake inhibitors	Poisoning
969.03	Poisoning by selective serotonin reuptake inhibitors	Poisoning
969.04	Poisoning by tetracyclic antidepressants	Poisoning
969.05	Poisoning by tricyclic antidepressants	Poisoning
969.09	Poisoning by other antidepressants	Poisoning
969.70	Poisoning by psychostimulant, unspecified	Poisoning
969.71	Poisoning by caffeine	Poisoning
969.72	Poisoning by amphetamines	Poisoning
969.73	Poisoning by methylphenidate	Poisoning
969.79	Poisoning by other psychostimulants	Poisoning

The table below lists the FY 2010 revised ICD-9-CM diagnosis codes that impact the comorbidity adjustment under the IPF PPS. The table only lists the FY 2010 revised codes and does not reflect all of the currently valid ICD codes applicable for the IPF PPS comorbidity adjustment.

Diagnosis Code	Description	Comorbidity Category
584.5	Acute kidney failure with lesion of tubular necrosis	Renal Failure, Acute
584.6	Acute kidney failure with lesion of renal cortical necrosis	Renal Failure, Acute
584.7	Acute kidney failure with lesion of renal medullary [papillary] necrosis	Renal Failure, Acute
584.8	Acute kidney failure with other specified pathological lesion in kidney	Renal Failure, Acute
584.9	Acute kidney failure, unspecified	Renal Failure, Acute
639.3	Kidney failure following abortion and ectopic and molar pregnancies	Renal Failure, Acute
669.32	Acute kidney failure following labor and delivery, delivered, with mention of postpartum complication	Renal Failure, Acute
669.34	Acute kidney failure following labor and delivery, postpartum condition or complication	Renal Failure, Acute

The table below lists the invalid ICD-9-CM codes no longer applicable for the comorbidity adjustment. The RY 2010 IPF PPS will be updated to remove these codes in the comorbidity tables, effective for discharges on or after October 1, 2009.

Diagnosis Code	Description	Comorbidity Category
239.8	Neoplasm of unspecified nature of other specified sites	Oncology Treatment
969.0	Poisoning by antidepressants	Poisoning
969.7	Poisoning by psychostimulants	Poisoning

The seventeen comorbidity categories for which CMS is providing an adjustment, their respective codes, including the new FY 2010 ICD codes, and their respective adjustment factors, are listed below in the following table.

Description of Comorbidity	ICD-9CM Code	Adjustment Factor
Developmental Disabilities	317, 3180, 3181, 3182, and 319	1.04
Coagulation Factor Deficits	2860 through 2864	1.13
Tracheostomy	51900 through 51909 and V440	1.06
Renal Failure, Acute	5845 through 5849, 63630, 63631, 63632, 63730, 63731, 63732, 6383, 6393, 66932, 66934, 9585	1.11
Renal Failure, Chronic	40301, 40311, 40391, 40402, 40412, 40413, 40492, 40493, 5853, 5854, 5855, 5856, 5859, 586, V4511, V4512, V560, V561, and V562	1.11
Oncology Treatment	1400 through 2399 with a radiation therapy code 92.21-92.29 or chemotherapy code 99.25	1.07
Uncontrolled Diabetes-Mellitus with or without complications	25002, 25003, 25012, 25013, 25022, 25023, 25032, 25033, 25042, 25043, 25052, 25053, 25062, 25063, 25072, 25073, 25082, 25083, 25092, and 25093	1.05
Severe Protein Calorie Malnutrition	260 through 262	1.13
Eating and Conduct Disorders	3071, 30750, 31203, 31233, and 31234	1.12
Infectious Disease	01000 through 04110, 042, 04500 through 05319, 05440 through 05449, 0550 through 0770, 0782 through 07889, and 07950 through 07959	1.07
Drug and/or Alcohol Induced Mental Disorders	2910, 2920, 29212, 2922, 30300, and 30400	1.03
Cardiac Conditions	3910, 3911, 3912, 40201, 40403, 4160, 4210, 4211, and 4219	1.11
Gangrene	44024 and 7854	1.10
Chronic Obstructive Pulmonary Disease	49121, 4941, 5100, 51883, 51884, V4611 and V4612, V4613 and V4614	1.12
Artificial Openings - Digestive and Urinary	56960 through 56969, 9975, and V441 through V446	1.08
Severe Musculoskeletal and Connective Tissue Diseases	6960, 7100, 73000 through 73009, 73010 through 73019, and 73020 through 73029	1.09
Poisoning	96500 through 96509, 9654, 9670 through 9699, 9770, 9800 through 9809, 9830 through 9839, 986, 9890 through 9897	1.11

Billing Wrong Surgical or Other Invasive Procedures Performed on a Patient, Surgical or Other Invasive Procedures Performed on the Wrong Body Part, and Surgical or Other Invasive Procedures Performed on the Wrong Patient (related CR 6405)

Effective Date: Discharges on or after October 1, 2009;

The Centers for Medicare & Medicaid Services (CMS) internally generated a request for a national coverage analysis (NCA) to establish national coverage determinations (NCDs) addressing Medicare coverage of Wrong Surgical or Other Invasive Procedures Performed on a Patient, Surgical or Other Invasive Procedures Performed on the Wrong Body Part, and

Surgical or Other Invasive Procedures Performed on the Wrong Patient. Information regarding these NCDs can be found in Publication (Pub.) 100-03, chapter 1, sections 140.6, 140.7, and 140.8, respectively.

The CMS previously issued CR 6405 to provide instruction to hospitals on how to bill erroneous surgeries. It explained that, for inpatient claims, hospitals are required to submit a no-pay claim (TOB 110) when the erroneous surgery related to the NCD is reported. However, if there are also covered services/procedures provided during the same stay as the erroneous surgery, hospitals are then required to submit two claims, one claim with covered services or procedures unrelated to the erroneous surgery, the other claim with the non-covered services/procedures as a no-pay claim.

Change Request 6405, additionally, instructed hospitals to report surgical error indicators in the Remarks field of the non-covered TOB 110. However, effective for discharges *on or after October 1, 2009, hospitals are not to report the surgical error indicator as was previously instructed. Instead, the non-covered TOB 110 must have one of the following ICD-9- CM diagnosis code reported in diagnosis position 2-9,*

- *E876.5 - Performance of wrong operation (procedure) on correct patient (existing code)*
 - *E876.6 - Performance of operation (procedure) on patient not scheduled for surgery*
 - *E876.7- Performance of correct operation (procedure) on wrong side/body part*
- Note: The above codes shall not be reported in the External Cause of Injury (E-code) field.*

Additional Information

For a one-stop resource web page focused on the informational needs and interests of Medicare Fee-for-Service (FFS) hospitals, go to the Hospital Center at <http://www.cms.gov/Center/Provider-Type/Hospital-Center.html> on the CMS website. The Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Regulations and Notices are available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/index.html> on the CMS website, and the Inpatient Psychiatric Facilities (IPF) Prospective Payment System (PPS) Regulations and Notices are available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/index.html> on the CMS website.

The official instruction, CR 6634, issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1816CP.pdf> on the CMS website.

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.

Attachment A of CR 6634: Rural Floor Budget Neutrality Factors for Acute Care Hospitals – FY 2010

The rural floor budget neutrality adjustment factor in this table reflects a blend of the State factor (weighted at 50 percent) and the nationwide factor (50 percent).

State	Rural Floor Budget Neutrality Adjustment Factor
Alabama	0.99835
Alaska	0.99835
Arizona	0.99835
Arkansas	0.99835
California	0.99415
Colorado	0.99413
Connecticut	0.97887

State	Rural Floor Budget Neutrality Adjustment Factor
Delaware	0.99835
Washington, D.C.	0.99835
Florida	0.99755
Georgia	0.99835
Hawaii	0.99835
Idaho	0.99835
Illinois	0.99835
Indiana	0.99813
Iowa	0.99767
Kansas	0.99829
Kentucky	0.99835
Louisiana	0.99835
Maine	0.99835
Maryland *	-----
Massachusetts	0.99835
Michigan	0.99835
Minnesota	0.99835
Mississippi	0.99835
Missouri	0.99835
Montana	0.99835
Nebraska	0.99835
Nevada	0.99835
New Hampshire	0.99698
New Jersey **	0.98437
New Mexico	0.99576
New York	0.99836
North Carolina	0.99833
North Dakota	0.99668
Ohio	0.99783
Oklahoma	0.99835
Oregon	0.99705
Pennsylvania	0.99812
Puerto Rico	0.99835
Rhode Island	0.99835
South Carolina	0.99778
South Dakota	0.99835
Tennessee	0.99691
Texas	0.99835
Utah	0.99835
Vermont	0.99835
Virginia	0.99835
Washington	0.99792
West Virginia	0.99714
Wisconsin	0.99816
Wyoming	0.99835

* Maryland hospitals, under section 1814(b)(3) of the Act, are waived from the IPPS rate setting. Therefore, the rural floor budget neutrality adjustment does not apply. ** The rural floor budget neutrality factor for New Jersey is based on an imputed floor (see TABLE 4B).

Attachment B: Section 505 Adjustment: Provider Numbers and Corresponding Special Wage Indexes

010008	0.7563
010015	0.7435
010021	0.7441
010027	0.7415
010032	0.7714
010038	0.7650
010040	0.8411
010045	0.7611
010046	0.8411
010047	0.7516
010049	0.7415
010078	0.7650
010091	0.7435
010109	0.7794
010110	0.7604
010125	0.7865
010128	0.7435
010129	0.7523
010138	0.7455
010146	0.7650
010150	0.7516
030067	0.9099
040047	0.7676
040067	0.7566
040081	0.7916
040149	0.7758
050007	1.5600
050070	1.5600
050090	1.5541
050113	1.5600

050118	1.2377
050122	1.2377
050136	1.5541
050167	1.2377
050174	1.5541
050289	1.5600
050291	1.5541
050298	1.1756
050313	1.2377
050325	1.1778
050336	1.2377
050366	1.1760
050385	1.5541
050444	1.2086
050547	1.5541
050690	1.5541
050748	1.2377
050754	1.5600
080001	1.0786
080003	1.0786
090001	1.0733
090003	1.0733
090005	1.0733
090006	1.0733
090008	1.0733
100290	0.8932
110100	0.8609
110101	0.7886
110142	0.8004
110190	0.8060

110205	0.8326
130024	0.8318
130066	0.9380
140001	0.8691
140026	0.8637
140116	1.0399
140176	1.0399
140234	0.8637
150022	0.8671
150072	0.8618
160013	0.8743
160030	0.9546
160032	0.8799
170150	0.8349
180064	0.8275
180070	0.8201
180079	0.8220
190034	0.8013
190044	0.8085
190050	0.7868
190053	0.7925
190054	0.7909
190078	0.8011
190099	0.8013
190116	0.7909
190133	0.7926
190140	0.7859
190145	0.7914
190246	0.7899
200032	0.8922

230005	0.9270
230015	0.9092
230041	0.9498
230047	0.9879
230075	1.0121
230093	0.8855
230099	1.0193
230204	0.9879
230217	1.0121
230227	0.9879
230257	0.9879
230264	0.9879
230301	0.9883
240018	1.0071
240044	0.9891
240117	0.9793
240211	1.0078
250128	0.8163
250162	0.8737
260059	0.8241
260097	0.8464
260160	0.8308
260163	0.8251
320011	0.9301
320018	0.8988
320085	0.8988
320088	0.8988
330010	0.8541
330033	0.8697
330047	0.8541
330103	0.8605
330106	1.2841
330132	0.8605

330135	1.1908
330144	0.8530
330151	0.8530
330175	0.8734
330205	1.1908
330264	1.1908
330276	0.8510
340020	0.8749
340024	0.8770
340037	0.8755
340038	0.8846
340068	0.8680
340070	0.9042
340104	0.8755
340133	0.8853
340151	0.8645
360002	0.8656
360040	0.8902
360044	0.8642
360070	0.8666
360071	0.8550
360084	0.8666
360096	0.8586
360107	0.8634
360131	0.8666
360151	0.8666
360156	0.8634
360161	0.8673
370023	0.7897
370065	0.7903
370072	0.8065
370083	0.7858
370100	0.7907

370156	0.7928
370169	0.7970
370172	1.4682
370214	0.7928
390008	0.8423
390039	0.8400
390052	0.8410
390056	0.8399
390112	0.8400
390117	0.8365
390122	0.8416
390125	0.8385
390146	0.8385
390150	0.8394
390173	0.8400
390201	0.9533
390236	0.8366
390316	0.9403
420002	0.9316
420019	0.8547
420043	0.8546
420053	0.8424
420054	0.8391
420082	0.9442
430008	0.8895
430048	0.8489
430094	0.8489
440007	0.8109
440008	0.8339
440012	0.8120
440016	0.8034
440017	0.8120
440031	0.7909

440033	0.7917
440047	0.8228
440050	0.7899
440051	0.7972
440057	0.7911
440060	0.8228
440063	0.7923
440070	0.7999
440081	0.7942
440084	0.7915
440105	0.7923
440109	0.7960
440115	0.8228
440137	0.8628
440176	0.8120
440180	0.7917
440181	0.8255
440182	0.8034
440184	0.7923
450052	0.7944
450059	0.8988
450090	0.8594
450163	0.7998
450192	0.8215
450194	0.8157
450210	0.8095
450236	0.8333
450270	0.8215
450395	0.8385
450451	0.8480
450460	0.7997
450497	0.8319
450539	0.8011

450573	0.8070
450615	0.7977
450641	0.8319
450698	0.8071
450755	0.8220
450813	0.8070
450838	0.8070
450884	0.8288
450888	0.9458
460001	0.9444
460013	0.9444
460017	0.8825
460023	0.9444
460043	0.9444
460052	0.9444
490002	0.8104
490038	0.8104
490084	0.8288
490105	0.8104
490110	0.8534
500019	1.0250
510012	0.7594
520035	0.9334
520044	0.9334
520045	0.9248
520048	0.9248
520057	0.9419
520198	0.9248

Attachment C: Hospital Quality Initiative

State	HSP ID	Hospital Name
AL	010015	SOUTHWEST ALABAMA MEDICAL CENTER
AL	010052	LAKE MARTIN COMMUNITY HOSPITAL
AZ	030074	SELLS INDIAN HEALTH SERVICE HOSPITAL
AZ	030113	WHITERIVER PHS INDIAN HOSPITAL
CA	050091	COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK
CA	050110	LOMPOC VALLEY MEDICAL CENTER
CA	050193	SOUTH COAST MEDICAL CENTER
CA	050205	EAST VALLEY HOSPITAL MEDICAL CENTER
CA	050301	UKIAH VALLEY MEDICAL CENTER/HOSPITAL D
CA	050325	TUOLUMNE GENERAL MEDICAL FACILITY
CA	050342	PIONEERS MEMORIAL HEALTHCARE DISTRICT
CA	050378	PACIFICA HOSPITAL OF THE VALLEY
CA	050385	PALM DRIVE HOSPITAL
CA	050423	PALO VERDE HOSPITAL
CA	050433	INDIAN VALLEY HOSPITAL
CA	050545	LANTERMAN DEVELOPMENTAL CENTER
CA	050546	PORTERVILLE DEVELOPMENTAL CENTER
CA	050548	FAIRVIEW DEVELOPMENTAL CENTER
CA	050662	AGNEWS STATE HOSPITAL
CA	050667	N M HOLDERMAN MEMORIAL HOSPITAL
CA	050682	KINGSBURG MEDICAL CENTER

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State	HSP ID	Hospital Name
CA	050698	SAN DIEGO HOSPICE & THE INSTITUTE FOR PALLIATIVE MEDICINE
CA	050740	MARINA DEL REY HOSPITAL
CA	050751	MIRACLE MILE MEDICAL CENTER
CA	050760	KAISER FOUNDATION HOSPITAL – ANTIOCH
CO	060049	YAMPA VALLEY MEDICAL CENTER
CT	070038	CONNECTICUT HOSPICE INC.
FL	100105	INDIAN RIVER MEMORIAL HOSPITAL INC
FL	100134	ED FRASER MEMORIAL HOSPITAL
FL	100139	NATURE COAST REGIONAL HOSPITAL
FL	100298	FLORIDA STATE HOSPITAL UNIT 31 MED
HI	120004	WAHIAWA GENERAL HOSPITAL
ID	130062	IDAHO FALLS RECOVERY CENTER
IL	140033	VISTA MEDICAL CENTER WEST
IL	140082	VHS ACQUISTION DBA LOUIS A WEISS MEMORIAL HOSPITAL
IL	140151	SACRED HEART HOSPITAL
IL	140205	SWEDISH AMERICAN MEDICAL CENTER BELVIDERE
IN	150166	PINNACLE HOSPITAL
KS	170180	MEADOWBROOK REHABILITATION HOSPITAL
LA	190037	SOUTH CAMERON MEMORIAL HOSPITAL
LA	190118	DESOTO REGIONAL HEALTH SYSTEM
LA	190161	W O MOSS REGIONAL MEDICAL CENTER
LA	190208	EAST CARROLL PARISH HOSPITAL

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State	HSP ID	Hospital Name
LA	190245	MONROE SURGICAL HOSPITAL
LA	190258	BOSSIER SPECIALTY HOSPITAL
LA	190297	DOCTORS HOSPITAL AT DEER CREEK LLC
MA	220153	SOLDIERS HOME OF HOLYOKE
MA	220154	CHELSEA SOLDIERS HOME
MA	220172	UNIVERSITY HEALTH SERVICES
MA	220177	NANTUCKET COTTAGE HOSPITAL
MI	230135	HENRY FORD COTTAGE HOSPITAL
MI	230144	FOREST HEALTH MEDICAL CENTER
MN	240196	PHILLIPS EYE INSTITUTE
MS	250018	JASPER GENERAL HOSPITAL
MS	250060	JEFFERSON COUNTY HOSPITAL
MS	250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL
MS	250127	CHOCTAW HEALTH CENTER
MS	250149	NEWTON REGIONAL HOSPITAL
MS	250151	ALLIANCE HEALTH CENTER
MS	250152	MISSISSIPPI METHODIST REHAB CTR
MO	260104	SSM DEPAUL HEALTH CENTER
NE	280119	P H S INDIAN HOSPITAL
NV	290002	SOUTH LYON MEDICAL CENTER
NV	290020	NYE REGIONAL MEDICAL CENTER
NV	290027	GROVER C DILS MEDICAL CENTER
NV	290042	HARMON MEDICAL AND REHABILITATION HOSPITAL
NM	320057	SANTA FE PHS INDIAN HOSPITAL
NY	330010	AMSTERDAM MEMORIAL HEALTH CARE SYSTEM
NY	330407	EDDY COHOES REHABILITATION CENTER

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State	HSP ID	Hospital Name
NY	330408	TRI-TOWN REGIONAL HEALTHCARE
NC	340104	CRAWLEY MEMORIAL HOSPITAL
NC	340138	CENTRAL REGIONAL HOSPITAL
NC	340168	WILMINGTON TREATMENT CENTER
OH	360046	MCCULLOUGH-HYDE MEMORIAL HOSPITAL
OH	360241	EDWIN SHAW REHAB, LLC
OH	360247	WOODS AT PARKSIDE, THE
OH	360258	BARIX CLINICS OF OHIO, LLC
OH	360349	ADVANCED SPECIALTY HOSPITAL OF TOLEDO
OK	370011	PARKVIEW HOSPITAL
OK	370214	LINDSAY MUNICIPAL HOSPITAL
OK	370220	ORTHOPEDIC HOSPITAL
PA	390104	KANE COMMUNITY HOSPITAL
PA	390302	BARIX CLINICS OF PENNSYLVANIA
SD	430060	HOLY INFANT HOSPITAL
SD	430081	PINE RIDGE IHS HOSPITAL
SD	430083	PHS INDIAN HOSPITAL AT EAGLE BUTTE
SD	430084	ROSEBUD IHS HOSPITAL
SD	430093	SAME DAY SURGERY CENTER LLC
SD	430096	LEWIS AND CLARK SPECIALTY HOSPITAL
TN	440007	UNITED REGIONAL MEDICAL CENTER
TN	440026	ROLLING HILLS NASHVILLE REHAB HOSPITAL
TN	440147	BAPTIST REHABILITATION GERMANTOWN
TN	440162	HEALTHSOUTH CHATTANOOGA REHAB HOSPITAL

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State	HSP ID	Hospital Name
TN	440181	BOLIVAR GENERAL HOSPITAL
TN	440218	THE CENTER FOR SPINAL SURGERY
TX	450044	U.T. SOUTHWESTERN UNIVERSITY HOSPITAL - ST. PAUL
TX	450253	BELLVILLE GENERAL HOSPITAL
TX	450283	COZBY-GERMANY HOSPITAL
TX	450446	RIVERSIDE GENERAL HOSPITAL
TX	450460	TYLER COUNTY HOSPITAL
TX	450683	RENAISSANCE HOSPITAL TERRELL
TX	450749	EAST TEXAS MEDICAL CENTER TRINITY
TX	450766	U.T. SOUTHWESTERN UNIVERSITY HOSPITAL - ZALE LIPSHY
TX	450770	CENTRAL TEXAS HOSPITAL
TX	450796	NORTHWEST TEXAS SURGERY CENTER
TX	450813	COMMUNITY GENERAL HOSPITAL
TX	450831	SURGERY SPECIALTY HOSPITALS OF AMERICA
TX	450839	SHELBY REGIONAL MEDICAL CENTER
TX	450845	EL PASO SPECIALTY HOSPITAL
UT	460018	KANE COUNTY HOSPITAL
UT	460035	BEAVER VALLEY HOSPITAL
VA	490002	RUSSELL COUNTY MEDICAL CENTER
VA	490104	HIRAM W DAVIS MEDICAL CENTER
VA	490105	SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE
VA	490108	CENTRAL VIRGINIA TRAINING CENTER
VA	490129	CAPITAL HOSPICE - HALQUIST MEMORIAL INPATIENT CENTER
VA	490134	PIEDMONT GERIATRIC HOSPITAL

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State	HSP ID	Hospital Name
VA	490135	CATAWBA HOSPITAL
WY	530017	SOUTH LINCOLN MEDICAL CENTER
TX	670007	BEAUMONT BONE & JOINT INSTITUTE
TX	670008	HOUSTON PHYSICIANS' HOSPITAL
TX	670010	DENTON REHABILITATION HOSPITAL L.P.
TX	670021	INNOVA HOSPITAL SAN ANTONIO
TX	670027	ACUITY HOSPITAL OF HOUSTON
TX	670029	FIRST STREET HOSPITAL LP
TX	670040	ATRIUM MEDICAL CENTER
TX	670045	COOK CHILDRENS NORTHEAST HOSPITAL, L.L.C.
TX	670050	TRUSTPOINT HOSPITAL

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Attachment D: Wage Index Changes

Wage index values have changed for the following areas per the FY 2010 correction notice. NOTE: These wage index values DO NOT have the state specific blended rural floor budget neutrality factors applied. The state specific rural floor budget neutrality factors are published in Attachment A for this CR.

Record	CBSA	Area Reclass		CBSA Name
		WIX	WIX	
New	05	1.1901	1.1901	CALIFORNIA
Old	05	1.1814	1.1814	CALIFORNIA
New	10900	1.1521	0.9829	Allentown-Bethlehem-Easton, PA-NJ
Old	10900	1.1521	0.9654	Allentown-Bethlehem-Easton, PA-NJ
New	12540	1.1901	0	Bakersfield, CA
Old	12540	1.1814	0	Bakersfield, CA
New	15380	0.9825	0.9825	Buffalo-Niagara Falls, NY
Old	15380	0.9816	0.9816	Buffalo-Niagara Falls, NY
New	17020	1.1901	0	Chico, CA
Old	17020	1.1814	0	Chico, CA
New	19804	0.9793	0	Detroit-Livonia-Dearborn, MI
Old	19804	0.9804	0.9804	Detroit-Livonia-Dearborn, MI
New	20940	1.1901	0	El Centro, CA
Old	20940	1.1814	0	El Centro, CA
New	23420	1.1901	0	Fresno, CA
Old	23420	1.1814	0	Fresno, CA

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Record	CBSA	Area Reclass		CBSA Name
		WIX	WIX	
New	23844	0.9185	0.9185	Gary, IN
Old	23844	0.9213	0.9213	Gary, IN
New	25260	1.1901	0	Hanford-Corcoran, CA
Old	25260	1.1814	0	Hanford-Corcoran, CA
New	31084	1.196	1.1901	Los Angeles-Long Beach-Santa Ana, CA
Old	31084	1.196	1.1835	Los Angeles-Long Beach-Santa Ana, CA
New	31460	1.1901	0	Madera-Chowchilla, CA
Old	31460	1.1814	0	Madera-Chowchilla, CA
New	33700	1.241	1.2274	Modesto, CA
Old	33700	1.241	1.241	Modesto, CA
New	40140	1.1901	1.1165	Riverside-San Bernardino-Ontario, CA
Old	40140	1.1814	1.1165	Riverside-San Bernardino-Ontario, CA
New	41740	1.1901	0	San Diego-Carlsbad-San Marcos, CA
Old	41740	1.1814	0	San Diego-Carlsbad-San Marcos, CA
New	42044	1.1901	1.1901	Santa Ana-Anaheim-Irvine, CA
Old	42044	1.1814	1.1814	Santa Ana-Anaheim-Irvine, CA
New	47300	1.1901	0	Visalia-Porterville, CA
Old	47300	1.1814	0	Visalia-Porterville, CA

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Record	CBSA	Area		Reclass	CBSA Name
		WIX	WIX		
New	49700	1.1901	0		Yuba City, CA
Old	49700	1.1814	0		Yuba City, CA

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