Defining the Medicare Severity Diagnosis Related Groups (MS-DRGs), Version 37.0

Each of the Medicare Severity Diagnosis Related Groups is defined by a particular set of patient attributes which include principal diagnosis, specific secondary diagnoses, procedures, sex and discharge status. The purpose of this chapter is to specify the patient attributes which define each MS-DRG. This chapter is organized around the twenty-five Major Diagnostic Categories. For each Major Diagnostic Category the following material is provided:

1. A logic table depicting the MS-DRG structure for the Major Diagnostic Category.
2. A listing of all the ICD-10-CM diagnoses assigned to the Major Diagnostic Category.
3. A detailed description of patient attributes which define each MS-DRG in the Major Diagnostic Category.

The tree diagrams have been replaced with logic tables. Each logic table specifies in its columns specific conditions which determine the MS-DRG assigned. The rows specify individual MS-DRGs. Each cell in the logic table indicates whether a specific condition in the column is necessary for the MS-DRG in the row to be assigned. The combination of the cells which are required for a specific MS-DRG represent a complete description of the assignment logic for that MS-DRG.

In the sample logic table below, discharge status and the presence of either an MCC or CC will define the MS-DRG assignment. With a discharge status indicating that patient was discharged alive, the presence of an MCC would assign to MS-DRG 280, a CC would assign to MS-DRG 281, while having neither would assign to MS-DRG 282. If the discharge status indicates the patient died, an MCC would assign to MS-DRG 283, a CC would assign to MS-DRG 284, while having neither an MCC or CC would assign to MS-DRG 285.

<table>
<thead>
<tr>
<th>Acute Myocardial Infarction</th>
<th>MCC</th>
<th>CC</th>
<th>DRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged Alive</td>
<td>Yes</td>
<td>Yes</td>
<td>280</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>[blank]</td>
<td>281</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>282</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>[blank]</td>
<td>283</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>284</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>285</td>
</tr>
</tbody>
</table>
The description of the patient attributes which define each MS-DRG begins with a one line
description of the MS-DRG. This description includes the MS-DRG number and a brief description
of the MS-DRG. Following the MS-DRG description is a series of headings which indicate the
patient characteristics used to define the MS-DRG. These headings indicate how the patient’s
diagnoses and procedures are used in determining MS-DRG assignment. Following each heading
is a complete list of all the ICD-10-CM diagnosis or procedure codes included in the MS-DRG. The
MS-DRGs listed in the logic tables are in hierarchical order. The following headings appear in the
MS-DRG definitions:

- **Principal diagnoses.** Indicates that a specific set of principal diagnoses are used in the
definition of the MS-DRG.

- **Operating room procedures.** Indicates that a specific set of procedures are used in the
definition of the MS-DRG. The list of procedures contains only procedures which are
expected to require the operating room (see Appendix E).

- **Non-operating room procedures.** Indicates that a specific set of procedures are used in the
definition of the MS-DRG. The set of procedures contains only procedures which are not
expected to require the operating room (i.e., procedures listed in Appendix E with an
asterisk). For example, cardiac catheterization is used to define MS-DRGs 233-234.

- **Any operating room procedure.** Indicates that the presence of any procedure which is
expected to require the operating room (see Appendix E) is used in the definition of the
MS-DRG. For example, patients with systemic infectious diseases are assigned to MS-DRG
853 if any operating room procedure is performed.

- **Any combination of two or more operating room procedures.** Indicates that in order to be
assigned to the specified MS-DRG, two or more procedures from the list must appear on the
patient’s record. For example, in order to be assigned to MS-DRGs 461-462, a patient must
have had two or more major joint procedures.

- **Any of the following combinations.** Indicates that both procedures in the specified
combinations of procedures must appear on the patient’s record in order to be assigned to
the specified MS-DRG. For example, in order to be assigned to MS-DRGs 242-244, a patient
must have had both procedures in the combination (e.g., 0JH605Z and 02H40MZ).

- **Principal or secondary diagnoses.** Indicates that a specific set of diagnoses are used in the
definition of the MS-DRG. The diagnoses may be listed as principal or as any one of the
secondary diagnoses. A special case of this condition is MS-DRG 008 in which two diagnoses
(e.g., renal and diabetic) must both be present somewhere in the list of diagnoses in order to
be assigned to MS-DRG 008.

- **Secondary diagnoses.** Indicates that a specific set of secondary diagnoses are used in the
definition of the MS-DRG. For example, a secondary diagnosis of acute leukemia with
chemotherapy is used to define MS-DRG 839.

- **Only secondary diagnoses.** Indicates that in order to be assigned to the specified MS-DRG
no secondary diagnoses other than those in the specified list may appear on the patient’s
record. For example, in order to be assigned to MS-DRG 795, only secondary diagnoses from
the specified list may appear on the patient’s record.