

The (FY) 2004 Final Rule due from CMS August 1st, 2003

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The Centers for Medicare and Medicaid Services (CMS) is due to issue the Final Rule for the 2004 fiscal year on August 1st. Highlights of the proposed code changes and DRG rates for FY 2004 were first published in the May 19th, 2003 Federal Register. A few of these proposed changes are indicated below for review (for a more in-depth look at the hospital inpatient prospective payment system updates, reference CMS' web site, cms.hhs.gov/medlearn/icd9code.asp).

- Six new DRGs proposed due to review of the DRGs for CC split
- Reassessment of DRG 23 and principal diagnosis of 780.02 (Transient Alteration of Awareness) with 780.02 as a principal diagnosis to be moved to DRG 429
- Significant changes possible for MDC 5 – specifically within the DRGs for Other Vascular Procedures and Major Cardiovascular Procedures with and without CC
- Certain congenital anomaly codes within MDC 15 to be reassigned
- Two Cervical Fusion codes to be reassigned to different DRGs
- Two major revisions proposed within MDC 17 specific to DRG 492, Chemotherapy with Acute Leukemia as a Secondary Diagnosis
- Implantable Device codes V53.01, V53.02, and V53.09 to be moved from MDC 23 to MDC 1
- The Medicare Code Editor (MCE) will undergo an adjustment regarding the adult diagnosis-age greater than 14 edit in reference to gallbladder disease
- 113 new ICD-9-CM diagnosis codes proposed
- 10 new ICD-9-CM procedure codes proposed
- DRGs 468, 476 and 477 underwent their annual review