

PROVIDER BULLETIN
#11-2016

TO: Participating hospitals
FROM: Provider Network Services
DATE: May 27, 2016
SUBJECT: Mapping change for vaginal delivery claims

We are sending this bulletin to notify you of an upcoming mapping change related to vaginal delivery claims.

Note: This change applies only to facility providers that are on a DRG-based reimbursement method **and** using a DRG version of Version 32 or earlier.

Background

Inquiries have been received from facility providers using DRG Version 32 or earlier related to vaginal delivery claims with repair of perineum. In these cases, ICD-10 procedure code 0KQM0ZZ (Repair Perineum Muscle, Open Approach) is grouping to a Non-Delivery MS-DRG, which is in turn affecting the payment.

For DRG Version 33, claims with this procedure code group to a Vaginal Delivery MS-DRG (i.e., MS-DRGs 774, 775).

Mapping change for ICD-10 procedure code 0KQM0ZZ

With a targeted release date of May 29, 2016, the DRG Grouper will be updated so that these claims will correctly group to the appropriate Vaginal Delivery MS-DRG (MS-DRGs 774, 775) when submitted using DRG Version 32 or earlier. This change to the mapper for ICD-10-PCS code 0KQM0ZZ will be effective for dates of service on or after October 1, 2015, the ICD-10 implementation date.

What this means to you

Any affected claims will be reprocessed and grouped to the appropriate Vaginal Delivery MS-DRG once the updated logic has been implemented. You should not resubmit these claims.

If you have any questions about this bulletin, please contact your Network Coordinator.

We encourage you to share this information with appropriate members of your staff.