



3MSM Health Care Academy

3M™ All Patient Refined Diagnosis Related Groups (APR DRG)
Classification System

Summary of Changes (Preview)

for ICD-10-CM/PCS

version 37.0

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Table of Contents

Preview of changes for the 3M™ All Patient Refined Diagnosis Related Groups (APR DRG) Classification System version 37.05

| | |
|--|----|
| APR DRG changes | 8 |
| New APR DRGs | 8 |
| Deleted APR DRGs..... | 8 |
| Revised APR DRG descriptions..... | 8 |
| Pre-MDC..... | 9 |
| MDC 1 Diseases and disorders of the nervous system | 9 |
| MDC 3 Ear, nose, mouth, throat and craniofacial diseases and disorders | 10 |
| MDC 4 Diseases and disorders of the respiratory system | 10 |
| MDC 5 Diseases and disorders of the circulatory system..... | 10 |
| MDC 6 Diseases and disorders of the digestive system..... | 11 |
| MDC 8 Diseases and disorders of the musculoskeletal system and connective tissue | 11 |
| MDC 11 Diseases and disorders of the kidney and urinary tract..... | 12 |
| MDC 12 and 13 Diseases and disorders of the male or female reproductive system..... | 12 |
| MDC 14 Pregnancy, childbirth and the puerperium..... | 12 |
| MDC 15 Newborns and other neonates with conditions originating in the perinatal period..... | 13 |
| MDC 18 Infectious and parasitic diseases, systemic or unspecified sites..... | 13 |
| MDC 21 Poisonings, toxic effects, other injuries and other complications of treatment | 13 |
| MDC 22 Burns | 13 |
| MDC 23 Rehabilitation, aftercare, other factors influencing health status and other health service contacts | 14 |
| Severity of illness (SOI) logic changes..... | 15 |
| Risk of mortality (ROM) logic changes..... | 15 |

Preview of changes for the 3M™ All Patient Refined Diagnosis Related Groups (APR DRG) Classification System version 37.0

Effective with the v37.0 release, this document has been renamed to "Summary of Changes" instead of "Group Modifications." This is a title change only, and the purpose of the document remains the same. Older versions of this document will not be renamed.

This document is a preview of the grouping changes planned for 3M™ All Patient Refined Diagnosis Related Groups (APR DRGs) Classification System v37.0, effective October 1, 2019. Although we do not expect changes before v37.0 is released, information in this document is subject to change.

Each year, 3M revises the APR DRG grouping logic for two reasons:

1. To accommodate changes in code sets used by the hospital industry, most importantly the International Classification of Diseases, Version 10, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, Version 10, Procedure Coding System (ICD-10-PCS). The U.S. Department of Health and Human Services updates the ICD-10-CM and ICD-10-PCS code sets effective October 1 of each year.
2. 3M continually performs research to enhance the clinical precision of the APR DRG logic, that is, how each inpatient is assigned to a single base APR DRG, severity of illness (SOI), and risk of mortality (ROM) based on diagnoses, major procedures, and other clinical data.

As shown in table 1, there is a net increase of 252 ICD-10-CM diagnosis codes, or 0.4%, effective October 1, 2019. Table 2, on the other hand, shows a net decrease of 1,352 ICD-10-PCS procedure codes, or 1.7%.

Table 1. Comparison of ICD-10-CM diagnosis codes

| | Effective 10/01/2018 | Effective 10/01/2019 |
|-----------------------------------|-----------------------------|-----------------------------|
| Total ICD-10-CM diagnosis codes | 71,932 | 72,184 |
| Number of new diagnosis codes | 279 | 273 |
| Number of deleted diagnosis codes | 51 | 21 |
| Number of revised diagnosis codes | 143 | 30 |

Table 2. Comparison of ICD-10-PCS procedure codes

| | Effective 10/01/2018 | Effective 10/01/2019 |
|---|----------------------|--|
| Total ICD-10-PCS procedure codes | 78,881 | 77,559 |
| Number of new procedure codes | 392 | 734 |
| Number of deleted procedure codes | 216 | 2,056 |
| Number of revised procedure code titles | 8 | 128 revisions to short title only 2 revisions to both long and short titles |

Table 3. Comparison of APR DRG v36.0 and v37.0

| | v36.0 effective 10/01/2018 | v37.0 effective 10/01/2019 |
|--|----------------------------|----------------------------|
| Number of base APR DRGs | 326 | 330 |
| New base APR DRGs | 0 | 10 |
| Deleted base APR DRGs | 0 | 6 |
| Revised base APR DRG titles | 0 | 15 |
| Severity of illness levels per base APR DRG | 4 | 4 |
| Risk of mortality levels per base APR DRG | 4 | 4 |
| Error APR DRGs | 2 | 2 |
| Total APR DRGs | 1,306 | 1,322 |
| Total Major Diagnostic Categories (MDCs) | 25 | 25 |
| Number of procedures changing status from OR to non-OR | 0 | 3 |
| Number of procedures changing status from non-OR to OR | 0 | 8 |

In updating the clinical logic, changes have been made to improve the precision of the grouping logic; taking into account customer recommendations, the shift in coding to ICD-10-CM and ICD-10-PCS, and changes in practice, such as many procedures being performed percutaneously versus an open approach.

Almost all APR DRGs can be aggregated into 25 Major Diagnostic Categories (MDCs), such as Diseases and Disorders of the Respiratory System. As well, nine base APR DRGs are considered "pre-MDC" while three base APR DRGs (APR DRGs 950-952 Procedures unrelated to principal diagnosis) and two error APR DRGs are not assigned to an MDC.

As summarized in table 3, highlights of the changes in the clinical logic are listed below in the following bullets. More detailed information about changes in base APR DRGs, severity of illness (SOI) and risk of mortality (ROM) is provided later in this document.

- Ten new base APR DRGs and six deleted APR DRGs, which brings the base APR DRG count to 330. Each base APR DRG has four levels of severity of illness and four levels of risk of mortality. The total count of APR DRGs is 1,322, including two error APR DRGs.
- In MDC 1 Diseases and Disorders of the Nervous System, three new APR DRGs were created and several others were revised. These changes reflect changes in clinical practice, especially for intracranial and extracranial procedures.
- In MDC 5 Diseases and Disorders of the Circulatory System, three new APR DRGs were created and several others were revised. These changes reflect changes in clinical practice, especially for percutaneous procedures, heart assist systems, and defibrillator and pacemaker implants.
- MDC 14 Pregnancy, Childbirth and the Puerperium has been restructured to provide more precision for antepartum, delivery, and postpartum cases. Four new APR DRGs have been created and five deleted.
- Three procedures changed status from operating room (OR) to non-OR. Eight procedures changed status from non-OR to OR.
- There were 321 diagnosis code severity of illness values that were revised in Step 2 of the 18-step process of assigning severity of illness.
- Service line definitions between the APR DRG classification for inpatient care and the 3M™ Enhanced Ambulatory Patient Group (EAPG) classification methodology for outpatient care have been aligned more closely.

The APR DRG v37.0 release will be accompanied by updates to the following documents: APR DRG Methodology Overview, APR DRG Definitions Manual, APR DRG Summary of Changes (formerly called Grouper Modifications), and APR DRG Weights and Trims with Code Descriptions spreadsheet.

Additional information on v37.0 modifications is provided in the following sections.

APR DRG changes

New APR DRGs

There are 10 new APR DRGs.

| APR DRG | Description |
|---------|---|
| 027 | Other open craniotomy |
| 029 | Percutaneous intracranial procedures |
| 030 | Percutaneous intra- and extracranial vascular procedures |
| 178 | Other heart assist systems |
| 179 | Defibrillator implants |
| 183 | Percutaneous structural cardiac procedures |
| 539 | Cesarean section with sterilization |
| 543 | Abortion with D&C, aspiration curettage or hysterotomy |
| 547 | Antepartum with O.R. procedure |
| 548 | Postpartum and post abortion diagnosis without O.R. procedure |

Deleted APR DRGs

There six deleted APR DRGs.

| APR DRG | Description |
|---------|--|
| 010 | Head trauma with deep coma |
| 544 | D&C, aspiration curettage or hysterotomy for obstetric diagnoses |
| 545 | Ectopic pregnancy procedures |
| 546 | Other O.R. procedure for obstetric diagnoses except delivery diagnoses |
| 563 | Preterm labor |
| 565 | False labor |

Revised APR DRG descriptions

There are 15 APR DRGs with revised descriptions.

| APR DRG | Description |
|---------|---|
| 008 | Autologous bone marrow transplant or T-cell immunotherapy |
| 020 | Open craniotomy for trauma |
| 021 | Open craniotomy except trauma |
| 024 | Open extracranial vascular procedures |
| 161 | Implantable heart assist systems |
| 174 | Percutaneous cardiac intervention with AMI |
| 175 | Percutaneous cardiac intervention without AMI |
| 176 | Insertion, revision and replacements of pacemaker and other cardiac devices |
| 444 | Renal dialysis access device procedures and vessel repair |

| | |
|-----|--|
| 540 | Cesarean section without sterilization |
| 542 | Vaginal delivery with O.R. procedure except sterilization and/or D&C |
| 566 | Antepartum without O.R. procedure |
| 722 | Fever and inflammatory conditions |
| 817 | Intentional self-harm and attempted suicide |
| 843 | Extensive 3rd degree burns without skin graft |

Pre-MDC

APR DRG 10 Head trauma with deep coma

Upon clinical review, it was determined for this APR DRG that the patient characteristics and resource consumption were not homogenous. Further, due to the low volume of cases it was determined to eliminate this APR DRG. The majority of cases were reassigned to APR DRG 055 Head trauma with coma > 1hr or hemorrhage, APR DRG 004 Tracheostomy w MV 96+ hours w extensive procedure, or APR DRG 020 Open craniotomy for trauma.

CAR T-cell Immunotherapy Therapy

In v36.0, codes for chimeric antigen receptor (CAR) T-cell immunotherapy were designated as non-OR procedures not affecting any APR DRG assignment. A review of clinical research noted similarities between CAR-T cell therapy and autologous bone marrow transplant in harvesting and infusion of patient cells in the treatment of cancerous cells. In v37.0, CAR T-cell immunotherapy codes are still designated as non-OR affecting assignment into APR DRG 008. The APR DRG 008 description has been updated to reflect this change (Autologous bone marrow transplant or T-cell immunotherapy).

MDC 1 Diseases and disorders of the nervous system

Intracranial and extracranial procedures

To improve clinical precision, the intracranial and extracranial logic has been revised. The content of APR DRG 020 Craniotomy for trauma, APR DRG 021 Craniotomy except for trauma, and APR DRG 024 Extracranial vascular procedures has been revised to better reflect the open and percutaneous endoscopic approaches. The diagnosis trauma list for APR DRG 020 was also revised. There are also three new APR DRGs added to the intracranial and extracranial logic:

- APR DRG 027 Other open craniotomy
- APR DRG 029 Percutaneous intracranial procedures
- APR DRG 030 Percutaneous intra- & extracranial vascular procedures

MDC 3 Ear, nose, mouth, throat and craniofacial diseases and disorders

Cleft lip and palate repair

To improve clinical precision, 42 procedure codes with a root operation of supplement, reposition or transfer of lip of the hard/soft palate, face subcutaneous tissue and fascia, facial muscle, tongue/palate/pharynx muscle, and palatine bone, have been added to APR DRG 095 Cleft lip and palate repair.

Other ear, nose, mouth and throat procedures

Two of the supplement procedures that were non-OR have been changed to OR and added to APR DRG 098 Other ear, nose, mouth and throat procedures.

MDC 4 Diseases and disorders of the respiratory system

Revision of Corrective Chest Procedures for Pectus Excavatum

In v36.0, APR DRG 951 was assigned when a claim included a sternum reposition procedure and a diagnosis of pectus excavatum. In v37.0, there is new logic that will group a case to APR DRG 121 when the claim includes a sternum reposition procedure and diagnoses that describe pectus excavatum.

Revision of Corrective Chest Procedures for Flail Chest

In v36.0, APR DRG 951 was assigned when a claim included a rib reposition procedure and a diagnosis of flail chest. In v37.0, there is new logic that will group a case to APR DRG 121 when the claim includes a rib reposition procedure and diagnoses that describe initial encounters for flail chest.

MDC 5 Diseases and disorders of the circulatory system

APR DRG 161 Implantable heart assist systems

APR DRG 178 External heart assist systems

APR DRG 179 Defibrillator implants

To improve specificity, APR DRG 161 Cardiac defibrillator and heart assist implant, has been split into three APR DRGs based on the type of procedure performed. APR DRG 161 was redefined and renamed Implantable heart assist systems. Two additional APR DRGs have been created: APR DRG 178 External heart assist systems and APR DRG 179 Defibrillator implants.

APR DRG 176 Cardiac Pacemaker and Defibrillator Device Replacement

In v37.0, the description of APR DRG 176 has been revised to “Insertion, revision and replacements of pacemaker & other cardiac devices.” This revision more accurately describes the other procedure types that can be reported by codes within that APR DRG.

APR DRG Structural Changes to Cardiac Valves

A comprehensive review of percutaneous approach codes in APR DRGs 162, 163, 167, 174, and 175 was performed and resulted in several changes for v37.0. A new APR DRG 183 Percutaneous structural cardiac procedures was created to describe structural changes to cardiac valves. If reported with certain acute myocardial infarction or complex principal diagnosis codes, a bump up occurs in Step 10 of the severity of illness logic.

In v36.0, certain codes for coronary procedures, procedures involving the thoracic aorta and sternal internal fixation devices, and excision and destruction of veins and arteries were assigned to APR DRG 167. In v37.0, the codes have been assigned to more clinically appropriate APR DRGs 174/175, 180, and 182, respectively. Intracardiac pacemaker codes are now assigned only to APR DRGs 170/171.

MDC 6 Diseases and disorders of the digestive system

APR DRG 228 Inguinal, femoral and umbilical hernia procedures

In v36.0, a procedure of repair of the abdominal wall endoscopic approach with an umbilical hernia diagnosis grouped to APR DRG 228 Inguinal, femoral, and umbilical hernia while an open or percutaneous approach would group to APR DRG 227 Hernia procedures except inguinal, femoral, and umbilical. In v37.0, open and percutaneous approaches will group to APR DRG 228 Inguinal, femoral, and umbilical hernia procedures if coded with one of the umbilical diagnoses.

APR DRG 240 Digestive malignancy

In v36.0, diagnosis codes for gastrointestinal stromal tumor and malignant neoplasm of connective and soft tissue of abdomen grouped to APR DRG 343 Musculoskeletal malignancy & pathological fracture due to musculoskeletal malignancy. Since gastrointestinal tract stromal tumor is a type of tumor that is most commonly in the stomach or small intestine, the diagnoses have been moved in v37.0 to APR DRG 240 Digestive malignancy. Surgical patients with these diagnoses will now be assigned to a surgical APR DRG in MDC 6.

MDC 8 Diseases and disorders of the musculoskeletal system and connective tissue

APR DRG 351 Other musculoskeletal system and connective tissue diagnoses

Encounter following explantation of hip or knee prosthesis codes have been moved from APR DRG 862 Other aftercare and convalescence to APR DRG 351 Other musculoskeletal system and connective tissue diagnoses to include the two encounter diagnosis codes for articulating spacers. Surgical patients with these diagnoses will now be assigned to a surgical APR DRG in MDC 8.

MDC 11 Diseases and disorders of the kidney and urinary tract

APR DRG 444 Renal dialysis access device procedures & vessel repair

In v37.0, APR DRG 444 Renal dialysis access device and vessel repair has been revised and retitled to Renal dialysis access device procedures & vessel repair. Peritoneal dialysis procedures were added to APR DRG 444.

MDC 12 and 13 Diseases and disorders of the male or female reproductive system

Varicocele embolization

Two occlusion procedures have been added to the logic for APR DRG 484 Other male reproductive system & related procedures and APR DRG 518 Other female reproductive system & related procedures.

MDC 14 Pregnancy, childbirth and the puerperium

MDC 14 was restructured to provide more precision in assigning APR DRGs for antepartum, delivery, and postpartum cases.

- Cesarean section was divided into with and without a sterilization
- Antepartum was divided into with and without an OR procedure
- Vaginal delivery was divided into with and without an OR procedure or sterilization
- The criteria for a vaginal delivery were changed to require both a delivery procedure and a delivery outcome. If there is a delivery diagnosis on the record without a delivery outcome and a delivery procedure, then the case will group to APR DRG 955. Any principal diagnosis from MDC 14 can be assigned.
- Postpartum was divided into with and without an OR procedure
- Preterm labor and false labor diagnoses were added to antepartum
- Ectopic pregnancy procedures were added to the OR procedure

MDC 15 Newborns and other neonates with conditions originating in the perinatal period

APR DRG 589 Neonate birth weight < 500G, or birth weight 500-999G and gestational age <24 wks., or birth weight 500-749G with Major Anomaly or without Life Sustaining Intervention

The assignment of the APR DRG, severity of illness (SOI), and risk of mortality (ROM) was modified to require the inclusion of a gestational age code with a specific duration of completed weeks of gestation. If gestational age is missing or non-specific, the APR DRG methodology cannot make a fully accurate assignment to SOI level and ROM level. The case will group to APR DRG 956 Ungroupable with a grouper return code of 6.

MDC 18 Infectious and parasitic diseases, systemic or unspecified sites

APR DRG 722 Fever and inflammatory conditions

In v36.0, diagnoses for systemic inflammatory response syndrome (SIRS) of non-infectious origin were assigned to APR DRG 720 Septicemia and disseminated infections. In v37.0, the two SIRS diagnoses have been moved to APR DRG 722 and the APR DRG 722 description has been revised to Fever and inflammatory conditions.

MDC 21 Poisonings, toxic effects, other injuries and other complications of treatment

APR DRG 817 Intentional self-harm and attempted suicide

In v37.0, APR DRG 817 was redefined and its title revised, from Overdose in v36.0 to Intentional self-harm and attempted suicide in v37.0. There were 273 initial encounter codes for intentional self-harm that were moved from APR DRG 812 Poisoning of medicinal agents, APR DRG 815 Other injury, poisoning & toxic effect diagnoses, and APR DRG 816 Toxic effects of non-medicinal substances. These 273 codes were moved to APR DRG 817 Intentional self-harm and attempted suicide.

MDC 22 Burns

To improve clinical precision when burn treatment encounters are reported, several changes have been made in MDC 22 for v37.0.

- APR DRG 842 logic has been updated to include additional third degree burn and corrosion diagnosis codes for cases that are reported with skin graft procedures.

- APR DRG 843 description has been revised to “Extensive 3rd degree burns without skin graft” and the logic updated to include third degree burn and corrosion diagnosis codes.
- Third degree burn and corrosion diagnosis codes have been reassigned from APR DRG 844 logic to APR DRG 842, leaving only unspecified, first, and second degree burn codes.
- In addition, a Step 12 severity of illness (SOI) bump up has been added to APR DRGs 841, 842, 843, and 844 for continuous positive airway pressure (CPAP) codes that are reported for burn cases in need of ventilation assistance.

MDC 23 Rehabilitation, aftercare, other factors influencing health status and other health service contacts

APR DRG 863 Neonatal Aftercare

In v36.0, APR DRG 863 was assigned for patients identified as admitted for neonatal aftercare by any one of three criteria: (1) principal diagnosis of prematurity, (2) principal diagnosis of aftercare and secondary diagnosis of prematurity, or (3) principal diagnosis of aftercare and admission at age < 90 days. In v37.0, the definitions are changed in two ways. First, age < 1 year is added to the first two criteria. Second, the third criterion, principal diagnosis of aftercare and admission age < 90 days (but no secondary diagnosis of prematurity), was deleted.

Non-OR to OR

In v37.0, there are eight procedures that have changed status from non-OR to OR.

OR to Non-OR

In v37.0, there are three procedures that have changed status from OR to non-OR.

Pre-existing Condition Diagnoses

In v37.0, the pre-existing condition diagnoses list has been updated to remove 6,513 external causes of morbidity, five manifestations of disease, and three unspecified codes.

Chronic Substitution and Complications of Care

The chronic substitution and complication of care lists have been revised.

Severity of illness (SOI) logic changes

There are five changes to the 18-step logic for assigning the severity of illness level.

Step 2: Assign each secondary diagnosis to its standard severity of illness level

There were 321 diagnosis code severity of illness values that were revised in Step 2. Of these 321 codes, 35 percent had an increase in the default severity of illness value, while 65 percent had a decrease.

Step 3: Modify the standard severity of illness level of a secondary diagnosis based on age

Step 3 SOI criteria were removed from the adult age ranges. There were 69 diagnoses with various pediatric age ranges that were revised. There were also 648 diagnoses with various pediatric age ranges that were deleted.

Step 5: Modify the standard severity of illness level of a secondary diagnosis based on the APR DRG

There were 1,106 diagnosis codes that were removed, and one code was revised in Step 5 in order to be consistent with the Step 2 default value.

Step 9: Reduce the base severity of illness subclass of patients with a major or extreme subclass unless the patient has multiple secondary diagnoses at a high severity level

Step 9 was revised to align with Step 2 revisions.

Step 17: Establish a minimum severity of illness subclass for the patient based on the presence of specific combinations of categories of secondary diagnoses

Step 17 was revised to alignment with Step 2 in addition to clinical revisions.

Risk of mortality (ROM) logic changes

There are two changes to the 18-step logic for assigning the risk of mortality level.

Step 3: Modify the standard risk of mortality level of a secondary diagnosis based on age

Step 3 criteria were removed from the adult age ranges.

Step 5: Modify the risk of mortality of a secondary diagnosis based on the APR DRG

There were 103 diagnosis codes that were removed from Step 5.