**Beginning April 1, 2015, MPRO will review for the following:**

**Acute Blood Loss Anemia**

Acute blood loss anemia has a possibility of being reported inappropriately as a primary or secondary diagnosis code. MPRO will review documentation in the medical record to validate the presence of acute blood loss anemia across all diagnosis-related group (DRGs). In performing this review MPRO will assure that all of the principle and secondary diagnostic codes billed can be validated in the medical record. Additionally, MPRO will validate that the procedures performed were correctly billed. MPRO will also review for the medically necessity of the admission.

ICD-9 Diagnostic Code Description

285.1 Acute Blood Loss Anemia

**Excisional Debridement**

Reviewers will validate MS-DRGs with a procedure code of 86.22 and for diagnoses that affect the MS-DRG assignment. MPRO will review documentation in the medical record to determine the documentation supports coding for excisional debridement.

Procedure Code Description

86.22 Excisional Debridement

**Amputations**

Reviewers will validate the principal diagnosis, secondary diagnosis and procedures that affect or can potentially affect the MS-DRG assignment, for the MS-DRGs listed.

DRG Description

239 Amputation for Circulatory System Disorders, except upper limb & toe with MCC

240 Amputation for Circulatory System Disorders Except Upper Limb & Toe with CC

241 Amputation for Circulatory System Disorders Except Upper Limb & Toe w/o CC/MCC

474 Amputation for Musculoskeletal System and Connective Tissue Disorders with MCC

475 Amputation for Musculoskeletal System and Connective Tissue Disorders with CC

476 Amputation for Musculoskeletal System and Connective Tissue Disorders w/o CC/MCC

**Respiratory Infections and Inflammations**

MS-DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate MS-DRG 178 for principal and secondary diagnoses and procedures affecting or potentially affecting the MS-DRG assignment.

DRG Description

178 Respiratory infections and inflammations with cc

**Human Immunodeficiency Virus (HIV) Disease**

MS-DRG Validation requires diagnostic and procedural information and the discharge status of the Medicaid beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate claims where diagnosis code 042 Human Immunodeficiency Virus (HIV) Disease was billed as secondary. Per ICD-9 CM Official Guidelines for Coding and Reporting section 1.C.1.A.2.A if a patient is admitted for an HIV-related condition the principal diagnosis should be 042, followed by additional diagnosis codes for all reported HIV related conditions. In addition, section 1.C.1.A. 2.F. states patients with any known prior diagnosis of an HIV related illness should be coded to 042. Once a patient has developed an HIV- related illness the patient should always be assigned the code 042 on every subsequent admission/encounter. Principal diagnosis, secondary diagnoses, and procedures affecting or potentially affecting the claim will be reviewed for accuracy. At this time, medical necessity is excluded from review.

ICD-9 Diagnostic Code Description

042 Confirmed, known prior diagnosis of HIV