



## **Hospital Handbook Transmittal Letter (HHTL) No. 3352-21-07**

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**TO: All Hospital Providers  
Directors, County Departments of Job and Family Services**

**FROM: Maureen M. Corcoran, Director**

**SUBJECT: October 1, 2021 Updates for Inpatient and Outpatient Hospitals**

### **Summary**

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to the adoption of the 2022 International Classification of Diseases, Tenth Revision (ICD-10) diagnosis and procedure code sets and how the adoption of those updates impacts inpatient and outpatient services with dates of discharge and visits on or after October 1, 2021.

### **Inpatient Hospital Updates**

The department has implemented the new 2022 ICD-10 diagnosis and procedure codes for inpatient hospital reimbursement, effective October 1. Obsolete diagnosis and procedure codes have been deleted. Providers are expected to use diagnosis and procedure codes that were in effect on the date of discharge. While few new inpatient procedure codes will require prior authorization, the Department did not identify any procedure or diagnosis codes that will not be covered. The list of inpatient procedures that require prior authorization has been updated and is available on the Department's website.

Inpatient hospital claims with dates of discharge on or after October 1 will be processed under 3M's All Patients Refined (APR) Diagnosis Related Groups (DRG) Version 39. The implementation of version 39 will accommodate the changes within the ICD-10 diagnosis and procedure code sets. These updates are being incorporated into MITS to ensure proper payment of claims in accordance with OAC 5160-2-65. Lastly, the relative weights and average length-of-stay (ALOS) for all other DRGs remain unchanged. The full list of DRGs with their corresponding relative weights and ALOS is published on the ODM website here: <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/enrollment-and-support/provider-types/hospital-provider-information/hospital-payment-policy>.

### **Outpatient Hospital Updates**

The department has implemented new 2022 ICD-10 diagnosis codes for outpatient hospital reimbursement. Obsolete diagnosis codes have been deleted. Providers are expected to use diagnosis codes that are in effect on the date of service. The Enhanced Ambulatory Patient Groups (EAPG) relative

weights that were effective April 1, 2021, remain in effect. Additionally, the diagnosis code list was updated for outpatient hospital behavioral health (OPHBH) services.

**All Patient Refined Diagnosis Related Groups Update**

Inpatient hospital claims reimbursement is based on the 3M APR-DRG grouper. The grouper is updated annually to include changes to ICD-10 codes and clinical logic to reflect the current healthcare environment and common practices. Each year, 3M revises the APR-DRG grouping logic for two reasons: to accommodate changes in code sets used by the hospital industry; and to enhance the clinical precision of the APR-DRG logic.

Included in this year’s grouper updates are:

- Changes to the clinical and routing logic for DRG 161 implantable heart assist systems.
- Changes to the clinical and routing logic for DRG 440 kidney transplant.
- Revisions to the 18-step logic for severity of illness (SOI) assignment logic
- Revisions to the 18-step logic for risk of mortality (ROM) assignment logic.

APR-DRG version 39 contains five revised DRGs. APR-DRG version 39 does not contain new or deleted DRG’s. However, due to the logic changes noted above a claim in version 39 may group differently than it did in version 38. A summary of the APR-DRG version 39 grouper DRG description changes is detailed below. A full list of DRG descriptions is available on the Department’s website. These changes will be effective for claims with dates of discharge on or after October 1.

**There are 5 APR-DRG’s with a revised description:**

<b>DRG</b>	<b>Previous Description</b>	<b>Revised Description</b>
<b>182</b>	Other peripheral vascular procedures	Other peripheral vascular and related procedures
<b>226</b>	Anal procedures	Anal and perineal procedures
<b>310</b>	Intervertebral disc excision and decompression	Vertebral and intervertebral spinal procedures including disc procedures
<b>321</b>	Cervical spinal fusion and other back or neck procedures except disc excision or decompression	Spinal fusion and other back and neck procedures except for disc procedures
<b>444</b>	Renal dialysis access device procedures and vessel repair	Renal dialysis access device procedures

### **Access to Rules and Related Material**

Stakeholders who want to receive a notification when ODM files original or a final rules package may visit JCARR's RuleWatch at [www.rulewatchohio.gov](http://www.rulewatchohio.gov). An account must be created to be notified of rule actions, whether by rule number or state department.

Stakeholders can subscribe to receive notifications when a clearance or business impact analysis (BIA) is posted for public comment on the Ohio Business Gateway here:  
<https://governor.ohio.gov/wps/portal/gov/governor/priorities/common-sense-initiative/enotifications>.

The main web page of ODM includes links to valuable information about its services and programs. The address is <http://medicaid.ohio.gov/>.

### **Additional Information**

Questions pertaining to this letter should be addressed to:

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or

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