



## Hospital Handbook Transmittal Letter (HHTL) No. 3352-22-07

Published on September 30, 2022

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

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

**SUBJECT:** October 1, 2022, Updates for Inpatient and Outpatient Hospitals

### Summary

This Hospital Handbook Transmittal Letter (HHTL) provides information pertaining to the adoption of the 2023 International Classification of Diseases 10<sup>th</sup> 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, 2022.

### Inpatient Hospital Updates

The Department has implemented the new 2023 ICD-10 diagnosis and procedure codes for inpatient hospital reimbursement, effective October 1, 2022. 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, 2022, will be processed under 3M's All Patients Refined (APR) Diagnosis Related Groups (DRG) version 40. The implementation of version 40 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, a summary of the Grouper 40 changes is detailed below.

### Outpatient Hospital Updates

The Department has implemented new 2023 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 March 1, 2022, 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 update:

- Chimeric antigen receptor T-cell (CAR-T) procedures were moved from DRG 008 (Autologous bone marrow transplants) to new DRG 011 (Chimeric antigen receptor (CAR) T-cell and other immunotherapies).
- The logic for birthweight and gestational age conflicts was modified to exclude multiple birth babies.
- A new flag has been created for surgical mortality. The primary intent of mortality measurement is to provide hospitals the incentive and the information to improve mortality performance through quality improvement initiatives. To be effective for quality improvement, the measure of mortality should be limited to patients for whom a hospital is reasonably responsible for the patient outcome and thereby amenable to quality improvement efforts.

This measure included extensive exclusions for patients for whom a hospital was not considered reasonably responsible for the patient outcome, such as patients who left against medical advice, had a secondary diagnosis code of do not resuscitate (POA) or were in critical condition at the time of admission.

- There were 13 procedure codes moved from operating room (OR) to non-operating room (non-OR) status.
- There were 4 procedure codes moved from non-OR to OR status.

APR-DRG version 40 revised one DRG, added one new DRG, and did not delete any DRG's. A summary of the APR-DRG version 40 grouper DRG description change is detailed below. A full list of DRG descriptions and relative weights are available on the Department's website. These changes will be effective for claims with dates of discharge on or after October 1, 2022.

**There is 1 APR-DRG description change:**

<b><u>DRG</u></b>	<b><u>Previous Description</u></b>	<b><u>Revised Description</u></b>
<b>008</b>	Autologous bone marrow transplant or T-cell immunotherapy	Autologous bone marrow transplant

**There is 1 new APR-DRG:**

<b><u>DRG</u></b>	<b><u>Description</u></b>
<b>011</b>	Chimeric antigen receptor (CAR) T-cell and other immunotherapies

**Access to Rules and Related Material**

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

Stakeholders can subscribe to receive notification when a clearance or BIA is posted for public comment on the Ohio Business Gateway here: <http://business.ohio.gov/reform/enotify/subscription.aspx>

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

To access ODM Fee Schedule and Rates, go to [medicaid.ohio.gov](http://medicaid.ohio.gov) > Providers > Fee Schedule and Rates > Click "I Agree".

**Additional Information**

Questions pertaining to this letter should be addressed to:

[hospital\\_policy@medicaid.ohio.gov](mailto:hospital_policy@medicaid.ohio.gov)

or

Ohio Department of Medicaid  
Bureau of Health Plan Policy  
Hospital Services P.O. Box 182709  
Columbus, OH 43218-2709  
Telephone (800) 686-1516