

Nordic Casemix Centre - Case #122

Task # 11 (Closed): Delivery of minor update proposals for NordDRG 2015

Interventions on haemangioma and anaesthesia

2013-12-11 11:55 - Anonymous

Status:	Accepted	Start date:	2013-09-23
Priority:	Minor	Spent time:	0.00 hour
Assignee:	Martti Virtanen		
Category:			
Target version:	Expert Group 2014		
Initiator:	Finland	Target year:	2015
Case type:		Owner / responsible:	Nordic Casemix Centre
MDC:	MDC05	Old forum status:	
Target Groupers:	COMMON, DEN, EST, FIN, ICE, LAT, SWE		

Description

Initiated 2013-09-23 Nordic Casemix Centre

Problem

In relation to #101 [Case 2009-OR-01 Problems with DRG 530-541](#).

The rule ord=190D050001 for DRG 120O is impossible, because cases without any intervention or nonsignificant interventions are assigned to preceding short therapy groups.

The rule ord=190D050000 exists to allow different interventions for haemangiomas to be performed because hemangiomas occur at different locations. There is no reason to allow for minor interventions with anaesthesia to have a special grouping and therefore the added line with anesthesia is removed.

Comment 2013-10-17 Mats Fernström:

The announced change (deletion of the rule with ORD 190D050001) will also change the existing grouping logic that has been valid for several years and WE CAN NOT ACCEPT THAT WITHOUT A PROPER ANALYSIS.

According to the traditional grouping logic (rule with ORD 190D050000) it is possible to get DRG 120O (now E39O in the Swedish grouper) also with smaller procedures (without OR 1) if they are combined with greater anesthesia. To keep that possibility we must have the rule with ORD 190D050001 since the OR property will be withdrawn from the anesthesia codes. It is possible that the rule is unnecessary but we have to analyze how many cases per year that are affected by a deletion of the rule and we must also see what DRGs the cases will go to instead of DRG 120O/E39O. Are the DRG results worse or better in a cost perspective?

We have no time for such an analysis now.

Comment 2013-10-19 Martti Virtanen:

What I noticed is that instead of making it possible to allow any significant intervention (OR=1) we with new rule allow anesthesia without any other intervention together with haemangioma to be assigned to DRG E39O (120O) or E39C (120). I thought this would not be wanted and therefore proposed that the new rule with 00X10 in both these cases would be omitted.

It is true that as long as anaesthesia interventions had OR=1 such cases were assigned to these DRG's. As you say, it also means that cases with other interventions without OR=1 together with anaesthesia will be assigned to these DRG's.

This is a tricky case, that seems to live from year to year. But I support your proposal, we keep the rules and discuss this next year again.

History

#1 - 2013-12-11 12:43 - Anonymous

<http://bravo-18.srv.hosting.fi:3000/issues/101>

#2 - 2013-12-17 13:54 - Anonymous

- Description updated

#3 - 2014-01-16 15:49 - Anonymous

- Status changed from Active to Further active

#4 - 2014-02-04 14:59 - Martti Virtanen

- Status changed from Further active to Active
- Case type changed from Minor to Further active
- Initiator Finland added

#5 - 2014-02-05 14:15 - Anonymous

- Description updated
- Assignee set to Martti Virtanen
- Priority changed from Normal to 23
- Start date changed from 2013-12-11 to 2013-09-23

#6 - 2014-02-05 14:17 - Anonymous

- Description updated

#7 - 2014-03-11 12:19 - Anonymous

- Case type deleted (Further active)

#8 - 2014-03-20 11:55 - Anonymous

- Description updated
- Parent task set to #11

#9 - 2014-03-20 23:13 - Martti Virtanen

Mats Fernström, NPK, Sweden, 2014-03-19

The question is whether the rule with ORD 190D050001 for DRG E39O/120O is needed or not. The table below shows Swedish cost data for 2012.

There are not many cases grouped to DRG E39O according to the rule with ORD 190D050001 but they are quite expensive and if we delete the rule they will go to DRG E99O with a much lower average cost. Therefore we think that the rule with ORD 190D050001 is motivated.

#10 - 2014-03-21 00:05 - Martti Virtanen

- File Case 122.xlsx added

#11 - 2014-03-21 00:21 - Martti Virtanen

2014-03-21 Martti Virtanen

It is important and interesting to see that the cases with anesthesia are so expensive.

The analysis is however, not quite correct since the cases would not be assigned to DRG E99O in the Swedish version. Depending what was the real intervention, they would be assigned to the so called 200-series outpatient DRG's and if the only intervention would be anaesthesia to DRG Z60O/477O

on-extensive o. r. procedure unrelated to principal diagnosis, short therapy. The latter would be the group Basic NordDRG version.

Irrespectively, if the cases are considered to be correctly coded, the best alternative is to retain the rule 190D050001.

#12 - 2014-03-24 11:36 - Anonymous

- *Target Group deleted (NOR)*

#13 - 2014-03-25 15:43 - Anonymous

- *Priority changed from 23 to Minor*

Comment Expert Group 2014-03-24

Changes in all national versions.

Proposal accepted.

#14 - 2014-03-26 13:02 - Martti Virtanen

2014-03-26 Martti Virtanen

Technical change

The anesthesia rule for DRG 120O (E39O) ORD 190D050001 shall be retained (activated) in all versions.

DRG change

Cases with hemangioma and minor intervention with anesthesia shall be assigned to DRG 120O (E39O) as outpatients.

#15 - 2015-02-06 10:28 - Anonymous

- *Status changed from Active to Accepted*

Files

Case 122.xlsx	10 KB	2014-03-20	Martti Virtanen
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