

Nordic Casemix Centre - Case #208

Case 2009-MDC11-01 Vesicointestinal fistula and resection of sigmoid colon

2014-01-22 14:06 - Anonymous

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Description

Last updated: 2009-03-20

Status: CLOSITEM - Closed item

Initiated: 2009-01-09

By: Denise Olsson/CPK, Sweden

Expert Network 2009-02-26 - Change recommended

Board 2009-03-20 - Recommendation accepted

BACKGROUND

CPK ID 289

Problem

Sigmoid colon resection (JFB46) for a gastro-intestinal disease groups to DRG 149 (Major small & large bowel procedures w/o cc) with the weight 2,2368 (Sweden 2009) but if an in-patient with main diagnosis vesicointestinal fistula (N32.1) and secondary diagnosis malignant neoplasm of bladder, unspecified (C67.9) have the same surgery (JFB46) and besides partial cystectomy (KDC10) the case is grouped to DRG 309 (Minor bladder procedures w/o cc) with the weight 0,6908 (Sweden 2009).

Comments and suggestion by CPK

It is an obvious problem that colon resection is grouped so differently. The technical explanation is that N32.1 belongs to MDC11 which means that only KCD10 affects the grouping.

If interactive grouping is available the users will probably change the main diagnosis to C78.5 with the argument that the fistula originates from tumour overgrowth and that will group to DRG 149 but still there are 21 patients in the Swedish discharge register (PAR 2007) with surgical procedures that starts with JF or JG in DRG 308/309. Thus, there is a need for a complementary grouping rule for this situation leading to DRG 148/149. Since the number of patients is so small there is no need for economical investigation.

COMMENTS

Martti Virtanen 2009-02-12

This is complex and problematic issue. We have already a postMDC rule for this problem. If N32.1 is combined with JFB46 only, the case is assigned to DRG 315 instead of 468 because of a postMDC rule (ord=490D11001). When KCD10 is added, the regular rule in MDC 11 takes over and the case is assigned to DRG 309.

For assignmet to DRG 148-149 a special rule is needed within MDC 11. We have such solution for DRG's 334-337 (belonging to MDC 12). The procedures at issue result in the same DRG with MDC 11 principal dx as with MDC 12 principal dx.

In this case new rules for DRG 148-149 should probably be placed after the rule for DRG 305 (currently ord=411D032) and before the

rule for DRG 308 (ord=411D051). The new rule might simply be the combination of MDC 11 and procprop 06S02. This means that any procedure from the group 06S02 with any principal dx from MDC 11 that is not assigned to DRG 303-305 will be assigned to DRG 148-149. If more restriction is needed either the procedures or the diagnosis may be restricted or both. For procedures that would mean a new procedure property and for diagnoses a new principal diagnosis property that would be given to the limited codes.

Expert Network 2009-02-26

The meeting recommended to create a new rule for procedures with 06S02 and a principal diagnosis in MDC 11 which will lead to DRG 148-149

CHANGES

Technical changes

Two new rules are added to DRG-logic immediately after current rule 411D032. The new rules are copies of current rule 411D032 but procprop is changed to 06S02 and DRG in the first to 148 (Major small & large bowel procedures w cc) and Compl to 1. In the second new rule DRG is changed to 149 (Major small & large bowel procedures w/o cc).

DRG changes

Cases with urinary system principal diagnosis (such as N32.1) combined to 06S02 group procedures (such as JFSB46) are assigned to DRG 148/149.

Introduction

2010