

to the wage index values, these corrections are effective for discharges occurring on or after April 28, 2003.

On pages 50214 through 50221 of the August 1, 2002 final rule, we published table 4A. In addition, on pages 50221 through 50223, we published table 4C. These tables contain errors as a result of errors in the geographic reclassification designations or the wage data or both used to calculate the hospitals' wage index values. Items 12(b) and 13 of section III of this notice specify these corrections.

III. Correction of Errors

In FR Doc. 02-19292 of August 1, 2002 (67 FR 49982), make the following corrections:

1. On page 49989, in the first column, before the first full paragraph the following paragraphs are inserted:

Comment: One commenter is opposed to the reassignment of code 436 from DRG 14 to DRG 15, citing that this will create a need for additional government oversight due to an increase in adverse coding compliance issues. The commenter is concerned that if code 436 is moved from the higher weighted DRG, coders may increase the use of the physician query process in an effort to obtain the higher-weighted DRG 14. The commenter states that CMS has previously expressed concerns regarding the physician query process, and the reassignment of this code may exacerbate the problem of "leading" physician queries. The commenter goes on to state that the Office of Inspector General (OIG) has previously identified DRG pair 14 and 15 as deserving of scrutiny for potential fraud and abuse issues, and that the movement of code 436 may also result in escalated monitoring.

Response: It is possible that this change will result in the need for additional government oversight due to an increase in adverse coding compliance issues. If a physician is not able to more specifically label a patient's stroke as hemorrhagic or occlusive and instead documents cerebrovascular accident (CVA), the expected code would be 436. Cases where the documentation supports code 436, but another code is present on the medical record, may be subject to additional scrutiny.

Comment: A commenter has stated that placement of code 436 in DRG 15 instead of the higher weighted DRG 14 places an unfair and adverse financial burden on struggling rural health care providers. The commenter notes that in facilities without computerized tomography (CT) or magnetic resonance imaging (MRI) scanning technology,

physicians may be unwilling to document infarction or hemorrhage without confirming imaging studies. The commenter also notes that correct coding of lacunar infarction will result in DRG 14, when in fact a lacunar infarction may cause a sudden but often only minimal residual deficit, while a CVA could have much more severe residual deficits.

Response: We have placed code 436 in DRG 15 strictly on the basis of historical hospital charge data, not with any punitive intent. We understand that strokes vary in the nature and intensity of their residual deficits. We also understand that very specific diagnostic tests or radiology examinations may be outside the scope of the treating facility and that physicians may opt to treat an obvious stroke patient without performing additional extensive studies that drive up the cost of medical care. We will continue to monitor the use of code 436, and will reexamine its DRG placement during the next fiscal year."

2. On page 49994, in the second column, first full paragraph, fourth line, the figure "87.06" is corrected to read "86.07".

3. On page 50005, second column, lines 12 through 14, the phrase "The principal diagnosis will consist of any principal diagnosis in MDC 5 except AMI:" is corrected to read "New DRG 527 (Percutaneous Cardiovascular Procedure with Drug-Eluting Stent with AMI) will have a principal diagnosis of any principal diagnosis in MDC5 except AMI:".

4. On page 50014, first column, last paragraph, the paragraph is corrected to read as follows:

"Xigris™ was found to carry an increased risk of bleeding and for this reason the FDA listed the following contradictions to Xigris™ use on the approved label:

- Active internal bleeding;
- Recent (within 3 months) hemorrhagic stroke;
- Recent (within 2 months) intracranial or intraspinal surgery or severe head trauma;
- Trauma with an increased risk of life-threatening bleeding;
- Presence of an epidural catheter; and
- Intracranial neoplasm or mass lesion or evidence of cerebral herniation.

In addition, patients with an APACHE II score of less than 25 were at lower risk of death and had no advantage in mortality from the use of Xigris™."

5. On page 50054,

a. First column, fourth full paragraph, lines 1 and 2, the phrase "Medicare

inpatient days" is corrected to read "total inpatient days";

b. Second column, second full paragraph, lines 20 and 21, the phrase "inpatient days" is corrected to read "total inpatient days".

6. On page 50055,

a. First column, third full paragraph, line 12, the phrase "inpatient days" is corrected to read "total inpatient days";

b. First column, third full paragraph, line 23, the phrase "The number of inpatient days" is corrected to read "The total number of inpatient days";

c. First column, last paragraph, lines 1 and 2, the phrase "Medicare inpatient days" is corrected to read "total inpatient days";

d. Second column, fourth full paragraph, line 13, the phrase "inpatient days" is corrected to read "total inpatient days".

7. On page 50056, first column, first partial paragraph, line 2, the phrase "number of patient days" is corrected to read "total number of inpatient days".

8. On page 50126, third column, third paragraph, line 16, the figure "0.994027" is corrected to read "0.993209".

9. On page 50155, in Table 2—Hospital Average Hourly Wage for Federal Fiscal Years 2001 (1997 Wage Data), 2002 (1998 Wage Data), and 2003 (1999 Wage Data) Wage Indexes and 3-Year Average of Hospital Average Hourly Wages, line 12 (provider no. 140155),

a. Fourth column, the figure "13.0438" is corrected to read "24.2907";

b. Fifth column, the figure "17.2026" is corrected to read "21.4743";

10. On page 50199, in Table 2—Hospital Average Hourly Wage for Federal Fiscal Years 2001 (1997 Wage Data), 2002 (1998 Wage Data), and 2003 (1999 Wage Data) Wage Indexes and 3-Year Average of Hospital Average Hourly Wages, line 22 (provider no. 450054),

a. Fourth column, the figure "23.0492" is corrected to read "25.3285";

b. Fifth column, the figure "21.9091" is corrected to read "22.6900";

11. On page 50212, in Table 3A—FY 2003 and 3-Year Average Hourly Wage for Urban Areas, second set of columns,

a. Line 40 (Kankakee, IL),

(1) Second column, the figure "18.8681" is corrected to read "25.0641"

(2) Third column, the figure "20.7325" is corrected to read "22.8591"

b. Line 43 (Killeen-Temple, TX),
(1) Second column, the figure "22.2296" is corrected to read "24.1567"