

exhibited by the patient in accordance with § 412.27(a). We note that current regulations applicable to psychiatric hospitals (§ 412.23(a)) do not include these requirements, however, historically, psychiatric hospitals have limited admissions to psychiatric patients. Section 412.27(a) also requires that patients be admitted to the psychiatric units for active treatment that is of an intensity that can be furnished appropriately only in an inpatient hospital setting. For this reason, in order to be paid under the proposed IPF prospective payment system, patients must be capable of participating in an active treatment program.

In selecting the proposed DRGs for payment adjustment, we analyzed the DRG assignments for ICD-9-CM diagnosis codes in Chapter Five. In addition, as noted previously, IPFs use

the DSM-IV-TR to establish diagnoses and current regulations at § 412.27(a) refer to DSM diagnoses. However, most, but not all, DSM codes crosswalk to the codes in Chapter Five of the ICD-9-CM. Although, all the DSM codes are psychiatric, some of the corresponding ICD-9-CM codes are located in other chapters of the ICD-9-CM coding system and are linked to the body system affected. For example, the DSM diagnosis, Male Erectile Disorder, crosswalks to ICD-9-CM code 607.84, Impotence of Organic Nature which is found in Chapter 10, Diseases of the Genitourinary Systems. Accordingly, we also analyzed the DRG assignments for certain ICD-9-CM codes that are based on DSM diagnoses but are not in Chapter Five of the ICD-9-CM. These codes are discussed in the next section of this proposed rule.

As a result of this analysis, we identified 25 DRGs with one or more psychiatric diagnoses that are included in Chapter Five of the ICD-9-CM as well as those diagnoses that are in other chapters of the ICD-9-CM. We are proposing payment adjustments for 15 out of the 25 DRGs we analyzed. The remaining 10 DRGs include codes for a specific range of diseases other than psychiatric, but have a few codes for DSM diagnoses that are included in Chapter Five or other body system chapters of the ICD-9-CM. The rationale for our decisions regarding these 10 codes is provided in section II.D. below.

Table 1 below lists the DRGs that we are proposing to recognize under the proposed IPF prospective payment system and the proposed adjustment factors. This information also is presented in Addendum A.

TABLE 1.—PROPOSED IPF PROSPECTIVE PAYMENT SYSTEM DRGS

DRG	Description	Adjustment Factor
12 .....	Degenerative Nervous System Disorders .....	1.07
23 .....	Nontraumatic Stupor and Coma .....	1.10
424* .....	O.R. Procedure with Principal Diagnosis of Mental Illness .....	1.22
425 .....	Acute Adjustment Reaction and Psychosocial Dysfunction .....	1.08
426 .....	Depressive Neurosis .....	1.00
427 .....	Neurosis Except Depressive .....	1.01
428 .....	Disorders of Personality and Impulse Control .....	1.03
429 .....	Organic Disturbances and Mental Retardation .....	1.02
430 .....	Psychosis .....	1.00
431 .....	Childhood Mental Disorders .....	1.02
432 .....	Other Mental Disorder Diagnoses .....	0.96
433** .....	Alcohol/Drug Abuse or Dependence, Left Against Medical Advice .....	0.88
521 .....	Alcohol/Drug Abuse or Dependence with Complication or Comorbidity .....	1.02
522 .....	Alcohol/Drug Abuse or Dependence with Rehabilitation Therapy without Complication or Comorbidity .....	0.97
523 .....	Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy without Complication or Comorbidity .....	0.88

\* DRG 424—is an O.R. procedure code that must be billed with a principal diagnosis of mental disorder.

\*\* DRG 433—is used when providers indicate a patient left against medical advice (discharge status code 07).

#### D. DRGs Not Recognized in the Proposed IPF Prospective Payment System

We are proposing not to recognize the following 10 DRGs in the proposed IPF prospective payment system. They were determined not to be clinically significant because the principal diagnoses did not result in enough admissions to IPFs in order to establish an adjustment to the payment rate:

- DRGs 34 and 35 include a range of cases for disorders of the nervous system. The diagnoses in these DRGs also include five ICD-9-CM codes for DSM diagnoses: Codes 333.1 (Tremor not elsewhere classified), code 333.82 (Orofacial Dyskinesia), code 333.92 (Neuroleptic Malignant Syndrome), code 347 (Cataplexy and Narcolepsy), and code 307.23 (Gilles de La Tourette's Disorder). In the 1999 MedPAR records

for admissions to IPFs, only one patient was grouped in these DRGs. In addition, patients with these diagnoses generally do not require management in an IPF unless there is a concomitant psychiatric disorder.

- DRGs 182, 183, and 184 include a range of gastrointestinal conditions, including esophagitis, gastroenteritis, and other digestive system diseases. The diagnoses in these DRGs include one that is listed in Chapter Five of the ICD-9-CM, code 306.4 (Psychogenic GI Disease). In the 1999 MedPAR records for admissions to IPFs, we found that only a few patients with this ICD-9-CM diagnosis were grouped in these DRGs.

- DRG 352 includes a range of diagnoses affecting the testes, prostate, and male external genitalia. This DRG includes DSM diagnoses that are not in Chapter Five of the ICD-9-CM: code

607.84 (Impotence of an Organic Origin), and code 608.89 (Male Genital Diseases, not elsewhere classified). In the 1999 MedPAR records for admissions to IPFs, we were able to identify only one patient grouped in DRG 352.

- DRGs 358, 359, and 369 include a range of cases in which procedures have been performed on the uterus and fallopian tubes (Adnexa). These DRGs include two diagnoses that are in Chapter Five of the ICD-9-CM: code 306.51 (Psychogenic Vaginismus), and code 306.52 (Psychogenic Dysmenorrhea). In the 1999 MedPAR records for admissions to IPFs, we were able to identify only 11 patients grouped into DRGs 358, 359, and 369, and there were no patients diagnosed with codes 306.51 or 306.52.