



STATE OF MARYLAND

DHMH**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM**Hospital Transmittal No. 187****June 24, 2004**

To: Hospital Providers
Susan J. Tucker
 From: Susan Tucker, Executive Director
 Office of Health Services
Brian Hepburn
 Brian Hepburn, M.D., Director
 Mental Hygiene Administration

Subject: Fee-For-Service Hospital Day Limits

The purpose of this transmittal is to inform you of the new hospital day limits the Department is implementing as a result of fiscal year (FY) 2005 budget cuts. During the last session, the Legislature approved budgetary language requiring the Department to save additional money from hospital day limits in FY 2005. The day limits currently in place are set at 105% of the average length of stay. For admissions on or after July 1, 2004, the day limits, therefore, will be set at **100% of the average length of stay by diagnosis related groups**. See Attachment A for the new day limits.

The Health Services Cost Review Commission assisted the Department in establishing the new day limits, and they estimate that the new limits will generate an additional \$2.9 million (total funds) in savings. The Department is submitting proposed regulations that reflect the new day limits to the Administrative Executive and Legislative Review Committee (COMAR 10.09.06.04). The new regulations establish an effective date of July 1, 2004, and will sunset on June 30, 2005.

The procedure for how the day limits will be processed by Medical Assistance will not change. The only change in procedures is that for some diagnosis related groups the day limit will be lower. See Attachment B for an overview of how days will be approved.

Any questions dealing with this transmittal for non-psychiatric acute care services should be directed to Linda Lee-Green, Division Chief, Hospital and Physician Services at 410-767-1722. For psychiatric services, please direct questions to Richard Bandelin, Mental Hygiene Administration, 410-402-8453.

If you have specific questions for Delmarva Foundation For Medical Care, please call Linda Ramsey at 410-712-7406 (e-mail: lramsey@dfmc.org) or Peg Barnaba at (410) 712-7405 (e-mail: barnabap@dfmc.org). If you have questions for Maryland Health Partners, please call Daniel Roberts at 410-953-1810.

attachments

DAY LIMITS BY DIAGNOSIS RELATED GROUP

(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
1	Craniotomy, age greater than 17 with CC	12
2	Craniotomy age greater than 17 without CC	5
6	Carpal Tunnel release*	
7	Peripheral and cranial nerve and other nervous system procedures W/D263 CC	9
8	Peripheral and cranial nerve and other nervous system procedures without CC	3
9	Spinal disorders and injuries	4
10	Nervous system neoplasms with CC	7
11	Nervous system neoplasms without CC	3
12	Degenerative nervous system disorders	11
13	Multiple sclerosis and cerebellar ataxia	4
14	Intracranial Hemorrhage and Stroke with Infarction	6
15	Nonspecific Cerebrovascular Accident and Precerebral Occlusion without Infarction	4
16	Nonspecific cerebrovascular disorders with CC	4
17	Nonspecific cerebrovascular disorders without CC	3
18	Cranial and peripheral nerve disorders with CC	5
19	Cranial and peripheral nerve disorders without CC	3
20	Nervous system infection except viral meningitis	9
21	Viral meningitis	4
22	Hypertensive encephalopathy	6
23	Nontraumatic stupor and coma	3
24	Seizure and headache, age greater than 17 with CC	4
25	Seizure and headache, age greater than 17 without CC	3
27	Traumatic stupor and coma, coma greater than 1 hour	7
28	Traumatic stupor and coma, coma less than 1 hour, age greater than 17 with CC	6
29	Traumatic stupor and coma, coma less than 1 hour, age greater than 17 without CC	4
31	Concussion, age greater than 17 with CC	5
32	Concussion, age greater than 17 without CC	1
34	Other disorders of nervous system with CC	5
35	Other disorders of nervous system without CC	3
36	Retinal procedures	1
37	Orbital procedures	4
38	Primary iris procedures	1
39	Lens procedures with or without vitrectomy	3
40	Extraocular procedures except orbit, age greater than 17	3
42	Intraocular procedures except retina, iris and lens	3
43	Hyphema	12
44	Acute major eye infections	3
45	Neurological eye disorders	5
46	Other disorders of the eye, age greater than 17 with CC	4
47	Other disorders of the eye, age greater than 17 without CC	2
49	Major head and neck procedures	4
50	Sialoadenectomy	3
53	Sinus and mastoid procedures, age greater than 17	5
55	Miscellaneous ear, nose, mouth and throat procedures	1
56	Rhinoplasty	4
57	Tonsillectomy and adenoidectomy procedures, except tonsillectomy and/or adenoidectomy only, age greater than 17	4
63	Other ear, nose, mouth and throat operating room procedures	4
64	Ear, nose, mouth and throat malignancy	7

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
65	Dysequilibrium	3
66	Epistaxis	2
67	Epiglottitis	4
68	Otitis media and upper respiratory infection, age greater than 17 with CC	3
69	Otitis media and upper respiratory infection, age greater than 17 without CC	2
72	Nasal trauma and deformity	2
73	Other ear, nose, mouth and throat diagnoses, age greater than 17	3
75	Major chest procedures	13
76	Other respiratory system operating room procedures with CC	11
77	Other respiratory system operating room procedures without CC	3
78	Pulmonary embolism	6
79	Respiratory infections and inflammations, age greater than 17 with CC	8
80	Respiratory infections and inflammations, age greater than 17 without CC	9
82	Respiratory neoplasms	6
83	Major chest trauma with CC	3
84	Major chest trauma without CC	1
85	Pleural effusion with CC	5
86	Pleural effusion without CC	3
87	Pulmonary edema and respiratory failure	6
88	Chronic obstructive pulmonary disease	4
89	Simple pneumonia and pleurisy, age greater than 17 with CC	4
90	Simple pneumonia and pleurisy, age greater than 17 without CC	3
92	Interstitial lung disease with CC	5
93	Interstitial lung disease without CC	4
94	Pneumothorax with CC	6
95	Pneumothorax without CC	4
96	Bronchitis and asthma, age greater than 17 with CC	3
97	Bronchitis and asthma, age greater than 17 without CC	2
99	Respiratory signs and symptoms with CC	3
100	Respiratory signs and symptoms without CC	2
101	Other respiratory system diagnoses with CC	3
102	Other respiratory system diagnoses without CC	2
103	Heart transplant	24
104	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization	17
105	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization	16
106	Coronary bypass with PTCA	10
107	Coronary bypass with cardiac catheterization	9
108	Other cardiothoracic procedures	8
109	Coronary bypass without cardiac catheter	8
110	Major cardiovascular procedures with CC	9
111	Major cardiovascular procedures without CC	3
113	Amputation for circulatory system disorders except upper limb and toe	13
114	Upper limb and toe amputation for circulatory system disorders	9
115	Permanent pacemaker implant with acute myocardial infarction, heart failure or shock or AICD lead or general procedure	10
116	Other cardiac pacemaker implantation	5
117	Cardiac pacemaker revision except device replacement	1
119	Vein ligation and stripping	13

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DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
120	Other circulatory system operating room procedures	9
121	Circulatory disorders with acute myocardial infarction and major complications discharged alive	5
122	Circulatory disorders with acute myocardial infarction without major complications discharged alive	3
123	Circulatory disorders with acute myocardial infarction, expired	7
124	Circulatory disorders except acute myocardial infarction, with cardiac catheterization and complex diagnosis	5
125	Circulatory disorders except acute myocardial infarction, with cardiac catheterization without complex diagnosis	3
126	Acute and subacute endocarditis	12
127	Heart failure and shock	4
128	Deep vein thrombophlebitis	6
129	Cardiac arrest, unexplained	4
130	Peripheral vascular disorders with CC	5
131	Peripheral vascular disorders without CC	4
132	Atherosclerosis with CC	2
133	Atherosclerosis without CC	2
134	Hypertension	3
135	Cardiac congenital and valvular disorders, age greater than 17 with CC	5
136	Cardiac congenital and valvular disorders, age greater than 17 without CC	1
138	Cardiac arrhythmia and conduction disorders with CC	4
139	Cardiac arrhythmia and conduction disorders without CC	2
140	Angina pectoris	2
141	Syncope and collapse with CC	3
142	Syncope and collapse without CC	2
143	Chest pain	2
144	Other circulatory system diagnoses with CC	6
145	Other circulatory system diagnoses without CC	2
146	Rectal resection with CC	8
147	Rectal resection without CC	3
148	Major small and large bowel procedures with CC	13
149	Major small and large bowel procedures without CC	6
150	Peritoneal adhesiolysis with CC	10
151	Peritoneal adhesiolysis without CC	4
152	Minor small and large bowel procedures with CC	9
153	Minor small and large bowel procedures without CC	5
154	Stomach, esophageal and duodenal procedures, age greater than 17 with CC	13
155	Stomach, esophageal and duodenal procedures, age greater than 17 without CC	8
157	Anal and stomal procedures with CC	6
158	Anal and stomal procedures without CC	3
159	Hernia procedures except inguinal and femoral, age greater than 17 with CC	5
160	Hernia procedures except inguinal and femoral, age greater than 17 without CC	2
161	Inguinal and femoral hernia procedures, age greater than 17 with CC	5
162	Inguinal and femoral hernia procedures, age greater than 17 without CC	2
164	Appendectomy with complicated principal diagnosis with CC	7
165	Appendectomy with complicated principal diagnosis without CC	3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
166	Appendectomy without complicated principal diagnosis with CC	3
167	Appendectomy without complicated principal diagnosis without CC	2
168	Mouth procedures with CC	5
169	Mouth procedures without CC	4
170	Other digestive system operating room procedures with CC	11
171	Other digestive system operating room procedures without CC	2
172	Digestive malignancy with CC	8
173	Digestive malignancy without CC	2
174	Gastrointestinal hemorrhage with CC	4
175	Gastrointestinal hemorrhage without CC	2
176	Complicated peptic ulcer	5
177	Uncomplicated peptic ulcer with CC	3
178	Uncomplicated peptic ulcer without CC	4
179	Inflammatory bowel disease	5
180	Gastrointestinal obstruction with CC	5
181	Gastrointestinal obstruction without CC	4
182	Esophagitis, gastroenteritis and miscellaneous digestive disorders age greater than 17 with CC	3
183	Esophagitis, gastroenteritis and miscellaneous digestive disorders age greater than 17 without CC	2
185	Dental and oral disease except extractions and restorations, age greater than 17	2
187	Dental extractions and restorations	3
188	Other digestive system diagnoses age greater than 17 with CC	5
189	Other digestive system diagnoses age greater than 17 without CC	3
191	Pancreas, liver and shunt procedures with CC	13
192	Pancreas, liver and shunt procedures without CC	7
193	Biliary tract procedures except only cholecystectomy with or without common duct exploration with CC	11
194	Biliary tract procedures except only cholecystectomy with or without common duct exploration without CC	2
195	Cholecystectomy with common duct exploration with CC	9
196	Cholecystectomy with common duct exploration without CC	6
197	Cholecystectomy except by laparoscope without common duct exploration with CC	7
198	Cholecystectomy except by laparoscope without common duct exploration without CC	4
199	Hepatobiliary diagnostic procedure for malignancy	19
200	Hepatobiliary diagnostic procedure for non-malignancy	10
201	Other hepatobiliary or pancreas operating room procedures	18
202	Cirrhosis and alcoholic hepatitis	6
203	Malignancy of hepatobiliary system or pancreas	6
204	Disorders of pancreas except malignancy	5
205	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC	6
206	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC	3
207	Disorders of the biliary tract with CC	4
208	Disorders of the biliary tract without CC	2
209	Major joint and limb reattachment procedures of lower extremity	5
210	Hip and femur procedures except major joint age greater than 17 with CC	9
211	Hip and femur procedures except major joint age greater than 17 without CC	4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
213	Amputation for musculoskeletal system and connective tissue disorders	8
216	Biopsies of musculoskeletal system and connective tissue	9
217	Wound debridement and skin graft except hand, for musculoskeletal and connective tissue disorders	12
218	Lower extremity and humerus procedures except hip, foot, femur age greater than 17 with CC	5
219	Lower extremity and humerus procedures except hip, foot, femur age greater than 17 without CC	2
223	Major shoulder/elbow procedures, or other upper extremity procedures with CC	3
224	Shoulder, elbow or forearm procedures, except major joint procedures, without CC	1
225	Foot procedures	5
226	Soft tissue procedures with CC	8
227	Soft tissue procedures without CC	2
228	Major thumb or joint procedures, or other hand or wrist procedures with CC	4
229	Hand or wrist procedures, except major joint procedures, without CC	2
230	Local excision and removal of internal fixation devices of hip and femur	7
232	Arthroscopy	9
233	Other musculoskeletal system and connective tissue operating room procedures with CC	9
234	Other musculoskeletal system and connective tissue operating room procedures without CC	3
235	Fractures of femur	3
236	Fractures of hip and pelvis	5
237	Sprains, strains, and dislocations of hip, pelvis and thigh	2
238	Osteomyelitis	8
239	Pathological fractures and musculoskeletal and connective tissue malignancy	6
240	Connective tissue disorders with CC	6
241	Connective tissue disorders without CC	2
242	Septic arthritis	5
243	Medical back problems	4
244	Bone diseases and specific arthropathies with CC	4
245	Bone diseases and specific arthropathies without CC	5
246	Non-specific arthropathies	3
247	Signs and symptoms of musculoskeletal system and connective tissue	3
248	Tendonitis, myositis and bursitis	4
249	Aftercare, musculoskeletal system and connective tissue	3
250	Fractures, sprains, strains and dislocations of forearm, hand, foot age greater than 17 with CC	4
251	Fractures, sprains, strains and dislocations of forearm, hand, foot age greater than 17 without CC	3
253	Fractures, sprains, strains and dislocations of upper arm, lower leg except foot age greater than 17 with CC	3
254	Fractures, sprains, strains and dislocations of upper arm, lower leg except foot age greater than 17 without CC	2
256	Other musculoskeletal system and connective tissue diagnoses	5
257	Total mastectomy for malignancy with CC	3
258	Total mastectomy for malignancy without CC	2
259	Subtotal mastectomy for malignancy with CC	6
260	Subtotal mastectomy for malignancy without CC	1

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DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
261	Breast procedures for non-malignancy except biopsy and local excision	1
262	Breast biopsy and local excision for non-malignancy	3
263	Skin graft and/or debridement for skin ulcer or cellulitis with CC	9
264	Skin graft and/or debridement for skin ulcer or cellulitis without CC	6
265	Skin graft and/or debridement except for skin ulcer or cellulitis with CC	6
266	Skin graft and/or debridement except for skin ulcer or cellulitis without CC	5
267	Perianal and pilonidal procedures	4
268	Skin, subcutaneous tissue and breast plastic procedures	3
269	Other skin, subcutaneous tissue and breast procedures with CC	6
270	Other skin, subcutaneous tissue and breast procedures without CC	3
271	Skin ulcers	5
272	Major skin disorders with CC	4
273	Major skin disorders without CC	3
274	Malignant breast disorders with CC	6
275	Malignant breast disorders without CC	2
276	Non-malignant breast disorders	3
277	Cellulitis age greater than 17 with CC	4
278	Cellulitis age greater than 17 without CC	3
280	Trauma to the skin, subcutaneous tissue and breast age greater than 17 with CC	2
281	Trauma to the skin, subcutaneous tissue and breast age greater than 17 without CC	1
283	Minor skin disorders with CC	4
284	Minor skin disorders without CC	2
285	Amputation of lower limb for endocrine, nutritional, and metabolic disorders	10
286	Adrenal and pituitary procedures	7
287	Skin grafts and wound debridement for endocrine, nutritional, and metabolic disorders	9
288	Operating room procedures for obesity	3
289	Parathyroid procedures	2
290	Thyroid procedures	4
292	Other endocrine, nutritional, and metabolic operating room procedures with CC	9
294	Diabetes age greater than 35	4
295	Diabetes age 0-35	3
296	Nutritional and miscellaneous metabolic disorders age greater than 17 with CC	4
297	Nutritional and miscellaneous metabolic disorders age greater than 17 without CC	3
299	Inborn errors of metabolism	7
300	Endocrine disorders with CC	5
301	Endocrine disorders without CC	3
302	Kidney transplant	8
303	Kidney, ureter and major bladder procedures for neoplasm	10
304	Kidney, ureter and major bladder procedures for non-neoplasm with CC	7
305	Kidney, ureter and major bladder procedures for non-neoplasm without CC	4
306	Prostatectomy with CC	8
307	Prostatectomy without CC	2
308	Minor bladder procedures with CC	7
309	Minor bladder procedures without CC	3
310	Transurethral procedures with CC	4
311	Transurethral procedures without CC	2
312	Urethral procedures, age greater than 17 with CC	5

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 DAY LIMITS BY DIAGNOSIS RELATED GROUP
 (based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
313	Urethral procedures, age greater than 17 without CC	3
315	Other kidney and urinary tract operating room procedures	15
316	Renal failure	6
317	Admit for renal dialysis (unless regulations otherwise prohibit coverage)	3
318	Kidney and urinary tract neoplasms with CC	4
320	Kidney and urinary tract infections age greater than 17 with CC	4
321	Kidney and urinary tract infections age greater than 17 without CC	3
323	Urinary stones with CC, and/or ESW lithotripsy	3
324	Urinary stones without CC	3
325	Kidney and urinary tract signs and symptoms age greater than 17 with CC	2
326	Kidney and urinary tract signs and symptoms age greater than 17 without CC	2
328	Urethral stricture age greater than 17 with CC	3
331	Other kidney and urinary tract diagnoses age greater than 17 with CC	5
332	Other kidney and urinary tract diagnoses age greater than 17 without CC	3
334	Major male pelvic procedures with CC	5
335	Major male pelvic procedures without CC	3
336	Transurethral prostatectomy with CC	4
337	Transurethral prostatectomy without CC	2
338	Testes procedures, for malignancy	23
339	Testes procedures, non-malignancy age greater than 17	7
341	Penis procedures	2
344	Other male reproductive system operating room procedures for malignancy	21
345	Other male reproductive system operating room procedures except for malignancy	5
346	Malignancy, male reproductive system, with CC	7
348	Benign prostatic hypertrophy with CC	3
349	Benign prostatic hypertrophy without CC	1
350	Inflammation of the male reproductive system	4
352	Other male reproductive system diagnoses	3
353	Pelvic evisceration, radical hysterectomy and radical vulvectomy	8
354	Uterine, adnexa procedures for non-ovarian/adnexal malignancy with CC	3
355	Uterine, adnexa procedures for non-ovarian/adnexal malignancy without CC	2
356	Female reproductive system reconstructive procedures	2
357	Uterine and adnexa procedures for ovarian or adnexal malignancy	6
358	Uterine and adnexa procedures for non-malignancy with CC	3
359	Uterine and adnexa procedures for non-malignancy without CC	2
360	Vagina, cervix and vulva procedures	3
361	Laparoscopy and incisional tubal interruption	2
363	D and C, conization and radio-implant, for malignancy	4
364	D and C, conization except for malignancy	3
365	Other female reproductive system operating room procedures	5
366	Malignancy, female reproductive system with CC	5
367	Malignancy, female reproductive system without CC	1
368	Infections, female reproductive system	3
369	Menstrual and other female reproductive system disorders	2
370	Cesarean section with CC	4
371	Cesarean section without CC	4
372	Vaginal delivery with complicating diagnoses	3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
373	Vaginal delivery without complicating diagnoses	2
374	Vaginal delivery with sterilization and/or D and C	3
375	Vaginal delivery with operating room procedures except sterilization and/or D and C	7
376	Postpartum and post abortion diagnoses without operating room procedure	3
377	Postpartum and post abortion diagnoses with operating room procedure	4
378	Ectopic pregnancy	2
379	Threatened abortion	4
380	Abortion without D and C	2
381	Abortion with D and C, aspiration curettage or hysterotomy	2
382	False labor	2
383	Other antepartum diagnoses with medical complications	3
384	Other antepartum diagnoses without medical complications	3
392	Splenectomy age greater than 17	6
394	Other operating room procedures of the blood and blood forming organ	8
395	Red blood cell disorders age greater than 17	3
397	Coagulation disorders	5
398	Reticuloendothelial and immunity disorders with CC	5
399	Reticuloendothelial and immunity disorders without CC	4
401	Lymphoma and non-acute leukemia with other operating room procedures with CC	14
403	Lymphoma and non-acute leukemia with CC	9
404	Lymphoma and non-acute leukemia without CC	5
406	Myeloproliferative disorders or poorly differentiated neoplasm with major operating room procedures with CC	16
408	Myeloproliferative disorders or poorly differentiated neoplasm with other operating room procedures	9
409	Radiotherapy	13
410	Chemotherapy without acute leukemia as secondary diagnosis	4
413	Other myeloproliferative disorders or poorly differentiated neoplasm diagnosis with CC	8
414	Other myeloproliferative disorders or poorly differentiated neoplasm diagnosis without CC	4
415	Operating room procedure for infectious and parasitic diseases	13
416	Septicemia age greater than 17	8
418	Postoperative and post-traumatic infections	4
419	Fever of unknown origin age greater than 17 with CC	4
420	Fever of unknown origin age greater than 17 without CC	3
421	Viral illness age greater than 17	3
423	Other infectious and parasitic diseases diagnoses	6
424	Operating room procedure with principal diagnoses of mental illness	13
425	Acute adjustment reaction and disturbances of psychosocial dysfunction	3
426	Depressive neuroses	4
427	Neuroses except depressive	3
428	Disorders of personality and impulse control	11
429	Organic disturbances and mental retardation	11
430	Psychoses	7
432	Other mental disorder diagnoses	9
433	Alcohol/drug abuse or dependence, left against medical advice (AMA)	2
439	Skin grafts for injuries	9
440	Wound debridements for injuries	9
441	Hand procedures for injuries	2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DAY LIMITS BY DIAGNOSIS RELATED GROUP
(based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
442	Other operating room procedures for injuries with CC	7
443	Other operating room procedures for injuries without CC	3
444	Traumatic injury age greater than 17 with CC	2
445	Traumatic injury age greater than 17 without CC	2
447	Allergic reactions age greater than 17	2
449	Poisoning and toxic effects of drugs age greater than 17 with CC	4
450	Poisoning and toxic effects of drugs age greater than 17 without CC	3
452	Complications of treatment with CC	5
453	Complications of treatment without CC	3
454	Other injury, poisoning and toxic effect diagnosis with CC	3
455	Other injury, poisoning and toxic effect diagnosis without CC	2
461	Operating room procedures with diagnoses of other contact with health services	21
462	Rehabilitation	16
463	Signs and symptoms with CC	3
464	Signs and symptoms without CC	2
465	Aftercare with history of malignancy as secondary diagnosis	1
466	Aftercare without history of malignancy as secondary diagnosis	1
467	Other factors influencing health status	2
468	Extensive operating room procedure unrelated to principal diagnosis	TBD**
471	Bilateral or multiple major joint procedures of lower extremity	4
473	Acute leukemia without major operating room procedure age greater than 17	21
475	Respiratory system diagnosis with ventilator support	10
476	Prostatic operating room procedure unrelated to principal diagnosis	TBD**
477	Non-extensive operating room procedure unrelated to principal diagnosis	TBD**
478	Other vascular procedures with CC	7
479	Other vascular procedures without CC	4
480	Liver transplant	19
481	Bone marrow transplant	24
482	Tracheostomy for face, mouth and neck diagnoses	12
483	Tracheostomy except for face, mouth and neck diagnoses	36
484	Craniotomy for multiple significant trauma	17
485	Limb reattachment, hip and femur procedure for multiple significant trauma	13
486	Other operating room procedures for multiple significant trauma	11
487	Other multiple significant trauma	6
488	HIV with extensive operating room procedure	20
489	HIV with major related condition	7
490	HIV with or without other related condition	5
491	Major joint and limb reattachment procedures of upper extremity	3
492	Chemotherapy with acute leukemia as secondary diagnosis	18
493	Laparoscopic cholecystectomy without common duct exploration with CC	5
494	Laparoscopic cholecystectomy without common duct exploration without CC	2
495	Lung transplant	20
496	Combined anterior/posterior spinal fusion	13
497	Spinal fusion except cervical with CC	7
498	Spinal fusion except cervical without CC	3
499	Back and neck procedures except spinal fusion with CC	5
500	Back and neck procedures except spinal fusion without CC	2
501	Knee procedures with diagnosis of infection with CC	12

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 DAY LIMITS BY DIAGNOSIS RELATED GROUP
 (based on 100% of the average length of stay)

DIAGNOSIS RELATED GROUP	DIAGNOSIS RELATED GROUP DESCRIPTIONS	DAY LIMIT
502	Knee procedures with diagnosis of infection without CC	7
503	Knee procedures without diagnosis of infection	3
504	Extensive 3rd degree burn with skin graft	16
505	Extensive 3rd degree burn without skin graft	2
506	Full thickness burn with skin graft or inhal inj with CC or significant trauma	20
507	Full thickness burn with skin graft or inhal inj without CC or significant trauma	12
508	Full thickness burn without skin graft or inhal inj with CC or significant trauma	9
510	Non-extensive burns with CC or significant trauma	6
511	Non-extensive burns without CC or significant trauma	6
515	Cardiac Defibrillator Implant without Cardiac Catheterization	8
516	Percutaneous Cardiovascular Procedures with Acute Myocardial Infarction (AMI)	4
517	Percutaneous Cardiovascular Procedures without AMI, with Coronary Artery Stent Implant	2
518	Percutaneous Cardiovascular Procedures without AMI, without Coronary Artery Stent Implant	3
519	Cervical Spinal Fusion with CC	5
520	Cervical Spinal Fusion without CC	2
521	Alcohol/Drug Abuse or Dependence with CC	4
522	Alcohol/Drug Abuse or Dependence without CC, with Rehabilitation	4
523	Alcohol/Drug Abuse or Dependence without CC, without Rehabilitation Therapy	3
524	Transient Ischemia	3
525	Surgical Heart Assistance System Implant	41
527	Percutaneous Cardiovascular Procedure with Drug Eluting Stent without AMI	1
528	Intracranial Vascular Proc w PDX Hemorrhage	21
529	Ventricular Shunt Procedures W CC	9
530	Ventricular Shunt Procedures W/O CC	3
531	Spinal Procedures W CC	11
532	Spinal Procedures W/O CC	4
533	Extracranial Procedures W CC	5
534	Extracranial Procedures W/O CC	2
535	Cardiac Defibrillator Implant W Cardiac Cath W AMI/HF/Shock	7
536	Cardiac Defibrillator Implant W Cardiac Cath W/O AMI/HF/Shock	6
537	Local Excis & Remove of Int Fix Dev except Hip & Femur W CC	7
538	Local Excis & Remove of Int Fix Dev except Hip & Femur W/O CC	3
539	Lymphoma & Leukemia W Major OR Procedure W CC	9
540	Lymphoma & Leukemia W Major OR Procedure W/O CC*	

* No limit was established for DRGs 6 and 540 due to lack of Medicaid data.
 A day limit will be established once data becomes available.

** The combined medical and surgical DRG day limits will form the day limit for DRGs 468, 476, and 477.

Note: DRGs specific to children have been excluded. Day limit only applies to adults.
 The day limits are based on version 21 of the CMS-DRGs.

ATTACHMENT B

Maryland Medicaid Acute Hospital Review Procedures

Overview Hospital Day Limits

- Hospital day limits apply only to Medicaid recipients in the fee-for-service program who are 21 or older and not pregnant on the date of admission and are receiving acute care hospital services. Acute care hospital services include acute rehabilitation and psychiatric services.
- The Department will not pay for room and board and ancillary charges incurred on days beyond the day limit as well as any days determined to be medically unnecessary. Administrative days also will not be reimbursed beyond the day limit.
- Hospitals, however, are required to bill Medicaid for the days beyond the day limit as non-covered services. This is similar to the way hospitals currently bill for days and services that have been denied due to lack of medical necessity. The patient is not to be billed for days denied beyond the day limit.

Review Process For Non-Psychiatric Acute Care Admissions

- For non-psychiatric acute care admissions, hospital providers still must follow the Department's concurrent review process (COMAR 10.09.06.04.D), which is handled by the Department's utilization control agent, The Delmarva Foundation.
- Since diagnoses are typically assigned at the end of hospital stays and in order to distinguish days denied due to medical necessity from days denied due to the day limit, hospitals will need to follow the concurrent review process until the patient is discharged or until the utilization control agent determines that any additional services are not medically necessary. This means that the utilization control agent may approve days during the concurrent review process that later are denied because they are beyond the established day limit for that particular patient diagnosis. The days approved during the concurrent process, therefore, are provisional and will be later verified against the patient's medical records and the Department's day limits.
- The Department will reimburse hospital providers for all medically necessary days up to the day limit, which have been approved by The Delmarva Foundation. Medically unnecessary days or days denied for technical reasons, such as failure to comply with the Department's concurrent review process, *will not be reimbursed* by the Department. Unlike days below the day limit that are determined to be medically unnecessary, technical denials *will count towards* the allowable number of hospital days under the Department's established day limits.
- The day limit for DRG 373 is 2 days. If the stay is 3 days or less, Delmarva will not review the stay. The hospital should bill the first two days as covered charges and the third day as

non-covered charges. The third day, however, is automatically considered medically necessary for purposes of the Health Services Cost Review Commission hospital rate-setting process and its classification of uncompensated care.

- Dual transplants are subject to a day limit, which is calculated by combining the day limits established for the individual transplants. For instance, the day limit for a lung transplant (DRG 495) is 20 days and the day limit for a heart transplant (DRG 103) is 24. The day limit for a heart and lung transplant, therefore, would be 44 days. The Department will manually process these claims through the system in order to ensure both DRGs are paid correctly.
- Any questions dealing with this transmittal for non-psychiatric acute care services should be directed to Brenda Rose, Acting Deputy Director for Acute Care at 410-767-5204. If you have specific questions for Delmarva, please call Linda Ramsey at 410-712-7406 (e-mail: lramsey@dfmc.org) or Peg Barnaba at (410) 712-7405 (e-mail barnabap@dfmc.org).

Review Process For Psychiatric Acute Care Admissions

- For psychiatric acute care admissions, hospital providers will need to follow the concurrent review process established by the Mental Hygiene Administration, which is performed by Maryland Health Partners and is outlined in the Public Mental Health System's Provider Manual.
- For psychiatric services, please direct questions to Richard Bandelin, Mental Hygiene Administration, 410-402-8453. If you have questions for Maryland Health Partners, please call Daniel Roberts at 410-953-1810.