

## Nordic Casemix Centre - Case

### #812 - DGCAT 00M00 in the drg\_logic table

2022-02-01 17:38 - Mats Fernström

<b>Status:</b>	Accepted	<b>Start date:</b>	2022-02-01
<b>Priority:</b>	Minor	<b>Spent time:</b>	0.00 h
<b>Assignee:</b>	Mats Fernström		
<b>Category:</b>			
<b>Initiator:</b>	Sweden	<b>Target year:</b>	2023
<b>MDC:</b>		<b>Owner / responsible:</b>	National organisations
<b>Target Grouper:</b>	SWE		

#### Description

**Mats Fernström, the National Board of Health and Welfare, Sweden 2022-02-01** (Swe ID C909)

Cases with a principal diagnosis with DGCAT 00M00 are ungroupable or grouped to DRG Z71 'Huvuddiagnos ogiltig i NordDRG ...' (DRG 470 + rtc 8 'Principal diagnosis not applicable' in Combined version). This is hardcoded in the grouper but not visible in the logic. To make the grouping logic more transparent we suggest that rules for DGCAT 00M00 are inserted in the table drg\_logic. The rules should look like the existing rules with DGCAT 99M00 but with 00M00 instead of 99M00 in the field 'dgcatt'. See TC\_C909 for details. The DRG change will be none. This is just a way to get rid of one of the "black holes" in NordDRG.

Another way to make the grouping logic more transparent is to give DGCAT 99M00 to all codes with DGCAT 00M00 but then we will lose the information that originally was meant with DGCAT 00M00, namely that these codes have no other features than just DGCAT 00M00.

At the same time, we should correct incorrect rtc codes in the rules with DGCAT 99M00. The code should be '8' in all these rules. See TC\_C909.

During the work with this case, we noticed some missing Swedish DRGs for inpatients in primary care without a principal diagnosis or with a diagnosis with DGCAT 99M00. These DRGs and the rules for them must be inserted in the Swedish version 2023PL. See TC\_C909.

#### History

**#4094 - 2022-02-16 18:02 - Martti Virtanen**

2022-02-16 Martti Virtanen

Since Kristiina asked me to comment on this case, although I don't like the idea of partial corrections to this area.

Originally we had one DRG for obvious error DRG 470. To ease finding the reason for this assignment in a case the rtc (return character code) was invented. 0 means that grouping is OK and values 1-9 that different things are wrong. We have even used some characters for certain specific types of errors as rtc's.

Then Sweden invented the very good idea of incorporating the rtc in the DRG code and we got the DRG 470x, where x stands for different upper case characters that tell the user the same thing as rtc's.

When Sweden invented the other very good idea of changing the DRG coding the new typ 'A12X' they extend the possibilities of the error DRG to second potency. Error DRG's coding is of type Z7nc where n is a number 0-9 and c is a capital character. The possibilities are practically endless and Sweden is already using quite a number of these. This proposal creates 2 more of this type.

My comments to the matter are:

- 1) The countries should agree about using the specific DRG's to indicate the type of error when it is necessary to tell the users why the case is assigned to an error DRG. Then we should remove the rtc's from system.
- 2) It is a good question how many different error types are needed. For example I expect that the users know when they dealing with primary care inpatients and the errors is quite obviously not specific to this type of patients. However, if this specific information is needed they can easily handle for example in the way proposed here.
- 3) There are now 3 different types of indication that the principal dx is invalid.

The variable icd that gets a '-' value when the principal dx is missing.

The dgcatt '00M00' is used for a number of dx that we originally thought that they are codes that should not be used as (principal)dx.

The dgcatt '99M00' is used for specific valid ICD-codes that according to coding instructions are not allowed to be used as principal dx.

These are lines in water, they move and interpreted differently at different times. I recommend that the whole area is cleaned, we get stop using rtc's and we agree on one dgcatt that indicates codes not allowed as principal dx. To get rid of the icd variable a special solution is needed in the grouper that can handle the missing codes and wrong (not existing) codes.

I recommend a general solution but the Swe proposal probably works. It does not solve the problem for other countries.

**#4214 - 2022-09-30 20:07 - Kristiina Kahur**

- Description updated

- Status changed from Active to Accepted

Updated by [Mats Fernström](#) 7 months ago

**Mats Fernström, the National Board of Health and Welfare, Sweden 2022-03-09** (SWE ID C909)

For the moment we don't want to go that far as Martti recommends. The benefit of retaining DGCAT 00M00 needs to be discussed in the Expert Group since it is an indicator that the code has no other features.

For now, we are happy with just that rules for DGCAT 00M00 are inserted in the table drg\_logic to make the definition tables more transparent (plus the small error corrections described in our TC\_C909).

The "general solution" recommended by Martti can suitably be discussed under Development initiative [#822](#).

**#3** Updated by [Kristiina Kahur](#) 6 months ago

- File [TC\\_812\\_NDMS\\_05042022.xlsx](#) added
- Status changed from Active to Accepted

**2022-03-18 Expert Group**

This change was made in NDMS according to suggested TCs and concerns all countries. The TCs exported from NDMS are attached.

As mentioned above, this area needs additional attention and for that a separate ticket was created.

For the moment, the changes in national versions have been made according to proposal made by Sweden.

This case is closed.

**Files**

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TC_C909.xlsx	20 kB	2022-02-01	Mats Fernström
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