WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
ADMINISTRATIVE MANUAL

SUBJECT: GUIDELINES FOR CLASSIFICATION OF HCFA DIAGNOSTIC CATEGORIES **NO: AM 7.22**

EFFECTIVE DATE: 12/2/97

REVIEWED/REVISED: 4/03, 4/04; 01/05; 04/06; 01/07; 01/08; 1/09; 1/10; 1/11; 1/12; 1/13; 1/14; 1/18, 1/21, 1/24

PURPOSE:

To establish Health Care Financial Administration guidelines regarding DRG exempt requirements.

POLICY:

The Health Care Financial Administration (HCFA) defines ten diagnostic categories within which hospitals with DRG exempt status must maintain 75% of their population.

CATEGORIES/DEFINITIONS:

1. **Stroke:** All diagnoses stating stroke, cerebrovascular accident, cerebral thrombosis or any late effects of these conditions.

2. **Spinal cord injury:** Paralysis, quadriplegia, paraplegia, CNS damage or any other residuals due to spinal injury or trauma.

3. **Congenital deformity:** Any physical deformity or residual that is present from the time of birth.

4. **Amputation:** Amputations (unilateral or bilateral) of upper and/or lower extremities which are traumatic or stemming from medical necessity.

5. **Multiple major traumas:** Any patient with residuals or conditions originating from an external cause in which the patient sustains two or more major injuries to the musculoskeletal, vascular and/or neurological systems.

6. **Fractured femur:** Any residual or late effect due to a fracture (pathological or traumatic) of the femur (neck or distal).

7. **Brain injury:** Any residual or late effect due to a closed or open head injury or to
8. head surgery.

9. **Polyarthritis:** All patients with arthritis of multiple joints, including degenerative osteoarthritis (rheumatoid or traumatic) and spinal stenosis.

10. **Neurological disorder:** Neuropathy, myelopathy, radiculopathy, nerve root compression multiple sclerosis, muscular dystrophy, Parkinsons, polyneuropathy due to diabetes mellitus, ALS, Guillian Barre.
11. **Burns:** Any residuals (such as contractures) stemming from burns (30% of the body surface), i.e. scar contracture

Within the categories, patients with the following diagnoses may be candidates for comprehensive rehabilitation services: (although not all-inclusive)

1. **Disorders of a cerebrovascular nature:**
   a. CVA/stroke
   b. TIA
   c. Seizure disorder
   d. Hemiplegia
   e. Hemiparesis
   f. Aphasia
   g. Dysphagia
   h. Gait disorders
   i. Weakness
   j. Ataxia
   k. Dysarthria

2. **Disorders of cerebral atrophy:**
   a. Cognitive disorder

3. **Disorders of the spinal cord:**
   a. Quadraparesis
   b. Paraplegia
   c. LE of spinal cord injury
   d. Spinal atrophy
   e. Spinal stenosis
   f. Spinal cord lesion

4. **Traumatic brain disorders:**
   a. Cognitive disorder
   b. Seizures
   c. LE brain injury
   d. Monoplegia

5. **Motorneuron disease:**
   a. Amyotrophic lateral sclerosis
   b. Primary lateral sclerosis
   c. Spinal muscular atrophy
   d. Polymyositis
   e. Syringomyelia

6. **Diseases of the root and plexus:**
   a. Conus lesions
   b. Cauda equina lesions
   c. Herniated lumbar disc
   d. Root avulsion
   e. Lumbosacral plexus lesions

7. **Polyneuropathies:**

   a. Diabetic neuropathy
   b Alcoholic neuropathy
   c. Uremic neuropathy
   d. Amyloid neuropathy
   e. Neuropathies in malignant conditions
   f. Periarteritis nodosa
   g. Sarcoid neuropathy

8. **Infective and post-infective neuropathies:**
   a. Guillain-Barre syndrome
   b. Diphtheric neuropathy
   c. Leprosy

9. **Metabolic neuropathies:**
   a. Lead
   b. Arsenic
   c. Alcoholic
   d. Paraneoplastic
   e. Biliary cirrhosis
   f. Thiamine deficiency
   g. Pernicious anemia
   h. Drug induced axonopathy

10. **Inherited neuropathies:**
   a. Charcot-Marie-Tooth disease
   b. Focal heterotropic polyneuropathy
   c. Hereditary ataxic neuropathy of Refsum

d. Friedreichs ataxia
e. Acute intermittent porphyria
f. Pressure sensitive hereditary neuropathy
g. Cerebral lipidosis
h. Hereditary sensory neuropathy
i. Lipoprotein neuropathy
j. Giant axonal neuropathy
k. Fabrys disease

11. **Disorders of neuromuscular transmission:**
a. Myasthenia gravis
b. Myasthenic syndrome or Eaton-Lambert syndrome
c. Tick paralysis
d. Parkinson's DISEASE
e. Huntington chorea

12. **Myopathies:**
a. Muscular dystrophy
b. Duchennes
c. Becker type
e. Fascioscapulohumeral
g. Limb girdle

13. **Congenital:**
a. Central Core disease
b. Nemaline myopathy
c. Myotubular myopathy
d. Fiber type dysproportion myopathy

14. **Metabolic:**
a. Acid maltase deficiency
b. Debrancher deficiency
c. Muscle phosphorylase deficiency
d. Muscle phosphofructokinase deficiency
e. Mitochondrial disease
f. Malignant hyperpyrexia or hypothermia

15. **Endocrine myopathies:**
a. Thyroid
b. Parathyroid
c. Adrenaline pituitary disease

16. **Myositis:**
a. Dermatomyositis

b. Polymyositis

17. **Neuromuscular diseases:**
   a. Myotonia
   b. Myotonic dystrophy
   c. Myoatonia congenita
   d. Paramyotonia congenita
   e. Hypokalemic periodic paralysis
   f. Hyperkalemic periodic paralysis
   g. Neuromyotonia
   h. Schwartz-Jampel disease
   I. Myokymia
   j. Stiff man syndrome

PROCEDURE:

1. Patients must meet admission criteria as defined in AM 4.18.

2 The guidelines are general and are not designed to exclude patients with rehabilitation needs.

3. Each referral for admission will be assessed individually for medical necessity.

4. The Admissions Department assigns HCFA classification to each admission. This information is kept in the medical records database.

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Administrator