

Dear APIC member

On July 31, 2008, the Centers for Medicare and Medicaid Services (CMS) released the final rule on the fiscal year 2009 Inpatient Prospective System (IPPS). The rule is expected to be published in the Federal Register on August 19th.

As a result, we wanted to ensure that APIC Members have information on the agency's decisions related to hospital-acquired conditions (HACs). As you may know, APIC submitted comments to CMS when the rule was proposed and those comments may be found [here](#).

We hope this information is helpful.

Sincerely,

APIC Government Relations Department

CMS Issues Final IPPS Rule for Fiscal Year 2009

CMS has added three of the nine proposed HACs to the existing eight for which the agency will pay the lower DRG amount if the complications was acquired at the hospital and the patient has no other complications or comorbidities. Below are the three conditions being added, and those not being added, along with direct excerpts from the CMS rule on the subject.

Conditions Being Added:

- Manifestations of Poor Glycemic Control

We believe that extreme manifestations of poor glycemic control are reasonably preventable through the application of evidence-based guidelines and sound medical practice while in the hospital setting; specifically, we believe that they are preventable through the use of routine serum glucose measurement and control which are basic elements of good hospital care. We are finalizing manifestations of poor glycemic control as an HAC because we have determined after considering the comments received that these conditions meet the statutory criteria.

- Surgical Site Infections

We are selecting surgical site infections following certain orthopedic procedures. The category of surgical site infection following certain orthopedic surgeries (includes selected procedures that are often elective and that involve the repair, replacement, or fusion of various joints including the shoulder, elbow, and spine) AND bariatric surgery for obesity. These procedures will join mediastinitis following coronary artery bypass graft (CABG), which was selected in the FY 2008 IPPS final rule with comment period, as surgical site infection HACs. We look forward to working with stakeholders to identify additional procedures, such as device procedures, in which surgical site infections can be considered reasonably preventable through the application of evidence-based guidelines.

- Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)

We agree with commenters that DVT/PE is reasonably preventable in specific subpopulations, and we are therefore selecting DVT/PE following certain orthopedic surgeries, specifically certain hip and knee replacement surgeries, as HACs.

Conditions Not Being Added:

- Delirium

After consideration of the public comments received, we have decided not to select delirium as an HAC in this final rule. We will continue to monitor the evidence-based guidelines surrounding prevention of delirium. If evidence warrants, we may consider proposing delirium as an HAC in the future.

- Ventilator-Associated Pneumonia (VAP)

In light of the public comments that we received, we are not selecting VAP as an HAC. We will work in partnership with the CDC and closely monitor the evolving literature addressing the prevention of VAP through the application of evidence-based guidelines. If evidence warrants, we may consider proposing VAP as an HAC in the future.

- Staphylococcus aureus Septicemia

In light of these public comments, we are not selecting Staphylococcus aureus septicemia as an HAC in this final rule. If evidence warrants, we may consider proposing Staphylococcus aureus septicemia as an HAC in the future. We note that several commenters recognized that Staphylococcus aureus septicemia cases are being addressed through the vascular catheter-associated infection HAC that was selected in the FY 2008 IPPS final rule with comment period.

- Clostridium difficile-Associated Disease (CDAD)

In light of these public comments, we are not selecting CDAD as an HAC in this final rule. However, we continue to receive strong support from consumers and purchasers to include CDAD as an HAC, and we will continue to consult with the CDC regarding the evidence-based prevention guidelines and coding for CDAD. If evidence warrants, we may consider proposing CDAD as an HAC in the future.

- Legionnaires' Disease

In light of these public comments, we are not selecting Legionnaires' Disease as an HAC in this final rule. Although we are not selecting Legionnaires' Disease as an HAC in this final rule, we will continue to consult with the CDC about the evidence-based prevention guidelines. If evidence warrants, we may consider Legionnaires' Disease and other water-borne pathogens suggested by commenters and noted in section II.F.9. of this preamble (Enhancement and Future Issues) as HACs in the future.

- Iatrogenic Pneumothorax

In light of these public comments, we are not selecting iatrogenic pneumothorax as an HAC in this final rule. Although we are not selecting iatrogenic pneumothorax as an HAC in this final rule, we do recognize this as an adverse event that occurs frequently. We will continue to review the development of evidence-based guidelines for the prevention of iatrogenic pneumothorax. If evidence warrants, we may consider iatrogenic pneumothorax as an HAC in the future.

- Methicillin-resistant Staphylococcus aureus (MRSA)

Though we did not propose MRSA as a candidate HAC in the FY 2009 IPPS proposed rule, MRSA can trigger the HAC payment provision. For every infectious condition selected as an HAC, MRSA could be the etiology of that infection. For example, if MRSA were the cause of a vascular catheter-associated infection (one of the eight conditions selected in the FY 2008 IPPS final rule with comment period), the HAC payment provision would apply to that MRSA infection. As we noted in the FY 2008 IPPS final rule with comment period (72 FR 47212), colonization by MRSA is not a reasonably preventable condition according to the current evidence-based guidelines. Therefore, MRSA does not meet the "reasonably preventable" statutory criterion for an HAC.

For additional information, please see the links below: