

2014

Utah Hospital Discharge Database

Utah Hospital Discharge Database (2014). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2016.

Public-Use Data
File User Manual

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INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee, composed of 15 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

Utah Hospital Discharge Database (UHDD)

Administrative Rule R428 became effective in December 1991, and mandates that all Utah licensed hospitals, both general acute care and specialty, shall report information on inpatient discharges, beginning on January 1, 1992. UHDD contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each inpatient hospital stay.

Sixty Utah hospitals submitted data in 2014, including four psychiatric facilities, thirteen specialty hospitals, and the Veterans Administration Medical Center. New hospitals to the Hospital Discharge Database for 2014 include Marian Center, Provo Canyon (Behavioral Health) Hospital, Salt Lake Behavioral Health, South Davis Community Hospital, and Utah State Hospital.

Public-Use Data Files (PDF)

The Hospital Discharge Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review.

Two different public data files are released for 2014 hospital discharge data (see “File Layout” for data elements and file descriptions).

Data Processing and Quality

Data Submission: The Office of Health Care Statistics provides data element definitions to ensure all hospitals will report similar data and receives discharge data quarterly from hospitals in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Hospital Review: Each hospital is provided with a 15 working day review period to validate the compiled data against their facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the facility unusable), and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient's age, physician specialty, and payers are grouped. Several data elements are encrypted under specific conditions: 1) Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations; 2) non-Utah zip codes with less than 30 visits are grouped in state abbreviations; 3) age, sex, and zip code are encrypted if the discharge involves Major Diagnosis Code (MDC) "25-Human Immunodeficiency Virus Infection" or Diagnosis Related Groups (DRG) "433, 521-523-Alcohol/Drug Abuse or Dependence;" and 4) physician specialty for 8 rural hospitals with less than 30 beds.

Agreement to Protect Patient Confidentiality

The data collected by the Utah Health Data Committee may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Uses of Hospital Data

The PDF includes data on charges and length of stay. Several factors, such as case-mix, severity complexity, payer-mix, market areas, hospital ownership, hospital affiliation, or hospital teaching status, affect the comparability of charge and length of stay across hospitals. Any analysis of charge or length of stay at the hospital level should consider the above factors. The Health Data Committee calculates case-mix index and APR-DRG resource intensity index for each of the hospitals in the data base and utilizes the indices in analysis. Those indices and their methodologies are appended at the end of the manual for users' reference (see Appendix A and B). More information about hospitals can be found in the "Utah Hospital Characteristics" table at <https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5> .

Data Format

Standard format for the public data file is fixed ASCII code on a CD-ROM. Requests for other formats, such as a SAS data set, will be considered.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following:
Utah Hospital Discharge Data File (2014). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2016.

DRG, MS-DRG and APR-DRG Classification

The DRG, MS-DRG and APR-DRG fields in the data were generated using:

3M Core Grouping Software for Windows (Version 2015.2.3). Wallingford CT, 3M Health Information Systems, July 2015.

Specifically, for the APR-DRG, and for the 2014 data, the Core Grouping Software executed the following module:

APR-DRG Grouper (Versions 31.0 & 32.0), Wallingford CT, 3M Health Information Systems, October 2013 & October 2014.

The DRG is the original HCFA defined DRG. For all of the 2014 data, the Core Grouping Software generated this using the following module:

CMS Grouper (Version 24.0), Wallingford CT, 3M Information Systems, October 2006.

The MS-DRG is the new HCFA defined DRG starting with V25.0. For all of the 2014 data, the Core Grouping Software generated this using the following modules:

CMS Grouper (Version 31.0 & 32.0), Wallingford CT, 3M Information Systems, October 2013 & October 2014.

Redistribution

Users shall not redistribute the Utah Hospital Discharge Data File in its original format. Users shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF LIMITED DATASET FILE I (2014.1)

	FIELD NAME	TYPE*	WIDTH	POSITION FROM-TO**	EXAMPLE VALUES
1	Hospital Identifier	Char	3	1-3	101,102,...,803
2	Patient's age (in categories)	Num	3	4-6	0,1,...,21,66,99
3	Patient's gender	Char	1	7-7	M,F,U,E
4	Type of admission	Char	1	8-8	1-5,9
5	Source of Admission/Point of Origin				
	Non-newborns	Char	1	9-9	0-9,A-F
	Newborns	Char	1	10-10	0-6,9
6	Length of stay	Num	8	11-18	Days
7	Patient's discharge status	Char	2	19-20	01,02,...,95
8	Patient's postal zip code	Char	5	21-25	84000,Beave,AZ
9	Patient's residential county	Num	3	26-28	1,2,...,99
10	Patient's cross-county migrant status	Char	1	29-29	Y,N
11	Patient's marital status	Char	1	30-30	S,M,X,D,W,P,U
12	Patient's race and ethnicity	Char	2	31-32	W,WH,...,UK
13	Principal Diagnosis Code 1	Char	5	33-37	xxxxx
14	Diagnosis Code 2	Char	5	38-42	xxxxx
15	Diagnosis Code 3	Char	5	43-47	xxxxx
16	Diagnosis Code 4	Char	5	48-52	xxxxx
17	Diagnosis Code 5	Char	5	53-57	xxxxx
18	Principal Procedure Code	Char	4	58-61	xxxx
19	Secondary Procedure Code 1	Char	4	62-65	xxxx
20	Secondary Procedure Code 2	Char	4	66-69	xxxx
21	DRG	Num	3	70-72	1-579
22	MDC	Num	3	73-75	0-25
23	Total charge	Num	10	76-85	123456.00
24	Facility charge	Num	10	86-95	123456.00
25	Professional charge	Num	10	96-105	123456.00
26	Admitting physician specialty	Char	7	106-112	A,ABS,...,VS
27	Attending physician specialty	Char	7	113-119	A,ABS,...,VS
28	Other consulting physician specialty	Char	7	120-126	A,ABS,...,VS
29	Surgeon's specialty	Char	7	127-133	A,ABS,...,VS
30	Primary payer category	Char	2	134-135	1-10,13,99
31	Secondary payer category	Char	2	136-137	1-10,13,99
32	Tertiary payer category	Char	2	138-139	1-10,13,99
33	Patient's relationship to 1st insured (Continued...)	Num	3	140-142	1,4,9,...,53

	FIELD NAME	TYPE*	WIDTH	POSITION FROM-TO**	EXAMPLE VALUES
34	Outlier, total charge	Num	3	143-145	0,1
35	Outlier, length of stay	Num	3	146-148	0,1
36	APR-DRG	Num	3	149-151	1-956
37	Patient Severity Subclass Value	Char	1	152-152	0-4
38	Discharge Quarter	Char	1	153-153	1-4
39	Record ID number	Num	8	154-161	12345678
40	Diagnosis Code 6	Char	5	162-166	xxxxx
41	Diagnosis Code 7	Char	5	167-171	xxxxx
42	Diagnosis Code 8	Char	5	172-176	xxxxx
43	Diagnosis Code 9	Char	5	177-181	xxxxx
44	Secondary Procedure Code 3	Char	4	182-185	xxxx
45	Secondary Procedure Code 4	Char	4	186-189	xxxx
46	Secondary Procedure Code 5	Char	4	190-193	xxxx
47	E-Code 1	Char	5	194-198	Exxxx
48	Patient Risk of Mortality Value	Char	1	199-199	0-4
49	MS-DRG	Num	3	200-202	1-999
50	MS-MDC	Num	3	203-205	0-25
51	Present on Admission 1 (POA1)	Char	1	206-206	Y,N,U,W,E
52	Present on Admission 2 (POA2)	Char	1	207-207	Y,N,U,W,E
53	Present on Admission 3 (POA3)	Char	1	208-208	Y,N,U,W,E
54	Present on Admission 4 (POA4)	Char	1	209-209	Y,N,U,W,E
55	Present on Admission 5 (POA5)	Char	1	210-210	Y,N,U,W,E
56	Present on Admission 6 (POA6)	Char	1	211-211	Y,N,U,W,E
57	Present on Admission 7 (POA7)	Char	1	212-212	Y,N,U,W,E
58	Present on Admission 8 (POA8)	Char	1	213-213	Y,N,U,W,E
59	Present on Admission 9 (POA9)	Char	1	214-214	Y,N,U,W,E
60	E-Code POA1	Char	1	215-215	Y,N,U,W,E
61	Diagnosis Code 10	Char	5	216-220	xxxxx
62	Present on Admission 10 (POA10)	Char	1	221-221	Y,N,U,W,E
63	Diagnosis Code 11	Char	5	222-226	xxxxx
64	Present on Admission 11 (POA11)	Char	1	227-227	Y,N,U,W,E
65	Diagnosis Code 12	Char	5	228-232	xxxxx
66	Present on Admission 12 (POA12)	Char	1	233-233	Y,N,U,W,E
67	Diagnosis Code 13	Char	5	234-238	xxxxx
68	Present on Admission 13 (POA13)	Char	1	239-239	Y,N,U,W,E
69	Diagnosis Code 14	Char	5	240-244	xxxxx
70	Present on Admission 14 (POA14)	Char	1	245-245	Y,N,U,W,E
71	Diagnosis Code 15	Char	5	246-250	xxxxx
72	Present on Admission 15 (POA15)	Char	1	251-251	Y,N,U,W,E
73	Diagnosis Code 16 (Continued...)	Char	5	252-256	xxxxx

	FIELD NAME	TYPE*	WIDTH	POSITION FROM-TO**	EXAMPLE VALUES
74	Present on Admission 16 (POA16)	Char	1	257-257	Y,N,U,W,E
75	Diagnosis Code 17	Char	5	258-262	xxxxx
76	Present on Admission 17 (POA17)	Char	1	263-263	Y,N,U,W,E
77	Diagnosis Code 18	Char	5	264-268	xxxxx
78	Present on Admission 18 (POA18)	Char	1	269-269	Y,N,U,W,E
79	Admitting Diagnosis Code	Char	5	270-274	xxxxx
80	E-Code 2	Char	5	275-279	Exxxx
81	E-Code POA 2	Char	1	280-280	Y,N,U,W,E
82	E-Code 3	Char	5	281-285	Exxxx
83	E-Code POA 3	Char	1	286-286	Y,N,U,W,E

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2014.3)

	FIELD NAME	TYPE*	WIDTH	POSITION FROM-TO**	EXAMPLE VALUES
1	Hospital Identifier	Char	3	1-3	101,102,...,803
2	Patient's age (in categories)	Num	3	4-6	0,1,...,21,66,99
3	Patient's gender	Char	1	7-7	M,F,U,E
4	Length of stay	Num	8	8-15	Days
5	Patient's discharge status	Char	2	16-17	01,02,...,95
6	Patient's residential county	Num	3	18-20	1,2,...,99
7	Principal diagnosis code	Char	5	21-25	xxxxx
8	Principal procedure	Char	4	26-29	xxxx
9	Secondary procedure 1	Char	4	30-33	xxxx
10	Secondary procedure 2	Char	4	34-37	xxxx
11	DRG	Num	3	38-40	1-579
12	MDC	Num	3	41-43	0-25
13	Total charge	Num	10	44-53	123456.00
14	Facility charge	Num	10	54-63	123456.00
15	Professional charge	Num	10	64-73	123456.00
16	Primary payer category	Char	2	74-75	1-10,13,99
17	Record ID number	Num	8	76-83	12354678
18	MS-DRG	Num	3	84-86	1-999
19	MS-MDC	Num	3	87-89	0-25
20	Present on Admission 1 (POA1)	Char	1	90-90	Y,N,U,W,E

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

DESCRIPTION OF DATA ELEMENTS

Hospital Identifier

Hospital from which patient was discharged. More information about hospitals can be found in the “Utah Hospital Characteristics” table at <https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5>.

101	=	BEAVER VALLEY HOSPITAL
102	=	MILFORD VALLEY MEMORIAL HOSPITAL
103	=	BRIGHAM CITY COMMUNITY HOSPITAL
104	=	BEAR RIVER VALLEY HOSPITAL
105	=	LOGAN REGIONAL HOSPITAL
106	=	CASTLEVIEW HOSPITAL
107	=	LAKEVIEW HOSPITAL
108	=	DAVIS HOSPITAL AND MEDICAL CENTER
109	=	UINTAH BASIN MEDICAL CENTER
110	=	GARFIELD MEMORIAL HOSPITAL
111	=	MOAB REGIONAL HOSPITAL
112	=	VALLEY VIEW MEDICAL CENTER
113	=	CENTRAL VALLEY MEDICAL CENTER - CAH
114	=	KANE COUNTY HOSPITAL
115	=	FILLMORE COMMUNITY MEDICAL CENTER
116	=	DELTA COMMUNITY MEDICAL CENTER
117	=	JORDAN VALLEY MEDICAL CENTER
118	=	ALTA VIEW HOSPITAL
120	=	SALT LAKE REGIONAL MEDICAL CENTER
121	=	LDS HOSPITAL
122	=	PRIMARY CHILDRENS HOSPITAL
124	=	ST. MARK'S HOSPITAL
125	=	UNIVERSITY HEALTH CARE/UNIV HOSPITALS AND CLINICS
126	=	JORDAN VALLEY MEDICAL CENTER - WEST VALLEY CAMPUS (formerly Pioneer Valley Hospital)
128	=	SAN JUAN HOSPITAL
129	=	GUNNISON VALLEY HOSPITAL
130	=	SANPETE VALLEY HOSPITAL - CAH
132	=	SEVIER VALLEY MEDICAL CENTER
133	=	MOUNTAIN WEST MEDICAL CENTER
134	=	ASHLEY REGIONAL MEDICAL CENTER
135	=	OREM COMMUNITY HOSPITAL
136	=	AMERICAN FORK HOSPITAL
137	=	MOUNTAIN VIEW HOSPITAL
138	=	UTAH VALLEY REGIONAL MEDICAL CENTER

139	=	HEBER VALLEY MEDICAL CENTER
140	=	DIXIE REGIONAL MEDICAL CENTER
141	=	MCKAY DEE HOSPITAL
142	=	OGDEN REGIONAL MEDICAL CENTER
144	=	TIMPANOGOS REGIONAL HOSPITAL
145	=	CACHE VALLEY HOSPITAL
146	=	INTERMOUNTAIN MEDICAL CENTER
147	=	PARK CITY MEDICAL CENTER
148	=	RIVERTON HOSPITAL
149	=	LONE PEAK HOSPITAL
151	=	BLUE MOUNTAIN HOSPITAL
201	=	BENCHMARK BEHAVIORAL HEALTH SYSTEMS
206	=	UNIV. INSTITUTE OF NEUROPSYCHOLOGY (UofU)
209	=	UTAH STATE HOSPITAL
210	=	MARIAN CENTER
211	=	SALT LAKE BEHAVIORAL HEALTH
212	=	PROVO CANYON (BEHAVIORAL HEALTH) HOSPITAL
301	=	SOUTH DAVIS COMMUNITY HOSPITAL
302	=	HIGHLAND RIDGE HOSPITAL
305	=	SHRINER'S HOSPITAL FOR CHILDREN
306	=	HEALTHSOUTH REHABILITATION HOSPITAL
307	=	THE ORTHOPEDIC SPECIALTY HOSPITAL
308	=	PROMISE HOSPITAL OF SALT LAKE
309	=	UHC/UNIVERSITY OF UTAH ORTHOPEDIC CENTER
310	=	UHC/UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE
311	=	UTAH VALLEY SPECIALTY HOSPITAL
801	=	VETERAN'S ADMINISTRATION MEDICAL CENTER
803	=	USAF HOSPITAL HILL/SGA (exempt from reporting)

Patient's Age

Age of patient at date of release.

0	=	1 - 28 days
1	=	29 -365 days
2	=	1-4 years
3	=	5-9
4	=	10-14
5	=	15-17
6	=	18-19
7	=	20-24
8	=	25-29
9	=	30-34
10	=	35-39
11	=	40-44

12	=	45-49
13	=	50-54
14	=	55-59
15	=	60-64
16	=	65-69
17	=	70-74
18	=	75-79
19	=	80-84
20	=	85-89
21	=	90 +
66	=	Encrypted
99	=	Unknown
Blank	=	Not reported

Patient's Gender

M	=	Male
F	=	Female
U	=	Unknown
E	=	Encrypted (confidential data)
Blank	=	Not reported

Type of Admission

1	=	Emergency: The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
2	=	Urgent: The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.
3	=	Elective: The patient's condition permits adequate time to schedule the availability of a suitable accommodation. An elective admission can be delayed without substantial risk to the health of the individual
4	=	Newborn: Use of this code necessitates the use of special source of admission codes, see Source of Admission below. Generally, the child is born within the facility.
5	=	Trauma Center: Visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of surgeons and involving a trauma activation.
9	=	Unknown
Blank	=	Not reported

Source of Admission/Point of Origin for Non-Newborns

0	=	Newborns
1	=	Non-health care facility: The patient was admitted to this facility includes patients coming from home or workplace.
2	=	Clinic or Physician's Office: The patient was admitted to this facility upon

- 3 = recommendation of another clinic or physician office.
- 4 = (Reserved for assignment by the NUBC)
- 5 = Transfer from a hospital: The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
- 6 = Transfer from a skilled nursing facility or intermediate care facility: The patient was admitted to this facility as a transfer from a skilled nursing facility or intermediate care facility where he or she was an inpatient.
- 7 = Transfer from another health care facility: The patient was admitted to this facility as a transfer from a health care facility not defined elsewhere on this list.
- 8 = (Discontinued. Emergency room: The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.)
- 9 = Court/Law enforcement: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative. Includes transfers from incarceration facilities.
- A = Information not available: The means by which the patient was admitted to this hospital is not known.
- B = Transfer from a critical access hospital
- C = Transfer from another HHA
- D = Readmission to same HHA
- E = Transfer from one distinct unit of the hospital to another distinct unit of the hospital: The patient was admitted to the hospital as a transfer from another distinct unit within the hospital to hospital inpatient within this hospital resulting in a separate claim to the payer.
- F = Transfer from Ambulatory Surgery Center: The patient was admitted to the facility as a transfer from an ambulatory surgery center.
- F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program: The patient was admitted to the facility as a transfer from a hospice.

Source of Admission/Point of Origin for Newborns

- 0 = Non-Newborns
- 1 = Normal delivery: a baby delivered without complications
- 2 = Premature delivery: a baby delivered with time or weight factors qualifying it for premature status
- 3 = Sick baby: a baby delivered with medical complications, other than those relating to premature status
- 4 = Extramural birth: a baby born in non-sterile environment
- 5 = Born inside this hospital
- 6 = Born outside this hospital
- 9 = Information not available
- Blank = Not reported

Length of Stay

Total days stayed in hospital from the date of admission to the date of discharge.

- Blank = Not reported

Patient's Discharge Status

- 01 = Discharge to home or self-care, routine discharge
- 02 = Discharge/transferred to another short-term general hospital
- 03 = Discharge/transferred to skilled nursing facility
- 04 = Discharge/transferred to an intermediate care facility
- 05 = Discharged/transferred to a designated cancer center or children's hospital
- 06 = Discharge/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 20 = Expired
- 21 = Discharged/transferred to Court/Law enforcement
- 40 = Expired at home
- 41 = Expired in a medical facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired - place unknown
- 43 = Discharged to federal facility
- 50 = Discharged/transferred to hospice - home
- 51 = Discharged/transferred to hospice - medical facility
- 61 = Discharged/transferred within institution to hospital based Medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct part units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 = Discharged/transferred to a psychiatric facility
- 66 = Discharged/transferred to a Critical Access Hospital
- 69 = Discharge/transferred to a designated disaster alternative care site
- 70 = Discharged/transferred/referred to another institution not defined elsewhere in this code list
- 71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
- 72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)
- 81 = Discharged to home or self-care with a planned acute care hospital inpatient readmission
- 82 = Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
- 83 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
- 84 = Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
- 85 = Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission

- 86 = Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
- 87 = Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
- 88 = Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
- 89 = Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
- 90 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
- 91 = Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
- 92 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
- 93 = Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
- 94 = Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
- 95 = Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
- 09 = Unknown
- Blank = Not reported

Patient's Residential Zip Code

- 84000-84799 = Zip codes in Utah
- 4444 = Homeless (word homeless or homeless code of ZZZZZ given as address)
- 5555 = Unknown Utah (Unknown/invalid zip code with Utah address). *Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier*
- 8888 = Unknown (completely missing address information)
- 9999 = Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a zip code is to use the United States Postal Service website: <https://tools.usps.com/go/ZipLookupAction!input.action>

Patient's County Code

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the county code:

Beave	=	Beaver
BoxEl	=	Box Elder
Cache	=	Cache
Carbo	=	Carbon
Dagge	=	Daggett
Davis	=	Davis
Duche	=	Duchesne
Emery	=	Emery
Garfi	=	Garfield
Grand	=	Grand
Iron	=	Iron
Juab	=	Juab
Kane	=	Kane
Milla	=	Millard
Morga	=	Morgan
MulCo	=	Multi-county (no longer used)
Piute	=	Piute
Rich	=	Rich
SaltL	=	Salt Lake
SanJu	=	San Juan
Sanpe	=	Sanpete
Sevie	=	Sevier
Summi	=	Summit
Toeel	=	Tooele
Uinta	=	Uinta
Utah	=	Utah
Wasat	=	Wasatch
Washi	=	Washington
Wayne	=	Wayne
Weber	=	Weber

Patient's State Code

If less than 30 encounters occurred for a non-Utah zip code area, this zip code was mapped into the state code:

AL	=	ALABAMA
AK	=	ALASKA
AZ	=	ARIZONA
AR	=	ARKANSAS
CA	=	CALIFORNIA

CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
HI = HAWAII
ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA
MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA
NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH
VT = VERMONT
VA = VIRGINIA
WA = WASHINGTON

WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING
GU = GUAM
PR = PUERTO RICO

Patient's Residential County

1 = Box Elder
2 = Cache
3 = Rich
4 = Morgan
5 = Weber
6 = Davis
7 = Salt Lake
8 = Summit
9 = Tooele
10 = Utah
11 = Wasatch
12 = Daggett
13 = Duchesne
14 = Uintah
15 = Juab
16 = Millard
17 = Sanpete
18 = Piute
19 = Sevier
20 = Wayne
21 = Carbon
22 = Emery
23 = Grand
24 = San Juan
25 = Beaver
26 = Garfield
27 = Iron
28 = Kane
29 = Washington
30 = Multi-County
44 = Homeless (word "homeless" or homeless code of ZZZZZ given as address)
55 = Unknown Utah (unknown city & zip but "Utah" in address or invalid zip code beginning with 84)
77 = Outside Utah (but in U.S.A.)
88 = Unknown (completely missing address information)
99 = Outside U.S.A. (foreign address)

Suggested Division of Local Areas

The data analyst might find one of the following three grouping schemes useful for combining data according to patient county of residence:

Definition	County Code (see above)
1. Urban vs. Rural Areas	
Urban	5, 6, 7, 10
Rural	1-4, 8-9, 11-29
Exclude from Analysis	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	1-4, 8, 9, 11-29
Exclude from Analysis	30, 44, 55, 77, 88, 99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4, 5
Davis	6
Salt Lake	7
Summit	8
Tooele	9
Utah County	10
Wasatch	11
TriCounty	12-14
Central	15-20
Southeastern	21-24
Southwest	25-29

Patient's Cross-County Migration Status

Hospital in different county than patient residence

- Y = Yes (includes out-of-state, foreign, homeless, out-of-county)
- N = No (from same county)
- U = Unknown (includes unknown and unknown but Utah residence)

Patient's Marital Status

- S = Single
- M = Married
- X = Legally Separated
- D = Divorced
- W = Widowed
- P = Life Partner
- U = Unknown
- Blank = Not reported

Patient's Race & Ethnicity

W	=	White, non-Hispanic origin
WH	=	White, Hispanic origin
NW	=	Non-white, Hispanic origin
NH	=	Non-white, non-Hispanic origin
UK	=	Unknown
Blank	=	Not reported

Principal Diagnosis Code

ICD-9-CM code. Refer to International Classification of Diseases (9th Revision): Clinical Modification for description. There is an “implied” decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data). ICD-9-CM E-Codes and V-Codes might also be found in this field.

Blank	=	Not reported
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Present on Admission Code (POA)

Diagnosis was present on inpatient admission. POA is associated with Principal Diagnosis Code.

Y	=	Present at time of inpatient admission
N	=	Not present at time of inpatient admission
U	=	Unknown
W	=	Clinically undetermined
E	=	Exempt from POA reporting
Blank	=	Not reported

Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 17

Definition is the same as Principal Diagnosis Code. ICD-9-CM E-Codes and V-Codes might also be found in this field.

Present on Admission Code 1 ... Present on Admission Code 17

Definition is the same as Present on Admission Code. POA 1 is associated with Secondary Diagnosis 1, POA 2 is associated with Secondary Diagnosis 2, ...

Principal Procedure Code

ICD-9-CM code. Refer to International Classification of Diseases (9th Revision): Clinical Modification for description. There is an “implied” decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank	=	Not reported
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Secondary Procedure Code 1 ... Secondary Procedure Code 5

Definition is the same as Principal Procedure Code.

Diagnosis Related Group (DRG) Version 24 (data through 3rd quarter 2007)

- 1* = CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA (prior to 10-1-02)
- 1* = CRANIOTOMY AGE >17 WITH COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
- 2* = CRANIOTOMY FOR TRAUMA AGE >17 (prior to 10-1-02)
- 2* = CRANIOTOMY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
- 3 = CRANIOTOMY AGE 0-17
- 4* = SPINAL PROCEDURES (prior to 10-1-03; no DRG 4 beginning 10-1-03 when DRGs 531-532 were added)
- 5* = EXTRACRANIAL VASCULAR PROCEDURES (prior to 10-1-03; no DRG 5 beginning 10-1-03 when DRGs 533-534 were added)
- 6 = CARPAL TUNNEL RELEASE
- 7 = PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 8 = PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 9 = SPINAL DISORDERS & INJURIES
- 10 = NERVOUS SYSTEM NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
- 11 = NERVOUS SYSTEM NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
- 12 = DEGENERATIVE NERVOUS SYSTEM DISORDERS
- 13 = MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
- 14* = SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACK (prior to 10-1-02)
- 14* = INTRA CRANIAL HEMORRHAGE AND STROKE WITH INFARCTION (beginning 10-1-02, used until 10-1-04)
- 14* = INTRACRANIAL HEMORRHAGE & STROKE W/ INFARCTION (beginning 10-1-03)
- 14* = INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION (beginning 10-1-04)
- 15* = TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS (prior to 10-1-02)
- 15* = NONSPECIFIC CEREBROVASCULAR AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION (beginning 10-1-02)
- 16 = NONSPECIFIC CEREBROVASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 17 = NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 18 = CRANIAL & PERIPHERAL NERVE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 19 = CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 20* = NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS (prior to 10-1-06)
- 21 = VIRAL MENINGITIS
- 22 = HYPERTENSIVE ENCEPHALOPATHY
- 23 = NONTRAUMATIC STUPOR & COMA
- 24* = SEIZURE & HEADACHE AGE >17 WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)

- 25* = SEIZURE & HEADACHE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
(prior to 10-1-06)
- 26 = SEIZURE & HEADACHE AGE 0-17
- 27 = TRAUMATIC STUPOR & COMA, COMA >1 HR
- 28 = TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
- 29 = TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
- 30 = TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
- 31 = CONCUSSION AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 32 = CONCUSSION AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 33 = CONCUSSION AGE 0-17
- 34 = OTHER DISORDERS OF NERVOUS SYSTEM WITH COMPLICATIONS,
COMORBIDITIES
- 35 = OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT COMPLICATION,
COMORBIDITIES
- 36 = RETINAL PROCEDURES
- 37 = ORBITAL PROCEDURES
- 38 = PRIMARY IRIS PROCEDURES
- 39 = LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
- 40 = EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
- 41 = EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
- 42 = INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
- 43 = HYPHEMA
- 44 = ACUTE MAJOR EYE INFECTIONS
- 45 = NEUROLOGICAL EYE DISORDERS
- 46 = OTHER DISORDERS OF THE EYE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 47 = OTHER DISORDERS OF THE EYE AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
- 48 = OTHER DISORDERS OF THE EYE AGE 0-17
- 49 = MAJOR HEAD & NECK PROCEDURES
- 50 = SIALOADENECTOMY
- 51 = SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
- 52 = CLEFT LIP & PALATE REPAIR
- 53 = SINUS & MASTOID PROCEDURES AGE >17
- 54 = SINUS & MASTOID PROCEDURES AGE 0-17
- 55 = MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
- 56 = RHINOPLASTY
- 57 = TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR
ADENOIDECTOMY ONLY, AGE >17
- 58 = TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR
ADENOIDECTOMY ONLY, AGE 0-17
- 59 = TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
- 60 = TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17

- 61 = MYRINGOTOMY WITH TUBE INSERTION AGE >17
- 62 = MYRINGOTOMY WITH TUBE INSERTION AGE 0-17
- 63 = OTHER EAR, NOSE, MOUTH & THROAT OPERATING ROOM PROCEDURES
- 64 = EAR, NOSE, MOUTH & THROAT MALIGNANCY
- 65 = DISEQUILIBRIUM
- 66 = EPISTAXIS
- 67 = EPIGLOTTITIS
- 68 = OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE >17 WITH
COMPLICATIONS, COMORBIDITIES
- 69 = OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE > 17 WITHOUT
COMPLICATIONS, COMORBIDITIES
- 70 = OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE 0-17
- 71 = LARYNGOTRACHEITIS
- 72 = NASAL TRAUMA & DEFORMITY
- 73 = OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
- 74 = OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
- 75 = MAJOR CHEST PROCEDURES
- 76 = OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
- 77 = OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES
- 78 = PULMONARY EMBOLISM
- 79 = RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
- 80 = RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
- 81 = RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
- 82 = RESPIRATORY NEOPLASMS
- 83 = MAJOR CHEST TRAUMA WITH COMPLICATIONS, COMORBIDITIES
- 84 = MAJOR CHEST TRAUMA WITHOUT COMPLICATIONS, COMORBIDITIES
- 85 = PLEURAL EFFUSION WITH COMPLICATIONS, COMORBIDITIES
- 86 = PLEURAL EFFUSION WITHOUT COMPLICATIONS, COMORBIDITIES
- 87 = PULMONARY EDEMA & RESPIRATORY FAILURE
- 88 = CHRONIC OBSTRUCTIVE PULMONARY DISEASE
- 89 = SIMPLE PNEUMONIA & PLEURISY AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
- 90 = SIMPLE PNEUMONIA & PLEURISY AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
- 91 = SIMPLE PNEUMONIA & PLEURISY AGE 0-17
- 92 = INTERSTITIAL LUNG DISEASE WITH COMPLICATIONS, COMORBIDITIES
- 93 = INTERSTITIAL LUNG DISEASE WITHOUT COMPLICATIONS, COMORBIDITIES
- 94 = PNEUMOTHORAX WITH COMPLICATIONS, COMORBIDITIES
- 95 = PNEUMOTHORAX WITHOUT COMPLICATIONS, COMORBIDITIES
- 96 = BRONCHITIS & ASTHMA AGE >17 WITH COMPLICATIONS, COMORBIDITIES

- 97 = BRONCHITIS & ASTHMA AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 98 = BRONCHITIS & ASTHMA AGE 0-17
- 99 = RESPIRATORY SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES
- 100 = RESPIRATORY SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES
- 101 = OTHER RESPIRATORY SYSTEM DIAGNOSES WITH COMPLICATIONS,
COMORBIDITIES
- 102 = OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS,
COMORBIDITIES
- 103* = HEART TRANSPLANT (prior to 10-1-04)
- 103* = HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM (beginning 10-1-04)
- 104* = CARDIAC VALVE PROCEDURES WITH CARDIAC CATHETER (prior to 10-1-98)
- 104* = CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH
CARDIAC CATHETER (beginning 10-1-98)
- 105* = CARDIAC VALVE PROCEDURES WITHOUT CARDIAC CATHETER (prior to 10-1-98)
- 105* = CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC WITHOUT CARDIAC
CATHETER (beginning 10-1-98)
- 106* = CORONARY BYPASS WITH CARDIAC CATHETER (prior to 10-1-98)
- 106* = CORONARY BYPASS WITH PTCA (beginning 10-1-98)
- 107* = CORONARY BYPASS WITHOUT CARDIAC CATHETER (prior to 10-1-98)
- 107* = CORONARY BYPASS WITH CARDIAC CATHETER (beginning 10-1-98; no DRG 107
beginning 10-1-05 when DRGs 547-548 were added)
- 108 = OTHER CARDIOTHORACIC PROCEDURES
- 109* = CORONARY BYPASS WITHOUT CARDIAC CATHETER (beginning 10-1-98; no DRG
109 beginning 10-1-05 when DRGs 549-550 were added)
- 110 = MAJOR CARDIOVASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 111 = MAJOR CARDIOVASCULAR PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES
- 112* = PERCUTANEOUS CARDIOVASCULAR PROCEDURES (prior to 10-1-01; no DRG 112
beginning 10-1-01 when DRGs 516-518 were added)
- 113 = AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
- 114 = UPPER LIMB & TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS
- 115* = PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL
INFARCTION, HEART FAILURE OR SHOCK (prior to 10-1-97)
- 115 = *PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL
INFARCTION, HEART FAILURE OR SHOCK, OR AICD LEAD OR GENERATOR PROC
(beginning 10-1-97; no DRG 115 beginning 10-1-05 when DRG 551 was added)
- 116* = OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR AICD LEAD OR
GENERATOR PROC (prior to 10-1-97)
- 116* = OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR PTCA WITH CORONARY
ARTERY STENT IMPLANT (between 10-1-97 and 10-1-01)
- 116* = OTHER CARDIAC PACEMAKER IMPLANTATION (beginning 10-1-01; no DRG 116
beginning 10-1-05 when DRG 552 was added)
- 117 = CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
- 118 = CARDIAC PACEMAKER DEVICE REPLACEMENT
- 119 = VEIN LIGATION & STRIPPING
- 120 = OTHER CIRCULATORY SYSTEM OPERATING ROOM PROCEDURES

- 121* = CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE (prior to 10-1-97)
- 121* = CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & MAJOR COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)
- 122* = CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT CARDIOVASCULAR COMPLICATION, DISCHARGED ALIVE (prior to 10-1-97)
- 122* = CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT MAJOR COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)
- 123 = CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION, EXPIRED
- 124 = CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETER & COMPLEX DIAGNOSES
- 125 = CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETER WITHOUT COMPLEX DIAGNOSES
- 126 = ACUTE & SUBACUTE ENDOCARDITIS
- 127 = HEART FAILURE & SHOCK
- 128 = DEEP VEIN THROMBOPHLEBITIS
- 129 = CARDIAC ARREST, UNEXPLAINED
- 130 = PERIPHERAL, VASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 131 = PERIPHERAL VASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 132 = ATHEROSCLEROSIS WITH COMPLICATIONS, COMORBIDITIES
- 133 = ATHEROSCLEROSIS WITHOUT COMPLICATIONS, COMORBIDITIES
- 134 = HYPERTENSION
- 135 = CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 136 = CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 137 = CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
- 138 = CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 139 = CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 140 = ANGINA PECTORIS
- 141 = SYNCOPE & COLLAPSE WITH COMPLICATIONS, COMORBIDITIES
- 142 = SYNCOPE & COLLAPSE WITHOUT COMPLICATIONS, COMORBIDITIES
- 143 = CHEST PAIN
- 144 = OTHER CIRCULATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
- 145 = OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
- 146 = RECTAL RESECTION WITH COMPLICATIONS, COMORBIDITIES
- 147 = RECTAL RESECTION WITHOUT COMPLICATIONS, COMORBIDITIES
- 148* = MAJOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
- 149 = MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 150 = PERITONEAL ADHESIOLYSIS WITH COMPLICATIONS, COMORBIDITIES

- 151 = PERITONEAL ADHESIOLYSIS WITHOUT COMPLICATIONS, COMORBIDITIES
- 152 = MINOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 153 = MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 154* = STOMACH, ESOPHAGEAL, & DUODENAL PROCEDURES AGE >17 WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
- 155 = STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 156 = STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
- 157 = ANAL & STOMAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 158 = ANAL & STOMAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 159 = HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 160 = HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 161 = INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 162 = INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITHOUT COMPLICATIONS COMORBIDITIES
- 163 = HERNIA PROCEDURES AGE 0-17
- 164 = APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS, COMORBIDITIES
- 165 = APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS, COMORBIDITIES
- 166 = APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS, COMORBIDITIES
- 167 = APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS, COMORBIDITIES
- 168 = MOUTH PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 169 = MOUTH PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 170 = OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 171 = OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 172 = DIGESTIVE MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
- 173 = DIGESTIVE MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
- 174 = GASTROINTESTINAL HEMORRHAGE WITH COMPLICATIONS, COMORBIDITIES
- 175 = GASTROINTESTINAL HEMORRHAGE WITHOUT COMPLICATIONS, COMORBIDITIES
- 176 = COMPLICATED PEPTIC ULCER
- 177 = UNCOMPLICATED PEPTIC ULCER WITH COMPLICATIONS, COMORBIDITIES
- 178 = UNCOMPLICATED PEPTIC ULCER WITHOUT COMPLICATIONS, COMORBIDITIES
- 179 = INFLAMMATORY BOWEL DISEASE
- 180 = GASTROINTESTINAL OBSTRUCTION WITH COMPLICATIONS, COMORBIDITIES
- 181 = GASTROINTESTINAL OBSTRUCTION WITHOUT COMPLICATIONS, COMORBIDITIES

- 182 = ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 183 = ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 184 = ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE 0-17
- 185 = DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE >17
- 186 = DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17
- 187 = DENTAL EXTRACTIONS & RESTORATIONS
- 188 = OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 189 = OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 190 = OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
- 191 = PANCREAS, LIVER & SHUNT PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 192 = PANCREAS, LIVER & SHUNT PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 193 = BILIARY TACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
- 194 = BILIARY TRACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
- 195 = CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
- 196 = CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
- 197 = CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
- 198 = CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
- 199 = HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
- 200 = HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
- 201 = OTHER HEPATOBILIARY OR PANCREAS OPERATING ROOM PROCEDURES
- 202 = CIRRHOSIS & ALCOHOLIC HEPATITIS
- 203 = MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS
- 204 = DISORDERS OF PANCREAS EXCEPT MALIGNANCY
- 205 = DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITH COMPLICATIONS, COMORBIDITIES
- 206 = DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITHOUT COMPLICATIONS, COMORBIDITIES
- 207 = DISORDERS OF THE BILIARY TRACT WITH COMPLICATIONS, COMORBIDITIES
- 208 = DISORDERS OF THE BILIARY TRACT WITHOUT COMPLICATIONS, COMORBIDITIES
- 209* = MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY (no DRG 209 beginning 10-1-05 when DRGs 544-545 were added)

- 210 = HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 211 = HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 212 = HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
- 213 = AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DISORDERS
- 214* = BACK & NECK PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no DRG 214 beginning 10-1-97 when DRGs 497-500 were added)
- 215* = BACK & NECK PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-07; no DRG 215 beginning 10-1-97 when DRGs 497-500 were added)
- 216 = BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
- 217 = WOUND DEBRIDEMENT & SKIN GRAFT EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DISORDERS AGE>17 WITH COMPLICATIONS, COMORBIDITIES
- 218 = LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE>17 COMPLICATIONS, COMORBIDITIES
- 219 = LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE>17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 220 = LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE 0-17
- 221* = KNEE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no DRG 221 beginning 10-1-97 when DRGs 501-503 were added)
- 222* = KNEE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no DRG 222 beginning 10-1-97 when DRGs 501-503 were added)
- 223 = MAJOR SHOULDER/ELBOW PROCEDURE, OR OTHER UPPER EXTREMITY PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 224 = SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 225 = FOOT PROCEDURES
- 226 = SOFT TISSUE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 227 = SOFT TISSUE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 228 = MAJOR THUMB OR JOINT PROCEDURE, OR OTHER HAND OR WRIST PROCEDURE WITH COMPLICATIONS, COMORBIDITIES
- 229 = HAND OR WRIST PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE, WITHOUT COMPLICATIONS, COMORBIDITIES
- 230 = LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES OF HIP & FEMUR
- 231* = LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP & FEMUR (prior to 10-1-03; no DRG 231 beginning 10-1-03 and DRGs 537-538 were added)
- 232 = ARTHROSCOPY
- 233 = OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 234 = OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 235 = FRACTURES OF FEMUR
- 236 = FRACTURES OF HIP & PELVIS

- 237 = SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
- 238 = OSTEOMYELITIS
- 239 = PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONNECTIVE TISSUE MALIGNANCY
- 240 = CONNECTIVE TISSUE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 241 = CONNECTIVE TISSUE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 242 = SEPTIC ARTHRITIS
- 243 = MEDICAL BACK PROBLEMS
- 244 = BONE DISEASES & SPECIFIC ARTHROPATHIES WITH COMPLICATIONS, COMORBIDITIES
- 245 = BONE DISEASES & SPECIFIC ARTHROPATHIES WITHOUT COMPLICATIONS, COMORBIDITIES
- 246 = NON-SPECIFIC ARTHROPATHIES
- 247 = SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
- 248 = TENDINITIS, MYOSITIS & BURSTITIS
- 249 = AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
- 250 = FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 251 = FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 252 = FRACTURE, SPRAIN, STRAIN & DISLOCATION OF FOREARM, HAND, FOOT AGE 0-17
- 253 = FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 254 = FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG, EXCEPT FOOT AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 255 = FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT AGE 0-17
- 256 = OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSIS
- 257 = TOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
- 258 = TOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
- 259 = SUBTOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
- 260 = SUBTOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
- 261 = BREAST PROCEDURE FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
- 262 = BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
- 263 = SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITH COMPLICATIONS, COMORBIDITIES
- 264 = SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITHOUT COMPLICATIONS, COMORBIDITIES
- 265 = SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHCOMPLICATIONS, COMORBIDITIES
- 266 = SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT COMPLICATIONS, COMORBIDITIES

- 267 = PERIANAL & PILONIDAL PROCEDURES
- 268 = SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
- 269 = OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
- 270 = OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES
- 271 = SKIN ULCERS
- 272 = MAJOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 273 = MAJOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 274 = MALIGNANT BREAST DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 275 = MALIGNANT BREAST DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 276 = NON-MALIGNANT BREAST DISORDERS
- 277 = CELLULITIS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 278 = CELLULITIS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 279 = CELLULITIS AGE 0-17
- 280 = TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITH
COMPLICATIONS, COMORBIDITIES
- 281 = TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17
WITHOUT COMPLICATIONS, COMORBIDITIES
- 282 = TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE 0-17
- 283 = MINOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 284 = MINOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 285 = AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITION & METABOLIC
DISORDERS
- 286 = ADRENAL & PITUITARY PROCEDURES
- 287 = SKIN GRAFTS & WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITION &
METABOLIC DISORDERS
- 288 = OPERATING ROOM PROCEDURES FOR OBESITY
- 289 = PARATHYROID PROCEDURES
- 290 = THYROID PROCEDURES
- 291 = THYROGLOSSAL PROCEDURES
- 292 = OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES
WITH COMPLICATIONS, COMORBIDITIES
- 293 = OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES
WITHOUT COMPLICATIONS, COMORBIDITIES
- 294 = DIABETES AGE >35
- 295 = DIABETES AGE 0-35
- 296 = NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITH
COMPLICATIONS, COMORBIDITIES
- 297 = NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
- 298 = NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE 0-17
- 299 = INBORN ERRORS OF METABOLISM
- 300 = ENDOCRINE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 301 = ENDOCRINE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

- 302 = KIDNEY TRANSPLANT
- 303 = KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
- 304 = KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM WITH
COMPLICATIONS, COMORBIDITIES
- 305 = KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM
WITHOUT COMPLICATIONS, COMORBIDITIES
- 306 = PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES
- 307 = PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
- 308 = MINOR BLADDER PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 309 = MINOR BLADDER PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 310 = TRANSURETHRAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 311 = TRANSURETHRAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 312 = URETHRAL PROCEDURES, AGE > 17 WITH COMPLICATIONS, COMORBIDITIES
- 313 = URETHRAL PROCEDURES, AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 314 = URETHRAL PROCEDURES, AGE 0-17
- 315 = OTHER KIDNEY & URINARY TRACT OPERATING ROOM PROCEDURES
- 316 = RENAL FAILURE
- 317 = ADMIT FOR RENAL DIALYSIS
- 318 = KIDNEY & URINARY TRACT NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
- 319 = KIDNEY & URINARY TRACT NEOPLASMS WITHOUT COMPLICATIONS,
COMORBIDITIES
- 320 = KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
- 321 = KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
- 322 = KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
- 323 = URINARY STONES WITH COMPLICATIONS, COMORBIDITIES, &/OR
EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
- 324 = URINARY STONES WITHOUT COMPLICATIONS, COMORBIDITIES
- 325 = KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
- 326 = KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
- 327 = KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
- 328 = URETHRAL STRICTURE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 329 = URETHRAL STRICTURE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 330 = URETHRAL STRICTURE AGE 0-17
- 331 = OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
- 332 = OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
- 333 = OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
- 334 = MAJOR MALE PELVIC PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 335 = MAJOR MALE PELVIC PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 336 = TRANSURETHRAL PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES

- 337 = TRANSURETHRAL PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
- 338 = TESTES PROCEDURES, FOR MALIGNANCY
- 339 = TESTES PROCEDURES, NON-MALIGNANCY AGE >17
- 340 = TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
- 341 = PENIS PROCEDURES
- 342 = CIRCUMCISION AGE >17
- 343 = CIRCUMCISION AGE 0-17
- 344 = OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES FOR MALIGNANCY
- 345 = OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES EXCEPT FOR MALIGNANCY
- 346 = MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITH COMPLICATIONS, COMORBIDITIES
- 347 = MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITHOUT COMPLICATIONS, COMORBIDITIES
- 348 = BENIGN PROSTATIC HYPERTROPHY WITH COMPLICATIONS, COMORBIDITIES
- 349 = BENIGN PROSTATIC HYPERTROPHY WITHOUT COMPLICATIONS, COMORBIDITIES
- 350 = INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
- 351 = STERILIZATION, MALE
- 352 = OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
- 353 = PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
- 354 = UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
- 355 = UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
- 356 = FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
- 357 = UTERINE & ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY
- 358 = UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
- 359 = UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
- 360 = VAGINA, CERVIX & VULVA PROCEDURES
- 361 = LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
- 362 = ENDOSCOPIC TUBAL INTERRUPTION
- 363 = DILATION & CURETTAGE, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
- 364 = DILATION & CURETTAGE, CONIZATION EXCEPT FOR MALIGNANCY
- 365 = OTHER FEMALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES
- 366 = MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH COMPLICATIONS, COMORBIDITIES
- 367 = MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT COMPLICATIONS, COMORBIDITIES
- 368 = INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
- 369 = MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
- 370 = CESAREAN SECTION WITH COMPLICATIONS, COMORBIDITIES
- 371 = CESAREAN SECTION WITHOUT COMPLICATIONS, COMORBIDITIES

- 372 = VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES
- 373 = VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES
- 374 = VAGINAL DELIVERY WITH STERILIZATION &/OR DILATION & CURETTAGE
- 375 = VAGINAL DELIVERY WITH OPERATING ROOM PROCEDURE EXCEPT STERILIZATION &/OR DILATION & CURETTAGE
- 376 = POSTPARTUM & POST ABORTION DIAGNOSES WITHOUT OPERATING ROOM PROCEDURE
- 377 = POSTPARTUM & POST ABORTION DIAGNOSES WITH OPERATING ROOM PROCEDURE
- 378 = ECTOPIC PREGNANCY
- 379 = THREATENED ABORTION
- 380 = ABORTION WITHOUT DILATION & CURETTAGE
- 381 = ABORTION WITH DILATION & CURETTAGE, ASPIRATION CURETTAGE OR HYSTEROTOMY
- 382 = FALSE LABOR
- 383 = OTHER ANTEPARTUM DIAGNOSES WITH MEDICAL COMPLICATIONS
- 384 = OTHER ANTEPARTUM DIAGNOSES WITHOUT MEDICAL COMPLICATIONS
- 385 = NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
- 386 = EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
- 387 = PREMATURE WITH MAJOR PROBLEMS
- 388 = PREMATURE WITHOUT MAJOR PROBLEMS
- 389 = FULL TERM NEONATE WITH MAJOR PROBLEMS
- 390 = NEONATE WITH OTHER SIGNIFICANT PROBLEMS
- 391 = NORMAL NEWBORN
- 392 = SPLENECTOMY AGE >17
- 393 = SPLENECTOMY AGE 0-17
- 394 = OTHER OPERATING ROOM PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
- 395 = RED BLOOD CELL DISORDERS AGE >17
- 396 = RED BLOOD CELL DISORDERS AGE 0-17
- 397 = COAGULATION DISORDERS
- 398 = RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH COMPLICATIONS, COMORBIDITIES
- 399 = RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
- 400* = LYMPHOMA & LEUKEMIA WITH MAJOR OPERATING ROOM PROCEDURE (prior to 10-1-03; no DRG 400 beginning 10-1-03 when DRGs 539-540 were added)
- 401 = LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 402 = LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 403 = LYMPHOMA & NON-ACUTE LEUKEMIA WITH COMPLICATIONS, COMORBIDITIES
- 404 = LYMPHOMA & NON-ACUTE LEUKEMIA WITHOUT COMPLICATIONS, COMORBIDITIES
- 405 = ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE 0-17

- 406 = MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
- 407 = MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
- 408 = MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH OTHER OPERATING ROOM PROCEDURES
- 409 = RADIOTHERAPY
- 410 = CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
- 411 = HISTORY OF MALIGNANCY WITHOUT ENDOSCOPY
- 412 = HISTORY OF MALIGNANCY WITH ENDOSCOPY
- 413 = OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
- 414 = OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
- 415* = OPERATING ROOM PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES (prior to 10-1-06)
- 416* = SEPTICEMIA AGE >17 (prior to 10-1-06)
- 417 = SEPTICEMIA AGE 0-17
- 418 = POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
- 419 = FEVER OF UNKNOWN ORIGIN AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 420 = FEVER OF UNKNOWN ORIGIN AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 421 = VIRAL ILLNESS AGE >17
- 422 = VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
- 423 = OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
- 424 = OPERATING ROOM PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
- 425* = ACUTE ADJUSTMENT REACTIONS & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION (prior to 10/01/99)
- 425* = ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION (beginning 10/01/99)
- 426 = DEPRESSIVE NEUROSES
- 427 = NEUROSES EXCEPT DEPRESSIVE
- 428 = DISORDERS OF PERSONALITY & IMPULSE CONTROL
- 429 = ORGANIC DISTURBANCES & MENTAL RETARDATION
- 430 = PSYCHOSES
- 431 = CHILDHOOD MENTAL DISORDERS
- 432 = OTHER MENTAL DISORDER DIAGNOSES
- 433 = ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE
- 434* = ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no DRG 434 beginning 10-1-01 when DRGs 521-523 were added)

- 435* = ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no DRG 435 beginning 10-1-01 when DRGs 521-523 were added)
- 436* = ALCOHOL/DRUG DEPENDENCE WITH REHABILITATION THERAPY (prior to 10-1-01; no DRG 436 beginning 10-1-01 when DRGs 521-523 were added)
- 437* = ALCOHOL/DRUG DEPENDENCE, COMBINED REHABILITATION & DETOXIFICATION THERAPY (prior to 10-1-01; no DRG 437 beginning 10-1-01 when DRGs 521-523 were added)
- 439 = SKIN GRAFTS FOR INJURIES
- 440 = WOUND DEBRIDEMENTS FOR INJURIES
- 441 = HAND PROCEDURES FOR INJURIES
- 442 = OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITH COMPLICATIONS, COMORBIDITIES
- 443 = OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITHOUT COMPLICATIONS, COMORBIDITIES
- 444 = TRAUMATIC INJURY AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 445 = TRAUMATIC INJURY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 446 = TRAUMATIC INJURY AGE 0-17
- 447 = ALLERGIC REACTIONS AGE >17
- 448 = ALLERGIC REACTIONS AGE 0-17
- 449 = POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
- 450 = POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
- 451 = POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
- 452 = COMPLICATIONS OF TREATMENT WITH COMPLICATIONS, COMORBIDITIES
- 453 = COMPLICATIONS OF TREATMENT WITHOUT COMPLICATIONS, COMORBIDITIES
- 454 = OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
- 455 = OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
- 456* = BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY (prior to 10-1-98; no DRG 456 beginning 10-1-98 when DRGs 504-511 were added)
- 457* = EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no DRG 457 beginning 10-1-98 when DRGs 504-511 were added)
- 458* = NON-EXTENSIVE BURNS WITH SKIN GRAFT (prior to 10-1-98; no DRG 458 beginning 10-1-98 when DRGs 504-511 were added)
- 459* = NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT OR OTHER OPERATING ROOM PROCEDURE (prior to 10-1-98; no DRG 459 beginning 10-1-98 when DRGs 504-511 were added)
- 460* = NON-EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no DRG 460 beginning 10-1-98 when DRGs 504-511 were added)
- 461 = OPERATING ROOM PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES
- 462 = REHABILITATION
- 463 = SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES

- 464 = SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES
- 465 = AFTERCARE WITH HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
- 466 = AFTERCARE WITHOUT HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
- 467 = OTHER FACTORS INFLUENCING HEALTH STATUS
- 468 = EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
- 469 = PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
- 470 = UNGROUPABLE
- 471 = BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY
- 472* = EXTENSIVE BURNS WITH OPERATING ROOM PROCEDURE (prior to 10-1-98; no DRG 472 beginning 10-1-05 when DRG 553 was added)
- 473 = ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE >17
- 475 = RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT
- 476 = PROSTATIC OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
- 477 = NON-EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
- 478* = OTHER VASCULAR PROCEDURES WITH COMPLICATIONS, CORMORBIDITIES (prior to 10-1-05; no DRG 478 beginning 10-1-05 when DRGs 553-554 were added)
- 479 = OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS, CORMORBIDITIES
- 480* = LIVER TRANSPLANT (prior to 10-1-04)
- 480* = LIVER TRANSPLANT AND/OR INTENSTINAL TRANSPLANT (beginning 10-1-04)
- 481 = BONE MARROW TRANSPLANT
- 482 = TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
- 483* = TRACHEOSTOMY EXCEPT FOR FACE, MOUTH, & NECK DIAGNOSES (prior to 10-1-02)
- 483* = TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH, & NECK (beginning 10-1-02, used to 10-1-04)
- 483* = TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH, AND NECK DIAGNOSES (prior to 10-1-04; no DRG 483 beginning 10-1-04 when DRGs 541-542 were added)
- 484 = CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
- 485 = LIMB REATTACHMENT, HIP AND FEMUR PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA
- 486 = OTHER OPERATING ROOM PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
- 487 = OTHER MULTIPLE SIGNIFICANT TRAUMA
- 488 = HIV WITH EXTENSIVE OPERATING ROOM PROCEDURE
- 489 = HIV WITH MAJOR RELATED CONDITION
- 490 = HIV WITH OR WITHOUT OTHER RELATED CONDITION
- 491 = MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
- 492* = CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS (prior to 10-1-03)
- 492* = CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR WITH USE OF HIGH-DOSE CHEMOTHERAPY AGENT (beginning 10-1-03)

- 493 = LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
- 494 = LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
- 495 = LUNG TRANSPLANT
- 496* = COMBINED ANTERIOR/POSTERIOR SPINAL FUSION (added 10-1-97)
- 497* = SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and 10-1-01)
- 497* = SPINAL FUSION EXCEPT CERVICAL WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 498* = SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and 10-1-01)
- 498* = SPINAL FUSION EXCEPT CERVICAL WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 499* = BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 500* = BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 501* = KNEE PROCEDURES W PDX OF INFECTION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 502* = KNEE PROCEDURES W PDX OF INFECTION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 503* = KNEE PROCEDURES WITHOUT PDX OF INFECTION (added 10-1-97)
- 504* = EXTENSIVE 3rd DEGREE BURNS WITH SKIN GRAFT (added 10-1-98, used to 10-1-04)
- 504* = EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITH SKIN GRAFT (beginning 10-1-04)
- 505* = EXTENSIVE BURNS OR FULL THICKNESS BURNS WITHOUT SKIN GRAFT (added 10-1-98, used to 10-1-04)
- 505* = EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITHOUT SKIN GRAFT (beginning 10-1-04)
- 506* = FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 507* = FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 508* = FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 509* = FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 510* = NON-EXTENSIVE BURNS WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 511* = NON-EXTENSIVE BURNS WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 512* = SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT (added 10-1-01)
- 513* = PANCREAS TRANSPLANTS (added 10-1-01)
- 514* = CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION (added 10-1-01; no DRG 514 beginning 10-1-03 when replaced by DRG 535-DRG 536)
- 515* = CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION (added 10-1-01)

- 516* = PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH ACUTE MYOCARDIAL INFARCTION (added 10-1-01; no DRG 516 beginning 10-1-05 when DRG 555 was added)
- 517* = PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITH CORONARY ARTERY STENT IMPLANT (added 10-1-01; no DRG 517 beginning 10-1-05 when DRG 556 was added)
- 518* = PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITHOUT CORONARY ARTERY STENT IMPLANT (added 10-1-01)
- 519* = CERVICAL SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 520* = CERVICAL SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 521* = ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 522* = ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 523* = ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 524* = TRANSIENT ISCHEMIA (added 10-1-02)
- 525* = HEART ASSIST SYSTEM IMPLANT (added 10-1-02, used to 10-1-04)
- 525* = OTHER HEART ASSIST SYSTEM IMPLANT (beginning 10-1-04)
- 526* = PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITH ACUTE MYOCARDIAL INFARCTION (added 04-1-03; no DRG 526 beginning 10-1-05 when DRG 557 was added)
- 527* = PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITHOUT ACUTE MYOCARDIAL INFARCTION (added 04-1-03; no DRG 527 beginning 10-1-05 when DRG 558 was added)
- 528* = INTRA CRANIAL VASCULAR PROCEDURE WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE (added 10-1-03)
- 529* = VENTRICULAR SHUNT PROCEDURES WITH CC (added 10-1-03)
- 530* = VENTRICULAR SHUNT PROCEDURES WITHOUT CC (added 10-1-03)
- 531* = SPINAL PROCEDURES WITH CC (added 10-1-03)
- 532* = SPINAL PROCEDURES WITHOUT CC (added 10-1-03)
- 533* = EXTRACRANIAL VASCULAR PROCEDURES WITH CC (added 10-1-03)
- 534* = EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC (added 10-1-03)
- 535* = CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH ACUTE MYOCARDIAL INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
- 536* = CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT ACUTE MYOCARDIAL INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
- 537* = LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC (added 10-1-03)
- 538* = LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC (added 10-1-03)
- 539* = LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC (added 10-1-03)

- 540* = LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC (added 10-1-03)
- 541* = ECMO OR TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSES EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITH MAJOR OPERATING ROOM PROCEDURE (added 10-1-04)
- 542* = TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITHOUT MAJOR OPERATING ROOM PROCEDURE (added 10-1-04)
- 543* = CRANIOTOMY WITH IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS (after 10-1-04)
- 543* = CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS (added 10-1-04 until 10-1/06)
- 544* = MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY (added 10-1-05)
- 545* = REVISION OF HIP OR KNEE REPLACEMENT (added 10-1-05)
- 546* = SPINAL FUSIONS EXCEPT CERVICAL WITH CURVATURE OF THE SPINE OR MALIGNANCY (added 10-1-05)
- 547* = CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITH MCV DIAGNOSIS (added 10-1-05)
- 548* = CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 549* = CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCV DIAGNOSIS (added 10-1-05)
- 550* = CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 551* = PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCV DIAGNOSIS OR AICD LEAD OR GENERATOR (added 10-1-05)
- 552* = OTHER PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 553* = OTHER VASCULAR PROCEDURES WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-05)
- 554* = OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-05)
- 555* = PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH MCV DIAGNOSIS (added 10-1-05)
- 556* = PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 557* = PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITH MCV DIAGNOSIS (added 10-1-05)
- 558* = PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 559* = ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT (added 10-1-05)
- 560* = BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM (added 10-1-06)
- 561* = NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS (added 10-1-06)
- 562* = SEIZURE AGE >17 W COMPLICATIONS & COMORBIDITIES (added 10-1-06)
- 563* = SEIZURE AGE >17 WITHOUT COMPLICATIONS & COMORBIDITIES (added 10-1-06)

- 564* = HEADACHES >17(added 10-1-06)
- 565* = RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HRS (added 10-1-06)
- 566* = RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HRS (added 10-1-06)
- 567* = STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W MAJOR GI DX (added 10-1-06)
- 568* = STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W/O MAJOR GI DX (added 10-1-06)
- 569* = MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX (added 10-1-06)
- 570* = MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX (added 10-1-06)
- 571* = MAJOR ESOPHAGEAL DISORDERS (added 10-1-06)
- 572* = MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS (added 10-1-06)
- 573* = MAJOR BLADDER PROCEDURES (added 10-1-06)
- 574* = MAJOR HEMATOLOGIC/IMMUNOLOGIC DX EXCEP SCYLE CELL CRISIS & COAG (added 10-1-06)
- 575* = SEPTICEMIA W MECHANICAL VENTILATOR 96+ HOURS AGE >17 (added 10-1-06)
- 576* = SEPTICEMIA W MECHANICAL VENTILATOR W/O 96+ HOURS AGE >17 (added 10-1-06)
- 577* = CAROTID ARTERY STENT PROCEDURE (added 10-1-06)
- 578* = INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE (added 10-1-06)
- 579* = POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE (added 10-1-06)

*Change made in DRG classification. Hospitals provided the Office of Health Care Statistics (OHCS) with ICD-9-CM codes, rather than DRGs, so there was no need for the hospitals to be aware of DRG changes. The DRG was assigned by OHCS using 3M software which classified the hospital discharge into a DRG based on the ICD-9-CM codes and other data such as age. OHCS accounted for DRG changes by using the DRG definitions which applied to the date of hospital discharge until 2007 when the new MS-DRG was introduced.

Major Diagnosis Category (MDC)

- 0 = Ungroupable
- 1 = Nervous system
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic System
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood and Blood-Forming Disorders
- 17 = Myeloproliferative DDs (Diff Neoplasms)
- 18 = Infectious and Parasitic DDs
- 19 = Mental Diseases and Disorders
- 20 = Alcohol/Drug Use or Induced Mental Disorders
- 21 = Injuries, Poisoning and Toxic Effect of Drugs
- 22 = Burns
- 23 = Factors Influencing Health Status
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infection

*Patients having heart, liver, lung, simultaneous pancreas/kidney, pancreas, or bone marrow transplants, or tracheostomies, traditionally categorized as PRE MDC (0), are assigned by the DRG Grouper into the following DRGs independent of the MDC of the principal diagnosis: 476, 477, 480-483, 495, 512, 513. DRGs (468,469,470) associated with all MDCs are assigned independent of the MDC of the principal diagnosis if the diagnosis is valid. Otherwise, this is the traditional Health Care Financing Administration (HCFA) MDC.

Total Charge

Total dollars and cents amount charged for the visit (with 2 decimal digits).

. = Not reported

Facility Charge

Sum of total dollars and cents amount charged from NUBC revenue codes 10x-94x for the discharge (with 2 decimal digits).

. = Not reported

Professional Charge

Sum of total dollars and cents amount charged from NUBC revenue codes 95x-98x for the discharge (with 2 decimal digits).

. = Not reported

CHARGE NOTE: Total charge is reported by hospitals. Facility and professional charges are calculated from individual revenue charges. Due to various reasons (adjusting total charges without making corresponding adjustment in specific revenue charge), the sum of facility and professional charges are not necessarily equal to total charges.

Admitting Physician's Specialty

A	=	Allergy
ABS	=	Abdominal surgery
ACD	=	Alcohol, chemical dependency
ADL	=	Adolescent medicine
ADM	=	Administrative medicine
AI	=	Allergy & immunology
AM	=	Aerospace medicine
AN	=	Anesthesiology
BLB	=	Blood bank pathology
CCM	=	Critical care medicine
CD	=	Cardiovascular diseases
CDS	=	Cardiovascular surgery
CHP	=	Child psychiatry
CLP	=	Clinical pathology
CMP	=	Chemical pathology
CNA	=	Cert. Registered nurse anesthetist
CNM	=	Certified nurse midwife
CPS/CSW	=	Clinical psychologist/clinical social worker
CPS	=	Clinical psychologist
CRS	=	Colon & rectal surgery
CSW	=	Clinical social worker
D	=	Dermatology
DDS	=	Dentist
DIA	=	Diabetes
DLI	=	Diagnostic lab immunology
DMP	=	Dermatopathology
DPM	=	Podiatrist
DO	=	Doctor of osteopathy
DR	=	Diagnostic radiology
EM	=	Emergency
END	=	Endocrinology
ENT	=	Otorhinolaryngology
F	=	Fellow

FNP	=	Family nurse practitioner
FOP	=	Forensic pathology
FP	=	Family practice
FP/P	=	Family practice/Psychiatry
FP/GS	=	Family practice/General surgery
FP/DDS	=	Family practice/Dentist
FPS	=	Facial plastic surgery
G	=	General
GE	=	Gastroenterology
GER	=	Geriatrics
GO	=	Gynecology/oncology
GP	=	General practice
GPM	=	General preventive medicine
GS	=	General surgery
GYN	=	Gynecology
HEM	=	Hematology
HMO	=	Hematology/oncology
HEM/OMC	=	Hematology/oncology
HS	=	Hand surgery
HNS	=	Head & neck surgery
HYP	=	Hypnosis
ID	=	Infectious diseases
IM	=	Internal medicine
IMU	=	Immunology
IP	=	Immunopathology
LM	=	Legal medicine
MFM	=	Maternal/fetal medicine
MFS	=	Maxillofacial surgery
MM	=	Medical microbiology
N	=	Neurology
NBI	=	Pediatrics
NEO	=	Neonatology
NEP	=	Nephrology
NM	=	Nuclear medicine
NNP	=	Neonatal nurse prac.
NP	=	Neuropathology
NPM	=	Neonatal/perinatal medicine
NR	=	Neuroradiology
NS	=	Neurological surgery
NTR	=	Nutrition
OBG	=	Obstetrics & gynecology
OBS	=	Obstetrics
OM	=	Occupational medicine

OMS	=	Oral & maxillofacial surgery
OMC	=	Oncology
ONS	=	Oncology surgery
ONC	=	Oncology
OPH	=	Ophthalmology
ORS	=	Orthopedic surgery
OT	=	Otology
OTO	=	Otorhinolaryngology
P	=	Psychiatry
PA	=	Clinical pharmacology
PAC	=	Certified physician asst
PAN	=	Pediatric abuse & neglect
PD	=	Pediatrics
PDA	=	Pediatric allergy
PDC	=	Pediatric cardiology
PDE	=	Pediatric endocrinology
PDG	=	Pediatric gastroenterology
PDI	=	Pediatric immunology
PDN	=	Pediatric neurology
PD/NEO	=	Pediatric neonatology
PDP	=	Pediatric pulmonology
PDR	=	Pediatric radiology
PDS	=	Pediatric surgery
PDU	=	Pediatric urology
PDY	=	Pediatric respiratory
PER	=	Perinatology
PEM	=	Pediatric emergency medicine
PH	=	Public health
PHO	=	Pediatric/Hematology/oncology
PM	=	Physical medicine & rehabilitation
PNP	=	Pediatric nephrology
POD	=	Podiatrist
PRO	=	Proctologist
PS	=	Plastic surgery
PSF	=	Facial plastic surgery
PUD	=	Pulmonary disease
PTH	=	Pathology
PV	=	Peripheral Vascular
PYA	=	Psychoanalysis
R	=	Radiology
RD	=	Respiratory disease
RDT	=	Radiation Therapy
REN	=	Reproductive endocrinology

RES	=	Resident
RES/CSW	=	Resident/clinic social worker
RET	=	Retired
RHU	=	Rheumatology
RIP	=	Radioisotopic pathology
RSH	=	Research
RON	=	Radiation oncology
SH	=	Student health
SM	=	Sports medicine
SGO	=	Surgery, other (list specialty)
SGO/N	=	Surgery, other (neurology)
SGO/01	=	Surgery, other (neurosurgeon)
TR	=	Therapeutic radiology
TS	=	Thoracic surgery
U	=	Urology
US	=	Urological surgery
VS	=	Vascular surgery
UNK	=	Unknown
MD	=	Encrypted (confidential data)
Blank	=	Not reported

Attending Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Other Consulting Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Surgeon's Specialty

Descriptions are the same as admitting physician's specialty.

Primary Payer Category

1	=	Medicare
2	=	Medicaid
3	=	Other government
4	=	Blue Cross/Blue Shield
5	=	Other commercial (not BC/BS)
6	=	Managed care
7	=	Self-pay
8	=	Industrial and worker's compensation
9	=	Charity/Unclassified
10	=	Unknown
13	=	CHIP (Children's Health Insurance Plan)
99	=	Not reported

Secondary Payer Category

Definition is the same as primary payer category.

Tertiary Payer Category

Definition is the same as primary payer category.

Patient's Relationship with the First Insured Person

Starting with 2010, UB-04 coding below is used. Previous datasets varied by hospital between UB-04 and UB-92 formats.

- 1 = Spouse
- 4 = Grandfather or Grandmother
- 5 = Grandson or Granddaughter
- 7 = Nephew or Niece
- 9 = Unknown/Other Relationship
- 10 = Foster Child
- 15 = Ward of the Court: This code indicates that the patient is a ward of the insured as a result of a court order.
- 17 = Stepson or Stepdaughter
- 18 = Self
- 19 = Child
- 20 = Employee
- 21 = Unknown
- 22 = Handicapped Dependent: Dependent child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.
- 23 = Sponsored Dependent: Individual not normally covered by insurance coverage by coverage has been specifically arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.
- 24 = Dependent of Minor Dependent: Patient is a minor and a dependent of another minor who in turn is a dependent, although not a child, of the insured.
- 29 = Significant Other
- 32 = Mother
- 33 = Father
- 36 = Emancipated Minor
- 39 = Organ Donor: Bill is submitted for care given to organ donor where such care is paid for by the receiving patient's insurance coverage.
- 40 = Cadaver Donor: Bill is submitted for procedures performed on cadaver donor where such procedures are paid for by the receiving patient's insurance coverage.
- 41 = Injured Plaintiff: Patient is claiming insurance as a result of injury covered by insured.
- 43 = Child Where Insured Has No Financial Responsibility
- 53 = Life Partner

Older UB-92 coding

- 1 = Patient is the insured
- 2 = Spouse
- 3 = Natural Child/insured financial responsibility
- 4 = Natural Child/insured does not have financial responsibility
- 5 = Step Child
- 6 = Foster Child
- 7 = Ward of the Court: Patient is ward of the insured as a result of a court order.
- 8 = Employee: The patient is employed by the named insured.
- 9 = Unknown
- 10 = Handicapped Dependent: Dependent Child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.
- 11 = Organ Donor: Code is used where bill is submitted for care given to organ donor where such care is paid for by the receiving patient's insurance coverage.
- 12 = Cadaver Donor: Code is used where bill is submitted for procedures performed on cadaver donor where such procedures are paid by the receiving patient's insurance coverage.
- 13 = Grandchild
- 14 = Niece or Nephew
- 15 = Injured Plaintiff: Patient is claiming insurance as a result of injury covered by insured.
- 16 = Sponsored Dependent: Individual not normally covered by insurance coverage but coverage has been specially arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.
- 17 = Minor Dependent of a Minor Dependent: Patient is a minor and a dependent of another minor who in turn is a dependent of the insured.
- 18 = Parent
- 19 = Grandparent
- 20 = Life Partner
- Blank = Not reported

Record ID Number

A unique number for each visit, which is also unique across all years that hospital discharge data are available.

Outlier, Facility Charge

- 0 = No
- 1 = Yes

NOTE: A charge is an outlier if it is above 2.5 standard deviations from the mean of facility charges. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Outlier, Length of Stay

- 0 = No
- 1 = Yes

NOTE: A length of stay is an outlier if it is above 2.5 standard deviations from the mean of length of stay. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Patient Severity Subclass Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor severity of illness subclass
- 2 = Moderate severity of illness subclass
- 3 = Major severity of illness subclass
- 4 = Extreme severity of illness subclass

Note: Patient severity subclass value should be used as a subcategory of the APR-DRG.

Patient Risk of Mortality Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor risk of mortality
- 2 = Moderate risk of mortality
- 3 = Major risk of mortality
- 4 = Extreme risk of mortality

Note: Patient risk of mortality value should be used as a subcategory of the APR-DRG.

Discharge Quarter

- 1 = First Quarter (January 1 to March 31)
- 2 = Second Quarter (April 1 to June 30)
- 3 = Third Quarter (July 1 to September 30)
- 4 = Fourth Quarter (October 1 to December 31)

External Cause Code (E-Code)

Supplementary classification of External Causes of Injury and Poisoning. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description. There is an “implied” decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM E-code but has been stripped out of data). Secondary E-codes can be found in data file in the Secondary Diagnosis Code fields.

- Blank = Not reported

Present on Admission for E-Code (E-Code POA 1)

Diagnosis was present on inpatient admission. POA is associated with Principal Diagnosis Code.

- Y = Present at time of inpatient admission
- N = Not present at time of inpatient admission
- U = Unknown
- W = Clinically undetermined
- E = Exempt from POA reporting
- Blank = Not reported

External Cause Code 2 (E-Code 2)

Definition is the same as External Cause Code.

Present on Admission for E-Code 2 (E-Code POA 2)

Definition is the same as Present on Admission for E-Code 1.

External Cause Code 3 (E-Code 3)

Definition is the same as External Cause Code.

Present on Admission for E-Code 3 (E-Code POA 3)

Definition is the same as Present on Admission for E-Code 1.

Admitting Diagnosis Code

ICD-9-CM code. Refer to International Classification of Diseases (9th Revision): Clinical Modification for description. There is an “implied” decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data). ICD-9-CM E-Codes and V-Codes might also be found in this field.

Blank = Not reported

All Patient Refined Diagnosis Related Group (APR-DRG) Version 31.0+

The original Health Care Financing Administration Diagnosis Related Groups (HCFA-DRG, or just DRG) was developed to relate types of patients treated to the resources they consumed (resource intensity). Whereas the HCFA-DRG was developed to classify Medicare beneficiaries, the All Patient Refined Diagnosis Related Groups (APR-DRG) is expanded to be more representative of diverse patient populations, such as pediatric patients. Also, the APR-DRG system provides for subclassifications, such as severity of illness and risk of mortality. As with the HCFA-DRG, the APR-DRG was assigned by the Office of Health Care Statistics using the 3M software, based on ICD-9-CM codes and other variables, such as age, provided by the hospitals.

000	=	Ungroupable
001	=	Liver Transplant &/or Intestinal Transplant
002	=	Heart &/or Lung Transplant
003	=	Bone Marrow Transplant
004	=	Tracheostomy w MV 96+ Hours w Extensive Procedure or Ecmo
005	=	Tracheostomy w MV 96+ Hours w/o Extensive Procedure
006	=	Pancreas Transplant
020	=	Craniotomy for Trauma
021	=	Craniotomy except for Trauma
022	=	Ventricular Shunt Procedures
023	=	Spinal Procedures
024	=	Extracranial Vascular Procedures
026	=	Other Nervous System & Related Procedures
040	=	Spinal Disorders & Injuries
041	=	Nervous System Malignancy
042	=	Degenerative Nervous System Disorders Exc Mult Sclerosis
043	=	Multiple Sclerosis & Other Demyelinating Diseases
044	=	Intracranial Hemorrhage
045	=	CVA & Precerebral Occlusion w Infarct
046	=	Nonspecific CVA & Precerebral Occlusion w/o Infarct
047	=	Transient Ischemia
048	=	Peripheral, Cranial & Autonomic Nerve Disorders
049	=	Bacterial & Tuberculous Infections of Nervous System
050	=	Non-Bacterial Infections of Nervous System Exc Viral Meningitis
051	=	Viral Meningitis
052	=	Nontraumatic Stupor & Coma
053	=	Seizure
054	=	Migraine & Other Headaches
055	=	Head Trauma w Coma >1 Hr or Hemorrhage
056	=	Brain Contusion/laceration & Complicated Skull Fx, Coma < 1 Hr or No Coma
057	=	Concussion, Closed Skull Fx Nos, Uncomplicated Intracranial Injury, Coma < 1 Hr or No Coma
058	=	Other Disorders of Nervous System
070	=	Orbital Procedures

- 073 = Eye Procedures except Orbit
- 080 = Acute Major Eye Infections
- 082 = Eye Disorders except Major Infections
- 089 = Major Cranial/facial Bone Procedures
- 090 = Major Larynx & Trachea Procedures
- 091 = Other Major Head & Neck Procedures
- 092 = Facial Bone Procedures except Major Cranial/facial Bone Procedures
- 093 = Sinus & Mastoid Procedures
- 095 = Cleft Lip & Palate Repair
- 097 = Tonsil & Adenoid Procedures
- 098 = Other Ear, Nose, Mouth & Throat Procedures
- 110 = Ear, Nose, Mouth, Throat, Cranial/facial Malignancies
- 111 = Vertigo & Other Labyrinth Disorders
- 113 = Infections of Upper Respiratory Tract
- 114 = Dental & Oral Diseases & Injuries
- 115 = Other Ear, Nose, Mouth, Throat & Cranial/facial Diagnoses
- 120 = Major Respiratory & Chest Procedures
- 121 = Other Respiratory & Chest Procedures
- 130 = Respiratory System Diagnosis w Ventilator Support 96+ Hours
- 131 = Cystic Fibrosis - Pulmonary Disease
- 132 = Bpd & Oth Chronic Respiratory Diseases Arising In Perinatal Period
- 133 = Pulmonary Edema & Respiratory Failure
- 134 = Pulmonary Embolism
- 135 = Major Chest & Respiratory Trauma
- 136 = Respiratory Malignancy
- 137 = Major Respiratory Infections & Inflammations
- 138 = Bronchiolitis & Rsv Pneumonia
- 139 = Other Pneumonia
- 140 = Chronic Obstructive Pulmonary Disease
- 141 = Asthma
- 142 = Interstitial & Alveolar Lung Diseases
- 143 = Other Respiratory Diagnoses except Signs, Symptoms & Minor Diagnoses
- 144 = Respiratory Signs, Symptoms & Minor Diagnoses
- 160 = Major Cardiothoracic Repair of Heart Anomaly
- 161 = Cardiac Defibrillator & Heart Assist Implant
- 162 = Cardiac Valve Procedures w Cardiac Catheterization
- 163 = Cardiac Valve Procedures w/o Cardiac Catheterization
- 165 = Coronary Bypass w Cardiac Cath or Percutaneous Cardiac Procedure
- 166 = Coronary Bypass w/o Cardiac Cath or Percutaneous Cardiac Procedure
- 167 = Other Cardiothoracic Procedures
- 169 = Major Thoracic & Abdominal Vascular Procedures
- 170 = Permanent Cardiac Pacemaker Implant w Ami, Heart Failure or Shock
- 171 = Perm Cardiac Pacemaker Implant w/o Ami, Heart Failure or Shock

173	=	Other Vascular Procedures
174	=	Percutaneous Cardiovascular Procedures w Ami
175	=	Percutaneous Cardiovascular Procedures w/o Ami
176	=	Cardiac Pacemaker & Defibrillator Device Replacement
177	=	Cardiac Pacemaker & Defibrillator Revision except Device Replacement
180	=	Other Circulatory System Procedures
190	=	Acute Myocardial Infarction
191	=	Cardiac Catheterization w Circ Disord Exc Ischemic Heart Disease
192	=	Cardiac Catheterization for Ischemic Heart Disease
193	=	Acute & Subacute Endocarditis
194	=	Heart Failure
196	=	Cardiac Arrest
197	=	Peripheral & Other Vascular Disorders
198	=	Angina Pectoris & Coronary Atherosclerosis
199	=	Hypertension
200	=	Cardiac Structural & Valvular Disorders
201	=	Cardiac Arrhythmia & Conduction Disorders
203	=	Chest Pain
204	=	Syncope & Collapse
205	=	Cardiomyopathy
206	=	Malfunction,Reaction,Complication of Cardiac/vasc Device or Procedure
207	=	Other Circulatory System Diagnoses
220	=	Major Stomach, Esophageal & Duodenal Procedures
221	=	Major Small & Large Bowel Procedures
222	=	Other Stomach, Esophageal & Duodenal Procedures
223	=	Other Small & Large Bowel Procedures
224	=	Peritoneal Adhesiolysis
225	=	Appendectomy
226	=	Anal Procedures
227	=	Hernia Procedures except Inguinal, Femoral & Umbilical
228	=	Inguinal, Femoral & Umbilical Hernia Procedures
229	=	Other Digestive System & Abdominal Procedures
240	=	Digestive Malignancy
241	=	Peptic Ulcer & Gastritis
242	=	Major Esophageal Disorders
243	=	Other Esophageal Disorders
244	=	Diverticulitis & Diverticulosis
245	=	Inflammatory Bowel Disease
246	=	Gastrointestinal Vascular Insufficiency
247	=	Intestinal Obstruction
248	=	Major Gastrointestinal & Peritoneal Infections
249	=	Non-Bacterial Gastroenteritis, Nausea & Vomiting
251	=	Abdominal Pain

- 252 = Malfunction, Reaction & Complication of GI Device or Procedure
- 253 = Other & Unspecified Gastrointestinal Hemorrhage
- 254 = Other Digestive System Diagnoses
- 260 = Major Pancreas, Liver & Shunt Procedures
- 261 = Major Biliary Tract Procedures
- 262 = Cholecystectomy except Laparoscopic
- 263 = Laparoscopic Cholecystectomy
- 264 = Other Hepatobiliary, Pancreas & Abdominal Procedures
- 279 = Hepatic Coma & Other Major Acute Liver Disorders
- 280 = Alcoholic Liver Disease
- 281 = Malignancy of Hepatobiliary System & Pancreas
- 282 = Disorders of Pancreas except Malignancy
- 283 = Other Disorders of the Liver
- 284 = Disorders of Gallbladder & Biliary Tract
- 301 = Hip Joint Replacement
- 302 = Knee Joint Replacement
- 303 = Dorsal & Lumbar Fusion Proc for Curvature of Back
- 304 = Dorsal & Lumbar Fusion Proc except for Curvature of Back
- 305 = Amputation of Lower Limb except Toes
- 308 = Hip & Femur Procedures for Trauma except Joint Replacement
- 309 = Hip & Femur Procedures for Non-Trauma except Joint Replacement
- 310 = Intervertebral Disc Excision & Decompression
- 312 = Skin Graft, except Hand, for Musculoskeletal & Connective Tissue Diagnoses
- 313 = Knee & Lower Leg Procedures except Foot
- 314 = Foot & Toe Procedures
- 315 = Shoulder, Upper Arm & Forearm Procedures
- 316 = Hand & Wrist Procedures
- 317 = Tendon, Muscle & Other Soft Tissue Procedures
- 320 = Other Musculoskeletal System & Connective Tissue Procedures
- 321 = Cervical Spinal Fusion & Other Back/neck Proc Exc Disc Excis/decomp
- 340 = Fracture of Femur
- 341 = Fracture of Pelvis or Dislocation of Hip
- 342 = Fractures & Dislocations except Femur, Pelvis & Back
- 343 = Musculoskeletal Malignancy & Pathol Fracture D/t Muscskel Malig
- 344 = Osteomyelitis, Septic Arthritis & Other Musculoskeletal Infections
- 346 = Connective Tissue Disorders
- 347 = Other Back & Neck Disorders, Fractures & Injuries
- 349 = Malfunction, Reaction, Complic of Orthopedic Device or Procedure
- 351 = Other Musculoskeletal System & Connective Tissue Diagnoses
- 361 = Skin Graft for Skin & Subcutaneous Tissue Diagnoses
- 362 = Mastectomy Procedures
- 363 = Breast Procedures except Mastectomy
- 364 = Other Skin, Subcutaneous Tissue & Related Procedures

380	=	Skin Ulcers
381	=	Major Skin Disorders
382	=	Malignant Breast Disorders
383	=	Cellulitis & Other Bacterial Skin Infections
384	=	Contusion, Open Wound & Other Trauma To Skin & Subcutaneous Tissue
385	=	Other Skin, Subcutaneous Tissue & Breast Disorders
401	=	Pituitary & Adrenal Procedures
403	=	Procedures for Obesity
404	=	Thyroid, Parathyroid & Thyroglossal Procedures
405	=	Other Procedures for Endocrine, Nutritional & Metabolic Disorders
420	=	Diabetes
421	=	Malnutrition, Failure To Thrive & Other Nutritional Disorders
422	=	Hypovolemia & Related Electrolyte Disorders
423	=	Inborn Errors of Metabolism
424	=	Other Endocrine Disorders
425	=	Electrolyte Disorders except Hypovolemia Related
440	=	Kidney Transplant
441	=	Major Bladder Procedures
442	=	Kidney & Urinary Tract Procedures for Malignancy
443	=	Kidney & Urinary Tract Procedures for Nonmalignancy
444	=	Renal Dialysis Access Device Procedure Only
445	=	Other Bladder Procedures
446	=	Urethral & Transurethral Procedures
447	=	Other Kidney, Urinary Tract & Related Procedures
460	=	Renal Failure
461	=	Kidney & Urinary Tract Malignancy
462	=	Nephritis & Nephrosis
463	=	Kidney & Urinary Tract Infections
465	=	Urinary Stones & Acquired Upper Urinary Tract Obstruction
466	=	Malfunction, Reaction, Complic of Genitourinary Device or Proc
468	=	Other Kidney & Urinary Tract Diagnoses, Signs & Symptoms
480	=	Major Male Pelvic Procedures
481	=	Penis Procedures
482	=	Transurethral Prostatectomy
483	=	Testes & Scrotal Procedures
484	=	Other Male Reproductive System & Related Procedures
500	=	Malignancy, Male Reproductive System
501	=	Male Reproductive System Diagnoses except Malignancy
510	=	Pelvic Evisceration, Radical Hysterectomy & Other Radical Gyn Procs
511	=	Uterine & Adnexa Procedures for Ovarian & Adnexal Malignancy
512	=	Uterine & Adnexa Procedures for Non-Ovarian & Non-Adnexal Malig
513	=	Uterine & Adnexa Procedures for Non-Malignancy except Leiomyoma
514	=	Female Reproductive System Reconstructive Procedures

- 517 = Dilation & Curettage for Non-Obstetric Diagnoses
- 518 = Other Female Reproductive System & Related Procedures
- 519 = Uterine & Adnexa Procedures for Leiomyoma
- 530 = Female Reproductive System Malignancy
- 531 = Female Reproductive System Infections
- 532 = Menstrual & Other Female Reproductive System Disorders
- 540 = Cesarean Delivery
- 541 = Vaginal Delivery w Sterilization &/or D&C
- 542 = Vaginal Delivery w Complicating Procedures Exc Sterilization &/or D&C
- 544 = D&C, Aspiration Curettage or Hysterotomy for Obstetric Diagnoses
- 545 = Ectopic Pregnancy Procedure
- 546 = Other O.R. Proc for Obstetric Diagnoses except Delivery Diagnoses
- 560 = Vaginal Delivery
- 561 = Postpartum & Post Abortion Diagnoses w/o Procedure
- 563 = Preterm Labor
- 564 = Abortion w/o D&C, Aspiration Curettage or Hysterotomy
- 565 = False Labor
- 566 = Other Antepartum Diagnoses
- 580 = Neonate, Transferred <5 Days Old, Not Born Here
- 581 = Neonate, Transferred < 5 Days Old, Born Here
- 583 = Neonate w Ecmo
- 588 = Neonate Bwt <1500g w Major Procedure
- 589 = Neonate Bwt <500g or Ga <24 Weeks
- 591 = Neonate Birthwt 500-749g w/o Major Procedure
- 593 = Neonate Birthwt 750-999g w/o Major Procedure
- 602 = Neonate Bwt 1000-1249g w Resp Dist Synd/oth Maj Resp or Maj Anom
- 603 = Neonate Birthwt 1000-1249g w or w/o Other Significant Condition
- 607 = Neonate Bwt 1250-1499g w Resp Dist Synd/oth Maj Resp or Maj Anom
- 608 = Neonate Bwt 1250-1499g w or w/o Other Significant Condition
- 609 = Neonate Bwt 1500-2499g w Major Procedure
- 611 = Neonate Birthwt 1500-1999g w Major Anomaly
- 612 = Neonate Bwt 1500-1999g w Resp Dist Synd/oth Maj Resp Cond
- 613 = Neonate Birthwt 1500-1999g w Congenital/perinatal Infection
- 614 = Neonate Bwt 1500-1999g w or w/o Other Significant Condition
- 621 = Neonate Bwt 2000-2499g w Major Anomaly
- 622 = Neonate Bwt 2000-2499g w Resp Dist Synd/oth Maj Resp Cond
- 623 = Neonate Bwt 2000-2499g w Congenital/perinatal Infection
- 625 = Neonate Bwt 2000-2499g w Other Significant Condition
- 626 = Neonate Bwt 2000-2499g, Normal Newborn or Neonate w Other Problem
- 630 = Neonate Birthwt >2499g w Major Cardiovascular Procedure
- 631 = Neonate Birthwt >2499g w Other Major Procedure
- 633 = Neonate Birthwt >2499g w Major Anomaly
- 634 = Neonate, Birthwt >2499g w Resp Dist Synd/oth Maj Resp Cond

- 636 = Neonate Birthwt >2499g w Congenital/perinatal Infection
- 639 = Neonate Birthwt >2499g w Other Significant Condition
- 640 = Neonate Birthwt >2499g, Normal Newborn or Neonate w Other Problem
- 650 = Splenectomy
- 651 = Other Procedures of Blood & Blood-Forming Organs
- 660 = Major Hematologic/immunologic Diag Exc Sickle Cell Crisis & Coagul
- 661 = Coagulation & Platelet Disorders
- 662 = Sickle Cell Anemia Crisis
- 663 = Other Anemia & Disorders of Blood & Blood-Forming Organs
- 680 = Major O.R. Procedures for Lymphatic/hematopoietic/other Neoplasms
- 681 = Other O.R. Procedures for Lymphatic/hematopoietic/other Neoplasms
- 690 = Acute Leukemia
- 691 = Lymphoma, Myeloma & Non-Acute Leukemia
- 692 = Radiotherapy
- 693 = Chemotherapy
- 694 = Lymphatic & Other Malignancies & Neoplasms of Uncertain Behavior
- 710 = Infectious & Parasitic Diseases Including HIV w O.R. Procedure
- 711 = Post-Op, Post-Trauma, Other Device Infections w O.R. Procedure
- 720 = Septicemia & Disseminated Infections
- 721 = Post-Operative, Post-Traumatic, Other Device Infections
- 722 = Fever
- 723 = Viral Illness
- 724 = Other Infectious & Parasitic Diseases
- 740 = Mental Illness Diagnosis w O.R. Procedure
- 750 = Schizophrenia
- 751 = Major Depressive Disorders & Other/unspecified Psychoses
- 752 = Disorders of Personality & Impulse Control
- 753 = Bipolar Disorders
- 754 = Depression except Major Depressive Disorder
- 755 = Adjustment Disorders & Neuroses except Depressive Diagnoses
- 756 = Acute Anxiety & Delirium States
- 757 = Organic Mental Health Disturbances
- 758 = Childhood Behavioral Disorders
- 759 = Eating Disorders
- 760 = Other Mental Health Disorders
- 770 = Drug & Alcohol Abuse or Dependence, Left Against Medical Advice
- 772 = Alcohol & Drug Dependence w Rehab or Rehab/detox Therapy
- 773 = Opioid Abuse & Dependence
- 774 = Cocaine Abuse & Dependence
- 775 = Alcohol Abuse & Dependence
- 776 = Other Drug Abuse & Dependence
- 791 = O.R. Procedure for Other Complications of Treatment
- 811 = Allergic Reactions

812	=	Poisoning of Medicinal Agents
813	=	Other Complications of Treatment
815	=	Other Injury, Poisoning & Toxic Effect Diagnoses
816	=	Toxic Effects of Non-Medicinal Substances
841	=	Extensive 3rd Degree Burns w Skin Graft
842	=	Full Thickness Burns w Skin Graft
843	=	Extensive 3rd Degree or Full Thickness Burns w/o Skin Graft
844	=	Partial Thickness Burns w or w/o Skin Graft
850	=	Procedure w Diag of Rehab, Aftercare or Oth Contact w Health Service
860	=	Rehabilitation
861	=	Signs, Symptoms & Other Factors Influencing Health Status
862	=	Other Aftercare & Convalescence
863	=	Neonatal Aftercare
890	=	HIV w Multiple Major HIV Related Conditions
892	=	HIV w Major HIV Related Condition
893	=	HIV w Multiple Significant HIV Related Conditions
894	=	HIV w One Signif HIV Cond or w/o Signif Related Cond
910	=	Craniotomy for Multiple Significant Trauma
911	=	Extensive Abdominal/thoracic Procedures for Mult Significant Trauma
912	=	Musculoskeletal & Other Procedures for Multiple Significant Trauma
930	=	Multiple Significant Trauma w/o O.R. Procedure
950	=	Extensive Procedure Unrelated To Principal Diagnosis
951	=	Moderately Extensive Procedure Unrelated To Principal Diagnosis
952	=	Nonextensive Procedure Unrelated To Principal Diagnosis
955	=	Principal Diagnosis Invalid As Discharge Diagnosis
956	=	Ungroupable

Medicare Severity-Diagnosis Related Group (MS-DRG) Version 31.0+

000	=	Ungroupable
001	=	Heart Transplant or Implant of Heart Assist System w MCC
002	=	Heart Transplant or Implant of Heart Assist System w/o MCC
003	=	Ecmo or Trach w MV 96+ Hrs or Pdx Exc Face, Mouth & Neck w Maj O.R.
004	=	Trach w MV 96+ Hrs or Pdx Exc Face, Mouth & Neck w/o Maj O.R.
005	=	Liver Transplant w MCC or Intestinal Transplant
006	=	Liver Transplant w/o MCC
007	=	Lung Transplant
008	=	Simultaneous Pancreas/kidney Transplant
010	=	Pancreas Transplant
011	=	Tracheostomy for Face,Mouth & Neck Diagnoses w MCC
012	=	Tracheostomy for Face,Mouth & Neck Diagnoses w CC
013	=	Tracheostomy for Face,Mouth & Neck Diagnoses w/o CC/MCC
014	=	Allogeneic Bone Marrow Transplant

- 016 = Autologous Bone Marrow Transplant w CC/MCC
- 017 = Autologous Bone Marrow Transplant w/o CC/MCC
- 020 = Intracranial Vascular Procedures w Pdx Hemorrhage w MCC
- 021 = Intracranial Vascular Procedures w Pdx Hemorrhage w CC
- 022 = Intracranial Vascular Procedures w Pdx Hemorrhage w/o CC/MCC
- 023 = Cranio w Major Dev Impl/acute Complex CNS Pdx w MCC or Chemo Implant
- 024 = Cranio w Major Dev Impl/acute Complex CNS Pdx w/o MCC
- 025 = Craniotomy & Endovascular Intracranial Procedures w MCC
- 026 = Craniotomy & Endovascular Intracranial Procedures w CC
- 027 = Craniotomy & Endovascular Intracranial Procedures w/o CC/MCC
- 028 = Spinal Procedures w MCC
- 029 = Spinal Procedures w CC or Spinal Neurostimulators
- 030 = Spinal Procedures w/o CC/MCC
- 031 = Ventricular Shunt Procedures w MCC
- 032 = Ventricular Shunt Procedures w CC
- 033 = Ventricular Shunt Procedures w/o CC/MCC
- 034 = Carotid Artery Stent Procedure w MCC
- 035 = Carotid Artery Stent Procedure w CC
- 036 = Carotid Artery Stent Procedure w/o CC/MCC
- 037 = Extracranial Procedures w MCC
- 038 = Extracranial Procedures w CC
- 039 = Extracranial Procedures w/o CC/MCC
- 040 = Periph/cranial Nerve & Other Nerv Syst Proc w MCC
- 041 = Periph/cranial Nerve & Other Nerv Syst Proc w CC or Periph Neurostim
- 042 = Periph/cranial Nerve & Other Nerv Syst Proc w/o CC/MCC
- 052 = Spinal Disorders & Injuries w CC/MCC
- 053 = Spinal Disorders & Injuries w/o CC/MCC
- 054 = Nervous System Neoplasms w MCC
- 055 = Nervous System Neoplasms w/o MCC
- 056 = Degenerative Nervous System Disorders w MCC
- 057 = Degenerative Nervous System Disorders w/o MCC
- 058 = Multiple Sclerosis & Cerebellar Ataxia w MCC
- 059 = Multiple Sclerosis & Cerebellar Ataxia w CC
- 060 = Multiple Sclerosis & Cerebellar Ataxia w/o CC/MCC
- 061 = Acute Ischemic Stroke w Use of Thrombolytic Agent w MCC
- 062 = Acute Ischemic Stroke w Use of Thrombolytic Agent w CC
- 063 = Acute Ischemic Stroke w Use of Thrombolytic Agent w/o CC/MCC
- 064 = Intracranial Hemorrhage or Cerebral Infarction w MCC
- 065 = Intracranial Hemorrhage or Cerebral Infarction w CC or Tpa In 24 Hrs
- 066 = Intracranial Hemorrhage or Cerebral Infarction w/o CC/MCC
- 067 = Nonspecific CVA & Precerebral Occlusion w/o Infarct w MCC
- 068 = Nonspecific CVA & Precerebral Occlusion w/o Infarct w/o MCC
- 069 = Transient Ischemia

- 070 = Nonspecific Cerebrovascular Disorders w MCC
- 071 = Nonspecific Cerebrovascular Disorders w CC
- 072 = Nonspecific Cerebrovascular Disorders w/o CC/MCC
- 073 = Cranial & Peripheral Nerve Disorders w MCC
- 074 = Cranial & Peripheral Nerve Disorders w/o MCC
- 075 = Viral Meningitis w CC/MCC
- 076 = Viral Meningitis w/o CC/MCC
- 077 = Hypertensive Encephalopathy w MCC
- 078 = Hypertensive Encephalopathy w CC
- 079 = Hypertensive Encephalopathy w/o CC/MCC
- 080 = Nontraumatic Stupor & Coma w MCC
- 081 = Nontraumatic Stupor & Coma w/o MCC
- 082 = Traumatic Stupor & Coma, Coma >1 Hr w MCC
- 083 = Traumatic Stupor & Coma, Coma >1 Hr w CC
- 084 = Traumatic Stupor & Coma, Coma >1 Hr w/o CC/MCC
- 085 = Traumatic Stupor & Coma, Coma <1 Hr w MCC
- 086 = Traumatic Stupor & Coma, Coma <1 Hr w CC
- 087 = Traumatic Stupor & Coma, Coma <1 Hr w/o CC/MCC
- 088 = Concussion w MCC
- 089 = Concussion w CC
- 090 = Concussion w/o CC/MCC
- 091 = Other Disorders of Nervous System w MCC
- 092 = Other Disorders of Nervous System w CC
- 093 = Other Disorders of Nervous System w/o CC/MCC
- 094 = Bacterial & Tuberculous Infections of Nervous System w MCC
- 095 = Bacterial & Tuberculous Infections of Nervous System w CC
- 096 = Bacterial & Tuberculous Infections of Nervous System w/o CC/MCC
- 097 = Non-Bacterial Infect of Nervous Sys Exc Viral Meningitis w MCC
- 098 = Non-Bacterial Infect of Nervous Sys Exc Viral Meningitis w CC
- 099 = Non-Bacterial Infect of Nervous Sys Exc Viral Meningitis w/o CC/MCC
- 100 = Seizures w MCC
- 101 = Seizures w/o MCC
- 102 = Headaches w MCC
- 103 = Headaches w/o MCC
- 113 = Orbital Procedures w CC/MCC
- 114 = Orbital Procedures w/o CC/MCC
- 115 = Extraocular Procedures except Orbit
- 116 = Intraocular Procedures w CC/MCC
- 117 = Intraocular Procedures w/o CC/MCC
- 121 = Acute Major Eye Infections w CC/MCC
- 122 = Acute Major Eye Infections w/o CC/MCC
- 123 = Neurological Eye Disorders
- 124 = Other Disorders of the Eye w MCC

- 125 = Other Disorders of the Eye w/o MCC
- 129 = Major Head & Neck Procedures w CC/MCC or Major Device
- 130 = Major Head & Neck Procedures w/o CC/MCC
- 131 = Cranial/facial Procedures w CC/MCC
- 132 = Cranial/facial Procedures w/o CC/MCC
- 133 = Other Ear, Nose, Mouth & Throat O.R. Procedures w CC/MCC
- 134 = Other Ear, Nose, Mouth & Throat O.R. Procedures w/o CC/MCC
- 135 = Sinus & Mastoid Procedures w CC/MCC
- 136 = Sinus & Mastoid Procedures w/o CC/MCC
- 137 = Mouth Procedures w CC/MCC
- 138 = Mouth Procedures w/o CC/MCC
- 139 = Salivary Gland Procedures
- 146 = Ear, Nose, Mouth & Throat Malignancy w MCC
- 147 = Ear, Nose, Mouth & Throat Malignancy w CC
- 148 = Ear, Nose, Mouth & Throat Malignancy w/o CC/MCC
- 149 = Dysequilibrium
- 150 = Epistaxis w MCC
- 151 = Epistaxis w/o MCC
- 152 = Otitis Media & Uri w MCC
- 153 = Otitis Media & Uri w/o MCC
- 154 = Other Ear, Nose, Mouth & Throat Diagnoses w MCC
- 155 = Other Ear, Nose, Mouth & Throat Diagnoses w CC
- 156 = Other Ear, Nose, Mouth & Throat Diagnoses w/o CC/MCC
- 157 = Dental & Oral Diseases w MCC
- 158 = Dental & Oral Diseases w CC
- 159 = Dental & Oral Diseases w/o CC/MCC
- 163 = Major Chest Procedures w MCC
- 164 = Major Chest Procedures w CC
- 165 = Major Chest Procedures w/o CC/MCC
- 166 = Other Resp System O.R. Procedures w MCC
- 167 = Other Resp System O.R. Procedures w CC
- 168 = Other Resp System O.R. Procedures w/o CC/MCC
- 175 = Pulmonary Embolism w MCC
- 176 = Pulmonary Embolism w/o MCC
- 177 = Respiratory Infections & Inflammations w MCC
- 178 = Respiratory Infections & Inflammations w CC
- 179 = Respiratory Infections & Inflammations w/o CC/MCC
- 180 = Respiratory Neoplasms w MCC
- 181 = Respiratory Neoplasms w CC
- 182 = Respiratory Neoplasms w/o CC/MCC
- 183 = Major Chest Trauma w MCC
- 184 = Major Chest Trauma w CC
- 185 = Major Chest Trauma w/o CC/MCC

- 186 = Pleural Effusion w MCC
- 187 = Pleural Effusion w CC
- 188 = Pleural Effusion w/o CC/MCC
- 189 = Pulmonary Edema & Respiratory Failure
- 190 = Chronic Obstructive Pulmonary Disease w MCC
- 191 = Chronic Obstructive Pulmonary Disease w CC
- 192 = Chronic Obstructive Pulmonary Disease w/o CC/MCC
- 193 = Simple Pneumonia & Pleurisy w MCC
- 194 = Simple Pneumonia & Pleurisy w CC
- 195 = Simple Pneumonia & Pleurisy w/o CC/MCC
- 196 = Interstitial Lung Disease w MCC
- 197 = Interstitial Lung Disease w CC
- 198 = Interstitial Lung Disease w/o CC/MCC
- 199 = Pneumothorax w MCC
- 200 = Pneumothorax w CC
- 201 = Pneumothorax w/o CC/MCC
- 202 = Bronchitis & Asthma w CC/MCC
- 203 = Bronchitis & Asthma w/o CC/MCC
- 204 = Respiratory Signs & Symptoms
- 205 = Other Respiratory System Diagnoses w MCC
- 206 = Other Respiratory System Diagnoses w/o MCC
- 207 = Respiratory System Diagnosis w Ventilator Support 96+ Hours
- 208 = Respiratory System Diagnosis w Ventilator Support <96 Hours
- 215 = Other Heart Assist System Implant
- 216 = Cardiac Valve & Oth Maj Cardiothoracic Proc w Card Cath w MCC
- 217 = Cardiac Valve & Oth Maj Cardiothoracic Proc w Card Cath w CC
- 218 = Cardiac Valve & Oth Maj Cardiothoracic Proc w Card Cath w/o CC/MCC
- 219 = Cardiac Valve & Oth Maj Cardiothoracic Proc w/o Card Cath w MCC
- 220 = Cardiac Valve & Oth Maj Cardiothoracic Proc w/o Card Cath w CC
- 221 = Cardiac Valve & Oth Maj Cardiothoracic Proc w/o Card Cath w/o CC/MCC
- 222 = Cardiac Defib Implant w Cardiac Cath w Ami/hf/shock w MCC
- 223 = Cardiac Defib Implant w Cardiac Cath w Ami/hf/shock w/o MCC
- 224 = Cardiac Defib Implant w Cardiac Cath w/o Ami/hf/shock w MCC
- 225 = Cardiac Defib Implant w Cardiac Cath w/o Ami/hf/shock w/o MCC
- 226 = Cardiac Defibrillator Implant w/o Cardiac Cath w MCC
- 227 = Cardiac Defibrillator Implant w/o Cardiac Cath w/o MCC
- 228 = Other Cardiothoracic Procedures w MCC
- 229 = Other Cardiothoracic Procedures w CC
- 230 = Other Cardiothoracic Procedures w/o CC/MCC
- 231 = Coronary Bypass w Ptca w MCC
- 232 = Coronary Bypass w Ptca w/o MCC
- 233 = Coronary Bypass w Cardiac Cath w MCC
- 234 = Coronary Bypass w Cardiac Cath w/o MCC

- 235 = Coronary Bypass w/o Cardiac Cath w MCC
- 236 = Coronary Bypass w/o Cardiac Cath w/o MCC
- 237 = Major Cardiovasc Procedures w MCC
- 238 = Major Cardiovasc Procedures w/o MCC
- 239 = Amputation for Circ Sys Disorders Exc Upper Limb & Toe w MCC
- 240 = Amputation for Circ Sys Disorders Exc Upper Limb & Toe w CC
- 241 = Amputation for Circ Sys Disorders Exc Upper Limb & Toe w/o CC/MCC
- 242 = Permanent Cardiac Pacemaker Implant w MCC
- 243 = Permanent Cardiac Pacemaker Implant w CC
- 244 = Permanent Cardiac Pacemaker Implant w/o CC/MCC
- 245 = AICD Generator Procedures
- 246 = Perc Cardiovasc Proc w Drug-Eluting Stent w MCC or 4+ Vessels/stents
- 247 = Perc Cardiovasc Proc w Drug-Eluting Stent w/o MCC
- 248 = Perc Cardiovasc Proc w Non-Drug-Eluting Stent w MCC or 4+ Ves/stents
- 249 = Perc Cardiovasc Proc w Non-Drug-Eluting Stent w/o MCC
- 250 = Perc Cardiovasc Proc w/o Coronary Artery Stent w MCC
- 251 = Perc Cardiovasc Proc w/o Coronary Artery Stent w/o MCC
- 252 = Other Vascular Procedures w MCC
- 253 = Other Vascular Procedures w CC
- 254 = Other Vascular Procedures w/o CC/MCC
- 255 = Upper Limb & Toe Amputation for Circ System Disorders w MCC
- 256 = Upper Limb & Toe Amputation for Circ System Disorders w CC
- 257 = Upper Limb & Toe Amputation for Circ System Disorders w/o CC/MCC
- 258 = Cardiac Pacemaker Device Replacement w MCC
- 259 = Cardiac Pacemaker Device Replacement w/o MCC
- 260 = Cardiac Pacemaker Revision except Device Replacement w MCC
- 261 = Cardiac Pacemaker Revision except Device Replacement w CC
- 262 = Cardiac Pacemaker Revision except Device Replacement w/o CC/MCC
- 263 = Vein Ligation & Stripping
- 264 = Other Circulatory System O.R. Procedures
- 265 = AICD Lead Procedures
- 280 = Acute Myocardial Infarction, Discharged Alive w MCC
- 281 = Acute Myocardial Infarction, Discharged Alive w CC
- 282 = Acute Myocardial Infarction, Discharged Alive w/o CC/MCC
- 283 = Acute Myocardial Infarction, Expired w MCC
- 284 = Acute Myocardial Infarction, Expired w CC
- 285 = Acute Myocardial Infarction, Expired w/o CC/MCC
- 286 = Circulatory Disorders except Ami, w Card Cath w MCC
- 287 = Circulatory Disorders except Ami, w Card Cath w/o MCC
- 288 = Acute & Subacute Endocarditis w MCC
- 289 = Acute & Subacute Endocarditis w CC
- 290 = Acute & Subacute Endocarditis w/o CC/MCC
- 291 = Heart Failure & Shock w MCC

292 = Heart Failure & Shock w CC
 293 = Heart Failure & Shock w/o CC/MCC
 294 = Deep Vein Thrombophlebitis w CC/MCC
 295 = Deep Vein Thrombophlebitis w/o CC/MCC
 296 = Cardiac Arrest, Unexplained w MCC
 297 = Cardiac Arrest, Unexplained w CC
 298 = Cardiac Arrest, Unexplained w/o CC/MCC
 299 = Peripheral Vascular Disorders w MCC
 300 = Peripheral Vascular Disorders w CC
 301 = Peripheral Vascular Disorders w/o CC/MCC
 302 = Atherosclerosis w MCC
 303 = Atherosclerosis w/o MCC
 304 = Hypertension w MCC
 305 = Hypertension w/o MCC
 306 = Cardiac Congenital & Valvular Disorders w MCC
 307 = Cardiac Congenital & Valvular Disorders w/o MCC
 308 = Cardiac Arrhythmia & Conduction Disorders w MCC
 309 = Cardiac Arrhythmia & Conduction Disorders w CC
 310 = Cardiac Arrhythmia & Conduction Disorders w/o CC/MCC
 311 = Angina Pectoris
 312 = Syncope & Collapse
 313 = Chest Pain
 314 = Other Circulatory System Diagnoses w MCC
 315 = Other Circulatory System Diagnoses w CC
 316 = Other Circulatory System Diagnoses w/o CC/MCC
 326 = Stomach, Esophageal & Duodenal Proc w MCC
 327 = Stomach, Esophageal & Duodenal Proc w CC
 328 = Stomach, Esophageal & Duodenal Proc w/o CC/MCC
 329 = Major Small & Large Bowel Procedures w MCC
 330 = Major Small & Large Bowel Procedures w CC
 331 = Major Small & Large Bowel Procedures w/o CC/MCC
 332 = Rectal Resection w MCC
 333 = Rectal Resection w CC
 334 = Rectal Resection w/o CC/MCC
 335 = Peritoneal Adhesiolysis w MCC
 336 = Peritoneal Adhesiolysis w CC
 337 = Peritoneal Adhesiolysis w/o CC/MCC
 338 = Appendectomy w Complicated Principal Diag w MCC
 339 = Appendectomy w Complicated Principal Diag w CC
 340 = Appendectomy w Complicated Principal Diag w/o CC/MCC
 341 = Appendectomy w/o Complicated Principal Diag w MCC
 342 = Appendectomy w/o Complicated Principal Diag w CC
 343 = Appendectomy w/o Complicated Principal Diag w/o CC/MCC

- 344 = Minor Small & Large Bowel Procedures w MCC
- 345 = Minor Small & Large Bowel Procedures w CC
- 346 = Minor Small & Large Bowel Procedures w/o CC/MCC
- 347 = Anal & Stomal Procedures w MCC
- 348 = Anal & Stomal Procedures w CC
- 349 = Anal & Stomal Procedures w/o CC/MCC
- 350 = Inguinal & Femoral Hernia Procedures w MCC
- 351 = Inguinal & Femoral Hernia Procedures w CC
- 352 = Inguinal & Femoral Hernia Procedures w/o CC/MCC
- 353 = Hernia Procedures except Inguinal & Femoral w MCC
- 354 = Hernia Procedures except Inguinal & Femoral w CC
- 355 = Hernia Procedures except Inguinal & Femoral w/o CC/MCC
- 356 = Other Digestive System O.R. Procedures w MCC
- 357 = Other Digestive System O.R. Procedures w CC
- 358 = Other Digestive System O.R. Procedures w/o CC/MCC
- 368 = Major Esophageal Disorders w MCC
- 369 = Major Esophageal Disorders w CC
- 370 = Major Esophageal Disorders w/o CC/MCC
- 371 = Major Gastrointestinal Disorders & Peritoneal Infections w MCC
- 372 = Major Gastrointestinal Disorders & Peritoneal Infections w CC
- 373 = Major Gastrointestinal Disorders & Peritoneal Infections w/o CC/MCC
- 374 = Digestive Malignancy w MCC
- 375 = Digestive Malignancy w CC
- 376 = Digestive Malignancy w/o CC/MCC
- 377 = G.I. Hemorrhage w MCC
- 378 = G.I. Hemorrhage w CC
- 379 = G.I. Hemorrhage w/o CC/MCC
- 380 = Complicated Peptic Ulcer w MCC
- 381 = Complicated Peptic Ulcer w CC
- 382 = Complicated Peptic Ulcer w/o CC/MCC
- 383 = Uncomplicated Peptic Ulcer w MCC
- 384 = Uncomplicated Peptic Ulcer w/o MCC
- 385 = Inflammatory Bowel Disease w MCC
- 386 = Inflammatory Bowel Disease w CC
- 387 = Inflammatory Bowel Disease w/o CC/MCC
- 388 = G.I. Obstruction w MCC
- 389 = G.I. Obstruction w CC
- 390 = G.I. Obstruction w/o CC/MCC
- 391 = Esophagitis, Gastroent & Misc Digest Disorders w MCC
- 392 = Esophagitis, Gastroent & Misc Digest Disorders w/o MCC
- 393 = Other Digestive System Diagnoses w MCC
- 394 = Other Digestive System Diagnoses w CC
- 395 = Other Digestive System Diagnoses w/o CC/MCC

- 405 = Pancreas, Liver & Shunt Procedures w MCC
- 406 = Pancreas, Liver & Shunt Procedures w CC
- 407 = Pancreas, Liver & Shunt Procedures w/o CC/MCC
- 408 = Biliary Tract Proc except Only Cholecyst w or w/o C.D.E. w MCC
- 409 = Biliary Tract Proc except Only Cholecyst w or w/o C.D.E. w CC
- 410 = Biliary Tract Proc except Only Cholecyst w or w/o C.D.E. w/o CC/MCC
- 411 = Cholecystectomy w C.D.E. w MCC
- 412 = Cholecystectomy w C.D.E. w CC
- 413 = Cholecystectomy w C.D.E. w/o CC/MCC
- 414 = Cholecystectomy except by Laparoscope w/o C.D.E. w MCC
- 415 = Cholecystectomy except by Laparoscope w/o C.D.E. w CC
- 416 = Cholecystectomy except by Laparoscope w/o C.D.E. w/o CC/MCC
- 417 = Laparoscopic Cholecystectomy w/o C.D.E. w MCC
- 418 = Laparoscopic Cholecystectomy w/o C.D.E. w CC
- 419 = Laparoscopic Cholecystectomy w/o C.D.E. w/o CC/MCC
- 420 = Hepatobiliary Diagnostic Procedures w MCC
- 421 = Hepatobiliary Diagnostic Procedures w CC
- 422 = Hepatobiliary Diagnostic Procedures w/o CC/MCC
- 423 = Other Hepatobiliary or Pancreas O.R. Procedures w MCC
- 424 = Other Hepatobiliary or Pancreas O.R. Procedures w CC
- 425 = Other Hepatobiliary or Pancreas O.R. Procedures w/o CC/MCC
- 432 = Cirrhosis & Alcoholic Hepatitis w MCC
- 433 = Cirrhosis & Alcoholic Hepatitis w CC
- 434 = Cirrhosis & Alcoholic Hepatitis w/o CC/MCC
- 435 = Malignancy of Hepatobiliary System or Pancreas w MCC
- 436 = Malignancy of Hepatobiliary System or Pancreas w CC
- 437 = Malignancy of Hepatobiliary System or Pancreas w/o CC/MCC
- 438 = Disorders of Pancreas except Malignancy w MCC
- 439 = Disorders of Pancreas except Malignancy w CC
- 440 = Disorders of Pancreas except Malignancy w/o CC/MCC
- 441 = Disorders of Liver except Malig,Cirr,Alc Hepa w MCC
- 442 = Disorders of Liver except Malig,Cirr,Alc Hepa w CC
- 443 = Disorders of Liver except Malig,Cirr,Alc Hepa w/o CC/MCC
- 444 = Disorders of the Biliary Tract w MCC
- 445 = Disorders of the Biliary Tract w CC
- 446 = Disorders of the Biliary Tract w/o CC/MCC
- 453 = Combined Anterior/posterior Spinal Fusion w MCC
- 454 = Combined Anterior/posterior Spinal Fusion w CC
- 455 = Combined Anterior/posterior Spinal Fusion w/o CC/MCC
- 456 = Spinal Fus Exc Cerv w Spinal Curv/malig/infec or 9+ Fus w MCC
- 457 = Spinal Fus Exc Cerv w Spinal Curv/malig/infec or 9+ Fus w CC
- 458 = Spinal Fus Exc Cerv w Spinal Curv/malig/infec or 9+ Fus w/o CC/MCC
- 459 = Spinal Fusion except Cervical w MCC

- 460 = Spinal Fusion except Cervical w/o MCC
- 461 = Bilateral or Multiple Major Joint Procs of Lower Extremity w MCC
- 462 = Bilateral or Multiple Major Joint Procs of Lower Extremity w/o MCC
- 463 = Wnd Debrid & Skn Grft Exc Hand, for Musculo-Conn Tiss Dis w MCC
- 464 = Wnd Debrid & Skn Grft Exc Hand, for Musculo-Conn Tiss Dis w CC
- 465 = Wnd Debrid & Skn Grft Exc Hand, for Musculo-Conn Tiss Dis w/o CC/MCC
- 466 = Revision of Hip or Knee Replacement w MCC
- 467 = Revision of Hip or Knee Replacement w CC
- 468 = Revision of Hip or Knee Replacement w/o CC/MCC
- 469 = Major Joint Replacement or Reattachment of Lower Extremity w MCC
- 470 = Major Joint Replacement or Reattachment of Lower Extremity w/o MCC
- 471 = Cervical Spinal Fusion w MCC
- 472 = Cervical Spinal Fusion w CC
- 473 = Cervical Spinal Fusion w/o CC/MCC
- 474 = Amputation for Musculoskeletal Sys & Conn Tissue Dis w MCC
- 475 = Amputation for Musculoskeletal Sys & Conn Tissue Dis w CC
- 476 = Amputation for Musculoskeletal Sys & Conn Tissue Dis w/o CC/MCC
- 477 = Biopsies of Musculoskeletal System & Connective Tissue w MCC
- 478 = Biopsies of Musculoskeletal System & Connective Tissue w CC
- 479 = Biopsies of Musculoskeletal System & Connective Tissue w/o CC/MCC
- 480 = Hip & Femur Procedures except Major Joint w MCC
- 481 = Hip & Femur Procedures except Major Joint w CC
- 482 = Hip & Femur Procedures except Major Joint w/o CC/MCC
- 483 = Major Joint & Limb Reattachment Proc of Upper Extremity w CC/MCC
- 484 = Major Joint & Limb Reattachment Proc of Upper Extremity w/o CC/MCC
- 485 = Knee Procedures w Pdx of Infection w MCC
- 486 = Knee Procedures w Pdx of Infection w CC
- 487 = Knee Procedures w Pdx of Infection w/o CC/MCC
- 488 = Knee Procedures w/o Pdx of Infection w CC/MCC
- 489 = Knee Procedures w/o Pdx of Infection w/o CC/MCC
- 490 = Back & Neck Proc Exc Spinal Fusion w CC/MCC or Disc Device/neurostim
- 491 = Back & Neck Proc Exc Spinal Fusion w/o CC/MCC
- 492 = Lower Extrem & Humer Proc except Hip, Foot, Femur w MCC
- 493 = Lower Extrem & Humer Proc except Hip, Foot, Femur w CC
- 494 = Lower Extrem & Humer Proc except Hip, Foot, Femur w/o CC/MCC
- 495 = Local Excision & Removal Int Fix Devices Exc Hip & Femur w MCC
- 496 = Local Excision & Removal Int Fix Devices Exc Hip & Femur w CC
- 497 = Local Excision & Removal Int Fix Devices Exc Hip & Femur w/o CC/MCC
- 498 = Local Excision & Removal Int Fix Devices of Hip & Femur w CC/MCC
- 499 = Local Excision & Removal Int Fix Devices of Hip & Femur w/o CC/MCC
- 500 = Soft Tissue Procedures w MCC
- 501 = Soft Tissue Procedures w CC
- 502 = Soft Tissue Procedures w/o CC/MCC

- 503 = Foot Procedures w MCC
- 504 = Foot Procedures w CC
- 505 = Foot Procedures w/o CC/MCC
- 506 = Major Thumb or Joint Procedures
- 507 = Major Shoulder or Elbow Joint Procedures w CC/MCC
- 508 = Major Shoulder or Elbow Joint Procedures w/o CC/MCC
- 509 = Arthroscopy
- 510 = Shoulder, Elbow or Forearm Proc, Exc Major Joint Proc w MCC
- 511 = Shoulder, Elbow or Forearm Proc, Exc Major Joint Proc w CC
- 512 = Shoulder, Elbow or Forearm Proc, Exc Major Joint Proc w/o CC/MCC
- 513 = Hand or Wrist Proc, except Major Thumb or Joint Proc w CC/MCC
- 514 = Hand or Wrist Proc, except Major Thumb or Joint Proc w/o CC/MCC
- 515 = Other Musculoskelet Sys & Conn Tiss O.R. Proc w MCC
- 516 = Other Musculoskelet Sys & Conn Tiss O.R. Proc w CC
- 517 = Other Musculoskelet Sys & Conn Tiss O.R. Proc w/o CC/MCC
- 533 = Fractures of Femur w MCC
- 534 = Fractures of Femur w/o MCC
- 535 = Fractures of Hip & Pelvis w MCC
- 536 = Fractures of Hip & Pelvis w/o MCC
- 537 = Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh w CC/MCC
- 538 = Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh w/o CC/MCC
- 539 = Osteomyelitis w MCC
- 540 = Osteomyelitis w CC
- 541 = Osteomyelitis w/o CC/MCC
- 542 = Pathological Fractures & Musculoskelet & Conn Tiss Malig w MCC
- 543 = Pathological Fractures & Musculoskelet & Conn Tiss Malig w CC
- 544 = Pathological Fractures & Musculoskelet & Conn Tiss Malig w/o CC/MCC
- 545 = Connective Tissue Disorders w MCC
- 546 = Connective Tissue Disorders w CC
- 547 = Connective Tissue Disorders w/o CC/MCC
- 548 = Septic Arthritis w MCC
- 549 = Septic Arthritis w CC
- 550 = Septic Arthritis w/o CC/MCC
- 551 = Medical Back Problems w MCC
- 552 = Medical Back Problems w/o MCC
- 553 = Bone Diseases & Arthropathies w MCC
- 554 = Bone Diseases & Arthropathies w/o MCC
- 555 = Signs & Symptoms of Musculoskeletal System & Conn Tissue w MCC
- 556 = Signs & Symptoms of Musculoskeletal System & Conn Tissue w/o MCC
- 557 = Tendonitis, Myositis & Bursitis w MCC
- 558 = Tendonitis, Myositis & Bursitis w/o MCC
- 559 = Aftercare, Musculoskeletal System & Connective Tissue w MCC
- 560 = Aftercare, Musculoskeletal System & Connective Tissue w CC

- 561 = Aftercare, Musculoskeletal System & Connective Tissue w/o CC/MCC
- 562 = Fx, Sprn, Strn & Disl except Femur, Hip, Pelvis & Thigh w MCC
- 563 = Fx, Sprn, Strn & Disl except Femur, Hip, Pelvis & Thigh w/o MCC
- 564 = Other Musculoskeletal Sys & Connective Tissue Diagnoses w MCC
- 565 = Other Musculoskeletal Sys & Connective Tissue Diagnoses w CC
- 566 = Other Musculoskeletal Sys & Connective Tissue Diagnoses w/o CC/MCC
- 570 = Skin Debridement w MCC
- 571 = Skin Debridement w CC
- 572 = Skin Debridement w/o CC/MCC
- 573 = Skin Graft for Skin Ulcer or Cellulitis w MCC
- 574 = Skin Graft for Skin Ulcer or Cellulitis w CC
- 575 = Skin Graft for Skin Ulcer or Cellulitis w/o CC/MCC
- 576 = Skin Graft Exc for Skin Ulcer or Cellulitis w MCC
- 577 = Skin Graft Exc for Skin Ulcer or Cellulitis w CC
- 578 = Skin Graft Exc for Skin Ulcer or Cellulitis w/o CC/MCC
- 579 = Other Skin, Subcut Tiss & Breast Proc w MCC
- 580 = Other Skin, Subcut Tiss & Breast Proc w CC
- 581 = Other Skin, Subcut Tiss & Breast Proc w/o CC/MCC
- 582 = Mastectomy for Malignancy w CC/MCC
- 583 = Mastectomy for Malignancy w/o CC/MCC
- 584 = Breast Biopsy, Local Excision & Other Breast Procedures w CC/MCC
- 585 = Breast Biopsy, Local Excision & Other Breast Procedures w/o CC/MCC
- 592 = Skin Ulcers w MCC
- 593 = Skin Ulcers w CC
- 594 = Skin Ulcers w/o CC/MCC
- 595 = Major Skin Disorders w MCC
- 596 = Major Skin Disorders w/o MCC
- 597 = Malignant Breast Disorders w MCC
- 598 = Malignant Breast Disorders w CC
- 599 = Malignant Breast Disorders w/o CC/MCC
- 600 = Non-Malignant Breast Disorders w CC/MCC
- 601 = Non-Malignant Breast Disorders w/o CC/MCC
- 602 = Cellulitis w MCC
- 603 = Cellulitis w/o MCC
- 604 = Trauma To the Skin, Subcut Tiss & Breast w MCC
- 605 = Trauma To the Skin, Subcut Tiss & Breast w/o MCC
- 606 = Minor Skin Disorders w MCC
- 607 = Minor Skin Disorders w/o MCC
- 614 = Adrenal & Pituitary Procedures w CC/MCC
- 615 = Adrenal & Pituitary Procedures w/o CC/MCC
- 616 = Amputat of Lower Limb for Endocrine,Nutrit,& Metabol Dis w MCC
- 617 = Amputat of Lower Limb for Endocrine,Nutrit,& Metabol Dis w CC
- 618 = Amputat of Lower Limb for Endocrine,Nutrit,& Metabol Dis w/o CC/MCC

- 619 = O.R. Procedures for Obesity w MCC
- 620 = O.R. Procedures for Obesity w CC
- 621 = O.R. Procedures for Obesity w/o CC/MCC
- 622 = Skin Grafts & Wound Debrid for Endoc, Nutrit & Metab Dis w MCC
- 623 = Skin Grafts & Wound Debrid for Endoc, Nutrit & Metab Dis w CC
- 624 = Skin Grafts & Wound Debrid for Endoc, Nutrit & Metab Dis w/o CC/MCC
- 625 = Thyroid, Parathyroid & Thyroglossal Procedures w MCC
- 626 = Thyroid, Parathyroid & Thyroglossal Procedures w CC
- 627 = Thyroid, Parathyroid & Thyroglossal Procedures w/o CC/MCC
- 628 = Other Endocrine, Nutrit & Metab O.R. Proc w MCC
- 629 = Other Endocrine, Nutrit & Metab O.R. Proc w CC
- 630 = Other Endocrine, Nutrit & Metab O.R. Proc w/o CC/MCC
- 637 = Diabetes w MCC
- 638 = Diabetes w CC
- 639 = Diabetes w/o CC/MCC
- 640 = Misc Disorders of Nutrition, Metabolism, Fluids/electrolytes w MCC
- 641 = Misc Disorders of Nutrition, Metabolism, Fluids/electrolytes w/o MCC
- 642 = Inborn and Other Disorders of Metabolism
- 643 = Endocrine Disorders w MCC
- 644 = Endocrine Disorders w CC
- 645 = Endocrine Disorders w/o CC/MCC
- 652 = Kidney Transplant
- 653 = Major Bladder Procedures w MCC
- 654 = Major Bladder Procedures w CC
- 655 = Major Bladder Procedures w/o CC/MCC
- 656 = Kidney & Ureter Procedures for Neoplasm w MCC
- 657 = Kidney & Ureter Procedures for Neoplasm w CC
- 658 = Kidney & Ureter Procedures for Neoplasm w/o CC/MCC
- 659 = Kidney & Ureter Procedures for Non-Neoplasm w MCC
- 660 = Kidney & Ureter Procedures for Non-Neoplasm w CC
- 661 = Kidney & Ureter Procedures for Non-Neoplasm w/o CC/MCC
- 662 = Minor Bladder Procedures w MCC
- 663 = Minor Bladder Procedures w CC
- 664 = Minor Bladder Procedures w/o CC/MCC
- 665 = Prostatectomy w MCC
- 666 = Prostatectomy w CC
- 667 = Prostatectomy w/o CC/MCC
- 668 = Transurethral Procedures w MCC
- 669 = Transurethral Procedures w CC
- 670 = Transurethral Procedures w/o CC/MCC
- 671 = Urethral Procedures w CC/MCC
- 672 = Urethral Procedures w/o CC/MCC
- 673 = Other Kidney & Urinary Tract Procedures w MCC

- 674 = Other Kidney & Urinary Tract Procedures w CC
- 675 = Other Kidney & Urinary Tract Procedures w/o CC/MCC
- 682 = Renal Failure w MCC
- 683 = Renal Failure w CC
- 684 = Renal Failure w/o CC/MCC
- 685 = Admit for Renal Dialysis
- 686 = Kidney & Urinary Tract Neoplasms w MCC
- 687 = Kidney & Urinary Tract Neoplasms w CC
- 688 = Kidney & Urinary Tract Neoplasms w/o CC/MCC
- 689 = Kidney & Urinary Tract Infections w MCC
- 690 = Kidney & Urinary Tract Infections w/o MCC
- 691 = Urinary Stones w Esw Lithotripsy w CC/MCC
- 692 = Urinary Stones w Esw Lithotripsy w/o CC/MCC
- 693 = Urinary Stones w/o Esw Lithotripsy w MCC
- 694 = Urinary Stones w/o Esw Lithotripsy w/o MCC
- 695 = Kidney & Urinary Tract Signs & Symptoms w MCC
- 696 = Kidney & Urinary Tract Signs & Symptoms w/o MCC
- 697 = Urethral Stricture
- 698 = Other Kidney & Urinary Tract Diagnoses w MCC
- 699 = Other Kidney & Urinary Tract Diagnoses w CC
- 700 = Other Kidney & Urinary Tract Diagnoses w/o CC/MCC
- 707 = Major Male Pelvic Procedures w CC/MCC
- 708 = Major Male Pelvic Procedures w/o CC/MCC
- 709 = Penis Procedures w CC/MCC
- 710 = Penis Procedures w/o CC/MCC
- 711 = Testes Procedures w CC/MCC
- 712 = Testes Procedures w/o CC/MCC
- 713 = Transurethral Prostatectomy w CC/MCC
- 714 = Transurethral Prostatectomy w/o CC/MCC
- 715 = Other Male Reproductive System O.R. Proc for Malignancy w CC/MCC
- 716 = Other Male Reproductive System O.R. Proc for Malignancy w/o CC/MCC
- 717 = Other Male Reproductive System O.R. Proc Exc Malignancy w CC/MCC
- 718 = Other Male Reproductive System O.R. Proc Exc Malignancy w/o CC/MCC
- 722 = Malignancy, Male Reproductive System w MCC
- 723 = Malignancy, Male Reproductive System w CC
- 724 = Malignancy, Male Reproductive System w/o CC/MCC
- 725 = Benign Prostatic Hypertrophy w MCC
- 726 = Benign Prostatic Hypertrophy w/o MCC
- 727 = Inflammation of the Male Reproductive System w MCC
- 728 = Inflammation of the Male Reproductive System w/o MCC
- 729 = Other Male Reproductive System Diagnoses w CC/MCC
- 730 = Other Male Reproductive System Diagnoses w/o CC/MCC
- 734 = Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy w CC/MCC

- 735 = Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy w/o CC/MCC
- 736 = Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy w MCC
- 737 = Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy w CC
- 738 = Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy w/o CC/MCC
- 739 = Uterine,Adnexa Proc for Non-Ovarian/adnexal Malig w MCC
- 740 = Uterine,Adnexa Proc for Non-Ovarian/adnexal Malig w CC
- 741 = Uterine,Adnexa Proc for Non-Ovarian/adnexal Malig w/o CC/MCC
- 742 = Uterine & Adnexa Proc for Non-Malignancy w CC/MCC
- 743 = Uterine & Adnexa Proc for Non-Malignancy w/o CC/MCC
- 744 = D&C, Conization, Laparoscopy & Tubal Interruption w CC/MCC
- 745 = D&C, Conization, Laparoscopy & Tubal Interruption w/o CC/MCC
- 746 = Vagina, Cervix & Vulva Procedures w CC/MCC
- 747 = Vagina, Cervix & Vulva Procedures w/o CC/MCC
- 748 = Female Reproductive System Reconstructive Procedures
- 749 = Other Female Reproductive System O.R. Procedures w CC/MCC
- 750 = Other Female Reproductive System O.R. Procedures w/o CC/MCC
- 754 = Malignancy, Female Reproductive System w MCC
- 755 = Malignancy, Female Reproductive System w CC
- 756 = Malignancy, Female Reproductive System w/o CC/MCC
- 757 = Infections, Female Reproductive System w MCC
- 758 = Infections, Female Reproductive System w CC
- 759 = Infections, Female Reproductive System w/o CC/MCC
- 760 = Menstrual & Other Female Reproductive System Disorders w CC/MCC
- 761 = Menstrual & Other Female Reproductive System Disorders w/o CC/MCC
- 765 = Cesarean Section w CC/MCC
- 766 = Cesarean Section w/o CC/MCC
- 767 = Vaginal Delivery w Sterilization &/or D&C
- 768 = Vaginal Delivery w O.R. Proc except Steril &/or D&C
- 769 = Postpartum & Post Abortion Diagnoses w O.R. Procedure
- 770 = Abortion w D&C, Aspiration Curettage or Hysterotomy
- 774 = Vaginal Delivery w Complicating Diagnoses
- 775 = Vaginal Delivery w/o Complicating Diagnoses
- 776 = Postpartum & Post Abortion Diagnoses w/o O.R. Procedure
- 777 = Ectopic Pregnancy
- 778 = Threatened Abortion
- 779 = Abortion w/o D&C
- 780 = False Labor
- 781 = Other Antepartum Diagnoses w Medical Complications
- 782 = Other Antepartum Diagnoses w/o Medical Complications
- 789 = Neonates, Died or Transferred To Another Acute Care Facility
- 790 = Extreme Immaturity or Respiratory Distress Syndrome, Neonate
- 791 = Prematurity w Major Problems
- 792 = Prematurity w/o Major Problems

- 793 = Full Term Neonate w Major Problems
- 794 = Neonate w Other Significant Problems
- 795 = Normal Newborn
- 799 = Splenectomy w MCC
- 800 = Splenectomy w CC
- 801 = Splenectomy w/o CC/MCC
- 802 = Other O.R. Proc of the Blood & Blood Forming Organs w MCC
- 803 = Other O.R. Proc of the Blood & Blood Forming Organs w CC
- 804 = Other O.R. Proc of the Blood & Blood Forming Organs w/o CC/MCC
- 808 = Major Hematol/immun Diag Exc Sickle Cell Crisis & Coagul w MCC
- 809 = Major Hematol/immun Diag Exc Sickle Cell Crisis & Coagul w CC
- 810 = Major Hematol/immun Diag Exc Sickle Cell Crisis & Coagul w/o CC/MCC
- 811 = Red Blood Cell Disorders w MCC
- 812 = Red Blood Cell Disorders w/o MCC
- 813 = Coagulation Disorders
- 814 = Reticuloendothelial & Immunity Disorders w MCC
- 815 = Reticuloendothelial & Immunity Disorders w CC
- 816 = Reticuloendothelial & Immunity Disorders w/o CC/MCC
- 820 = Lymphoma & Leukemia w Major O.R. Procedure w MCC
- 821 = Lymphoma & Leukemia w Major O.R. Procedure w CC
- 822 = Lymphoma & Leukemia w Major O.R. Procedure w/o CC/MCC
- 823 = Lymphoma & Non-Acute Leukemia w Other O.R. Proc w MCC
- 824 = Lymphoma & Non-Acute Leukemia w Other O.R. Proc w CC
- 825 = Lymphoma & Non-Acute Leukemia w Other O.R. Proc w/o CC/MCC
- 826 = Myeloprolif Disord or Poorly Diff Neopl w Maj O.R. Proc w MCC
- 827 = Myeloprolif Disord or Poorly Diff Neopl w Maj O.R. Proc w CC
- 828 = Myeloprolif Disord or Poorly Diff Neopl w Maj O.R. Proc w/o CC/MCC
- 829 = Myeloprolif Disord or Poorly Diff Neopl w Other O.R. Proc w CC/MCC
- 830 = Myeloprolif Disord or Poorly Diff Neopl w Other O.R. Proc w/o CC/MCC
- 834 = Acute Leukemia w/o Major O.R. Procedure w MCC
- 835 = Acute Leukemia w/o Major O.R. Procedure w CC
- 836 = Acute Leukemia w/o Major O.R. Procedure w/o CC/MCC
- 837 = Chemo w Acute Leukemia As Sdx or w High Dose Chemo Agent w MCC
- 838 = Chemo w Acute Leukemia As Sdx w CC or High Dose Chemo Agent
- 839 = Chemo w Acute Leukemia As Sdx w/o CC/MCC
- 840 = Lymphoma & Non-Acute Leukemia w MCC
- 841 = Lymphoma & Non-Acute Leukemia w CC
- 842 = Lymphoma & Non-Acute Leukemia w/o CC/MCC
- 843 = Other Myeloprolif Dis or Poorly Diff Neopl Diag w MCC
- 844 = Other Myeloprolif Dis or Poorly Diff Neopl Diag w CC
- 845 = Other Myeloprolif Dis or Poorly Diff Neopl Diag w/o CC/MCC
- 846 = Chemotherapy w/o Acute Leukemia As Secondary Diagnosis w MCC
- 847 = Chemotherapy w/o Acute Leukemia As Secondary Diagnosis w CC

- 848 = Chemotherapy w/o Acute Leukemia As Secondary Diagnosis w/o CC/MCC
- 849 = Radiotherapy
- 853 = Infectious & Parasitic Diseases w O.R. Procedure w MCC
- 854 = Infectious & Parasitic Diseases w O.R. Procedure w CC
- 855 = Infectious & Parasitic Diseases w O.R. Procedure w/o CC/MCC
- 856 = Postoperative or Post-Traumatic Infections w O.R. Proc w MCC
- 857 = Postoperative or Post-Traumatic Infections w O.R. Proc w CC
- 858 = Postoperative or Post-Traumatic Infections w O.R. Proc w/o CC/MCC
- 862 = Postoperative & Post-Traumatic Infections w MCC
- 863 = Postoperative & Post-Traumatic Infections w/o MCC
- 864 = Fever
- 865 = Viral Illness w MCC
- 866 = Viral Illness w/o MCC
- 867 = Other Infectious & Parasitic Diseases Diagnoses w MCC
- 868 = Other Infectious & Parasitic Diseases Diagnoses w CC
- 869 = Other Infectious & Parasitic Diseases Diagnoses w/o CC/MCC
- 870 = Septicemia or Severe Sepsis w MV 96+ Hours
- 871 = Septicemia or Severe Sepsis w/o MV 96+ Hours w MCC
- 872 = Septicemia or Severe Sepsis w/o MV 96+ Hours w/o MCC
- 876 = O.R. Procedure w Principal Diagnoses of Mental Illness
- 880 = Acute Adjustment Reaction & Psychosocial Dysfunction
- 881 = Depressive Neuroses
- 882 = Neuroses except Depressive
- 883 = Disorders of Personality & Impulse Control
- 884 = Organic Disturbances & Mental Retardation
- 885 = Psychoses
- 886 = Behavioral & Developmental Disorders
- 887 = Other Mental Disorder Diagnoses
- 894 = Alcohol/drug Abuse or Dependence, Left Ama
- 895 = Alcohol/drug Abuse or Dependence w Rehabilitation Therapy
- 896 = Alcohol/drug Abuse or Dependence w/o Rehabilitation Therapy w MCC
- 897 = Alcohol/drug Abuse or Dependence w/o Rehabilitation Therapy w/o MCC
- 901 = Wound Debridements for Injuries w MCC
- 902 = Wound Debridements for Injuries w CC
- 903 = Wound Debridements for Injuries w/o CC/MCC
- 904 = Skin Grafts for Injuries w CC/MCC
- 905 = Skin Grafts for Injuries w/o CC/MCC
- 906 = Hand Procedures for Injuries
- 907 = Other O.R. Procedures for Injuries w MCC
- 908 = Other O.R. Procedures for Injuries w CC
- 909 = Other O.R. Procedures for Injuries w/o CC/MCC
- 913 = Traumatic Injury w MCC
- 914 = Traumatic Injury w/o MCC

- 915 = Allergic Reactions w MCC
- 916 = Allergic Reactions w/o MCC
- 917 = Poisoning & Toxic Effects of Drugs w MCC
- 918 = Poisoning & Toxic Effects of Drugs w/o MCC
- 919 = Complications of Treatment w MCC
- 920 = Complications of Treatment w CC
- 921 = Complications of Treatment w/o CC/MCC
- 922 = Other Injury, Poisoning & Toxic Effect Diag w MCC
- 923 = Other Injury, Poisoning & Toxic Effect Diag w/o MCC
- 927 = Extensive Burns or Full Thickness Burns w MV 96+ Hrs w Skin Graft
- 928 = Full Thickness Burn w Skin Graft or Inhal Inj w CC/MCC
- 929 = Full Thickness Burn w Skin Graft or Inhal Inj w/o CC/MCC
- 933 = Extensive Burns or Full Thickness Burns w MV 96+ Hrs w/o Skin Graft
- 934 = Full Thickness Burn w/o Skin Grft or Inhal Inj
- 935 = Non-Extensive Burns
- 939 = O.R. Proc w Diagnoses of Other Contact w Health Services w MCC
- 940 = O.R. Proc w Diagnoses of Other Contact w Health Services w CC
- 941 = O.R. Proc w Diagnoses of Other Contact w Health Services w/o CC/MCC
- 945 = Rehabilitation w CC/MCC
- 946 = Rehabilitation w/o CC/MCC
- 947 = Signs & Symptoms w MCC
- 948 = Signs & Symptoms w/o MCC
- 949 = Aftercare w CC/MCC
- 950 = Aftercare w/o CC/MCC
- 951 = Other Factors Influencing Health Status
- 955 = Craniotomy for Multiple Significant Trauma
- 956 = Limb Reattachment, Hip & Femur Proc for Multiple Significant Trauma
- 957 = Other O.R. Procedures for Multiple Significant Trauma w MCC
- 958 = Other O.R. Procedures for Multiple Significant Trauma w CC
- 959 = Other O.R. Procedures for Multiple Significant Trauma w/o CC/MCC
- 963 = Other Multiple Significant Trauma w MCC
- 964 = Other Multiple Significant Trauma w CC
- 965 = Other Multiple Significant Trauma w/o CC/MCC
- 969 = HIV w Extensive O.R. Procedure w MCC
- 970 = HIV w Extensive O.R. Procedure w/o MCC
- 974 = HIV w Major Related Condition w MCC
- 975 = HIV w Major Related Condition w CC
- 976 = HIV w Major Related Condition w/o CC/MCC
- 977 = HIV w or w/o Other Related Condition
- 981 = Extensive O.R. Procedure Unrelated To Principal Diagnosis w MCC
- 982 = Extensive O.R. Procedure Unrelated To Principal Diagnosis w CC
- 983 = Extensive O.R. Procedure Unrelated To Principal Diagnosis w/o CC/MCC
- 984 = Prostatic O.R. Procedure Unrelated To Principal Diagnosis w MCC

- 985 = Prostatic O.R. Procedure Unrelated To Principal Diagnosis w CC
- 986 = Prostatic O.R. Procedure Unrelated To Principal Diagnosis w/o CC/MCC
- 987 = Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w MCC
- 988 = Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w CC
- 989 = Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w/o CC/MCC
- 998 = Principal Diagnosis Invalid As Discharge Diagnosis
- 999 = Ungroupable

MS-DRGs 998 and 999 contain cases that could not be assigned to valid DRGs.

Medicare Severity-Major Diagnosis Category (MS-MDC)*

- 0 = Ungroupable
- 1 = Nervous System
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic Diseases & Disorders
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood, Blood Forming Organs, Immunological Disorders
- 17 = Myeloproliferative Diseases & Disorders, Poorly Diff Neoplasm
- 18 = Infectious and Parasitic Diseases, Systemic or Unspecified Sites
- 19 = Mental Diseases & Disorders
- 20 = Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
- 21 = Injuries, Poisonings and Toxic Effects of Drugs
- 22 = Burns
- 23 = Factors Influencing Hlth Stat & Other Contacts with Hlth Services
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infections

*Patients having heart, liver, lung, simultaneous pancreas/kidney, pancreas, or bone marrow transplants, or tracheostomies, traditionally categorized as PRE MDC (0), are assigned by the DRG Grouper into the following MS-DRGs independent of the MDC of the principal diagnosis: 001-013, 984-989. MS-DRGs (981-983,998,999) associated with all MDCs are assigned independent of the MDC of the principal diagnosis if the diagnosis is valid. Otherwise, this is the traditional Health Care Financing Administration (HCFA) MDC.

APPENDIX A

CASE-MIX INDEX

The case-mix indices were derived as follows:

1. Calculate relative weight for each APR – DRG_i

$$W_i = \frac{C_i}{C_s}$$

where

i = APR – DRG_i

S = State level

W_i = Relative weight for APR – DRG_i

C_i = Average charge for APR – DRG_i

C_s = Average charge for all patients

2. Calculate case-mix index for hospital_j

$$I_j = \frac{\sum_{i=1}^{1315} W_i N_{ij}}{N_j}$$

where

j = Hospital_j

I_j = Case – mix index for hospital_j

N_{ij} = Number of discharges for APR – DRG_i and hospital_j

N_j = Total discharges for hospital_j

In the calculation of the case-mix index, the following were excluded: outliers and discharges from specialty hospitals (psychiatric and substance abuse hospitals, rehabilitation hospitals, and surgical centers) as well as the VA hospital. That is, the case-mix index was calculated for all acute care hospitals except the VA hospital.

Case-mix Indices are not among the data elements in the public-use data file but are available upon request.

Appendix B

APR-DRG RESOURCE INTENSITY INDEX

Hospital-specific and DRG-specific resource intensity indices were calculated as a measure of the overall complexity of a hospital's patient mix at the DRG level. The indices were calculated as follows:

$$W_{ik} = \frac{C_{ik}}{C_i} \quad S_{ij} = \frac{\sum_{k=0}^4 N_{ijk} W_{ik}}{N_{ij}}$$

where

W_{ik} = Charge – weight for severity level k of consolidated DRG_i

C_{ik} = Average charges for consolidated DRG_i, severity level k, all hospitals

C_i = Average charges for consolidated DRG_i, all hospitals

S_{ij} = Severity index for consolidated DRG_i and hospital_j

N_{ijk} = Number of discharges for consolidated DRG_i, hospital_j, and severity level k

N_{ij} = Number of discharges for consolidated DRG_i, hospital_j

The severity score, k, is assigned by the 3M Core Grouping software as part of the APR-DRG categorization. The severity score ranges from 1 (no CC or minor CC) to 4 (extreme CC). A consolidated DRG may be the same as a single DRG or a combination of DRGs. For example, DRG 002 (Craniotomy for trauma age >17) and DRG 003 (Craniotomy for trauma age 0-17) are combined into a consolidated DRG 002 (Craniotomy for trauma). The consolidated DRG, broken down into the four severity levels, comprise the APR-DRG.

A hospital APR-DRG resource intensity index of greater than 1 for a DRG means that the hospital had a greater proportion of patients that required high resource use than patients that required less. Analyses not shown here reveal that total charges are not necessarily positively correlated with severity score within a DRG (e.g., for some DRGs, patients with severity score "2" had higher average charges than those with severity score "3"), nor is the relationship monotone (e.g., for some DRGs level '2' patients have lower average charges than both level '1' and level '3' patients). Therefore, a high index does not necessarily reflect relatively high proportion of "sicker" patients, only relatively high proportion of "high resource-use" patients. In most cases, both interpretations apply.

For DRGs (newborns and neonates) for which no severity score is assigned (k=0), the severity index is equal to 1.

APR-DRG Resource Intensity Indices are not among the data elements in the public-use data file but available upon request.