Definitions Manual

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INGENIX® APS-DRGs®

All-Payer Severity-adjusted DRG (APS-DRGs®) Assignment For Public Use Version 27

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APS-DRGs® Definitions
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1 Introduction

The Ingenix All-Payer Severity-adjusted DRGs (APS-DRGs®) were developed as a methodology for identifying and categorizing patients with different levels of resource needs and different outcomes. APS-DRGs® were designed to place a uniform layer of severity adjustment on top of the DRG structure used by the Centers for Medicare and Medicaid Services (CMS) for calculating Medicare reimbursement under the inpatient prospective payment system. Ingenix has generalized and enhanced the CMS methodology to be applicable to all-payer (non-Medicare) patient populations. With CMS' implementation of Medicare Severity DRGs (MS-DRGs) effective 10/1/07, APS-DRGs® continue to be fully consistent with the CMS structure, but they incorporate design deviations so that they can remain applicable to all-payer populations. These deviations include preserving pediatric (age 0-17) age splits, reversing several DRG consolidations implemented by CMS, adopting a uniform (3-level) severity model, and using an alternative newborn and neonatal model.

In developing and maintaining APS-DRGs®, Ingenix has developed a classification system that:

- Is compatible with the underlying MS-DRG structure used by CMS in the Medicare program.
- Relies only on administrative data routinely collected by hospital abstracting and billing systems.
- Is intuitively reasonable, clinically acceptable, and statistically powerful.
- Makes use of an efficient and flexible grouping algorithm.
- Is appropriate for such diverse applications as clinical performance measurement, provider profiling, financial analysis, and per-case reimbursement.

This APS-DRGs® Definitions Manual has been prepared as part of Ingenix's continuing commitment to the APS-DRGs® methodology. The remainder of this manual presents an overview of the APS-DRGs® methodology (*Chapter 2*) and describes in detail the process for manually assigning an APS-DRGs® group number (*Chapter 3 and Appendix A*).

About Ingenix

The APS-DRGs® Definitions Manual User Guide is published by Ingenix, a leading solutions provider working to transform organizations and improve health care through information and technology. As one of the largest coding and reimbursement information firms, Ingenix establishes guidelines for coding, reviewing, and auditing medical episodes.

We provide tools to enhance each principal step in the revenue cycle in any reimbursement environment. Community hospitals, academic medical centers and multi-specialty clinics use Ingenix products for appropriate coding and preparation of

claims, while payers and self-insured/self-administered employers use our products in the claims review process.

Ingenix is a wholly-owned subsidiary of UnitedHealth Group.

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Client Services

We welcome you as a valued client. Ingenix maintains an active Client Services department that provides expert guidance on coding and reimbursement issues affecting health claims payment. For general support issues, please contact Client Services using one of the methods detailed below.

When opening a call with Client Services, you will be issued a call ticket number. These ticket numbers correlate to individual issues, If you are experiencing multiple issues, it is recommended to obtain individual call ticket numbers.

When calling Client Services regarding a previously opened call ticket, have your call ticket number available. If you misplaced or did not receive a call ticket number, please ask the technician to provide it to you.

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2. Calls are answered in the order that they are received. If there is a high call volume, calls are held in a queue until a technician becomes available.
3. Calls classified as an industry expert category (i.e., case and reimbursement, logic encoder, etc.) will be escalated to Ingenix experts.

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Option 5	For WinStrat™
Option 6	For Rate Manager

OPTION #	DESCRIPTION
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3. Service Technician has ability to do prior research before calling back.

2 APS-DRGs®

THIS CHAPTER EXPLAINS:

- Overview of the APS-DRGs®
- The APS-DRGs® Development Philosophy
- Severity Adjustment Using the MS-DRGs
- Severity Adjustment Using the APS-DRGs®
- Discussion

OVERVIEW OF THE APS-DRGS®

Diagnosis Related Groups (DRGs) have been used throughout the health care industry to address issues of cost, effectiveness and quality of care and have been used at both the federal and state level for the prospective reimbursement of inpatient hospital stays for over 25 years. During this time, many have argued that the DRGs did not adequately adjust for patient severity and this leads to reimbursement inequities. It was argued that the DRGs do not adequately differentiate sicker, more costly patients and that hospitals caring for large percentages of such patients are not reimbursed at a rate which covers their costs.

Several years ago, the Centers for Medicare and Medicaid Services (CMS) responded to these criticisms by developing a DRG-based severity system. The CMS Severity-adjusted DRGs (SDRGs) refined the existing DRG structure and were better able to identify patients with different resource needs and outcomes. The SDRGs were an important step in addressing the limitations of the existing DRG structure. However, the SDRGs, like the CMS DRGs, suffered from being targeted to the over sixty-five year old population and from serious conceptual limitations in certain key areas, most notably neonatal care.

In 1994, Ingenix developed the All-Payer Severity-adjusted DRGs (APS-DRGs®) in response to the on-going need in the healthcare industry for improved methods of managing healthcare resources and outcomes. APS-DRGs® were based upon the SDRG research conducted by CMS, but addressed the limitations discussed above. Most importantly, the APS-DRGs® were generalized to the all-payer patient population. They included pediatric DRGs and a new, comprehensive neonatal model.

In 2007, CMS implemented its most substantial change to the Medicare DRG payment system, introducing Medicare Severity DRGs (MS-DRGs). The most significant characteristic of this new grouping system is the incorporation of a comprehensive severity adjustment methodology on top of the underlying DRG structure. With CMS' implementation of MS-DRGs effective 10/1/07, APS-DRGs® continue to be fully consistent with the CMS structure, but they incorporate design deviations so that they can remain applicable to all-payer populations. These deviations include preserving pediatric (age 0-17) age splits, reversing several DRG consolidations implemented by CMS, adopting a uniform (3-level) severity model, and using an alternative newborn and neonatal model.

APS-DRGs® out-perform MS-DRGs for all-payer populations, but retain the essential tie to the CMS grouper, and for that reason they are intuitively reasonable to payers and providers. APS-DRGs® offer an alternative for inpatient facility reimbursement and analysis without requiring a shift to a new, complex system that cannot be cross-walked to CMS MS-DRGs.

THE APS-DRGS® DEVELOPMENT PHILOSOPHY

APS-DRGs® research and development is accomplished through a process which includes both statistical analysis and clinical input. In general, since the inception of DRGs, this approach has been viewed as the most effective strategy for developing

patient classification systems. Using a strictly statistical approach yields the best predictive performance, while a purely clinical approach yields the most medically meaningful system and thus a high degree of physician acceptance. Combining these two approaches (statistical and clinical) produces a system that is statistically sound from a management perspective and can be accepted and endorsed by physicians. In developing and enhancing the APS-DRGs®, clinicians evaluate diagnoses, procedures and other patient characteristics to recommend patient groupings. These grouping are then subjected to statistical analyses to determine the final APS-DRGs® classifications.

The following guidelines were used in developing the APS-DRGs®.

- APS-DRGs® are defined only using information routinely available in hospital abstract systems.
- Development efforts must result in a manageable number of final categories.
- All final APS-DRGs® must contain patients with similar clinical characteristics and similar resource utilization patterns.

SEVERITY ADJUSTMENT USING THE MS-DRGS

Beginning October 1, 2007, CMS replaced the 538 CMS DRGs with a revised set of DRGs called the Medicare Severity DRGs (MS-DRGs) to better recognize differences in severity of illness and resource consumption. In addition, the MS-DRGs incorporated FY 2008 ICD-9-CM coding changes and recognize changes in medical technology and practice. These changes became effective for discharges occurring on or after October 1, 2007. MS-DRG changes are summarized below.

The new MS-DRGs are based upon the previous CMS DRGs and build upon the severity DRG research performed by CMS and others over the past 25 years. Development of the MS-DRGs involved the following activities:

- Consolidation of existing CMS DRGs into a new set of base DRGs.
- Comprehensive review of over 13,000 diagnosis codes to determine which codes should be classified as complications and comorbidities (CCs) when present as a secondary diagnosis.
- Categorization of CCs into different severity levels.
- Division of each base DRG into severity subclasses.

Consolidation of Existing CMS DRGs

The initial (V25) MS-DRGs utilize a set of 334 “base” DRGs (or clinical conditions). These base DRGs were created from the then current 538 CMS DRGs and were subsequently stratified into different severity levels. To create these base DRGs, CMS consolidated:

- 115 pairs of CMS DRGs that were subdivided based on the presence of a CC.
- 12 additional diagnosis-driven complexity splits.

- 43 pediatric CMS DRGs that were defined based on an age less than or equal to 17.
- 34 other CMS DRGs that either had low volumes or similar patterns of resource use.

Comprehensive Review of CC List

Under the previous CMS DRGs (known as the Version 24 DRGs), 115 DRGs were split based on the presence or absence of a complication and comorbidity (CC). For these DRGs, the presence of a CC assigned the discharge to a higher weighted DRG. In developing MS-DRGs, CMS reviewed over 13,000 ICD-9-CM diagnosis codes to evaluate their assignment as a CC or non-CC. Using a combination of statistical information and clinical judgment, CMS classified complications as those conditions whose presence generally leads to increased hospital resource use, such as significant acute diseases, acute exacerbations of significant chronic diseases, advanced or end stage chronic diseases, and chronic diseases associated with extensive debility.

In addition to these consolidations, CMS created one new base DRG for cranial-facial bone procedures (Cranial/Facial Bone Procedures).

Categorization of CCs into Different Severity Levels

Of the current over 13,000 ICD-9-CM diagnosis codes, 10,690 diagnosis codes were evaluated to determine the extent to which its presence as a secondary diagnosis resulted in increased hospital resource use. (External cause of injury and poisoning codes and congenital anomaly codes were excluded from this review.) Diagnosis codes were classified as (1) major complications or comorbidities (MCCs) which reflect the highest level of severity; (2) complications or comorbidities (CCs) which represent the next level of severity; and (3) non-CCs which are at the lowest level of severity. Non-CCs are diagnosis codes that do not significantly affect severity of illness and resource use and do not affect DRG assignment.

During this evaluation process, CMS medical consultants identified a number of clinical situations in which specific diagnoses should not be considered a CC or MCC. These situations are handled through the CC exclusion list. For example, primary cardiomyopathy (code 425.4) is designated as a CC. However, for patients admitted for congestive heart failure, CMS medical consultants believed that primary cardiomyopathy should be treated as a non-CC. To accomplish this, the congestive heart failure principal diagnoses were added to the CC exclusion list for primary cardiomyopathy.

Also excluded as CCs or MCCs are any secondary diagnoses that are used to assign a specific base MS-DRG, for example, for MDC 24 (Multiple Significant Trauma), secondary diagnoses of trauma, (which are used to assign the patient to MDC 24), are excluded from further consideration as a CC or MCC.

Finally, the diagnoses that are closely associated with patient mortality are assigned different CC subclasses depending on whether or not the patient was discharged alive. The following codes are considered an MCC if the patient is discharged alive and a non-CC if the patient expires: 427.41 (ventricular fibrillation), 427.5 (cardiac arrest),

785.51 (cardiogenic shock), 785.59 (other shock without mention of trauma) and 799.1 (respiratory arrest).

Dividing Base DRGs into Severity Subclasses

CMS developed criteria to determine when to subdivide a base DRG into severity subclasses. These criteria were designed to ensure that the subgroups created would be homogenous; would be significantly different from one another in terms of resource use, would have enough volume to be meaningful, and would improve CMS' ability to explain variations in resource use:

- A reduction in variance of charges of at least 3.0%.
- At least 5.0% of the patients in the base DRG fall within the CC or MCC subgroup.
- At least 500 cases are in the CC or MCC subgroup.
- There is at least a 20% difference in average charges between subgroups.
- There is at least a $4,000 difference in average charge between subgroups.

Applying these criteria, a base DRG may be subdivided into three groups or not subdivided at all. More specifically, the severity model applied to any one base DRG may involve:

- Three subgroups (MCC, CC, and non-CC).
- Two subgroups consisting of a non-CC subgroup, and another with the CC and MCC subgroups combined. These two groups are referred to as "with CC/MCC" and "without CC/MCC".
- Two subgroups consisting of an MCC subgroup, and another with the CC and non-CC subgroups combined. These groups are referred to as "with MCC" and "without MCC".
- No subgroups. CMS determined that no further breakdown was justified based on the data.

Using the above criteria, a total of 745 V25 MS-DRGs were created. The new MS-DRGs retain the current 3-digit DRG format and are numbered from 1 to 999, leaving room for future expansion.

Severity Adjustment Using the APS-DRGs®

Since the introduction of DRGs for Medicare reimbursement 25 years ago, many government and commercial payers have followed suit and implemented Medicare DRGs for reimbursement and analytic purposes. While the CMS grouper is most familiar and popular, there are legitimate concerns that it is suboptimal for reimbursement and analysis of all-payer (non-Medicare) populations.

These concerns are based on the specific changes incorporated into the design of CMS' MS-DRGs, coupled with CMS' clear statements regarding the applicability of MS-DRGs to non-Medicare populations (August 7, 2007 ***Federal Register***, pages 44284 - 44335):

- "The MS-DRGs were specifically designed for purposes of Medicare hospital inpatient services payment".
- Among other populations "... pediatric patients are not well-represented in the MedPAR data used in the design of the MS-DRGs".
- "For this reason, we encourage those who want to use MS-DRGs for patient populations other than Medicare to make the relevant refinements to our system so it better serves the needs of those patients".

The most significant design concern for all-payer populations is the elimination of dozens of pediatric DRGs in the MS-DRG system. In addition, other DRG consolidations incorporated in MS-DRGs may not be appropriate for non-Medicare patients. Finally, MS-DRGs do not apply severity adjustments uniformly across all DRGs, dropping severity distinctions that were unimportant to Medicare but may be important for other populations.

APS-DRGs® represent an alternative severity-adjusted DRG system that is appropriate for an all-payer population, while maintaining a consistent relationship with the more familiar CMS DRG structure. APS-DRGs® were designed to place a uniform layer of severity adjustment on top of the base DRGs, and remain largely consistent with the underlying structure of CMS DRGs. With the implementation of MS-DRGs, APS-DRGs® will continue to be fully consistent with the CMS structure, but they will incorporate design deviations to be more applicable to all-payer populations, such as:

- Analysis of pediatric (0-17) age splits for all base DRGs, and implementation where appropriate
- Reversal of several DRG consolidations implemented by CMS where demonstrated to be clinically and statistically appropriate (e.g. Cystic Fibrosis, Sickle Cell Anemia)
- Uniform application of the three-level severity model to all base APS-DRGs®

In addition, APS-DRGs® will continue the use of an alternative newborn and neonatal model (MDC 15). Although this group represents a major segment of the all-payer patient population, newborns and neonates do not routinely occur in the Medicare experience, MS-DRGs continue the rather perfunctory classification of newborns and neonates used in CMS-DRGS. The APS-DRGs® model directly addresses this issue by revamping the current CMS newborn and neonate model (MDC 15). The APS-DRGs® model defines sets of patient classes which are based on a combination of birthweight and diagnosis. Birthweight has been shown to be the strongest predictor of resource consumption and severity for newborns and neonates.

Finally, the APS-DRGs® will maintain the design philosophy that severity classes should be based on clinical conditions and not treatment decisions. APS-DRGs® measure severity based on patients' diagnosed conditions rather than on procedures performed and does not reward or penalize based on clinical treatment decisions. To this end, the severity assignment for APS-DRGs® has deviated from MS-DRGs in several instances where CMS uses procedures to define severity (e.g., Liver transplant

w MCC or intestinal transplant, MS-DRG 005; Major cardiovascular procedures w MCC or thoracic aortic aneurysm repair, MS-DRG 237).

The next chapter provides step-by-step documentation for assigning APS-DRGs®. Because the assignment process starts with the case's MS-DRG, APS-DRGs® maintain all of the underlying coding rules and structure of the MS-DRG system. APS-DRGs® then implement the design deviations discussed above and neonatal model for MDC 15 to ensure applicability to all-payer populations.

DISCUSSION

APS-DRGs® have proven to be statistically and clinically relevant for analyzing inpatient healthcare encounters. Further, APS-DRGs® offer a more appropriate system for all-payer populations while maintaining consistency with (and can be cross-walked to) the familiar CMS MS-DRG structure. The system is easy to implement since the methodology uses commonly available data and the software can be imbedded in transaction processing or analytical systems in a matter of days.

While the APS-DRGs® involve a larger number of cells than MS-DRGs, Ingenix research has shown that APS-DRGs® will yield stable relative weights in the context of a “typical” normative database. The number of APS-DRGs® categories is determined by the logical rules that are used to consolidate MS-DRGs, the desire for a uniform severity-classification structure across base DRGs, and the addition of the enhanced neonatal model required for all-payer patient populations. Table 2-1 below summarizes the differences between the MS-DRG and APS-DRGs® models relative to the number of final groups for Version 27 of the two systems.

Table 2-1: MS-DRG and APS-DRGs® Models (V27)

DESCRIPTION	MS-DRGS	APS-DRGS®
Number of “DRGs”	746	1,223
Newborn/Neonatal “DRGs”	7	27
# Consolidated DRGs	333	407
# Severity Classes	1-3	3

The APS-DRGs® incorporate several significant enhancements to the casemix classification methodologies developed by CMS.

- By incorporating a uniform clinical structure to represent levels of severity, APS-DRGs® are able to achieve substantially greater clinical validity and statistical power.
- APS-DRGs®, unlike the MS-DRGs, is an “all patient” system. It has special classification groups for pediatric and neonatal patients. It has been validated against a nationally representative sample of all-payer data.

- The structure of the APS-DRGs® model is simple, explicit and easily understood. This model can easily accommodate future updates with the introduction of new technologies and changes in practice patterns.
- APS-DRGs® are inexpensive to implement, because they do not require any extra data collection. Only the standard discharge data elements that hospitals already collect are needed.

Ingenix is dedicated to updating and enhancing the APS-DRGs® to keep them on the cutting edge of casemix/severity classification. Ingenix will adapt the APS-DRGs® system for new medical technologies, as well as changes in coding practices. As the underlying MS-DRG model and ICD-9-CM coding structure are revamped each October, changes will be incorporated into the APS-DRGs®.

3 Assigning APS-DRGs®

Use the instructions provided in this section to manually assign APS-DRGs® to data collected on the typical hospital abstract.

THIS CHAPTER EXPLAINS:

- Assigning APS-DRGs® Overview
- Instructions for Non-Neonatal APS-DRGs®
- Instructions for Newborn and Neonatal APS-DRGs®

ASSIGNING APS-DRGS® OVERVIEW

To manually assign APS-DRGs® users must:

1. First assign a patient to, or have access to the patient's CMS MS-DRG (V27) and MDC.
2. Have access to the input variables used to derive the MS-DRG and MDC including:
   - ICD-9-CM diagnosis codes
   - ICD-9-CM procedure codes
   - Age
   - Discharge status

   As well as the following additional fields:
   - Birthweight (if present)
   - LOS

Information needed to assign APS-DRGs® is contained in the remainder of this chapter and in *Appendix A*.

The APS-DRGs® to be assigned are represented by 4-digit numbers, consisting of two parts: a 3-digit Consolidated DRG and a 1-digit severity class number. The Consolidated DRG or CDRG is derived from the patient's MS-DRG and the severity class is obtained by evaluating the patient's secondary diagnoses. The APS-DRGs® group number may be represented by the syntax "XXXY" where "XXX" is the CDRG and "Y" is the severity class[1].

The following section, *"Instructions for Non-Neonatal APS-DRGs®."* presents step-by-step instructions for assigning APS-DRGs® to all records except newborns and neonates (i.e., records assigned to MDC 15). APS-DRGs® assignment for newborns and neonates is handled in the subsequent section *"Instructions for Newborn and Neonatal APS-DRGs®."*

[1]Throughout this document, APS-DRGs® are identified with a four-digit number. Current Ingenix specifications actually expand APS-DRGs® to a five-digit number for HIPAA compliance by inserting a leading zero.

INSTRUCTIONS FOR NON-NEONATAL APS-DRGS®

▸ *To assign APS-DRGs® to cases other than newborns and neonates (i.e., generally patients in MDC 15).*

1. Note the MS-DRG and MDC assigned to the patient record.
2. Is the MS-DRG in the range 1 to 999?

   If no, the APS-DRG® group number = 9990. Go to Step 26.

   If yes, go to Step 3.
3. Is MS-DRG = 998 or 999?

   If no, go to Step 4.

   If yes, set the patient's Consolidated DRG (CDRG) equal to the MS-DRG and append a severity class of "0". Thus, the APS-DRG® for the case is "XXX0" where "XXX" is the CDRG. Go to Step 26.
4. Is MDC = 15?

   If no, go to Step 5.

   If yes...

   Is the patient's MS-DRG on the following list?

Table 3-1: MS-DRG List

MS-DRG	DESCRIPTION
001	Heart Transplant or Implant of Heart Assist System with MCC
002	Heart Transplant or Implant of Heart Assist System without MCC
003	ECMO or Trach with MV 96+ Hrs or PDX Exc Face, Mouth & Neck with Major O.R.
004	Trach with MV 96+ Hrs or PDX Exc Face, Mouth & Neck without Major O.R.
005	Liver Transplant with MCC or Intestinal Transplant
006	Liver Transplant without MCC
007	Lung Transplant
008	Simultaneous Pancreas/Kidney Transplant
009	Bone Marrow Transplant
010	Pancreas Transplant
011	Tracheostomy for Face, Mouth & Neck Diagnoses with MCC
012	Tracheostomy for Face, Mouth & Neck Diagnoses with CC
013	Tracheostomy for Face, Mouth & Neck Diagnoses without CC/MCC

If no, go to the following section titled *"Instructions for Newborn and Neonatal APS-DRGs®."*

If yes, go to Step 5.

5. Assign a Consolidated DRG.

   Using the patient's MS-DRG, turn to Table A-1 (MS-DRG to Consolidated DRG Mapping). Locate the applicable MS-DRG in the left-most column of the appendix table. In most cases, the Consolidated DRG (CDRG) is directly assigned from the MS-DRG and can be found in the column labeled "CDRG #". If assignment of a CDRG requires any special instructions, a notation will appear in the column labeled "Special Rules". Details on this "Special Rules" column and applicable instructions are included with *Appendix A*.

Consolidated DRG Assignments (e.g. Reverse MS-DRG Consolidations)

6. Cystic Fibrosis - Is the principal diagnosis = 27700, 27701, 27702, 27703, or 27709?

   If no, go to Step 7.

   If yes, set the CDRG = 639.
   (Note that in rare occasions where this principal diagnosis is accompanied by an OR procedure, the CDRG will be set to the appropriate surgical CDRG within MDC 10, based on that OR procedure).

   Go to Step 20.

7. D&C, Tubal Interruption - Is the CDRG = 744?

   If no, go to Step 8.

   If yes, check the principal diagnosis and procedure codes.

   If any of the procedure codes are in the list 6711, 6712, 6719, 672, 6816, 6821, 6822, 6909, 9227 then check the principal diagnosis.

   If the diagnosis code is in the following list:
   179, 1800, 1801, 1808, 1809, 181, 1820, 1821, 1828, 1830, 1832, 1833, 1834, 1835, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1848, 1849, 1953, 1986, 19882, 2331, 2332, 23330, 23331, 23332, 23339, 2360, 2361, 2362, 2363.

   Then set the CDRG=744

   For all other principal diagnosis codes set the CDRG=745.

   Otherwise set the CDRG=743.

   Go to Step 20.

8. Asthma and Bronchitis Breakout - Is the CDRG = 202?

   If no, go to Step 9.

   If yes, the check the principal diagnosis code.

   If the principal diagnosis code = 46611, 46619, 51911, or 51919, then set the CDRG = 203.

Otherwise, set the CDRG = 202.

Go to Step 20.

9. Sickle Cell Anemia - Is the CDRG = 811?

   If no, go to Step 10.

   If yes, check the principal diagnosis code.

   If the principal diagnosis code = 28242, 28262, 28264, or 28269, then set the CDRG = 810.
   Otherwise, set the CDRG = 811.

   Go to Step 20.

10. Drug Eluting Stents - Is the CDRG = 246?

    If no, go to Step 11.

    If yes, check all of the patient's procedure codes.

    If any of the procedure codes are 0043 or 0048 and procedure code 0066 is present, then set the CDRG = 247.
    Otherwise, set the CDRG = 246.

    Go to Step 20..

11. Non-drug eluting Stents - Is the CDRG = 248?

    If no, go to Step 12.

    If yes, check all of the patient's procedure codes.

    If any of the procedure codes are 0043 or 0048 and procedure code 0066 is present, then set the CDRG = 247.
    Otherwise, set the CDRG = 248.

    Go to Step 20.

12. Back and Neck Procedures - Is the CDRG = 490?

    If no, go to Step 13.

    If yes, check all of the patient's procedure codes.

    If any of the procedure codes = 8459, 8462, 8465, 8480, 8482, 8484 or if any of the procedure codes are 8694, 8695, 8697, 8698 and procedure code 0393 is present, then set the CDRG = 490.
    Otherwise, set the CDRG = 491.

    Go to Step 20.

13. Chemotherapy with high dose agent or with sdx Acute Leukemia - Is the CDRG = 837?

    If no, go to Step 14.

    If yes, check all of the patient's procedure codes.

    If any of the procedure codes = 0015, then set the CDRG = 837.
    Otherwise, set the CDRG = 838.

Go to Step 20.

14. Major Head and Neck Procedures - Is the CDRG = 129?

    If no, go to Step 15.

    If yes, check all of the patient's procedure codes.

        If any of the procedure codes = 2096, 2097, or 2098, then set the CDRG = 129.
        Otherwise, set the CDRG = 130.

    Go to Step 20.

15. Other Ear, Nose and Throat Procedures - Is the CDRG = 133?

    If no, go to Step 16.

    If yes, check all the procedure codes.

        Check for the presence of an "Other Ear, Nose and Throat Procedure" as listed in Table A-2 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-2, then set the CDRG = 133 and go to Step 20..

            If no codes from Table A-2 are present then check for the presence of a "Sinus and Mastoid Procedure" as listed in Table A-3 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-3, then set the CDRG = 135 and go to Step 20.

            If no codes from Table A-2 or A-3 are present, then check for the presence of a "Miscellaneous Ear, Nose and Throat Procedure" as listed in Table A-4 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-4, then set the CDRG = 132 and go to Step 20.

            If no codes from Table A-2 through A-4 are present then check for the presence of a "Mouth Procedure" as list in Table A-5 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-5, then set the CDRG = 137 and go to Step 20.

            If no codes from Tables A-2 through A-5 are present then check for the presence of a "Salivary Gland Procedure" as listed in Table A-6 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-6, then set the CDRG = 139 and go to Step 20.

            If no codes from Tables A-2 through A-6 are present then check for the presence of a "Myringotomy Procedure" as listed in Table A-7 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-7, then set the CDRG = 134 and go to Step 20.

            If no codes from Tables A-2 through A-7 are present then check for the presence of a "Cleft Lip & Palate Repair Procedure" as listed in Table A-8 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-8, then set the CDRG = 136 and go to Step 20.

If no codes from Tables A-2 through A-8 are present then check for the presence of a "Tonsil and Adenoid Procedure" as listed in Table A-9 of *Appendix A*. If any of the patient's procedure codes are listed in Table A-9, then set the CDRG = 138 and go to Step 20.

16. Sinus and Mastoid Procedures - Is the CDRG = 135?

    If no, go to Step 17.

    If yes, check for the presence of an "other ear, nose and throat procedure" listed in Table A-2 of *Appendix A*.

    If any of the patient's procedure codes are listed in Table A-2 of *Appendix A*, then set the CDRG = 133.
    Otherwise, set the CDRG = 135.

    Go to Step 20.

17. Mouth Procedures - Is the CDRG=137?

    If no, go to Step 18.

    If yes, check for the presence of an "other ear, nose and throat procedure" listed in Table A-2 of *Appendix A*.

    If any of the patient's procedure codes are listed in Table A-2 of *Appendix A*, then set the CDRG = 133.
    Otherwise, check for the presence of a "misc ear, nose and throat procedure" or a "rhinoplasty procedure" listed in Table A-4 of *Appendix A*.

    If any of the patient's procedure codes are listed in Table A-4 of *Appendix A*, then set the CDRG = 132.
    Otherwise, set the CDRG = 137.

    Go to Step 20.

18. Salivary Gland Procedures - Is the CDRG=139?

    If no, go to Step 19.

    If yes, check for the presence of an "other ear, nose and throat procedure" listed in Table A-2 of *Appendix A*.

    If any of the patient's procedure codes are listed in Table A-2 of *Appendix A*, then set the CDRG = 133.
    Otherwise, check for the presence of a "misc ear, nose and throat procedure" or a "rhinoplasty procedure" listed in Table A-4 of *Appendix A*.

    If any of the patient's procedure codes are listed in Table A-4 of *Appendix A*, then set the CDRG = 132.
    Otherwise, set the CDRG = 139.

    Go to Step 20.

19. APS CDRG assignment complete. Proceed to Step 20.
20. Assign a Severity Class to Each Secondary Diagnosis.

    One at a time, examine each secondary diagnosis to determine whether or not the diagnosis qualifies as a CC or Major CC (MCC). Note all secondary diagnoses that are considered potential CCs or Major CCs. Proceed to Step 21., if secondary diagnoses are present and at least one qualifies as a CC or Major CC. If the case does not contain any CC or Major CC diagnoses, go to Step 23.
21. Check for MDC-Specific Severi0ty Class (CC) Exclusions.

    If the MDC assigned to the record is not listed below, proceed to Step 22.

Table 3-2: MDC List

MDC WITH CC EXCLUSIONS	DESCRIPTION
24	Multiple Significant Trauma

Certain diagnoses are not considered to be either CCs or MCCs when they occur within MDC 24. The secondary diagnoses excluded are used for assignment to MDC 24 and its CDRGs. Thus, the effect of these diagnoses on severity is accounted for by assignment to the MDC itself. Because they are instrumental in MDC assignment (or to all CDRGs within the MDC), they are not used for further severity adjustment.

Determine if any of the CC or MCC codes identified in Step 20 are part of the MDC definition. If a diagnosis code is part of the MDC definition, it is excluded for the MDC; re-set the severity class of this code only to zero (0).

If a diagnosis code is not part of the MDC definition, leave the code's severity class as originally determined in Step 20.

When this look-up process is complete, proceed to Step 22.

22. Check for CDRG-Specific Severity Class (CC) Exclusions.

    If the CDRG assigned to the record is not listed below, proceed to Step 23.

Table 3-3:

CDRG	DESCRIPTION
008	Simultaneous Pancreas/Kidney Transplant
010	Pancreas Transplant
082	Traum Stupor & Coma, Coma >1hr
280	Ami, Disch Alive
283	Ami, Expired
582	Mastectomy For Malig
774	Vag Del W Complicating Dx
781	Oth Antepartum Dx W Med Comp

Table 3-3:

CDRG	DESCRIPTION
838	Chem-Ac Leuk Sdx
927*	Ext Brns/Fl-Thk Brns W Mv 96+Hr W Sk Grf
927*	Ext Brns/Fl-Thk Brns W Mv 96+Hr W Sk Grf
928*	Fl Thk Brn W Sk Grft Or Inh Inj
928*	Fl Thk Brn W Sk Grft Or Inh Inj
933*	Ext Brns/Fl-Thk Brns W Mv 96+Hr Wo Grft
933*	Ext Brns/Fl-Thk Brns W Mv 96+Hr Wo Grft
934	Fl Thk Brn Wo Sk Grft Or Inhal Inj
935	Non-Extensive Burns
974	Hiv W Maj Rel Cond
977	Hiv W/Wo Oth Rel Cond

NOTE

"" There are multiple ways to qualify for this DRG. In some cases, different exclusion lists, or no exclusion lists may apply.*

Certain diagnoses are not considered to be either CCs or MCCs when they occur within one of the listed CDRGs. The secondary diagnoses excluded are used for assignment to the CDRG. Thus, the effect of these diagnoses on severity adjustment is accounted for by assignment to the CDRG itself. Because they are instrumental in CDRG assignment they are not used for further severity adjustment.

Using *Appendix A* MS-DRG to Consolidated DRG (CDRG) Mapping, and the above tables (patient's CDRG), determine if any of the CC or MCC diagnosis codes identified in Step 20.are part of the CDRG definition.

If a diagnosis code is part of the CDRG definition, it is excluded for the CDRG; re-set the severity class of this code only to zero (0).

If a diagnosis code is not part of the CDRG definition, leave the code's severity class as originally determined in Step 20.

When this look-up process is complete, proceed to Step 23.

23. Assign Final Severity Class Based on Diagnoses.

    After reviewing all qualifying diagnoses, assign a final severity class to the record using the following rules:

    If at least one non-excluded MCC is present, assign a final severity class of two (2) and go to Step 24.

    If at least one non-excluded CC is present (but no MCCs), assign a final severity class of one (1) and go to Step 24.

Otherwise, assign a severity class of zero (0) and go to Step 24.

24. Adjust Severity Class for Age Splits.

Is the patient's CDRG on the following list?

Table 3-4:

CDRG	DESCRIPTION
003	ECMO,TRCH MV96+/PDX EX FMN MAJ OR
004	TRCH MV96+/PDX EX F/M/N WO MAJ OR
009	BONE MARROW TRANSPLANT
023	CRNIO W MJ DV/AC CPX CNS PDX/CHEM
025	CRNIOT&ENDVSC INTRCRN PX AGE
028	SPINAL PROC
056	DEG NERV SYST DISORDERS
058	MULT SCLER & CEREB ATAX
064	INTRCRN HMRRHG/CRB INFRC
070	NONSPEC CRBRVASC DISORD
080	NONTRAUM STUPOR & COMA
091	OTH DISORD OF NERV SYS
163	MAJ CHEST PROC
166	OTH RESP SYS OR PROC
177	RESP INF & INFLAM AGE
189	PULM EDEMA &RESP FAILURE
207	RESP SYS DX W VNT 96+HRS
208	RESP SYS DX W VNT <96HRS
216	CRD VLVE&MAJ CRDTHR PX W CTH
219	CRD VLVE&MAJ CRDTHR PX
233	CRNARY BYPASS W CRD CATH
235	CRNARY BYPSS
237	MAJ CARD PRC/THOR AA REP
239	AMP FOR CIRC SYS DIS EXC UL&TOE
264	OTH CIRC SYS OR PX
306	CARD CONG & VALVLR DIS AGE
314	OTH CIRC SYS DX
329	MAJ SML & LG BOWEL PX
335	PERITONEAL ADHESIOLYSIS
353	HRNIA PX EXC ING & FEM AGE
356	OTH DIG SYS OR PX
405	PNCRS,LIVR &SHNT PX
432	CIRRHSIS & ALC HEPATITIS
453	COMB ANT/POST SPIN FUS

Table 3-4:

CDRG	DESCRIPTION
459	SPIN FUS EXC CERV
463	WD DBRD/SK GRF,EX HND/CON TS W MC
466	REV HIP/KNEE REPLCMNT
469	MAJ JT REPL/REATTACH LE
471	CERVICAL SPINAL FUSION
515	OTH MSKEL SYS&CN TIS OR PX
573	SK GRFT/DBRD SK ULCR/CLUL
619	OR PX FOR OBESITY
637	DIABETES AGE 0-35
640	NUT & MISC METAB DIS AGE
656	KIDNEY&URETER PX/NEOPLSM
682	RENAL FAILURE
742	UTER&ADNX PX/NON-MAL
840	LYMPHMA & NON-AC LEUK
853	INF & PARASIT DIS W OR PX
870	SEPTICEMIA W MV 96+HRS AGE
885	PSYCHOSES
935	NON-EXTENSIVE BURNS
939	OR PX W DX OTH CNTCT W HLTH SRV
945	REHABILITATION
956	LIM RTCH/HP&FM PX/MULT TRM
957	OTH OR PX FOR MLT SG TRM
974	HIV W MAJ REL COND
981	EXT OR PX UNREL TO PDX
987	NON-EXT OR PX UNREL TO PDX

If no, go to Step 25.. If yes, is the patient age between 0-125?

If no, the APS-DRG® group number = 9990 (Ungroupable) and go to Step 26.

If the CDRG = 637 and patient age is 0-35, adjust the severity class from Step 23., by adding four (4). Go to Step 25.

If the CDRG does not equal 637 and patient age is 0-17, adjust the severity class from Step 23., by adding four (4). Go to Step 25.

25. Assign APS-DRGs® Group Number.

    Set the APS-DRGs® group number equal to the CDRG number from Steps 5 - 19, plus the one-digit severity class from Step 24. This is represented by the syntax “XXXY”, where “XXX” is the CDRG number and “Y” is the final (age-adjusted) severity class number.

26. APS-DRGs® Assignment Complete.

    The APS-DRGs® assignment process is complete. Do not follow any additional instructions.

INSTRUCTIONS FOR NEWBORN AND NEONATAL APS-DRGS®

▸ *To assigning APS-DRGs® to newborns and neonates.*

1. Note the DRG and MDC assigned to the patient record.
2. Is MDC = 15?

   If no, go to the previous section titled *"Instructions for Non-Neonatal APS-DRGs®."*

   If yes...

   Is the patient's MS-DRG on the list of MS-DRGs shown in the *MS-DRG List*

   If no, go to Step 3.

   If yes, go to the previous section titled "Instructions for Non-Neonatal APS-DRGs®."
3. Is MS-DRG = 998 or 999?

   If no, go to Step 4.

   If yes, set the patient's Consolidated DRG (CDRG) equal to the MS-DRG and append a severity class of "0". Thus, the APS-DRG® for the case is "XXX0" where "XXX" is the CDRG. Go to Step 16.
4. Check that the patient's discharge status is a valid inpatient UB-04 code. Is discharge status in the range 01 - 07, 20, 30, 43, 50, 51, 61 - 66?

   If no, APS-DRG® = 9990 (Ungroupable). Go to Step 16.

   If yes, go to Step 5.
5. Check that the patient has a valid length of stay in the range of 000 - 999.

   If no, APS-DRG® = 9990 (Ungroupable). Go to Step 16.

   If yes, go to Step 6.
6. Did the patient expire (i.e., discharge status equal to 20)?

   If no, go to Step 7.

   If yes, assign the patient to one of the following APS-DRGs® based on length of stay. Then go to Step 16.

Table 3-5:

LOS VALUE	APS-DRGS®
< 2 days	7890, Neonatal Death, LOS < 2 Days
2 - 4 days	7891, Neonatal Death, LOS 2 - 4 Days

Table 3-5:

LOS Value	APS-DRGs®
> 4 days	7892, Neonatal Death, LOS > 4 Days

7. Was the patient transferred to another acute care facility (i.e., discharge status equal to 02 only)?

   If no, go to Step 8.

   If yes, assign the patient to one of the following APS-DRGs® based on length of stay. Then go to Step 16.

Table 3-6:

LOS Value	APS-DRGs®
< 2 days	7880, Neonatal Transfer, LOS < 2 Days
2 - 4 days	7881, Neonatal Transfer, LOS 2 - 4 Days
> 4 days	7882, Neonatal Transfer, LOS > 4 Days

8. Is a birthweight value in grams present for the patient?

   If no, go to Step 9.

   If yes, assign a category as follows:

Table 3-7:

Birthweight Value	Birthweight Category
<1,000 Grams	3 (<1,000 Grams)
1,000 - 1,749 Grams	2 (1,000 - 1,749 Grams)
1,750 - 2,499 Grams	1 (1,750 - 2,499 Grams)
>2, 499 Grams	0 (>2,499 Grams)

   Go to Step 9.

9. Compute a DX-Determined birthweight value for the patient using the following rules:

   Check all ICD-9-CM diagnosis codes, both principal and secondary, to determine if any are in the range 76400-76519.

   Are there any diagnosis in this range?

   If no, is birthweight = “9999?”

   If yes, assign the Birthweight Category = 0 (>2,499), go to Step 11.

   If no, is the birthweight less than 100 or greater than 9000?

If yes, then the birthweight is considered invalid and the APS-DRG®= "9990" (Ungroupable). Go to Step 16.

If no, go to Step 11.

If yes, (one or more diagnosis codes are in this range) assign a DX-Determined Birthweight Category code to each diagnosis using the following table:

Table 3-8:

DIAGNOSIS CODE	BIRTHWEIGHT CATEGORY
76401 - 76403, 76411 - 76413, 76421 - 76423, 76491 - 76493, 76501 - 76503, 76511 - 76513	3 (< 1,000 Grams)
76404 - 76406, 76414 - 76416, 76424 - 79426, 76494 - 76496, 76504 - 76506, 76514 - 76516	2 (1,000 - 1,749 Grams)
76407 - 76408, 76417 - 76418, 76427 - 76428, 76497 - 76498, 76507 - 76508, 76517 - 76518	1 (1,750 - 2,499 Grams)
76409, 76419, 76429, 76499, 76509, 76519	0 (> 2,499 Grams)
76400, 76410, 76420, 76490, 76500, 76510	9 (Error)

If the patient has one birthweight diagnosis code, record the DX-Determined Birthweight Category of this code for use in subsequent steps.

If the patient has more than one birthweight diagnosis code and all codes are assigned to the same DX-Determined Birthweight Category, record this category for use in subsequent steps.

If the patient has more than one birthweight diagnosis code and these codes are in different DX-Determined Birthweight Categories, APS-DRG® = 9990 (Ungroupable). Go to Step 16.

Go to the next step.

10. Has a DX-Determined Birthweight Category of "9" (Non-Specific Grams) been assigned in Step 9.

    If yes, is birthweight = "9999" or between 100 and 9000?

    If yes, go to Step 11.

    If no, APS-DRG® = "9990" (Ungroupable). Go to Step 16.

    If no, is birthweight = "9999," "0" or "blank"?

    If yes, re-assign Birthweight Category = DX-Determined Birthweight Category, go to Step 11.

    If no, is birthweight less than 100 or greater than 9000?

If yes, then the birthweight is considered invalid and the APS-DRG®= "9990" (Ungroupable). Go to Step 16.

If no, does Birthweight Category = DX-Determined Birthweight Category?

If yes, go to Step 11.

If no, APS-DRG® = "9990" (Ungroupable). Go to Step 16.

11. Did the patient have respiratory assistance, as designated by one of the following procedure codes? Check all ICD-9-CM procedure codes present for the patient.

Table 3-9:

CODE	DESCRIPTION
9670	Continuous Mechanical Ventilation - Unspecified Duration
9671	Continuous Mechanical Ventilation - < 96 Hours
9672	Continuous Mechanical Ventilation - 96+ Hours
9390	Continuous Positive Airway Pressure (CPAP)

If no, go to Step 12.

If yes, assign a Respiratory Assist/Respiratory Distress (RA/RD) category of "2" and go to Step 13.

12. Did the patient have a principal or secondary diagnosis of respiratory distress syndrome, as indicated by ICD-9-CM diagnosis code "769"?

If no, assign an RA/RD category of "0" and use the following table.

If yes, assign an RA/RD category of "1" and use the following table.

13. Use the following table (Table 3-10), the patient's Birthweight Category, and the patient's RA/RD category to assign the APS-DRG®.

Table 3-10:

Birthweight Category	RD/RA = 0	RD/RA = 1	RD/RA = 2
0 (> 2,499 Grams)	Go to Step 14.	APS-DRG = 7860 Go to Step 16.	APS-DRG = 7870 Go to Step 16.
1 (1,750 - 2,499 Grams)	Go to Step 14.	APS-DRG = 7861 Go to Step 16.	APS-DRG = 7871 Go to Step 16.
2 (1,000 - 1,749 Grams)	Go to Step 14.	APS-DRG = 7862 Go to Step 16.	APS-DRG = 7872 Go to Step 16.
3 (< 1,000 Grams)	APS-DRG = 7900 Go to Step 16.	APS-DRG = 7901 Go to Step 16.	APS-DRG = 7902 Go to Step 16.

14. Are secondary diagnosis codes present?

    If no, assign a severity class of zero (0) and go to Step 15.

    If yes, examine each diagnosis, both principal and secondary, to determine if it is a CC and if so, the class of CC to which it belongs. Assign one of the severity class values based on that determination.

Table 3-11:

Class	Severity Class for Neonatal APS-DRGs® Assignment
Incidental	1
Moderate	2
Major	3

    After all codes have been evaluated, take the highest severity class and use this as the case's final severity class. Use the following table.

15. Use the following table (Table 3-12), the patient's Birthweight Category, and the patient's severity class to assign the APS-DRG group number to the remaining cases.

Table 3-12:

Birthweight Category	Severity Class = 0	Severity Class = 1	Severity Class = 2	Severity Class = 3
0 (> 2,499 Grams)	7950	7940	7941	7942
1 (1,750 - 2,499 Grams)	7951	7930	7931	7943
2 (1,000 - 1,749 Grams)	7952	7920	7921	7922

    Go to Step 16.

16. APS-DRGs® Assignment Complete.

    The APS-DRGs® assignment process is complete. Do not follow any additional instructions. For reference a diagram of the APS-DRGs® neonatal model (Steps 3 through 16) is presented in Figures 3-1 through 3-3 beginning on the next page.

Figure 3-1. APS-DRGs® Neonatal Model

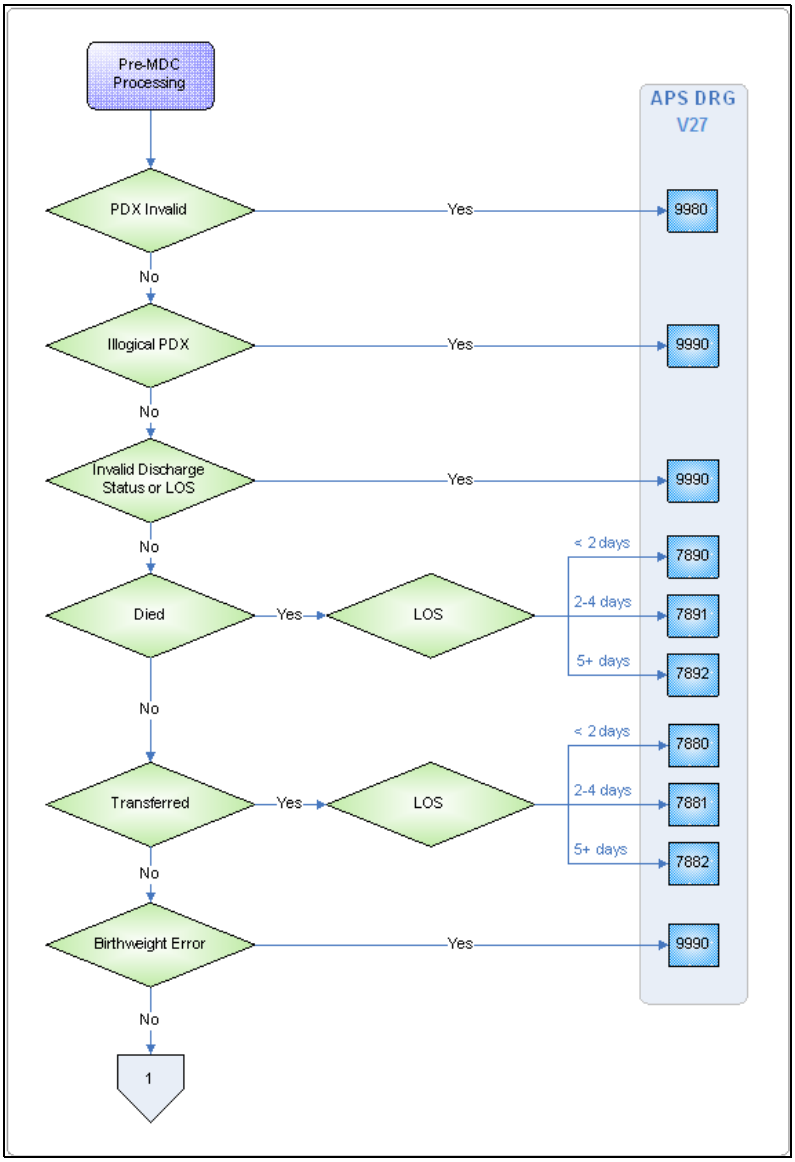


Figure 3-2. APS-DRGs® Neonatal Model (Continued)

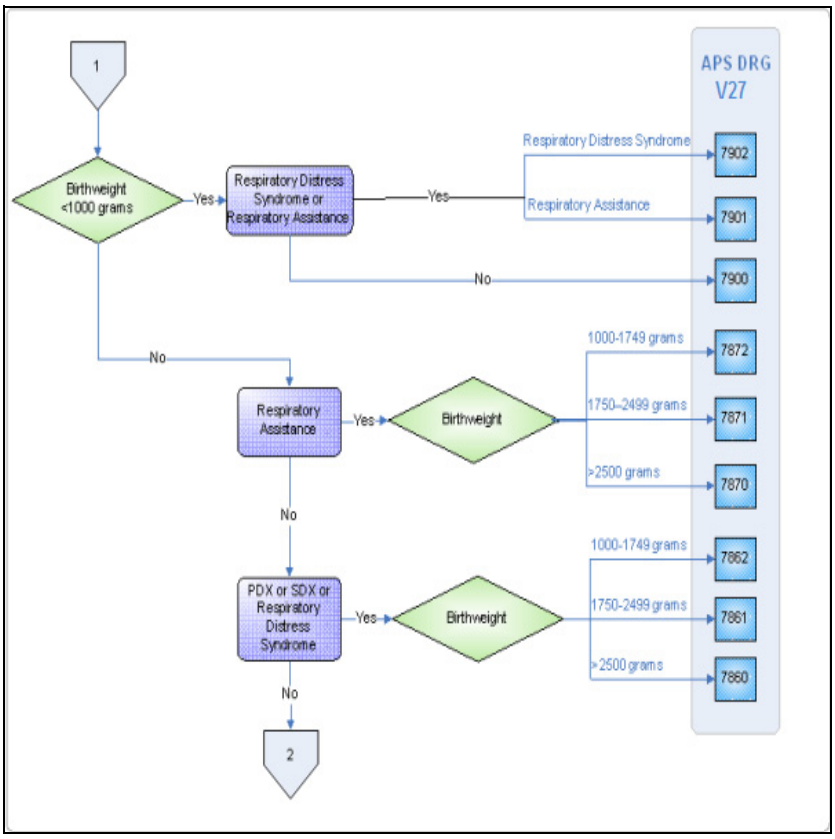
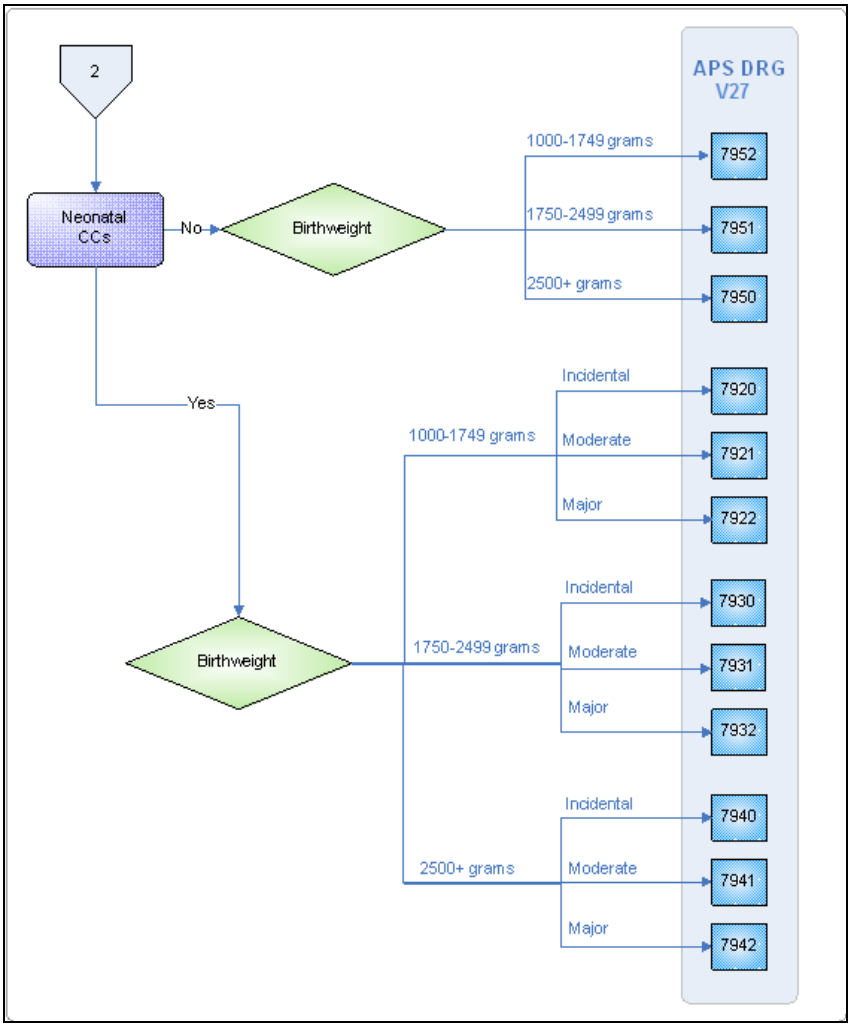


Figure 3-3. APS-DRGs® Neonatal Model (Continued)



Appendix A: MS-DRG to Consolidated DRG (CDRG) Mapping

THIS APPENDIX INCLUDES:

- MS-DRG to consolidated DRG (CDRG) Mapping Overview
- MS-DRG to Consolidated DRG (CDRG) Mapping Table
- Procedure Codes for MDC 03 CDRG Reassignment

MS-DRG TO CONSOLIDATED DRG (CDRG) MAPPING OVERVIEW

The following table is used for deriving a Consolidated DRG (CDRG) from a CMS MS-DRG. For this look-up process, use the MS-DRG originally assigned to the medical record.

The following table presents four columns of information:

- MS-DRG
- Special Rules
- CDRG #
- CDRG Description

Locate the patient's MS-DRG in the left-most column, i.e. the column labeled "CMS MS-DRG". If the "Special Rules" column is blank, then assign the case to the CDRG number listed in the third column from the left, i.e. the column labeled "CDRG #".

When the "Special Rules" column is not blank, proceed as follows.

MDC EXCL

Assign the case to the listed CDRG. Be aware, however, that cases assigned to this particular CDRG are subject to MDC-specific severity class (CC) exclusions as explained in Step 21 of the APS-DRGs® assignment process for non-neonates (see "Instructions for Non-Neonatal APS-DRGs®" on page 14). Step 21 must be carefully followed anytime a CDRG is accompanied by a "MDC EXCL" notation.

CDRG EXCL

Assign the case to the listed CDRG. Be aware, however, that cases assigned to this particular CDRG are subject to CDRG-specific severity class (CC) exclusions as explained in Step 22 of the APS-DRGs® assignment process for non-neonates (see "Instructions for Non-Neonatal APS-DRGs®" on page 14). Step 22 must be carefully followed anytime an assigned CDRG is accompanied by a "CDRG EXCL" notation in the "Special Rules" column.

0-17 AGE SPLIT OR 0-35 AGE SPLIT

Assign the case to the listed CDRG. These "age split" notations indicate that two sets of severity levels will be designated for this CDRG, and will be assigned based on the patient's age. This is explained in Step 24 of the APS-DRGs® assignment process for non-neonates (see "Instructions for Non-Neonatal APS-DRGs®" on page 14). If the patient's age is unknown, cannot be calculated, or is not between 0 and 125 years assign the patient to an APS-DRG® of "9990" (Ungroupable) and do not process the case further. All other cases where age is known, or can be calculated, are assigned to the CDRG noted.

- **NEONATE**
  This Appendix can not be used to assign CDRGs to newborn and neonatal cases. Refer to the section "Instructions for Newborn and Neonatal APS-DRGs®" on page 23 for guidelines on assigning CDRGs and APS-DRGs® to such cases.

MS-DRG TO CONSOLIDATED DRG (CDRG) MAPPING TABLE

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	SPECIAL RULES	CDRG #	CDRG DESCRIPTION
001		001	HRT TRANSPL OR IMPL HRT ASST SYS
002		001	HRT TRANSPL OR IMPL HRT ASST SYS
003	0-17 AGE SPLIT	003	ECMO,TRACH MV96+H/PDX EX FMN MAJ OR AGE>17
004	0-17 AGE SPLIT	004	TRCH MV96+ OR PD EX F/M/N WO MAJ OR AGE>17
005		005	LIVER TRANSPL OR INTSETINL TRANSPL
006		005	LIVER TRANSPL OR INTSETINL TRANSPL
007		007	LUNG TRANSPLANT
008	CDRG EXCL	008	SIMULTANS PANCREAS/KIDNY TRANSPLANT
009	0-17 AGE SPLIT	009	BONE MARROW TRANSPLANT AGE>17
010	CDRG EXCL	010	PANCREAS TRANSPLANT
011		011	TRACHMY FOR FACE,MOUTH & NECK DX
012		011	TRACHMY FOR FACE,MOUTH & NECK DX
013		011	TRACHMY FOR FACE,MOUTH & NECK DX
020		020	INTRACRAN VASC PROC W PDX HEMORRHG
021		020	INTRACRAN VASC PROC W PDX HEMORRHG
022		020	INTRACRAN VASC PROC W PDX HEMORRHG
023	0-17 AGE SPLIT	023	CRNIO W MJ DV/AC CPLX CNS PDX /CHEM AGE>17
024	0-17 AGE SPLIT	023	CRNIO W MJ DV/AC CPLX CNS PDX /CHEM AGE>17
025	0-17 AGE SPLIT	025	CRNIOT & ENDOVSC INTRACRN PX AGE>17
026	0-17 AGE SPLIT	025	CRNIOT & ENDOVSC INTRACRN PX AGE>17
027	0-17 AGE SPLIT	025	CRNIOT & ENDOVSC INTRACRN PX AGE>17
028	0-17 AGE SPLIT	028	SPINAL PROC AGE>17
029	0-17 AGE SPLIT	028	SPINAL PROC AGE>17
030	0-17 AGE SPLIT	028	SPINAL PROC AGE>17
031		031	VENTRICULAR SHUNT PROC
032		031	VENTRICULAR SHUNT PROC
033		031	VENTRICULAR SHUNT PROC
034		034	CAROTID ARTERY STENT PROC
035		034	CAROTID ARTERY STENT PROC
036		034	CAROTID ARTERY STENT PROC
037		037	EXTRACRANIAL PROC
038		037	EXTRACRANIAL PROC
039		037	EXTRACRANIAL PROC
040		040	PERIPH&CRAN NERV&NERV SYS PX
041		040	PERIPH&CRAN NERV&NERV SYS PX

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
042		040	PERIPH&CRAN NERV&NERV SYS PX
052		052	SPINAL DISORDERS & INJURIES
053		052	SPINAL DISORDERS & INJURIES
054		054	NERVOUS SYSTEM NEOPLASMS
055		054	NERVOUS SYSTEM NEOPLASMS
056	0-17 AGE SPLIT	056	DEG NERV SYST DISORDERS AGE>17
057	0-17 AGE SPLIT	056	DEG NERV SYST DISORDERS AGE>17
058	0-17 AGE SPLIT	058	MULT SCLER & CEREB ATAX AGE>17
059	0-17 AGE SPLIT	058	MULT SCLER & CEREB ATAX AGE>17
060	0-17 AGE SPLIT	058	MULT SCLER & CEREB ATAX AGE>17
061		061	AC ISCH STRK W USE THROMB AGT
062		061	AC ISCH STRK W USE THROMB AGT
063		061	AC ISCH STRK W USE THROMB AGT
064	0-17 AGE SPLIT	064	INTRCRN HMRRHG/CRB INFRC AGE>17
065	0-17 AGE SPLIT	064	INTRCRN HMRRHG/CRB INFRC AGE>17
066	0-17 AGE SPLIT	064	INTRCRN HMRRHG/CRB INFRC AGE>17
067		067	NONSPEC CVA&PRECER OCC WO INFRCT
068		067	NONSPEC CVA&PRECER OCC WO INFRCT
069		069	TRANSIENT ISCHEMIA
070	0-17 AGE SPLIT	070	NONSPEC CRBRVASC DISORD AGE>17
071	0-17 AGE SPLIT	070	NONSPEC CRBRVASC DISORD AGE>17
072	0-17 AGE SPLIT	070	NONSPEC CRBRVASC DISORD AGE>17
073		073	CRANIAL & PERIPH NERV DISORDERS
074		073	CRANIAL & PERIPH NERV DISORDERS
075		075	VIRAL MENINGITIS
076		075	VIRAL MENINGITIS
077		077	HYPERTENSIVE ENCEPHALOPATHY
078		077	HYPERTENSIVE ENCEPHALOPATHY
079		077	HYPERTENSIVE ENCEPHALOPATHY
080	0-17 AGE SPLIT	080	NONTRAUM STUPOR & COMA AGE>17
081	0-17 AGE SPLIT	080	NONTRAUM STUPOR & COMA AGE>17
082	CDRG EXCL	082	TRAUM STUPOR & COMA, COMA >1HR
083	CDRG EXCL	082	TRAUM STUPOR & COMA, COMA >1HR
084	CDRG EXCL	082	TRAUM STUPOR & COMA, COMA >1HR
085		085	TRAUM STUPOR & COMA, COMA <1HR
086		085	TRAUM STUPOR & COMA, COMA <1HR
087		085	TRAUM STUPOR & COMA, COMA <1HR
088		088	CONCUSSION
089		088	CONCUSSION
090		088	CONCUSSION
091	0-17 AGE SPLIT	091	OTH DISORD OF NERV SYS AGE>17
092	0-17 AGE SPLIT	091	OTH DISORD OF NERV SYS AGE>17
093	0-17 AGE SPLIT	091	OTH DISORD OF NERV SYS AGE>17

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
094		094	BACT & TUBERC INF OF NERV SYST
095		094	BACT & TUBERC INF OF NERV SYST
096		094	BACT & TUBERC INF OF NERV SYST
097		097	NONBACT INF NERV SYS EXC V MENING
098		097	NONBACT INF NERV SYS EXC V MENING
099		097	NONBACT INF NERV SYS EXC V MENING
100		100	SEIZURES
101		100	SEIZURES
102		102	HEADACHES
103		102	HEADACHES
113		113	ORBITAL PROC
114		113	ORBITAL PROC
115		115	EXTRAOCULAR PROC EXC ORBIT
116		116	INTRAOCULAR PROC
117		116	INTRAOCULAR PROC
121		121	ACUTE MAJ EYE INF
122		121	ACUTE MAJ EYE INF
123		123	NEUROLOGICAL EYE DISORDERS
124		124	OTH DISORDERS OF EYE
125		124	OTH DISORDERS OF EYE
129		129	COCHLEAR IMPLANTS
130		129	COCHLEAR IMPLANTS
131		131	CRAN/FACIAL PROC
132		131	CRAN/FACIAL PROC
133		133	OTH EAR,NOSE,MTH,THROAT/PX
134		133	OTH EAR,NOSE,MTH,THROAT/PX
135		135	SINUS & MASTOID PROC
136		135	SINUS & MASTOID PROC
137		137	MOUTH PROC
138		137	MOUTH PROC
139		139	SALIVARY GLAND PROC
146		146	EAR, NOSE, MTH, & THROAT MALIG
147		146	EAR, NOSE, MTH, & THROAT MALIG
148		146	EAR, NOSE, MTH, & THROAT MALIG
149		149	DYSEQUILIBRIUM
150		150	EPISTAXIS
151		150	EPISTAXIS
152		152	OTITIS MEDIA & URI
153		152	OTITIS MEDIA & URI
154		154	NASAL TRAUMA & DEFORMITY
155		154	NASAL TRAUMA & DEFORMITY
156		154	NASAL TRAUMA & DEFORMITY
157		157	DENTAL & ORAL DISEASES

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
158		157	DENTAL & ORAL DISEASES
159		157	DENTAL & ORAL DISEASES
163	0-17 AGE SPLIT	163	MAJ CHEST PROC AGE>17
164	0-17 AGE SPLIT	163	MAJ CHEST PROC AGE>17
165	0-17 AGE SPLIT	163	MAJ CHEST PROC AGE>17
166	0-17 AGE SPLIT	166	OTH RESP SYS OR PROC AGE>17
167	0-17 AGE SPLIT	166	OTH RESP SYS OR PROC AGE>17
168	0-17 AGE SPLIT	166	OTH RESP SYS OR PROC AGE>17
175		175	PULMONARY EMBOLISM
176		175	PULMONARY EMBOLISM
177	0-17 AGE SPLIT	177	RESP INF & INFLAM AGE>17
178	0-17 AGE SPLIT	177	RESP INF & INFLAM AGE>17
179	0-17 AGE SPLIT	177	RESP INF & INFLAM AGE>17
180		180	RESP NEOPLASMS
181		180	RESP NEOPLASMS
182		180	RESP NEOPLASMS
183		183	MAJ CHEST TRAUMA
184		183	MAJ CHEST TRAUMA
185		183	MAJ CHEST TRAUMA
186		186	PLEURAL EFFUSION
187		186	PLEURAL EFFUSION
188		186	PLEURAL EFFUSION
189	0-17 AGE SPLIT	189	PULM EDEMA & RESP FAILURE AGE>17
190		190	CHRONIC OBS PULM DISEASE
191		190	CHRONIC OBS PULM DISEASE
192		190	CHRONIC OBS PULM DISEASE
193		193	SIMPLE PNEUMONIA & PLEURISY
194		193	SIMPLE PNEUMONIA & PLEURISY
195		193	SIMPLE PNEUMONIA & PLEURISY
196		196	INTERSTITIAL LUNG DISEASE
197		196	INTERSTITIAL LUNG DISEASE
198		196	INTERSTITIAL LUNG DISEASE
199		199	PNEUMOTHORAX
200		199	PNEUMOTHORAX
201		199	PNEUMOTHORAX
202		202	BRONCHITIS & ASTHMA
203		202	BRONCHITIS & ASTHMA
204		204	RESP SIGNS & SYMPTOMS
205		205	OTH RESP SYS DIAG
206		205	OTH RESP SYS DIAG
207	0-17 AGE SPLIT	207	RESP SYS DX W VNT 96+ HRS AGE>17
208	0-17 AGE SPLIT	208	RESP SYS DX W VNT <96 HRS AGE>17
215		215	OTH HEART ASSIST SYS IMPLANT

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
216	0-17AGESPLIT	216	CRD VLVE&MAJ CRDTHR PX W CTH AGE>17
217	0-17AGESPLIT	216	CRD VLVE&MAJ CRDTHR PX W CTH AGE>17
218	0-17AGESPLIT	216	CRD VLVE&MAJ CRDTHR PX W CTH AGE>17
219	0-17AGESPLIT	219	CRD VLVE&MAJ CARDTHOR PX WO CATH AGE>17
220	0-17AGESPLIT	219	CRD VLVE&MAJ CARDTHOR PX WO CATH AGE>17
221	0-17AGESPLIT	219	CRD VLVE&MAJ CARDTHOR PX WO CATH AGE>17
222		222	CARD DEFIB W CATH W AMI/HF/SHOCK
223		222	CARD DEFIB W CATH W AMI/HF/SHOCK
224		224	CARD DEFIB W CATH WO AMI/HF/SHOCK
225		224	CARD DEFIB W CATH WO AMI/HF/SHOCK
226		226	CARD DEFIB IMP WO CARD CATH
227		226	CARD DEFIB IMP WO CARD CATH
228		228	OTH CARDIOTHORACIC PROC
229		228	OTH CARDIOTHORACIC PROC
230		228	OTH CARDIOTHORACIC PROC
231		231	CORONARY BYPASS W PTCA
232		231	CORONARY BYPASS W PTCA
233	0-17AGESPLIT	233	CRNARY BYPASS W CRD CATH AGE>17
234	0-17AGESPLIT	233	CRNARY BYPASS W CRD CATH AGE>17
235	0-17AGESPLIT	235	CRNARY BYPSS WO CRD CATH AGE>17
236	0-17AGESPLIT	235	CRNARY BYPSS WO CRD CATH AGE>17
237	0-17AGESPLIT	237	MAJ CARD PRC/THOR AA REP AGE>17
238	0-17AGESPLIT	237	MAJ CARD PRC/THOR AA REP AGE>17
239	0-17AGESPLIT	239	AMP FOR CIRC SYS DIS EXC UL&TOE AGE>17
240	0-17AGESPLIT	239	AMP FOR CIRC SYS DIS EXC UL&TOE AGE>17
241	0-17AGESPLIT	239	AMP FOR CIRC SYS DIS EXC UL&TOE AGE>17
242		242	PERM CARD PACEMAKER IMP
243		242	PERM CARD PACEMAKER IMP
244		242	PERM CARD PACEMAKER IMP
245		245	AICD LEAD & GENERATOR PROC
246		246	PERC CVASC PX W DRG-ELUT STNT
247		246	PERC CVASC PX W DRG-ELUT STNT
248		248	PERC CVASC PX W NON-DRG-ELUT STNT /
249		248	PERC CVASC PX W NON-DRG-ELUT STNT /
250		250	PERC CVASC PX WO STENT OR AMI
251		250	PERC CVASC PX WO STENT OR AMI
252		252	OTH VASC PX
253		252	OTH VASC PX
254		252	OTH VASC PX
255		255	UL&TOE AMP FOR CIRC SYS DIS
256		255	UL&TOE AMP FOR CIRC SYS DIS
257		255	UL&TOE AMP FOR CIRC SYS DIS
258		258	CARD PACEMKR REPLACE

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
259		258	CARD PACEMKR REPLACE
260		260	CARD PACEMKR REV EXC DEV REPL
261		260	CARD PACEMKR REV EXC DEV REPL
262		260	CARD PACEMKR REV EXC DEV REPL
263		263	VEIN LIGATION & STRIPPING
264	0-17 AGE SPLIT	264	OTH CIRC SYS OR PX AGE>17
265		265	AICD LEAD PROCEDURES
280	CDRG EXCL	280	AMI, DISCH ALIVE
281	CDRG EXCL	280	AMI, DISCH ALIVE
282	CDRG EXCL	280	AMI, DISCH ALIVE
283	CDRG EXCL	283	AMI, EXPIRED
284	CDRG EXCL	283	AMI, EXPIRED
285	CDRG EXCL	283	AMI, EXPIRED
286		286	CIRC DIS EXC AMI, W CATH
287		286	CIRC DIS EXC AMI, W CATH
288		288	ACUTE&SUBACUTE ENDOCARDITIS
289		288	ACUTE&SUBACUTE ENDOCARDITIS
290		288	ACUTE&SUBACUTE ENDOCARDITIS
291		291	HRT FAILURE & SHOCK
292		291	HRT FAILURE & SHOCK
293		291	HRT FAILURE & SHOCK
294		294	DVT
295		294	DVT
296		296	CARD ARREST, UNEXPLAINED
297		296	CARD ARREST, UNEXPLAINED
298		296	CARD ARREST, UNEXPLAINED
299		299	PERIPH VASC DIS
300		299	PERIPH VASC DIS
301		299	PERIPH VASC DIS
302		302	ATHEROSCLEROSIS
303		302	ATHEROSCLEROSIS
304		304	HYPERTENSION
305		304	HYPERTENSION
306	0-17 AGE SPLIT	306	CARD CONG & VALVULAR DIS AGE >17
307	0-17 AGE SPLIT	306	CARD CONG & VALVULAR DIS AGE >17
308		308	CARD ARRHYTHMIA & COND DIS
309		308	CARD ARRHYTHMIA & COND DIS
310		308	CARD ARRHYTHMIA & COND DIS
311		311	ANGINA PECTORIS
312		312	SYNCOPE & COLLAPSE
313		313	CHEST PAIN
314	0-17 AGE SPLIT	314	OTH CIRC SYS DX AGE>17
315	0-17 AGE SPLIT	314	OTH CIRC SYS DX AGE>17

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
316	0-17 AGE SPLIT	314	OTH CIRC SYS DX AGE>17
326		326	STOMACH, ESOPH, & DUODENAL PX
327		326	STOMACH, ESOPH, & DUODENAL PX
328		326	STOMACH, ESOPH, & DUODENAL PX
329	0-17 AGE SPLIT	329	MAJ SML & LG BOWEL PX AGE>17
330	0-17 AGE SPLIT	329	MAJ SML & LG BOWEL PX AGE>17
331	0-17 AGE SPLIT	329	MAJ SML & LG BOWEL PX AGE>17
332		332	RECTAL RESECTION
333		332	RECTAL RESECTION
334		332	RECTAL RESECTION
335	0-17 AGE SPLIT	335	PERITONEAL ADHESIOLYSIS AGE>17
336	0-17 AGE SPLIT	335	PERITONEAL ADHESIOLYSIS AGE>17
337	0-17 AGE SPLIT	335	PERITONEAL ADHESIOLYSIS AGE>17
338		338	APPY W COMP PDX
339		338	APPY W COMP PDX
340		338	APPY W COMP PDX
341		341	APPY WO COMP PDX
342		341	APPY WO COMP PDX
343		341	APPY WO COMP PDX
344		344	MINOR SML & LG BOWEL PX
345		344	MINOR SML & LG BOWEL PX
346		344	MINOR SML & LG BOWEL PX
347		347	ANAL & STOMAL PX
348		347	ANAL & STOMAL PX
349		347	ANAL & STOMAL PX
350		350	ING & FEM HERNIA PX
351		350	ING & FEM HERNIA PX
352		350	ING & FEM HERNIA PX
353	0-17 AGE SPLIT	353	HERNIA PX EXC ING & FEM AGE>17
354	0-17 AGE SPLIT	353	HERNIA PX EXC ING & FEM AGE>17
355	0-17 AGE SPLIT	353	HERNIA PX EXC ING & FEM AGE>17
356	0-17 AGE SPLIT	356	OTH DIG SYS OR PX AGE>17
357	0-17 AGE SPLIT	356	OTH DIG SYS OR PX AGE>17
358	0-17 AGE SPLIT	356	OTH DIG SYS OR PX AGE>17
368		368	MAJOR ESOPH DIS
369		368	MAJOR ESOPH DIS
370		368	MAJOR ESOPH DIS
371		371	MAJ GI DIS & PERITON INF
372		371	MAJ GI DIS & PERITON INF
373		371	MAJ GI DIS & PERITON INF
374		374	DIGESTIVE MALIGNANCY
375		374	DIGESTIVE MALIGNANCY
376		374	DIGESTIVE MALIGNANCY

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
377		377	GI HEMORRHAGE
378		377	GI HEMORRHAGE
379		377	GI HEMORRHAGE
380		380	COMP PEPTIC ULCER
381		380	COMP PEPTIC ULCER
382		380	COMP PEPTIC ULCER
383		383	UNCOMP PEPTIC ULCER
384		383	UNCOMP PEPTIC ULCER
385		385	INFLAM BOWEL DIS
386		385	INFLAM BOWEL DIS
387		385	INFLAM BOWEL DIS
388		388	GI OBSTRUCTION
389		388	GI OBSTRUCTION
390		388	GI OBSTRUCTION
391		391	ESPHAGITIS,GASTROENT&MISC DIG DIS
392		391	ESPHAGITIS,GASTROENT&MISC DIG DIS
393		393	OTH DIG SYS DX
394		393	OTH DIG SYS DX
395		393	OTH DIG SYS DX
405	0-17 AGE SPLIT	405	PANCREAS, LIVER & SHUNT PX AGE>17
406	0-17 AGE SPLIT	405	PANCREAS, LIVER & SHUNT PX AGE>17
407	0-17 AGE SPLIT	405	PANCREAS, LIVER & SHUNT PX AGE>17
408		408	BIL TRCT PX EXC CHOLECYST W/WO CDE
409		408	BIL TRCT PX EXC CHOLECYST W/WO CDE
410		408	BIL TRCT PX EXC CHOLECYST W/WO CDE
411		411	CHOLECYST W CDE
412		411	CHOLECYST W CDE
413		411	CHOLECYST W CDE
414		414	CHOLECYST EXC LAP WO CDE
415		414	CHOLECYST EXC LAP WO CDE
416		414	CHOLECYST EXC LAP WO CDE
417		417	LAP CHOLE WO CDE
418		417	LAP CHOLE WO CDE
419		417	LAP CHOLE WO CDE
420		420	HEPATOBILIARY DIAG PX
421		420	HEPATOBILIARY DIAG PX
422		420	HEPATOBILIARY DIAG PX
423		423	OTH HEPATOBILI/PANCREAS OR PX
424		423	OTH HEPATOBILI/PANCREAS OR PX
425		423	OTH HEPATOBILI/PANCREAS OR PX
432	0-17 AGE SPLIT	432	CIRRHOSIS & ALC HEPATITIS AGE>17
433	0-17 AGE SPLIT	432	CIRRHOSIS & ALC HEPATITIS AGE>17
434	0-17 AGE SPLIT	432	CIRRHOSIS & ALC HEPATITIS AGE>17

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
435		435	MALIG HEPATOBIL SYS/PANCREAS
436		435	MALIG HEPATOBIL SYS/PANCREAS
437		435	MALIG HEPATOBIL SYS/PANCREAS
438		438	DIS OF PANCREAS EXC MALIG
439		438	DIS OF PANCREAS EXC MALIG
440		438	DIS OF PANCREAS EXC MALIG
441		441	DIS LIVR EXC MALIG,CIRR,ALC HEPA
442		441	DIS LIVR EXC MALIG,CIRR,ALC HEPA
443		441	DIS LIVR EXC MALIG,CIRR,ALC HEPA
444		444	DIS OF BILIARYTRACT
445		444	DIS OF BILIARYTRACT
446		444	DIS OF BILIARYTRACT
453	0-17 AGE SPLIT	453	COMB ANT/POST SPIN FUS AGE>17
454	0-17 AGE SPLIT	453	COMB ANT/POST SPIN FUS AGE>17
455	0-17 AGE SPLIT	453	COMB ANT/POST SPIN FUS AGE>17
456		456	SP FUS EXC CERV W CURV/MAL/INF/9+
457		456	SP FUS EXC CERV W CURV/MAL/INF/9+
458		456	SP FUS EXC CERV W CURV/MAL/INF/9+
459	0-17 AGE SPLIT	459	SPIN FUS EXC CERV AGE>17
460	0-17 AGE SPLIT	459	SPIN FUS EXC CERV AGE>17
461		461	BIL OR MULT MAJ JT PX OF LE
462		461	BIL OR MULT MAJ JT PX OF LE
463	0-17 AGE SPLIT	463	WD DBRD/SK GRFT,EXC HND/CON TS W MC AGE>17
464	0-17 AGE SPLIT	463	WD DBRD/SK GRFT,EXC HND/CON TS W MC AGE>17
465	0-17 AGE SPLIT	463	WD DBRD/SK GRFT,EXC HND/CON TS W MC AGE>17
466	0-17 AGE SPLIT	466	REV HIP/KNEE REPLACEMENT AGE>17
467	0-17 AGE SPLIT	466	REV HIP/KNEE REPLACEMENT AGE>17
468	0-17 AGE SPLIT	466	REV HIP/KNEE REPLACEMENT AGE>17
469	0-17 AGE SPLIT	469	MAJ JT REPL/REATTACH LE AGE>17
470	0-17 AGE SPLIT	469	MAJ JT REPL/REATTACH LE AGE>17
471	0-17 AGE SPLIT	471	CERVICAL SPINAL FUSION AGE>17
472	0-17 AGE SPLIT	471	CERVICAL SPINAL FUSION AGE>17
473	0-17 AGE SPLIT	471	CERVICAL SPINAL FUSION AGE>17
474		474	AMP FOR MSSKEL SYS/CON TIS DIS
475		474	AMP FOR MSSKEL SYS/CON TIS DIS
476		474	AMP FOR MSSKEL SYS/CON TIS DIS
477		477	BX OF MSSKEL SYS/CON TIS
478		477	BX OF MSSKEL SYS/CON TIS
479		477	BX OF MSSKEL SYS/CON TIS
480		480	HIP & FEMUR PX EXC MAJ JT
481		480	HIP & FEMUR PX EXC MAJ JT
482		480	HIP & FEMUR PX EXC MAJ JT
483		483	MAJ JT & LIMB REATTACH PX UE

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
484		483	MAJ JT & LIMB REATTACH PX UE
485		485	KNEE PX W PDX OF INF
486		485	KNEE PX W PDX OF INF
487		485	KNEE PX W PDX OF INF
488		488	KNEE PX WO PDX OF INF
489		488	KNEE PX WO PDX OF INF
490		490	BK&NK PX EX SP FUS /DSC DEV/NRST
491		490	BK&NK PX EX SP FUS /DSC DEV/NRST
492		492	LE&HUMER PX EXC HIP, FT, FEMUR
493		492	LE&HUMER PX EXC HIP, FT, FEMUR
494		492	LE&HUMER PX EXC HIP, FT, FEMUR
495		495	LOC EXC&REM INT FX DEV EXC HIP/FEM
496		495	LOC EXC&REM INT FX DEV EXC HIP/FEM
497		495	LOC EXC&REM INT FX DEV EXC HIP/FEM
498		498	LOC EXC&REM INT FX DEV HIP/FEM
499		498	LOC EXC&REM INT FX DEV HIP/FEM
500		500	SOFT TISSUE PX
501		500	SOFT TISSUE PX
502		500	SOFT TISSUE PX
503		503	FOOT PX
504		503	FOOT PX
505		503	FOOT PX
506		506	MAJOR THUMB OR JT PX
507		507	MAJ SHLDR/ELBOW JT PX
508		507	MAJ SHLDR/ELBOW JT PX
509		509	ARTHROSCOPY
510		510	SHLDR, ELBW, FORARM PX EXC MAJ JT
511		510	SHLDR, ELBW, FORARM PX EXC MAJ JT
512		510	SHLDR, ELBW, FORARM PX EXC MAJ JT
513		513	HND/WRST PX EXC MAJ THMB/JT PX
514		513	HND/WRST PX EXC MAJ THMB/JT PX
515	0-17 AGE SPLIT	515	OTH MSSKEL SYS&CONN TISS OR PX AGE>17
516	0-17 AGE SPLIT	515	OTH MSSKEL SYS&CONN TISS OR PX AGE>17
517	0-17 AGE SPLIT	515	OTH MSSKEL SYS&CONN TISS OR PX AGE>17
533		533	FRACTURES OF FEMUR
534		533	FRACTURES OF FEMUR
535		535	FRACTURES OF HIP & PELVIS
536		535	FRACTURES OF HIP & PELVIS
537		537	SPRN/STRN/DISL HIP,PELVIS,THGH
538		537	SPRN/STRN/DISL HIP,PELVIS,THGH
539		539	OSTEOMYELITIS
540		539	OSTEOMYELITIS
541		539	OSTEOMYELITIS

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
542		542	PATH FX&MSSKL/CONN TISS MALIG
543		542	PATH FX&MSSKL/CONN TISS MALIG
544		542	PATH FX&MSSKL/CONN TISS MALIG
545		545	CONN TISS DISORDERS
546		545	CONN TISS DISORDERS
547		545	CONN TISS DISORDERS
548		548	SEPTIC ARTHRITIS
549		548	SEPTIC ARTHRITIS
550		548	SEPTIC ARTHRITIS
551		551	MEDICAL BACK PROBLEMS
552		551	MEDICAL BACK PROBLEMS
553		553	BONE DIS & ARTHROPATHIES
554		553	BONE DIS & ARTHROPATHIES
555		555	SIGNS&SYMP MSSKEL SYS&CON TIS
556		555	SIGNS&SYMP MSSKEL SYS&CON TIS
557		557	TENDONITIS, MYOSITIS & BURSITIS
558		557	TENDONITIS, MYOSITIS & BURSITIS
559		559	AFTERCARE, MSSKEL SYS&CON TIS
560		559	AFTERCARE, MSSKEL SYS&CON TIS
561		559	AFTERCARE, MSSKEL SYS&CON TIS
562		562	FX/SPRN/STRN/DISL EXC FEM,HIP,PELV
563		562	FX/SPRN/STRN/DISL EXC FEM,HIP,PELV
564		564	OTH MSSKEL SYS & CON TIS DIAG
565		564	OTH MSSKEL SYS & CON TIS DIAG
566		564	OTH MSSKEL SYS & CON TIS DIAG
573	0-17 AGE SPLIT	573	SK GRFT/DBRD SK ULCR/CELLUL AGE>17
574	0-17 AGE SPLIT	573	SK GRFT/DBRD SK ULCR/CELLUL AGE>17
575	0-17 AGE SPLIT	573	SK GRFT/DBRD SK ULCR/CELLUL AGE>17
576		576	SK GRFT/DBRD EXC SK ULCR/CELL
577		576	SK GRFT/DBRD EXC SK ULCR/CELL
578		576	SK GRFT/DBRD EXC SK ULCR/CELL
579		579	OTH SKIN, SUBQ TIS, & BRST PX
580		579	OTH SKIN, SUBQ TIS, & BRST PX
581		579	OTH SKIN, SUBQ TIS, & BRST PX
582	CDRG EXCL	582	MASTECTOMY FOR MALIG
583	CDRG EXCL	582	MASTECTOMY FOR MALIG
584		584	BRST BX, LOC EXC&OTH BRST PX
585		584	BRST BX, LOC EXC&OTH BRST PX
592		592	SKIN ULCERS
593		592	SKIN ULCERS
594		592	SKIN ULCERS
595		595	MAJ SKIN DISORDERS
596		595	MAJ SKIN DISORDERS

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
597		597	MALIGNANT BREAST DISORDERS
598		597	MALIGNANT BREAST DISORDERS
599		597	MALIGNANT BREAST DISORDERS
600		600	NON-MALIG BREAST DISORDERS
601		600	NON-MALIG BREAST DISORDERS
602		602	CELLULITIS
603		602	CELLULITIS
604		604	TRAUMA SKIN,SUBQ TIS/ BREAST
605		604	TRAUMA SKIN,SUBQ TIS /BREAST
606		606	MINOR SKIN DISORDERS
607		606	MINOR SKIN DISORDERS
614		614	ADRENAL & PITUITARY PX
615		614	ADRENAL & PITUITARY PX
616		616	AMP L LIMB/ENDOC,NUT,METAB DIS
617		616	AMP L LIMB/ENDOC,NUT,METAB DIS
618		616	AMP L LIMB/ENDOC,NUT,METAB DIS
619	0-17 AGE SPLIT	619	OR PX FOR OBESITY AGE>17
620	0-17 AGE SPLIT	619	OR PX FOR OBESITY AGE>17
621	0-17 AGE SPLIT	619	OR PX FOR OBESITY AGE>17
622		622	SKN GRFT&WD DBRD/ENDOC,NUT,MTB DIS
623		622	SKN GRFT&WD DBRD/ENDOC,NUT,MTB DIS
624		622	SKN GRFT&WD DBRD/ENDOC,NUT,MTB DIS
625		625	THYR,PARATHYR,THYROGLOSS PX
626		625	THYR,PARATHYR,THYROGLOSS PX
627		625	THYR,PARATHYR,THYROGLOSS PX
628		628	OTH ENDOC,NUT,METAB OR PX
629		628	OTH ENDOC,NUT,METAB OR PX
630		628	OTH ENDOC,NUT,METAB OR PX
637	0-17 AGE SPLIT	637	DIABETES AGE>35
638	0-17 AGE SPLIT	637	DIABETES AGE>35
639	0-17 AGE SPLIT	637	DIABETE AGE>35
640	0-17 AGE SPLIT	640	NUT & MISC METAB DISAGE>17
641	0-17 AGE SPLIT	640	NUT & MISC METAB DIS AGE>17
642		642	INBORN ERRORS OF METABOLISM
643		643	ENDOCRINE DISORDERS
644		643	ENDOCRINE DISORDERS
645		643	ENDOCRINE DISORDERS
652		652	KIDNEY TRANSPLANT
653		653	MAJOR BLADDER PX
654		653	MAJOR BLADDER PX
655		653	MAJOR BLADDER PX
656	0-17 AGE SPLIT	656	KIDNEY&URETER PX/NEOPLASM AGE>17
657	0-17 AGE SPLIT	656	KIDNEY&URETER PX/NEOPLASM AGE>17

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
658	0-17 AGE SPLIT	656	KIDNEY&URETER PX/NEOPLASM AGE>17
659		659	KIDNEY&URETER PX/NON-NEOPLASM
660		659	KIDNEY&URETER PX/NON-NEOPLASM
661		659	KIDNEY&URETER PX/NON-NEOPLASM
662		662	MINOR BLADDER PX
663		662	MINOR BLADDER PX
664		662	MINOR BLADDER PX
665		665	PROSTATECTOMY
666		665	PROSTATECTOMY
667		665	PROSTATECTOMY
668		668	TRANSURETHRAL PX
669		668	TRANSURETHRAL PX
670		668	TRANSURETHRAL PX
671		671	URETHRAL PX
672		671	URETHRAL PX
673		673	OTH KIDNEY & URIN TRCT NEOPL
674		673	OTH KIDNEY & URIN TRCT NEOPL
675		673	OTH KIDNEY & URIN TRCT NEOPL
682	0-17 AGE SPLIT	682	RENAL FAILURE AGE>17
683	0-17 AGE SPLIT	682	RENAL FAILURE AGE>17
684	0-17 AGE SPLIT	682	RENAL FAILURE AGE>17
685		685	ADMIT FOR RENAL DIALYSIS
686		686	KIDNEY & URIN TRCT NEOPL
687		686	KIDNEY & URIN TRCT NEOPL
688		686	KIDNEY & URIN TRCT NEOPL
689		689	KIDNEY & URIN TRCT INF
690		689	KIDNEY & URIN TRCT INF
691		691	URIN STONES W ESWL
692		691	URIN STONES W ESWL
693		693	URIN STONES WO ESWL
694		693	URIN STONES WO ESWL
695		695	KIDNEY&URIN TRCT SIGNS&SYMP
696		695	KIDNEY&URIN TRCT SIGNS&SYMP
697		697	URETHRAL STRICTURE
698		698	OTH KIDNEY & URIN TRCT DX
699		698	OTH KIDNEY & URIN TRCT DX
700		698	OTH KIDNEY & URIN TRCT DX
707		707	MAJ MALE PELVIC PX
708		707	MAJ MALE PELVIC PX
709		709	PENIS PX
710		709	PENIS PX
711		711	TESTES PX
712		711	TESTES PX

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
713		713	TRANSURETHR PROSTATECTOMY
714		713	TRANSURETHR PROSTATECTOMY
715		715	OTH MALE REP SYS PX FOR MALIG
716		715	OTH MALE REP SYS PX FOR MALIG
717		717	OTH MALE REP SYS PX EXC MALIG
718		717	OTH MALE REP SYS PX EXC MALIG
722		722	MALIG MALE REP SYS
723		722	MALIG MALE REP SYS
724		722	MALIG MALE REP SYS
725		725	BEN PROSTATIC HYPERTROPHY
726		725	BEN PROSTATIC HYPERTROPHY
727		727	INFLAM MALE REP SYS
728		727	INFLAM MALE REP SYS
729		729	OTH MALE REP SYS DX
730		729	OTH MALE REP SYS DX
734		734	PELV EVSC/RAD HYSTMY/RAD VULVMY
735		734	PELV EVSC/RAD HYSTMY/RAD VULVMY
736		736	UTER&ADNX PX/OV OR ADNX MALIG
737		736	UTER&ADNX PX/OV OR ADNX MALIG
738		736	UTER&ADNX PX/OV OR ADNX MALIG
739		739	UTER,ADNX PX/NON-OV/ADNX MALIG
740		739	UTER,ADNX PX/NON-OV/ADNX MALIG
741		739	UTER,ADNX PX/NON-OV/ADNX MALIG
742	0-17 AGE SPLIT	742	UTER&ADNX PX/NON-MAL AGE>17
743	0-17 AGE SPLIT	742	UTER&ADNX PX/NON-MAL AGE>17
744		744	D&C, CON & RADIO-IMPLNT, MALIG
745		744	D&C, CON & RADIO-IMPLNT, MALIG
746		746	VAG, CERV, &VULVA PX
747		746	VAG, CERV, &VULVA PX
748		748	FEM REP SYS RECONST PX
749		749	OTH FEM REP SYS OR PX
750		749	OTH FEM REP SYS OR PX
754		754	MALIG FEM REP SYS
755		754	MALIG FEM REP SYS
756		754	MALIG FEM REP SYS
757		757	INF FEM REP SYS
758		757	INF FEM REP SYS
759		757	INF FEM REP SYS
760		760	MENSTRUAL&OTH FEM REP SYS DIS
761		760	MENSTRUAL&OTH FEM REP SYS DIS
765		765	CESAREAN SECT
766		765	CESAREAN SECT
767		767	VAG DEL W STERILIZATION &/OR D&C

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
768		768	VAG DEL W OR PROC EXP STERIL &/OR D&C
769		769	POSTPARTUM & POSTABORTION DX W OR PX
770		770	ABORT W D&C/ASP CURETTAGE/HYSTEROTOMY
774	CDRG EXCL	774	VAG DEL W COMPLICATING DX
775		775	VAG DEL WO COMPLICATING DX
776		776	POSTPARTUM & POSTABORTION DX WO OR PX
777		777	ECTOPIC PREGNANCY
778		778	THREATENED ABORTION
779		779	ABORTION WO D&C
780		780	FALSE LABOR
781	CDRG EXCL	781	OTH ANTEPARTUM DX W MED COMP
782		782	OTH ANTEPARTUM DX WO MED COMP
789		789	NEONATE, DIED, LOS 2-4 DAYS
790		790	NEONATE, BWT < 1000G W RESP DIST
791		791	N/A
792		792	NEONATE, BWT 1000-1749G W MODERATEPROB
793		793	NEONATE, BWT 1750-2499G W MODERATEPROB
794		794	NEONATE, BWT>=2500G W MODERATEPROB
795		795	NORMAL NEWBORN, BWT 1750-2499G
799		799	SPLENECTOMY
800		799	SPLENECTOMY
801		799	SPLENECTOMY
802		802	OTH OR PX/BLD, BLD-FRMING ORG
803		802	OTH OR PX/BLD, BLD-FRMING ORG
804		802	OTH OR PX/BLD, BLD-FRMING ORG
808		808	MAJ HEMT/IMMN EX SKL CLL CRIS&COAG
809		808	MAJ HEMT/IMMN EX SKL CLL CRIS&COAG
810		808	MAJ HEMT/IMMN EX SKL CLL CRIS&COAG
811		811	OTHER RED BLOOD CELL DIS
812		811	OTHER RED BLOOD CELL DIS
813		813	COAGULATION DISORDERS
814		814	RETICULOENDOTHEL & IMMUN DIS
815		814	RETICULOENDOTHEL & IMMUN DIS
816		814	RETICULOENDOTHEL & IMMUN DIS
820		820	LYMPHOMA&LEUKEMIA W MAJ OR PX
821		820	LYMPHOMA&LEUKEMIA W MAJ OR PX
822		820	LYMPHOMA&LEUKEMIA W MAJ OR PX
823		823	LYMPHMA&NON-AC LEUKEM W OTH OR PX
824		823	LYMPHMA&NON-AC LEUKEM W OTH OR PX
825		823	LYMPHMA&NON-AC LEUKEM W OTH OR PX
826		826	MYLPRLF DIS/PRLY DIF NEO MAJ OR PX
827		826	MYLPRLF DIS/PRLY DIF NEO MAJ OR PX
828		826	MYLPRLF DIS/PRLY DIF NEO MAJ OR PX

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
829		829	MYLPRLF DIS/PRLY DIF NEO OTH OR
830		829	MYLPRLF DIS/PRLY DIF NEO OTH OR
834		834	ACUTE LEUKEMA WO MAJ OR PX
835		834	ACUTE LEUKEMA WO MAJ OR PX
836		834	ACUTE LEUKEMA WO MAJ OR PX
837	CDRG EXCL	837	CHEM-AC LEUK SDX/HI DOS CHEM AGT W/CC
838	CDRG EXCL	837	CHEM-AC LEUK SDX/HI DOS CHEM AGT W/CC
839	CDRG EXCL	837	CHEM-AC LEUK SDX/HI DOS CHEM AGT W/CC
840	0-17 AGE SPLIT	840	LYMPHOMA & NON-AC LEUKEMIA AGE>17
841	0-17 AGE SPLIT	840	LYMPHOMA & NON-AC LEUKEMIA AGE>17
842	0-17 AGE SPLIT	840	LYMPHOMA & NON-AC LEUKEMIA AGE>17
843		843	OTH MYLPRLF DIS/PRLY DIF NEOPL DX
844		843	OTH MYLPRLF DIS/PRLY DIF NEOPL DX
845		843	OTH MYLPRLF DIS/PRLY DIF NEOPL DX
846		846	CHEMO WO AC LEUK SDX
847		846	CHEMO WO AC LEUK SDX
848		846	CHEMO WO AC LEUK SDX
849		849	RADIOTHERAPY
853	0-17 AGE SPLIT	853	INF & PARASIT DIS W OR PX AGE>17
854	0-17 AGE SPLIT	853	INF & PARASIT DIS W OR PX AGE>17
855	0-17 AGE SPLIT	853	INF & PARASIT DIS W OR PX AGE>17
856		856	POSTOP/POST-TRAUM INF W OR PX
857		856	POSTOP/POST-TRAUM INF W OR PX
858		856	POSTOP/POST-TRAUM INF W OR PX
862		862	POSTOP/POST-TRAUM INF
863		862	POSTOP/POST-TRAUM INF
864		864	FEVER UNKNOWN ORIGIN
865		865	VIRAL ILLNESS
866		865	VIRAL ILLNESS
867		867	OTH INF & PARASIT DIS DX
868		867	OTH INF & PARASIT DIS DX
869		867	OTH INF & PARASIT DIS DX
870	0-17 AGE SPLIT	870	SEPTICEMIA W MV 96+ HRS AGE>17
871		871	SEPTICEMIA WO MV 96+ HRS
872		871	SEPTICEMIA WO MV 96+ HRS
876		876	OR PX W PDX OF MENTAL ILLNESS
880		880	ACUTE ADJ REACT & PSYCOSOC DYSFUNCT
881		881	DEPRESSIVE NEUROSES
882		882	NEUROSES EXC DEPRESSIVE
883		883	DIS PERSONALITY & IMPULSE CONTROL
884		884	ORGANIC DISTURB & MENTAL RETARDATION
885	0-17 AGE SPLIT	885	PSYCHOSES AGE>17
886		886	BEHAVIORAL & DEVELOPMENTAL DIS

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
887		887	OTH MENTAL DIS DX
894		894	ALC/DRUG ABUS/DEP, LEFT AMA
895		895	ALC/DRUG ABUS/DEP, W REHAB THER
896		896	ALC/DRUG ABUS/DEP, WO REHAB THER
897		896	ALC/DRUG ABUS/DEP, WO REHAB THER
901		901	WD DBRD FOR INJURIES
902		901	WD DBRD FOR INJURIES
903		901	WD DBRD FOR INJURIES
904		904	SKN GRFTS FOR INJURIES
905		904	SKN GRFTS FOR INJURIES
906		906	HAND PX FOR INJURIES
907		907	OTH OR PX FOR INJURIES
908		907	OTH OR PX FOR INJURIES
909		907	OTH OR PX FOR INJURIES
913		913	TRAUMATIC INJURY
914		913	TRAUMATIC INJURY
915		915	ALLERGIC REACTIONS
916		915	ALLERGIC REACTIONS
917		917	POISONING&TOX EFFECT DRUG
918		917	POISONING&TOX EFFECT DRUG
919		919	COMPLICATIONS OF TX
920		919	COMPLICATIONS OF TX
921		919	COMPLICATIONS OF TX
922		922	OTH INJ,POISON,TOX EFF DX
923		922	OTH INJ,POISON,TOX EFF DX
927	CDRG EXCL	927	EXT BRNS/FL-THK BRNS W MV 96+HR W SK GRF
928	CDRG EXCL	928	FL THK BRN W SK GRFT OR INH INJ
929	CDRG EXCL	928	FL THK BRN W SK GRFT OR INH INJ
933	CDRG EXCL	933	EXT BRNS/FL-THK BRNS W MV 96+HR WO GRFT
934	CDRG EXCL	934	FL THK BRN WO SK GRFT OR INHAL INJ
935	CDRG EXCL and 0-17 AGE SPLIT	935	NON-EXTENSIVE BURNS AGE>17
939	0-17 AGE SPLIT	939	OR PX W DX OTH CNTCT W HLTH SRV AGE>17
940	0-17 AGE SPLIT	939	OR PX W DX OTH CNTCT W HLTH SRV AGE>17
941	0-17 AGE SPLIT	939	OR PX W DX OTH CNTCT W HLTH SRV AGE>17
945	0-17 AGE SPLIT	945	REHABILITATION AGE>17
946	0-17 AGE SPLIT	945	REHABILITATION AGE>17
947		947	SIGNS & SYMPTOMS
948		947	SIGNS & SYMPTOMS
949		949	AFTERCARE
950		949	AFTERCARE
951		951	OTH FACTORS INFLUENCING HLTH STATUS

Table A-1: MS-DRG to Consolidated DRG (CDRG)

CMS MS-DRG	Special Rules	CDRG #	CDRG Description
955	MDC EXCL	955	CRANIOTOMY FOR MULT SIGNIFICANT TRAUMA
956	MDC EXCL and 0-17 AGE SPLIT	956	LIM REATTCH/HIP&FEM PX FR MULT SIG TRAUM
957	MDC EXCL and 0-17 AGE SPLIT	957	OTH OR PX FOR MLT SG TRM AGE>17
958	MDC EXCL and 0-17 AGE SPLIT	957	OTH OR PX FOR MLT SG TRM AGE>17
959	MDC EXCL and 0-17 AGE SPLIT	957	OTH OR PX FOR MLT SG TRM AGE>17
963	MDC EXCL	963	OTH MULT SIG TRAUMA
964	MDC EXCL	963	OTH MULT SIG TRAUMA
965	MDC EXCL	963	OTH MULT SIG TRAUMA
969		969	HIV W EXT OR PX
970		969	HIV W EXT OR PX
974	CDRG EXCL and 0-17 AGE SPLIT	974	HIV W MAJ REL COND AGE>17
975	CDRG EXCL and 0-17 AGE SPLIT	974	HIV W MAJ REL COND AGE>17
976	CDRG EXCL and 0-17 AGE SPLIT	974	HIV W MAJ REL COND AGE>17
977	CDRG EXCL	977	HIV W/WO OTH REL COND
981	0-17 AGE SPLIT	981	EXT OR PX UNREL TO PDX AGE>17
982	0-17 AGE SPLIT	981	EXT OR PX UNREL TO PDX AGE>17
983	0-17 AGE SPLIT	981	EXT OR PX UNREL TO PDX AGE>17
984		984	PROSTATIC OR PX UNREL TO PDX
985		984	PROSTATIC OR PX UNREL TO PDX
986		984	PROSTATIC OR PX UNREL TO PDX
987	0-17 AGE SPLIT	987	NON-EXT OR PX UNREL TO PDX AGE>17
988	0-17 AGE SPLIT	987	NON-EXT OR PX UNREL TO PDX AGE>17
989	0-17 AGE SPLIT	987	NON-EXT OR PX UNREL TO PDX AGE>17
998		998	PDX INVALID AS DISCH DX
999		999	UNGROUPABLE

PROCEDURE CODES FOR MDC 03 CDRG REASSIGNMENT

Table A-2: Procedure Codes for CDRG 133

0401	2932	409	4289
0402	2933	4201	5012
0403	2939	4209	7609
0404	294	4210	7611
0405	2951	4211	765
0406	2952	4212	7719
0407	2953	4219	7730
0412	2954	4221	7740
0419	2959	4225	7749
0441	2992	4231	7769
0442	2999	4232	7779
0449	3021	4239	7789
0471	3171	4240	7799
0472	3172	4241	7929
0473	3173	4242	7939
0474	3174	4251	7969
0475	3175	4252	8302
0476	3179	4253	8339
0492	3192	4254	8349
0493	3199	4255	8622
0499	3422	4256	864
0521	3800	4258	8663
0522	3802	4259	8666
066	3812	4261	8667
067	3821	4262	8669
0943	3832	4263	8670
1665	3842	4264	8671
1666	3862	4265	8672
2104	3882	4266	8674
2105	3998	4268	8675
2106	3999	4269	8681
2107	4011	427	8682
2109	4019	4282	8684
215	4021	4283	8689
290	4023	4284	8691
292	4029	4286	8693
2931	403	4287	9227

Table A-3: Procedure Codes for CDRG 135

2021	2212	2251	2263
2022	2231	2252	2264
2041	2239	2253	2271

Table A-3: Procedure Codes for CDRG 135

2042	2241	2260	2279
2049	2242	2261	229
2092	2250	2262	

Table A-4: Procedure Codes for CDRG 132

0609	1919	2062	2188
0912	1921	2071	2189
0919	1929	2072	2199
0944	193	2079	3001
0981	194	2091	3009
0999	1952	2093	3022
1821	1953	2095	313
1831	1954	2099	3145
1839	1955	2161	315
185	196	2162	3161
186	199	2169	3162
1871	2023	2182	3163
1872	2032	2183	3164
1879	2039	2184	3169
189	2051	2185	3191
190	2059	2186	3198
1911	2061	2187	

Table A-5: Procedure Codes for CDRG 137

242	2599	2749	2772
244	270	2753	2773
245	271	2755	2779
2502	2721	2756	2792
251	2722	2757	2799
252	2731	2759	
2559	2742	2761	
2594	2743	2771	

Table A-6: Procedure Codes for CDRG 139

2612	2630	2641	2699
2621	2631	2642	
2629	2632	2649	

Table A-7: Procedure Code for CDRG 134

2001			

Table A-8: Procedure Codes for CDRG 136

2754	2762	2763	2769

Table A-9: Procedure Codes for CDRG 138

280	282	285	2891
2811	283	286	2892
2819	284	287	2899