

For personal computers

*Medicare Severity Grouper with  
Medicare Code Editor Software*

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Installation and User's Manual



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# *About this document*

## **Purpose of the manual**

This manual is written to assist health information management professionals with an average level of computer knowledge in installing and using the Medicare Severity Grouper with Medicare Code Editor (MSG/MCE) software in a Windows® environment on a personal computer.

The documentation assumes you are familiar with Diagnosis Related Groups (DRGs) methodology for processing medical claims, and with MCE software's evaluation of patient data to help identify possible errors in coding.

## **Information on the manual**

The manual begins with a brief introduction describing the functionality of MSG/MCE software. You are then given instructions to install the software, followed by chapters on processing claims data interactively and in batch. An appendix is included that lists the Major Diagnostic Categories (MDCs) and DRGs in the current MS grouper with the DRG-associated cost weights.

For a general outline of the topics covered in the manual, see the table of contents immediately following this preface. We recommend that you also use the index at the back of the manual to locate specific information.

Sequential steps in the manual to select an option use the “greater than” symbol. For example, rather than telling you to first go to the Start menu, select Programs, select Accessories, and finally select Notepad, that instruction would appear as:

**From the Start menu, select Programs > Accessories > Notepad.**

If manual pages are updated and shipped to you before the next general release of the software, they will be printed on yellow paper. A solid black change bar in the margin will assist you in locating which information has changed. Be sure to replace the appropriate existing pages in the manual with the updated ones as you receive them to always have the latest information on your software available.

**Comments on the manual**

If you have any comments on this manual, please mail them to the Technical Writing Department at the address shown on page ii, or email them to [hisdocumentation@mmm.com](mailto:hisdocumentation@mmm.com). We appreciate your interest in our documentation.

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Chapter 1

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# *Introduction*

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<b>Contents</b>	<b>Introduction</b>	<b>1.3</b>
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# *Introduction*

**T**HE MEDICARE SEVERITY GROUPER with Medicare Code Editor (MSG/MCE) software edits medical record data to help identify coding errors and inconsistencies between clinical data and coding.

- **Note:** *Starting with version 25, the grouper name was changed from the Centers for Medicare and Medicaid Services (CMS) DRGs to Medicare Severity DRGs (MS-DRGs), also referred to as MS grouper.*

The software:

- ◆ Assigns the medical record to a Major Diagnostic Category (MDC) and a Diagnosis Related Group (DRG).
- ◆ Displays clinical edits that identify inconsistencies after evaluating a patient's principal diagnosis, any secondary diagnoses, surgical procedures, age, sex, and discharge status for possible errors.
- ◆ Displays the cost weight associated with the assigned DRG for each patient record.
- ◆ Automatically calls the appropriate MS grouper to process the claim based on the groupers installed and the discharge date entered on the patient record. For example, if the discharge date on the record were November 14, 2007, MS grouper 25 with an effective date range of 10/01/2007–03/31/2008 would be used to process the claim. If the discharge date is 10/01/2008 or later, MS grouper 26.0 is used.

- ◆ Processes medical record data either from a MS-DOS batch file or interactively in a Windows environment.

### Program versions

This release of MS grouper with MCE software for Windows-based personal computers supports versions 16.0–26.0 of the grouper, as shown in table 1–1. To process a claim using an CMS grouper prior to version 16.0, you must use the earlier version of CMS Grouper with MCE software that runs under DOS.

Table 1–1. Grouper versions in the program

MS grouper version	MCE version	Effective date range
26.0	25.0	10/01/2008–09/30/2009
25.1	24.1	04/01/2008–09/30/2008
25.0	24.0	10/01/2007–03/31/2008
24.0	23.0	10/01/2006–09/30/2007
23.0	22.0	10/01/2005–09/30/2006
22.0	21.0	10/01/2004–09/30/2005
21.0	20.0	10/01/2003–09/30/2004
20.0	19.0	10/01/2002–09/30/2003
19.0	18.0	10/01/2001–09/30/2002
18.0	17.0	10/01/2000–09/30/2001
17.0	16.0	10/01/1999–09/30/2000
16.0	15.1	07/01/1999–09/30/1999
16.0	15.0	10/01/1998–06/30/1999

Version 26.0 of the MS grouper supports ICD-9-CM diagnosis and procedures codes with their descriptions, effective October 1, 2008.

There are specific rules for the discharge date field as it relates to the discharge status and the version of software used to process a claim. *See table 3–2 on page 3.7 for details.*

Chapter 2

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# *Installing the software*

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# *Installing the software*

**T**HE MEDICARE SEVERITY GROUPER WITH MEDICARE CODE EDITOR (MSG/MCE) software is completely self-installable on a stand-alone personal computer (PC). The installation must be performed by a person with Windows administrative status. The software is not designed for networked systems.

## **Hardware and system requirements**

The hardware and system requirements for the software are shown in table 2–1.

Table 2–1. Hardware requirements

Operating system	Windows 2000 (service pack 3) Windows 2003 Windows XP (service pack 1) Windows Vista
RAM	64Mb
Available disk space	120Mb
Monitor	Super VGA color (1024x768) resolution
Windows permissions	Administrative status

## **Pre-installation note**

If you already have MSG/MCE (formerly CMSG/MCE) Windows software installed on your system, you must uninstall it before installing the current software. *For instructions on how to uninstall a previous version of the software, refer to “Uninstalling grouper versions” on page 2.7.*

## Installing the current software product

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To install the current version of MS grouper with MCE software, follow the steps below. The installation automatically checks for the appropriate operating system, screen resolution, free disk space, administrator status, and previously installed MSG/MCE software versions. If any requirement is not met, you will see a message stating the nature of the problem during the installation. Correct the problem and begin the installation again. At any time, you can click Cancel to end the installation process.

- With your computer turned on, close all unnecessary applications running on your computer.**
- Insert the product CD into the CD-ROM drive.**

The installation procedure will start automatically unless your auto-run feature is turned off.

If the setup does not start in a few seconds, browse to your CD drive and select the following executable:

Disk1\InstData\VM\MSGMCEInstaller.exe

You see a message stating that InstallAnywhere<sup>®</sup> is preparing to install.

- On the Introduction screen, read the introductory information, then click Next to continue.**

If a previous version of the software is detected on your system, you see a message instructing you to uninstall the previous version before proceeding with the new installation.

- On the Choose Install Folder screen, specify the folder where you want to install the product.**

The default folder is C:\Program Files\MSG MCE Software.

- ◆ To choose a different folder, click Choose and browse to the folder you want to use.
- ◆ If you want to restore the default folder after making a change, click Restore Default Folder

- After choosing an install folder, click Next.**
- Review the information on the Pre-Installation Summary screen.**

If you need to make any changes, click Previous and make the necessary changes, then click Next to return to the Pre-Installation Summary screen.

- ❑ **When you are satisfied with the pre-installation summary information, click Install.**

While the installation process runs, you see the Installing screen. If errors occur, you see a message directing you to the installation log for more information.

- ❑ **On the Install Complete screen, click Done.**

### Description files

Files containing descriptions for diagnosis and procedure codes, DRGs, and MDCs are included as part of the installation process. The files, listed in table 2–2, are located in the Descriptions directory off the product directory. In the file names, xxx represents to current software version number.

Table 2–2. Description files

File name	Contains descriptions for...
icd9dx.vxxx	ICD-9-CM diagnosis codes
icd9sg.vxxx	ICD-9-CM procedure codes
msdrg3.vxxx	3-digit DRGs
msdrg4.vxxx	4-digit DRGs
msmdc.vxxx	MDCs

- **Note:** Effective with v26.0, the titles for the DRG and MDC files were renamed to *msdrg3.vXXX*, *msdrg4.vXXX* and *msmdc.vXXX*. The “ms” prefix replaced the “hf” prefix.

**Installed program functions**

The installation places the three functions, shown in table 2–3, in the MS Grouper with Medicare Code Editor folder off Programs in the Start menu on your PC.

Table 2–3. Installed program functions

Function	When to select the function
Interactive	Select to display the MS Grouper with Medicare Code Editor Software interactive data entry window.
MS-DOS prompt	Select to display a window containing a MS-DOS prompt to process records with batch processing.  <i><b>Note:</b> If the MS-DOS prompt window does not appear when you select this function, verify that the environment path includes C:\WINDOWS\system32. If necessary, add it to the path.</i>
Readme	Select to read product-specific information for the current release.

*Accessing the functions*

To access any of the functions in table 2–3:

- Go to the Start menu.**
- Select Programs > MS Grouper with Medicare Code Editor Software.**
- Select the appropriate function.**
- For information on interactive claims processing, go to chapter 3.**

— or —

**For information on batch processing, go to chapter 4.**

## Uninstalling grouper versions

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If you need to uninstall an earlier grouper version of the software, you can run the uninstall process.

- ❑ **Launch the uninstall process from the Windows Control Panel or from the product directory.**
  - ◆ To launch the uninstall process from the Control Panel,
    - Click the Start menu and select Settings > Control Panel > Add or Remove Programs.
    - From the list of installed products, select MS Grouper with Medicare Code Editor Software.
    - Click Change/Remove.
  - ◆ To launch the uninstall process from the product directory,
    - Locate the product directory. The default directory is C:\Program Files\MSG MCE Software.
    - Open the folder named Uninstall\_MS Grouper with Medicare Code Editor Software, then select Uninstall MS Grouper with Medicare Code Editor Software.exe.
- ❑ **On the Uninstall MS Grouper with Medicare Code Editor Software screen, read the message summarizing the uninstall process, then click Next.**
- ❑ **On the Uninstall Options screen, select Complete Uninstall to uninstall all software versions.**
  - or —
  - Select Uninstall Specific Features to uninstall selected versions.**
- ❑ **Click Next.**
  - ◆ If you chose Complete Uninstall, the uninstall process begins.
  - ◆ If you chose Uninstall Specific Features, the Choose Product Features screen appears. On this screen, select the grouper versions you want to remove, then click Uninstall.

The Uninstall MS Grouper with Medicare Code Editor Software screen appears and the uninstall process begins. When the process is finished, the Uninstall Complete screen appears.

- ❑ **On the Uninstall Complete screen, click Done.**



Chapter 3

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# *Interactive data processing*

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# *Interactive data processing*

THE MEDICARE SEVERITY GROUPER with Medicare Code Editor (MSG/MCE) software processes medical record data by two methods:

- ◆ Interactively entering one record at a time;
- ◆ By batch, processing data from a group of records entered in an MS-DOS file.

This chapter discusses the interactive method of claim processing. Interactive processing enables you to correct invalid data or codes at the time a record is processed. This method uses a Windows environment to enter data and view the output.

Sections in this chapter give you information on:

- ◆ Data entry, including field descriptions, information on menus and command buttons on the data entry window, and error messages.
- ◆ Program output, including an example output report and explanation of output fields, information on menus and command buttons on the data output window.
- ◆ Descriptions of the edits in the MSG/MCE software program.

## Data entry

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The information gives you field information and valid entry ranges where they exist, to assist in data entry. You will be able to navigate through the data entry window and perform functions, such as editing fields or copying text. Error messages that can occur during data entry are listed and explained.

### **Grouper selection**

As you enter data, the program automatically selects the appropriate grouper for processing using the discharge date entered from the patient's medical record. For example, a discharge date of 11/14/2007 will call MS grouper 25 with an effective date range of 10/01/2007–03/31/2008 to process the claim. If the discharge date is 10/01/2008 or later, MS grouper 26.0 is used.

If the discharge date of the patient is not within an effective date range for any installed grouper, or if the discharge date is missing, the program defaults to the current version. In that case, this message is displayed on the output report:

Grouper version [current #] will be used because the discharge date is either missing or is outside the effective date range for the installed groupers.

### **Steps for entering data**

Follow these steps for interactive data entry:

- From the Start menu, select Programs > MS Grouper with Medicare Code Editor Software > Interactive.**

The About box window appears briefly followed by the data entry (or input) window titled, MS Grouper with Medicare Code Editor Software, shown in figure 3–1.

The data entry window is organized into three sections:

- ◆ Patient Information
- ◆ Patient Stay Information
- ◆ Codes

The cursor will be positioned at the first field. To enter data, you can either tab or press Enter to move through fields, or click in a field. Text will appear below the code tables displaying the location of the cursor.

MS Grouper with Medicare Code Editor Software

Patient Edit Help

**Patient Information**

Name:  Medical record number:

Birth date:  Age in years:  Sex:

**Patient Stay Information**

Account number:  Primary payer:

Admit date:  Discharge date:  Discharge status:

LOS:  Optional information:

**Codes**

Admit Dx:    Apply Hospital Acquired Condition (HAC) Logic

Diagnoses:

Code	POA	Description	Edits
PDX:			
2			
3			
4			
5			
6			
7			
8			
9			

Procedures:

Code	Description	Edits
PP:		
2		
3		
4		
5		
6		

Report Clear

Figure 3–1. Data entry window

- ❑ **Enter data into the appropriate fields.**

If you need assistance when working on the data entry window, table 3–1 contains information to help you.

Table 3–1. Help for interactive data entry

What do you want to do?	Help
Find specific data entry field information	Go to table 3–2 on page 3.7.
Work with text on the window	Use standard Windows options (e.g., cut, copy, paste).
Make a menu selection	Go to table 3–3 on page 3.11.
Correct an entry	Simply highlight and overwrite the entry with the correct information.
Delete a code entry row	For the Admit Dx, highlight the code and press the Delete key. For other codes, click on the number of the row to highlight it, then use the Edit > Delete option.  <i>For more information, see the Diagnoses and Procedures field descriptions in table 3–2; also see tables 3–3 and 3–4 for additional information on the Delete and Clear functions.</i>
View a long field description or edit message associated with a code	Use the scroll bar.
Eliminate an error message	Select OK to close the dialog box, and correct the problem. The “Interactive error messages” section on page 3.12 lists error messages that can occur with their descriptions.

- **When you have completed data entry for a record, select Report to view the processed record.**

You can select Report by clicking on it, or by tabbing to it and then pressing Enter.

The “Viewing interactive output” section on page 3.16 contains output information, including printing of the report. An example of an output report is shown on page 3.15.

**Data entry fields** Table 3–2 describes the fields on the data entry window. An asterisk (\*) indicates a required field.

Table 3–2. Data entry fields

Field name	Length	Description
<b>Patient information</b>		
Name	31	Name of the patient. Alphanumeric. First and last names can be entered in any order.
Medical record number	13	Patient's medical record number. Alphanumeric.
Birth date	10	Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmdyyy, or mmdyy. A dash (-), slash (/), period or space is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1883 can not be entered.  The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age.
Age in years*	3	Age of the patient. Valid values: 0–124 years. Age can be an entered or a calculated value. <i>For more information, see the Birth date field description.</i>
Sex*	1	Patient gender. Select a value from the drop-down list: 0, u, U = Unknown 1, m, M = Male 2, f, F = Female
<b>Patient Stay information</b>		
Account number	17	Patient account number. Alphanumeric.
Primary payer	2	Primary payer for the service provided. Select a value from the drop-down list: 01 Medicare (default)      06 Blue Cross 02 Medicaid                07 Insur Co 03 Title V                    08 Self Pay 04 Other Govt               09 Other 05 Work Comp               10 No Charge
Admit date	10	Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, mmdyyy, or mmdyy. A dash (-), slash (/), period or space is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display.  The birth and admit dates are used to calculate the age of the patient; <i>for more information, see the Birth date field description.</i> The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS.

Table 3–2. Data entry fields (*continued*)

Field name	Length	Description
Discharge date	10	<p>Date of discharge from the facility. Format: mm/dd/yy, mm/dd/yyyy, mmdyyy, or mmddy.</p> <p>A dash (-), slash (/), period or space is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status (<i>see also Discharge status, below</i>).</p> <p>An error message is displayed when you click Report, and the discharge date field is blank or contains a date outside the effective date range of any installed grouper; Click OK to accept the default (current) grouper version to process the claim, or Cancel to enter a discharge date. When you accept the default version, the output report includes a USED BY DEFAULT notation.</p> <p>The discharge and admit dates are used to calculate LOS; <i>for more information, see the Admit date field description.</i></p>

Table 3–2. Data entry fields (*continued*)

Field name	Length	Description
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (<i>see also Discharge date, above</i>). An error message is displayed when a discharge status is selected first and is invalid for a discharge date entered afterward (<i>see “Interactive error messages” on page 3.12</i>).</p> <p>All available discharge status codes are listed below.</p> <p>01 = Home or self-care  02 = Disch/trans to another short term hosp  03 = Disch/trans to SNF  04 = Disch/trans to ICF  05 = Disch/trans to another type of facility (valid until 03/31/08)  05 = Disch/trans to a designated cancer center or children’s hospital (revised 04/01/08)  06 = Care of home health service  07 = Left against medical advice  08 = Home IV service (deleted 10/01/05)  20 = Died  30 = Still a patient  43 = Fed hospital (added 10/01/03)  50 = Hospice-home  51 = Hospice-medical facility  61 = Swing Bed (added 10/01/2001)  62 = Rehab fac/unit (added 10/01/2001)  63 = LTC hospital (added 10/01/2001)  64 = Nursing facility–Medicaid certified (added 10/01/02)  65 = Psych hosp/unit (added 10/01/03)  66 = Critical access hospital (added 10/01/05)  70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08)  71 = OP services-other facility (10/01/01–09/30/03 only)  72 = OP services-this facility (10/01/01–09/30/03 only)</p>
LOS (length of stay)	3	<p>Number of days the patient was in the facility. Valid entries: 000–999. LOS can be user-entered, or calculated when admit and discharge dates have been entered. <i>For more information, see the Admit date field description.</i></p>
Optional information	72	Comments or other user-specified information. Alphanumeric.
<b>Codes</b>		
Admit Dx*	5	<p>Enter an ICD-9-CM diagnosis code without decimals. Lower case is automatically converted to upper case. The code description is displayed as you type the code. If the code is invalid, an error message is displayed.</p> <p><b>Note:</b> Only diagnosis codes of up to <b>five</b> digits are currently accepted by the interactive program.</p>

Table 3–2. Data entry fields (*continued*)

Field name	Length	Description
Apply HAC (hospital-acquired condition) logic	1	The checked box indicates that HAC logic will be applied. By default, this box will always be checked.
Diagnoses: PDX (principal diagnosis)* Diagnoses 2–25	7	<p>Enter ICD-9-CM diagnosis codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Enter or Tab key at the first blank diagnosis code field moves focus to the first blank procedure code field.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed (<i>see table 3–9 for a list of code edits</i>).</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p><b>Note:</b> Only diagnosis codes of up to <b>five</b> digits are currently accepted by the interactive program.</p>
Present on Admission Indicators	1	<p>Enter one of the following Present on Admission Indicators, required for a diagnosis other than the admit diagnosis:</p> <p>Y= Yes, present at the time of inpatient admission  N = No, not present at the time of inpatient admission  U = Insufficient documentation to determine if present on admission  W= Clinically unable to determine if present at time of admission  1= Exempt from reporting</p>
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter ICD-9-CM procedure codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Enter or Tab key at the first blank procedure code field moves focus to the Report button.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed (<i>see table 3–9 for a list of code edits</i>).</p> <p>If you enter a secondary procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal procedure.</p> <p><b>Note:</b> Only procedure codes of up to <b>four</b> digits are currently accepted by the interactive program.</p>



**Data entry menu options**

Table 3–3 describes the menu options on the data entry window. Use the Function column to locate the task you want to perform. Accelerator keys allow you to bypass a menu and activate a function more quickly.

Table 3–3. Data entry menu items

Menu	Item	Function	Accelerator key
Patient (Alt + P)	New	Displays the demographics tab cleared of all previously entered information.	Ctrl+N
	Exit	Exits the program.	Alt+F4
Edit (Alt + E)	Cut	Removes the selected text and copies it to the clipboard.	Ctrl+X
	Copy	Copies the selected text to the clipboard.	Ctrl+C
	Paste	Inserts contents of the clipboard at the insertion point.	Ctrl+V
	Delete	Deletes the selected text, or the selected row in the Codes section.	Delete
Help (Alt + H)	About	Displays the About box with current version information.	

**Data entry command buttons**

Table 3–4 describes the command buttons on the data entry window. Use the Function column to locate the task you want to perform.

Table 3–4. Data entry command buttons

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits. You must click Clear to activate its function; tabbing to the button and pressing Enter will not work.
Report	Displays a pre-formatted output report that can be printed or saved.  An error message displays in place of the report when the format of an entered date is invalid format; correct the format, and click Report again.  Data output is discussed on page 3.13.

**Interactive error messages** Table 3–5 is an alphabetical list of the error messages that can occur during data entry. The messages help prevent invalid or incorrect entries.

Table 3–5. Interactive error messages

Message	Description
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
[Admit date] [Birth date] [Discharge date] [Procedure date] cannot be after today's date	The date entered in the date field is after the system (today's) date.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be entered in this format: mm/dd/yyyy, mm/dd/yy, mmdyyy, or mmdyy.	The value entered for the month, day or year is outside the valid range. <i>See table 3–2 for more information on date fields.</i>
Admit diagnosis is a required field. Please enter an admit diagnosis code.	The program does not process a record with a blank required field.
Age is invalid. Calculated age must be between 0 and 124 years.	The valid range for age in years is 0–124.
Birth date cannot be after Admit date.	The program checks for logical sequencing of dates.
Birth date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.
Discharge status invalid for discharge date entered.	When the discharge status is entered before the discharge date, and the discharge status is invalid for the entered discharge date, this message is displayed. To avoid this message, enter the discharge date before selecting a discharge status.
Length of stay (LOS) is invalid. Calculated length of stay must be between 0 and 999 days.	The entered or calculated LOS exceeds the upper limit allowed for the field.
The following required fields are missing and/or invalid: Age in years Sex Discharge status Admit Dx PDX Discharge date	You can not produce an output report when a required field contains invalid data or is blank. The program sets the focus to the first invalid or blank required field.

## Program output

---

The information in this section describes the output resulting from the processing of the data entered interactively into the program. The output is displayed on your computer screen and can be printed, copied, or saved to a text file.

Reports are saved singly, that is, the program does not append them. If you want a file of multiple reports, you can create one by copying several output reports, one at a time, and pasting them into a text file.

Once data is erased from the data entry window and the Report window closed, the output is no longer available unless you re-enter the data.

This section also contains an illustration of an output report and information on the report fields. Program edits are explained in the following section.

- **To display the output report, select Report on the data entry window (figure 3–1).**

You can select Report by clicking on it, or by tabbing to it and then pressing Enter.

A sample report is shown in figure 3–2 and contains the following elements:

- ◆ A title line giving the version of the grouper that processed the claim.
- ◆ Patient information copied from the entries you made on the data entry window.
- ◆ Grouper information: the assigned MDC, Final DRG, and Final DRG cost weight.
- ◆ Hospital-acquired condition (HAC) status message.
- ◆ Clinical information: a listing of the entered diagnosis and procedure codes with their English descriptions.
- ◆ Present on Admission (POA) indicators for diagnosis codes, as applicable.
- ◆ Edits for diagnosis and procedure codes, as applicable.
- ◆ Initial DRG.

The DRG cost weight represented by xx.xxxx in the sample report will be replaced by the actual current cost weight for the assigned DRG.

```

Title line ————— MS-DRG Assignment with Medicare Code Editor V26.0

Patient
information————— Patient name: Jane Smith Medical rec #: 1054879

                          Admit date: 10/01/2008  Discharge date: 10/06/2008  Birth date: 09/09/1943
                          Optional information:

                          Patient acct #: 458799
                          Age in years: 65    Sex: Female
                          Discharge status: 01 Home or self-care

Grouping
information————— MDC: 10 Endocrine, nutritional & metabolic diseases & disorders
                          Final
                          DRG: 639 Diabetes w/o CC/MCC
                          Cost weight: 00.6742
                          MS-DRG Grouper version 26.0 (October 1, 2008) used.
                          HAC Status: Evaluated - with demotion and DRG changes.

Clinical
information ———— Admitting Diagnosis:
                    25001  DMI wo cmp nt st uncntl

                    Principal Diagnosis:
                    25001  DMI wo cmp nt st uncntl (DRG)
                          POA: Yes, present at the time of inpatient admission

                    Secondary Diagnoses:

                    25001  DMI wo cmp nt st uncntl
                          POA: Yes, present at the time of inpatient admission
Edit ————— Edit: Duplicate of principal diagnosis (MCE)

POA indicator ———— 99664  React-indwell urin cath (DRG)(HAC)
                          POA: No, not present at the time of inpatient admission

                    5990  Urin tract infection NOS (DRG)(HAC)
                          POA: No, not present at the time of inpatient admission

                    4019  Hypertension NOS
                          POA: Yes, present at the time of inpatient admission

                    6069  Male infertility NOS
                          POA: Yes, present at the time of inpatient admission
                          Edit: Sex conflict (MCE)

                    No procedures performed

                    Initial
                    DRG: 638 Diabetes w CC
                    Primary Payer: 01 Medicare

                    Actual LOS: 5

                    Patient Summary Edits:
                    MCE pre-payment errors only

```

Figure 3–2. Sample output report

**Viewing interactive output** Output report fields are described in table 3–6 on page 3.17.

Use the menu options described in table 3–7 on page 3.21 to:

- ◆ Print the output report
- ◆ Copy part or all of the report
- ◆ Save the report to a file

The output report is read-only. To change data on the output report, close the report window and return to the data entry window, edit information there and re-generate the report.

**Exiting the report window** With the output report displayed on your screen:

- **Select Close at the bottom of the report window.**

The data entry window is re-displayed. You can:

- ◆ Edit the data for the current record shown.
- or —
- ◆ Select Patient > New to begin data entry for a new record.

**Output report fields** Table 3–6 describes the fields on the output report.

Table 3–6. Interactive output report fields

Name	Description
Patient name Medical record number Admit date Discharge date Optional information Patient account number Age in years Sex Discharge status	These output fields carry over the data entry information.  <i>See table 3–2 on page 3.7 for information on these fields.</i>

Table 3–6. Interactive output report fields (continued)

Name	Description
<p>Grouping information (MDC, final DRG, final cost weight, grouper version used)</p>	<p>The Major Diagnostic Category (MDC) and Final Diagnosis Related Group (DRG) assigned to the record based on the age, sex, discharge status, Hospital Acquired Conditions (HAC), Present on Admission (POA) indicators, and codes entered from the record. The MS-designated DRG cost weight shows under the DRG line. <i>For a list of DRGs and associated cost weights in the current version of the MS grouper, see appendix A.</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) may not have an assigned valid MDC. In this case, no MDC number or description is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> <li>◆ Invalid principal diagnosis</li> <li>◆ Invalid age (&lt;0 or &gt;124)</li> <li>◆ Invalid discharge date</li> <li>◆ Invalid sex (not 1 or 2)</li> <li>◆ Invalid discharge status (batch only)</li> <li>◆ Record does not meet criteria for any DRG</li> <li>◆ Illogical principal diagnosis</li> <li>◆ Diagnosis code can not be used as principal diagnosis</li> <li>◆ Invalid principal diagnosis</li> <li>◆ POA logic nonexempt - HAC-POA(s) invalid or missing. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing</li> <li>◆ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U</li> <li>◆ POA logic invalid/missing - HAC-POA(s) invalid/missing. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing</li> <li>◆ POA logic nonexempt - HAC-POA(s) are 1. *Long description: POA Logic Indicator = Z AND at least one HAC POA =1</li> <li>◆ POA logic invalid/missing - HAC-POA(s) are 1. *Long description: POA Logic Indicator is invalid or missing AND at least one HAC POA = 1</li> <li>◆ POA logic nonexempt - multiple distinct HAC-POA not Y,W,N,U. *Long description: POA Logic Indicator = Z AND there are multiple HACs that have different HAC POA values that are not Y, W, N, U</li> <li>◆ POA logic invld/mssng - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W</li> </ul> <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing (<i>see page 3.9 for discharge date information</i>), the output states USED BY DEFAULT.</p>



Table 3–6. Interactive output report fields (*continued*)

Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <p><b>DRG</b> Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p><b>HAC</b> Indicates a code flagged as a Hospital Acquired Condition.</p> <p><b>MCC</b> Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p><b>CC</b> indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p><b>OR</b> Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. <i>See table 3–9 for a description of each edit and why they occur.</i>
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.
Primary payer LOS	These output fields carry over the data entry information. <i>See table 3–2 on page 3.7 for information on these fields.</i>

Table 3–6. Interactive output report fields (*continued*)

Name	Description
Patient summary edits	<p>This section is where clinical edits and data entry error messages not pertaining to a specific code are displayed. The Invalid sex edit is currently the only edit that could display in this section.</p> <p>Edits are flagged as pre-payment or post-payment errors, noted as one of the following:  MCE pre-payment errors only  MCE post-payment errors only  MCE pre- and post-payment errors  No MCE pre- or post-payment errors</p> <p>For this flag, edits are categorized as follows:</p> <p><u>Pre-payment</u>  Age conflict  Duplicate of principal diagnosis  E-code as principal diagnosis  Invalid ICD-9-CM code  Manifestation code as principal diagnosis  Non-covered procedure  Questionable admission  Sex conflict  Unacceptable principal diagnosis/Requires secondary diagnosis  Invalid sex  Limited coverage</p> <p><u>Post-payment</u>  Open biopsy check  Bilateral procedure  Non-specific diagnosis (<i>discontinued 10/01/07</i>)  Non-specific O.R. procedure (<i>discontinued 10/01/07</i>)  MSP alert (<i>discontinued 10/01/01</i>)</p>

**Output report menu options**

Table 3–7 describes the menu options on the output report window. Use the Function column to locate the task you want to perform. Accelerator keys allow you to bypass a menu and activate a function more quickly.

Table 3–7. Output report menu items

Menu	Item	Function	Accelerator key
File (Alt + F)	Print	Prints the output report.	Ctrl+P
	Save As	Opens a Save As dialog box to save the currently displayed output report as a text file. Unless you specify otherwise, the filename will be report.txt, and the file will be saved in the directory where the product was installed. Unless you specified otherwise at the time of installation, this directory is C:\Program Files\CMS\CMSG MCE Software. You can browse and save the file in any directory you choose.  Records can not be appended in the report.txt file. The file is overwritten each time you save a report unless you specify a different filename. The program asks if you want to overwrite the report.txt file before proceeding with the save.	Ctrl+S
	Exit	Closes the output report and re-displays the data entry window.	Ctrl+Q
Edit (Alt + E)	Copy	Copies the selected text to the clipboard.	Ctrl+C
	Select All	Selects the entire output report.	Ctrl+A

**Output report command button**

Table 3–8 describes the command button on the output report window. Use the Function column to locate the task you want to perform.

Table 3–8. Output report command button

<b>Button</b>	<b>Function</b>
Close	Closes the output report and re-displays the data entry window.

## Program edits

The MCE edits in MSG/MCE software are described in this section. Table 3–9 lists the edits and where the edit is activated. Edits can appear on the interactive data entry window in the Codes section, and on program output under the codes that generated them.

Table 3–9. Program edits

Message	Description
<b>Diagnosis codes</b>	
Age conflict	Some diagnoses are unlikely for specific ages (e.g., a 5-year old with prostatic hypertrophy). Codes can be assigned to four age categories: Newborn - age of 0 years Pediatric - age 0–17 years inclusive Maternity - age 12–55 years inclusive Adult - age 15–124 years inclusive
Duplicate of principal diagnosis	When the same code is entered as the principal and a secondary diagnosis, this edit appears after the secondary diagnosis code. If the code happens to be on the CC list, the DRG assignment could be affected.
E-code as principal diagnosis	E-codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis.
Invalid ICD-9-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.
Secondary payer alert (MSP alert)	Certain trauma-related codes may indicate that another type of liability insurance should be the primary payer rather than Medicare.  <b>Note:</b> This edit was discontinued on 10/01/2001 and will be displayed in MSG/MCE software versions 16.0–18.0 only.
Non-specific principal diagnosis	Some codes, especially “not otherwise specified” (NOS) codes, are valid but are not suitably specific for a principal diagnosis. This edit applies only if the patient is discharged alive since a more complete diagnostic work-up might not have been possible for a patient who has died.  <b>Note:</b> This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.
Questionable admission	Some diagnoses are not usually considered sufficient justification for admission to an acute care facility (e.g., benign hypertension).

Table 3–9. Program edits (*continued*)

Message	Description
Sex conflict	Some codes are specific to gender. The edit indicates when such a code indicates a diagnosis (e.g., maternity) inconsistent with the gender of the patient (male).
Unacceptable principal diagnosis  Requires secondary diagnosis	Selected codes describe a circumstance that influences an individual's health status but is not the current injury or illness. These codes should not be used as a principal diagnosis.  However, some codes otherwise considered as unacceptable are accepted if any secondary diagnosis is present (e.g., a V-code for physical therapy requires a secondary diagnosis). If no secondary diagnosis is present for these codes, the Requires secondary diagnosis message will appear.
<b>Procedure codes</b>	
Bilateral procedure	Codes may not accurately reflect procedures performed on two or more different bilateral joints of the lower extremities during the same admission. The software indicates that the coded bilateral procedure may actually have been two procedures done on a single joint (e.g., a total hip replacement with a partial hip replacement will generate the edit while two total hip replacements will not).
Invalid ICD-9-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit.
Limited coverage	For certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost. The limited coverage edit is generated on claims containing any of the procedures listed below. Lung volume reduction surgery (LVRS) Lung transplant Combination heart/lung transplant Heart transplant Implantable heart assist system Intest/multi-visceral transplant Liver transplant Kidney transplant Pancreas transplant Artificial heart transplant The edit message indicates the type of limited coverage (e.g., Heart transplant-Limited coverage, Lung transplant-Limited coverage, etc.)
Non-covered procedure	Some procedures are not covered by Medicare payment.
Non-specific O.R. procedure	Some codes, especially NOS (not otherwise specified) codes, are valid but are not suitably specific. This edit applies <i>only</i> if <i>all</i> coded O.R. procedures are considered non-specific.  <b>Note:</b> This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.

Table 3–9. Program edits (*continued*)

<b>Message</b>	<b>Description</b>
Open biopsy check (If not open biopsy, code XXXX)	Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy.
Sex conflict	Some codes are specific to gender. The edit indicates when a procedure code (e.g., prostatectomy) is inconsistent with the gender of the patient (female).
<b>Invalid<sup>a</sup></b>	
Invalid age	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex	A patients sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status	A patient's discharge status is sometimes necessary for appropriate DRG determination. Discharge status must be coded according to the UB–04 conventions ( <i>see page 3.9 for a list of valid entries</i> ).

- a. Of the three invalid edits, only the invalid sex edit will be shown in the Patient Summary Edits section for interactive on the output report. For batch, all three invalid edits will be shown in the Patient Summary Edit section on the output report.





Chapter 4

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# *Batch processing*

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# *Batch processing*

**T**HE MEDICARE SEVERITY GROUPER with Medicare Code Editor (MSG/MCE) software processes medical record data by two methods:

- ◆ Interactively entering one record at a time;
- ◆ By batch, processing data from a group of records entered in an MS-DOS file.

This chapter discusses the batch method of claim processing. Batch processing enables you to process many records at a time by entering data into an input file, and then running that file through the grouper. This method uses an MS-DOS environment to run an input file and to produce a file of formatted output reports and/or an upload file.

Sections in this chapter give you information on:

- ◆ Steps to run batch processing
- ◆ Input and output file formats
- ◆ Processing options
- ◆ How to work with batch output
- ◆ Error messages
- ◆ Log files

## Steps in batch processing

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Figure 4–1 is a flow chart that shows the steps in processing records in batch using the MSG/MCE software.

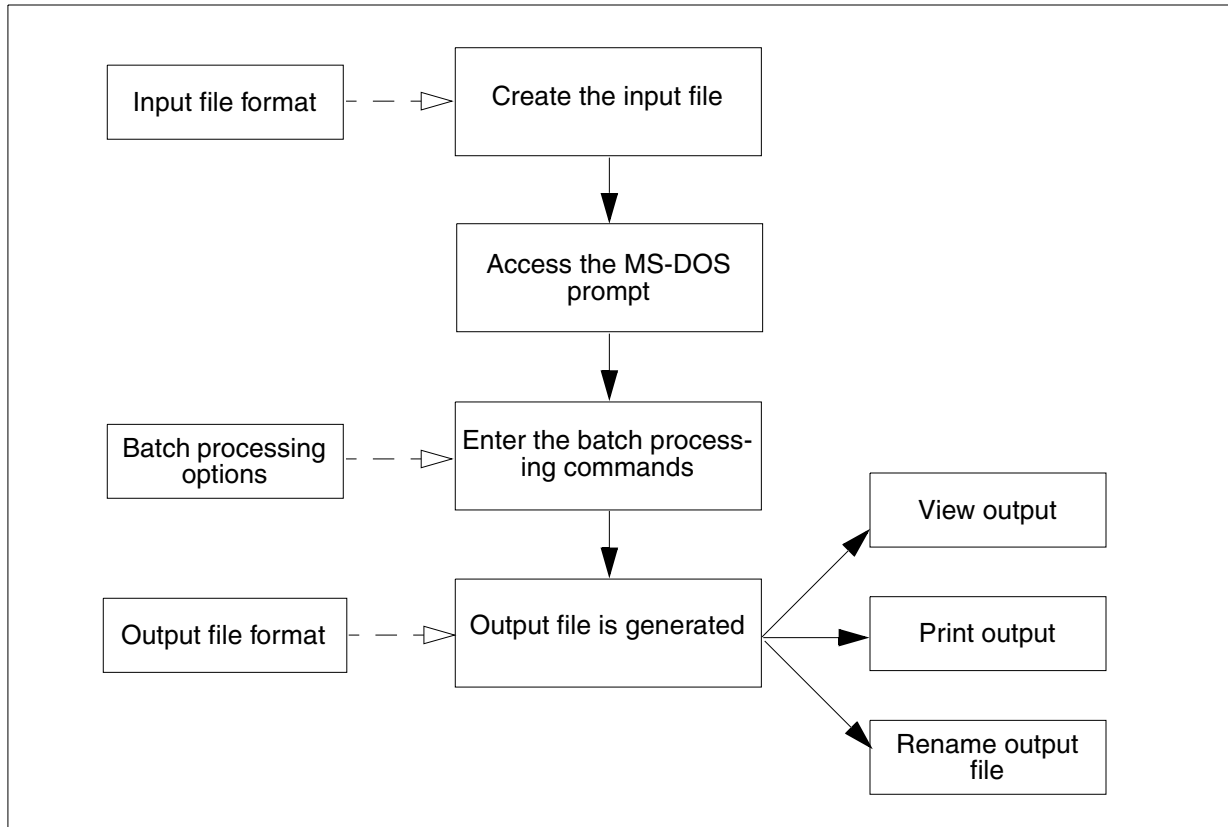


Figure 4–1. Batch processing overview

Follow these procedural steps to perform batch processing:

- ❑ **Create the input file.**

*See the “Input file format” section on page 4.6 for detailed information on formatting the input field information.*

- ❑ **From the Start menu, select Programs > MS Grouper with Medicare Code Editor Software > MS-DOS prompt.**

A window with the MS-DOS prompt is displayed.

- **At the prompt in the DOS window, type the batch processing command line specifying the input file, the output that you want, then press Enter.**

The command line must contain:

- ◆ The executable command *mce*
- ◆ An input filename
- ◆ An output filename and/or an upload filename

*For batch processing performance information, see table 4–1.*

*See page 4.10 for information on processing options and command lines, including examples.*

- **If an error message is displayed on the screen and the program ends, resolve the problem and run the process again.**

*See table 4–6 on page 4.18 for information on error messages that can occur with their descriptions.*

- **View and/or print the output file.**

*See section “Working with batch output” on page 4.17 for more information, if necessary.*

Table 4–1. Batch processing performance information

Number of records	File size (bytes)			Processing time
	Input	Upload	Report	Both
50,000	41,703,753	63,305,697	56,576,085	1:59
500,000	417,037,530	633,056,970	565,760,845	27:15
5,000,000	4,170,375,300	6,330,569,700	5,657,608,450	4:29:17

This performance information is based on a computer with the following configuration:

- ◆ CPU: Intel Xeon 5150 @2.66 Ghz
- ◆ Memory: 3.00 GB RAM
- ◆ OS: Microsoft Windows XP SP 2

## Input file format

---

The batch input file is a single-line, fixed format consisting of sequential 832 character input records. Table 4–2 defines the record layout for this format.

Table 4–2. Input file record layout

Field name	Position	Length	Occurrences	Description
Patient name	1	31	1	Patient name. Alphanumeric. Left-justified, blank-filled. All blanks if no value is entered.
Medical record number	32	13	1	Medical record number. Alphanumeric. Left-justified, blank-filled. All blanks if no value is entered.
Account number	45	17	1	Account number. Alphanumeric. Left-justified, blank-filled. All blanks if no value is entered.
Admit date	62	10	1	Admit date. mm/dd/yyyy format. All blanks if no value is entered. Used in age and LOS calculations.
Discharge date	72	10	1	Discharge date. mm/dd/yyyy. All blanks if no value is entered. Used in LOS calculation.

Table 4–2. Input file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
Discharge status	82	2	1	UB-92 discharge status. Right-justified, zero-filled. Valid values: 01 = Home or self-care 02 = Disch/trans to another short term hosp 03 = Disch/trans to SNF 04 = Disch/trans to ICF 05 = Disch/trans to another type of facility (valid until 03/31/08) 05 = Canc/child hosp (revised 04/01/08) 06 = Care of home health service 07 = Left against medical advice 08 = Home IV service (deleted 10/01/05) 20 = Died 30 = Still a patient 43 = Fed hospital (added 10/01/03) 50 = Hospice-home 51 = Hospice-medical facility 61 = Swing Bed (added 10/01/2001) 62 = Rehab fac/unit (added 10/01/2001) 63 = LTC hospital (added 10/01/2001) 64 = Nursing facility–Medicaid certified (added 10/01/02) 65 = Psych hosp/unit (added 10/01/03) 66 = Critical access hospital (added 10/01/05) 70 = Oth institution (added 04/01/08) 71 = OP services-other facility (10/01/01–09/30/03 only) 72 = OP services-this facility (10/01/01–09/30/03 only)
Primary payer	84	2	1	Primary pay source. Right-justified, zero-filled. Valid values: 01 = Medicare 02 = Medicaid 03 = Title V 04 = Other Govt 05 = Work Comp 06 = Blue Cross 07 = Insur Co 08 = Self Pay 09 = Other 10 = No Charge
LOS	86	3	1	Length of stay. Right-justified, zero-filled. All blanks if no value is entered. Calculated LOS overrides entered LOS.
Birth date	89	10	1	Birth date. mm/dd/yyyy format. All blanks if no value is entered. Used in age calculation.
Age	99	3	1	Age. Right-justified, zero-filled. All blanks if no value is entered. Valid values: 0–124 years. Calculated age overrides entered age.

Table 4–2. Input file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
Sex	102	1	1	Sex. Numeric. Valid values: 0 = Unknown 1 = Male 2 = Female
Admit diagnosis	103	7	1	Admit diagnosis. Left-justified, blank-filled. ICD-9-CM diagnosis code without decimal. All blanks if no value is entered.  <b>Note:</b> Only diagnosis codes of up to <b>five</b> digits are currently recognized as valid. When a code longer than five digits is entered it will be blank filled through the seventh position.
Principal diagnosis	110	8	1	Principal diagnosis. First 7 bytes left-justified, blank filled. Eighth byte represents POA indicator.  <i>See the note in the Admit diagnosis field above.</i>
Secondary diagnoses	118	8	24	Diagnoses. First 7 bytes left-justified, blank filled. Eighth byte represents POA indicator. Up to 24 ICD-9-CM diagnosis codes without decimals. First blank code ends diagnosis processing.  <i>See the note in the Admit diagnosis field above.</i>
Principal Procedure	310	7	1	Procedure codes. Left-justified, blank-filled. ICD-9-CM procedure code without decimal.  <b>Note:</b> Only procedure codes of up to <b>four</b> digits are currently recognized as valid. When a code longer than five digits is entered it will be blank filled through the seventh position.
Secondary Procedures	317	7	24	Procedure codes. Left-justified, blank-filled. Up to 24 ICD-9-CM procedure code without decimal.  <i>See the note in the Principal Procedure field above.</i>



Table 4–2. Input file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
Procedure date	485	10	25	<b>For future use.</b> Procedure dates. The format is mm/dd/yyyy (for future use with POA logic.) Up to 25 procedure dates accepted.
Apply HAC logic	735	1	1	Values X or Z to be captured for use with HAC logic. These values reflect whether a hospital requires POA reporting. X = Exempt from POA indicator reporting Z = Requires POA indicator reporting
Optional information	736	72	1	Optional field. Left-justified, blank-filled. All blanks if no value is entered.
Filler	808	25	1	Not used. Blank-filled.

## Command line processing options

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When processing a batch file, you must include specific options on the command line to tell the program what file to process and what type of output you want. Table 4–3 lists the available batch processing options with their descriptions. Examples of command lines follow the table.

Table 4–3. Batch processing options

Option	Description
-i	Use with the input filename. <i>Required</i> for all batch runs. The name can not be the same as the output filename.
-o	Use with the output filename to create a formatted output report. You must enter a filename. The name can not be the same as the upload filename. If a file already exists with the same name as the one you specify with the -o option, the existing file will be overwritten. The -o option is not required when the -u option is used.
-u	Specifies an single-line upload file without code descriptions. You must enter a filename. The name can not be the same as the output filename. If a file already exists with the same name as the one you specify with the -u option, the existing file will be overwritten. The -u option is required when there is no -o option.

**Command line examples** Examples of batch processing commands are given below.

*Example 1* `mce -i <input filename> -o <output filename>`

Result Runs the specified input file and creates a formatted output report file.

*Example 2* `mce -i <input filename> -u <upload filename>`

Result Runs the specified input file and creates a single-line upload file.

*Example 3* `mce -i <input filename> -o <output filename> -u <upload filename>`

Result Runs the specified input file and creates both a formatted output report file and a single-line upload file.

## Output file formats

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The output from a batch run is determined by the option(s) you entered on the command line. Table 4–4 describes the options.

Table 4–4. Batch processing output

Option	Output created
-o	An output file of formatted reports
-u	An upload file of records without code descriptions

### Formatted output (-o option)

The file of formatted output reports generated with the -o option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE Software. Figure 3–2 on page 3.15 is an example of an output report. Note that optional information is displayed in the Optional information field on the output report.

If you name the output file the same for every batch run, the file will be overwritten during each run. To save an output file, rename it after a batch run or specify a different name on the command line. The “Renaming a file” section on page 4.17 contains instructions, if you need them.

### Upload file (-u option)

The file of records generated with the -u option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE Software.

If you name the upload file the same for every batch run, the file will be overwritten during each run. To save an upload file, rename it after a batch run or specify a different name on the command line. The “Renaming a file” section on page 4.17 contains instructions, if you need them.

The upload file consists of fixed-format, sequential 1266-character output records. Table 4–5 defines the upload file record layout.

- **Note:** *In previous versions of the software some unused fields had zeros as placeholders. Starting with v26.0, please refer to the manual for field information, as a zero may have a different meaning.*

Table 4–5. Upload file record layout

Field name	Position	Length	Occurrences	Description
	001	832	1	Input record
MSG/MCE version used	833	3	1	Version of the software used to process the claim. Right-justified, blank-filled. Stored without decimal point. Valid values: 260, 251, 250, 240, 230, 220, 210, 200, 190, 180, 170.  If the discharge date field is blank, invalid, or out of range of versions loaded, the grouper defaults to the most current version of the grouper installed and the term “used by default” is displayed on output.
Initial DRG	836	3	1	Initial diagnosis related group. Right-justified, zero-filled.
Initial M/S indicator	839	1	1	Initial medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG
Final MDC	840	2	1	Major diagnostic category. Right-justified, zero-filled.
Final DRG	842	3	1	Final diagnosis related group. Right-justified, zero-filled.
Final M/S indicator	845	1	1	Final medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG
DRG return code	846	2	1	Numeric. Right-justified, zero-filled. Valid values: 0 = OK, DRG assigned 1 = Diagnosis code cannot be used as PDX 2 = Record does not meet criteria for any DRG 3 = Invalid age 4 = Invalid sex 5 = Invalid discharge status 10 = Illogical PDX 11 = Invalid PDX 12 = POA logic nonexempt - HAC-POA(s) invalid or missing 13 = POA logic invalid/missing - HAC-POA(s) are N, U 14 = POA logic invalid/missing - HAC-POA(s) invalid/missing 15 = POA logic nonexempt - HAC-POA(s) are 1 16 = POA logic invalid/missing - HAC-POA(s) are 1 17 = POA logic nonexempt - multiple distinct HAC-POA not Y,W,N,U 18 = POA logic invld/mssng - multiple distinct HAC-POAs not Y,W

Table 4–5. Upload file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
MSG/MCE edit return code	848	4	1	Right-justified, zero-filled. Valid values: 0000 = MCE - No errors found 0001 = MCE - Pre-payment error 0002 = MCE - Post-payment error 0003 = MCE - Pre- and post-payment errors  <i>See page 3.20 for information on which edits are classified as pre- and post-payment errors.</i>
Diagnosis code count	852	2	1	Number of diagnosis codes processed. Right-justified, zero-filled. This field does not include the admit diagnosis.
Procedure code count	854	2	1	Number of procedure codes processed. Right-justified, zero-filled.

Table 4–5. Upload file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
Principal diagnosis edit return flag	856	8	1	Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. Valid values: 01 = Invalid diagnosis code 02 = Sex conflict 03 = Not applicable for principal diagnosis 04 = Age conflict 05 = E-code as principal diagnosis 06 = Non-specific principal diagnosis ( <i>MCE versions 15.0–23.0 only</i> ) 07 = Manifestation code as principal diagnosis 08 = Questionable admission 09 = Unacceptable principal diagnosis 10 = Secondary diagnosis required 12 = Code affected DRG assignment 13 = MSP alert ( <i>MCE versions 15.0–17.0 only</i> ) 15 = Diagnosis affected the final DRG only 16 = Diagnosis affected the initial DRG only 99 = Principal diagnosis part of HAC assignment criteria
Principal diagnosis Hospital Acquired Condition assigned	864	2	1	Hospital Acquired Condition (HAC) assignment criteria 00 = Not an HAC 11 = Infection after bariatric surgery
Principal diagnosis Hospital Acquired Condition / Present on Admission Status	866	1	1	Hospital Acquired Condition (HAC)/ Present on Admission (POA) status 0 = Not HAC, POA not evaluated or HAC with recognized POA 1 = HAC, POA is not recognized
Secondary diagnosis return flag	867	8	24	Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. Valid values: 01 = Invalid diagnosis code 02 = Sex conflict 03 = Duplicate of principal diagnosis 04 = Age conflict 11 = Secondary diagnosis is a CC 12 = Code affected DRG assignment 13 = MSP alert (discontinued 10/01/01) 14 = Secondary diagnosis is an MCC 15 = Diagnosis affected the final DRG only 16 = Diagnosis affected the initial DRG only 17 = Diagnosis is a MCC for initial DRG and a Non-CC for final DRG 18 = Diagnosis is a CC for initial DRG and a Non-CC for final DRG 99 = Secondary diagnosis is a HAC

Table 4–5. Upload file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition assigned	1059	2	24	Hospital Acquired Condition (HAC) assigned 00 = Not an HAC 01 = Foreign object retained after surgery 02 = Air embolism 03 = Blood incompatibility 04 = Pressure ulcers 05 = Falls and trauma 06 = Catheter associated UTI 07 = Vascular catheter-associated infection 08 = Infection after CABG 09 = Manifestations of poor glycemic control 10 = DVT/PE after knee or hip replacement 11 = Infection after bariatric surgery 12 = Infection after certain orthopedic procedures of spine, shoulder and elbow
Secondary diagnosis Hospital Acquired Condition / Present on Admission Status	1107	1	24	Hospital Acquired Condition (HAC)/ Present on Admission (POA) Status 0 = Not HAC, POA not evaluated or HAC with recognized POA 1 = HAC, POA is not recognized
Procedure edit return flag	1131	8	25	Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each procedure code. Valid values: 01 = Invalid procedure code 02 = Sex conflict 12 = Code affected DRG assignment 15 = Procedure affected the final DRG assignment only 16 = Procedure affected the initial DRG assignment only 20 = Procedure is an OR procedure 21 = Non-specific OR procedure ( <i>MCE versions 15.0 - 23.0 only</i> ) 22 = Open biopsy check 23 = Non-covered procedure 24 = Bilateral procedure 30 = Lung volume reduction surgery (LVRS) - limited coverage 31 = Lung transplant - limited coverage 32 = Combo heart/lung transplant - limited coverage 33 = Heart transplant - limited coverage 34 = Implantable hrt assist - limited coverage 35 = Intest/multi-visceral transplant - limited coverage 36 = Liver transplant - limited coverage 37 = Kidney transplant - limited coverage 38 = Pancreas transplant - limited coverage 39 = Artificial Heart Transplant-Limit Coverage 99 = Procedure part of HAC assignment criteria

Table 4–5. Upload file record layout (*continued*)

Field name	Position	Length	Occurrences	Description
Procedure Hospital Acquired Condition assigned	1331	2	25	Hospital Acquired Condition (HAC) assignment criteria 00 = Not an HAC 08 = Infection after CABG 10 = DVT/PE after knee or hip replacement 11 = Infection after bariatric surgery 12 = Infection after certain orthopedic procedures of spine, shoulder and elbow
Initial 4-digit DRG	1381	4	1	Initial 4-digit DRG. Right-justified, zero-filled.
Final 4-digit DRG	1385	4	1	Final 4-digit DRG. Right-justified, zero-filled.
Final DRG CC/MCE usage	1389	1	1	0 = DRG assigned is not based on the presence of CC or MCC 1 = DRG assigned is based on presence of MCC 2 = DRG assigned is based on presence of CC.
Initial DRG CC/MCC Usage	1390	1	1	0 = DRG assigned is not based on the presence of a CC or MCC 1 = DRG assigned is based on presence of MCC 2 = DRG assigned is based on presence of CC
Number of Unique Hospital Acquired Conditions Met	1391	2	1	The number of Unique Hospital Acquired Conditions that have been met.
Hospital Acquired Condition Status	1393	1	1	HAC Status 0 – HAC Not Evaluated 1 – HAC Evaluated No Codes on HAC Lists 2 – HAC Evaluated Codes on HAC Lists but no demotions 3 – HAC Evaluated with demotion but DRG does not change 4 – HAC Evaluated with demotion and DRG changes
newline	1394	2	1	End of record (carriage return/line feed). Not included on last record.



## Working with batch output

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Output from batch processing can be viewed on your computer screen or printed as hard copy. This section also tells you how to rename a file so you can use the same output filename in the command line and not overwrite the records from a preceding run when you process a new batch of input data.

**Viewing output** To view the formatted reports in the output file (using the `-o` option on the command line):

- ❑ **At the system prompt in the directory where the file was created, enter:**

```
type <filename> | more
```

This command displays the contents of the file, one screen at a time. Press the space bar to advance through the file.

**Printing output** To print the contents of the output file:

- ❑ **At the system prompt in the directory where the file was created, enter:**

```
print <filename>
```

**Renaming a file** To rename an output file:

- ❑ **At the system prompt in the directory where the file was created, enter:**

```
rename <old filename> <new filename>
```

- **Note:** Please see performance table on page 4.5.

## Batch processing error messages

Table 4–6 is an alphabetical list of the error messages that can occur during batch processing, and their outcomes.

- **Note:** *When a potential for two processing option errors occurs, the process option coupling takes precedence over the process option duplication. Since (-i, -o, and -u) require a filename parameter, the parameter is checked prior to a duplicate process option.*

**Example:** *mce -i -i inputfile -o outputfile [Error: Invalid option or its value: -i is missing or has an invalid option.]*

**Example:** *mce -i inputfile -i anotherinput -o outputfile [Error: The processing option (-i) should only be entered once.]*

Table 4–6. Batch processing error messages

Message	Why it's generated	What happens
Admit date cannot be after discharge date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Admit date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
An input file (-i) must be specified	The required -i option is missing.	The message is displayed on the screen and the program ends.
An output file (-o) or upload file (-u) must be specified	At least one of the -o and -u options must be specified.	The message is displayed on the screen and the program ends.
Birth date cannot be after admit date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Birth date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
Could not initialize run-time environment		The message is displayed on the screen and in the log file, and the program ends.
Discharge date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.

Table 4–6. Batch processing error messages (*continued*)

Message	Why it's generated	What happens
Discharge status is invalid	The discharge status field entry is invalid ( <i>see table 4–2 on page 4.6 for a list of valid discharge status values</i> ).	The input record is processed and an error message is written in the log file.
Error opening input file: <filename>	The specified input file could not be opened or is missing.	The message is displayed on the screen and in the log file, and the program ends.
Error opening output file: <filename>	The specified output file could not be opened.	The message is displayed on the screen and the program ends.
Error reading input file: <filename>	The specified input file could not be read.	The message is displayed on the screen and in the log file, and the program ends.
Input filename must be different than the output filename	The same name is used for the input and output files located in the same directory.	The message is displayed on the screen and the program ends.
Invalid age	The age field entry is invalid.	The input record is processed and an error message is written in the log file.
Invalid option or its value: <entered value>	An argument was entered without a processing option or a processing option without an argument.	The message is displayed on the screen and the program ends.
Invalid length of stay	The entered or calculated LOS exceeds the upper limit allowed for the field (999 days).	The input record is processed and an error message is written in the log file.
Invalid processing option: <entered value>	An option entered on the command line is not valid.	The message is displayed on the screen and the program ends.
Invalid sex	The sex field entry is invalid.	The input record is processed and an error message is written in the log file.
Output filename must be different than the upload filename	The same name is used for the output and upload files located in the same directory.	The message is displayed on the screen and the program ends.
Record number <value>: Invalid line length; record not processed.	A single-line format input record length can not be more or less than 834 characters.	It skips the record and continues processing and an error message is written in the log file.
The processing option <entered value> should only be entered once.	Only one occurrence of each processing option is allowed.	The message is displayed on the screen and the program ends.
You have too many applications open. Close any unnecessary applications that are open.	The system does not have enough memory to run the MSG/MCE application.	The message is displayed on the screen and the program ends.

## Log files

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The software generates a log file for every batch run and saves it where the product was installed. Unless specified otherwise, this directory is: C:\Program Files\CMS\CMSG MCE Software.

By default, the log file is named log.txt, and contains the following information:

- ◆ A title line with the name and version number of the product
- ◆ Input filename
- ◆ Output filename (if specified)
- ◆ Upload filename (if specified)
- ◆ Run start time
- ◆ Patient ID: <value> followed by error  
This line is repeated for however error messages occur for the same patient record.
- ◆ Run end time

An example log file is shown in figure 4–2. In this illustration, no upload filename was specified.

```
MS Grouper with Medicare Code Editor v26.0
```

```
Input file: test.in  
Output file: test.out  
Upload file:
```

```
Start Time: 10/26/08 10:15:34
```

```
Patient ID "Record 1": Birth date is invalid  
Patient ID "Record 15": Discharge date is invalid
```

```
End Time: 10/26/08 10:15:34
```

Figure 4–2. Sample log file

The log file can be viewed on your computer screen or printed as hard copy. The file can also be renamed if you want to save it since the log file produced in a batch run overwrites the previous one.

**Viewing the file** To display the contents of the log file on your screen:

- At the system prompt in the directory where the log file was created, enter:**

```
type <filename> | more
```

**Printing the file** To print the contents of the log file:

- At the system prompt in the directory where the log file was created, enter:**

```
print <filename>
```

**Renaming the file** To rename a log file:

- At the system prompt in the directory where the file was created, enter:**

```
rename <old filename> <new filename>
```



Appendix A

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*Current MDCs and DRGs*

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<b>Contents</b>	<b>Current MDCs and DRGs</b>	<b>A.3</b>
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## *Current MDCs and DRGs*

TABLE A–1 LISTS the Major Diagnostic Categories (MDCs) for version 26.0 of the Medicare Severity (MS) grouper. Table A–2 lists the Diagnosis Related Groups (DRGs) for version 26.0 of the grouper and their CMS-designated cost weights. The DRG cost weight is shown on the software output report (*see page 3.15*).

Table A–1. List of MDCs(*sheet 1 of 2*)

<b>MDC</b>	<b>Description</b>
01	Diseases & Disorders of the Nervous System
02	Diseases & Disorders of the Eye
03	Diseases & Disorders of the Ear, Nose, Mouth & Throat
04	Diseases & Disorders of the Respiratory System
05	Diseases & Disorders of the Circulatory System
06	Diseases & Disorders of the Digestive System
07	Diseases & Disorders of the Hepatobiliary System & Pancreas
08	Diseases & Disorders of the Musculoskeletal System & Conn Tissue
09	Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders of the Kidney & Urinary Tract
12	Diseases & Disorders of the Male Reproductive System
13	Diseases & Disorders of the Female Reproductive System

Table A-1. List of MDCs(sheet 2 of 2)

<b>MDC</b>	<b>Description</b>
14	Pregnancy, Childbirth & the Puerperium
15	Newborns & Other Neonates With Condtn Orig In Perinatal Period
16	Diseases & Disorders of Blood, Blood Forming Organs, Immunolog Disord
17	Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasm
18	Infectious & Parasitic Diseases, Systemic or Unspecified Sites
19	Mental Diseases & Disorders
20	Alcohol/drug Use & Alcohol/drug Induced Organic Mental Disorders
21	Injuries, Poisonings & Toxic Effects Of Drugs
22	Burns
23	Factors Influencing Hlth Stat & Othr Contacts With Hlth Servcs
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infections

Table A-2. List of DRGs with cost weights (sheet 1 of 23)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
001,MDC P,Heart transplant or implant of heart assist system w MCC	23.6701
002,MDC P,Heart transplant or implant of heart assist system w/o MCC	12.8157
003,MDC P,ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	18.3694
004,MDC P,Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	11.1366
005,MDC P,Liver transplant w MCC or intestinal transplant	10.8180
006,MDC P,Liver transplant w/o MCC	4.8839
007,MDC P,Lung transplant	9.5998
008,MDC P,Simultaneous pancreas/kidney transplant	4.8811
009,MDC P,Bone marrow transplant	6.6411
010,MDC P,Pancreas transplant	3.7246
011,MDC P,Tracheostomy for face,mouth & neck diagnoses w MCC	4.8834
012,MDC P,Tracheostomy for face,mouth & neck diagnoses w CC	3.0527
013,MDC P,Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	1.8966
020,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w MCC	8.2920
021,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w CC	6.3596
022,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.1535
023,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	5.0584
024,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w/o MCC	3.4597

Table A-2. List of DRGs with cost weights (*sheet 2 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
025,MDC 01 P,Craniotomy & endovascular intracranial procedures w MCC	5.0109
026,MDC 01 P,Craniotomy & endovascular intracranial procedures w CC	3.0058
027,MDC 01 P,Craniotomy & endovascular intracranial procedures w/o CC/MCC	2.1029
028,MDC 01 P,Spinal procedures w MCC	5.1919
029,MDC 01 P,Spinal procedures w CC or spinal neurostimulators	2.7943
030,MDC 01 P,Spinal procedures w/o CC/MCC	1.5385
031,MDC 01 P,Ventricular shunt procedures w MCC	4.3861
032,MDC 01 P,Ventricular shunt procedures w CC	1.9518
033,MDC 01 P,Ventricular shunt procedures w/o CC/MCC	1.3289
034,MDC 01 P,Carotid artery stent procedure w MCC	3.2220
035,MDC 01 P,Carotid artery stent procedure w CC	2.0227
036,MDC 01 P,Carotid artery stent procedure w/o CC/MCC	1.5673
037,MDC 01 P,Extracranial procedures w MCC	3.0263
038,MDC 01 P,Extracranial procedures w CC	1.5525
039,MDC 01 P,Extracranial procedures w/o CC/MCC	1.0005
040,MDC 01 P,Periph/cranial nerve & other nerv syst proc w MCC	3.9645
041,MDC 01 P,Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	2.1518
042,MDC 01 P,Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.6759
052,MDC 01M,Spinal disorders & injuries w CC/MCC	1.6216
053,MDC 01M,Spinal disorders & injuries w/o CC/MCC	0.8669
054,MDC 01M,Nervous system neoplasms w MCC	1.5860
055,MDC 01M,Nervous system neoplasms w/o MCC	1.0828
056,MDC 01M,Degenerative nervous system disorders w MCC	1.6349
057,MDC 01M,Degenerative nervous system disorders w/o MCC	0.8802
058,MDC 01M,Multiple sclerosis & cerebellar ataxia w MCC	1.5706
059,MDC 01M,Multiple sclerosis & cerebellar ataxia w CC	0.9444
060,MDC 01M,Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.6994
061,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w MCC	2.8717
062,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w CC	1.9537
063,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	1.5143
064,MDC 01M,Intracranial hemorrhage or cerebral infarction w MCC	1.8450
065,MDC 01M,Intracranial hemorrhage or cerebral infarction w CC	1.1760
066,MDC 01M,Intracranial hemorrhage or cerebral infarction w/o CC/MCC	0.8439
067,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w MCC	1.3873

Table A-2. List of DRGs with cost weights (*sheet 3 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
068,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	0.8457
069,MDC 01M,Transient ischemia	0.7157
070,MDC 01M,Nonspecific cerebrovascular disorders w MCC	1.8246
071,MDC 01M,Nonspecific cerebrovascular disorders w CC	1.1361
072,MDC 01M,Nonspecific cerebrovascular disorders w/o CC/MCC	0.7650
073,MDC 01M,Cranial & peripheral nerve disorders w MCC	1.3082
074,MDC 01M,Cranial & peripheral nerve disorders w/o MCC	0.8423
075,MDC 01M,Viral meningitis w CC/MCC	1.6730
076,MDC 01M,Viral meningitis w/o CC/MCC	0.8595
077,MDC 01M,Hypertensive encephalopathy w MCC	1.6233
078,MDC 01M,Hypertensive encephalopathy w CC	1.0082
079,MDC 01M,Hypertensive encephalopathy w/o CC/MCC	0.7398
080,MDC 01M,Nontraumatic stupor & coma w MCC	1.1032
081,MDC 01M,Nontraumatic stupor & coma w/o MCC	0.7104
082,MDC 01M,Traumatic stupor & coma, coma >1 hr w MCC	2.0201
083,MDC 01M,Traumatic stupor & coma, coma >1 hr w CC	1.2993
084,MDC 01M,Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.8753
085,MDC 01M,Traumatic stupor & coma, coma <1 hr w MCC	2.0908
086,MDC 01M,Traumatic stupor & coma, coma <1 hr w CC	1.2072
087,MDC 01M,Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.8011
088,MDC 01M,Concussion w MCC	1.5829
089,MDC 01M,Concussion w CC	0.9186
090,MDC 01M,Concussion w/o CC/MCC	0.6751
091,MDC 01M,Other disorders of nervous system w MCC	1.5747
092,MDC 01M,Other disorders of nervous system w CC	0.9218
093,MDC 01M,Other disorders of nervous system w/o CC/MCC	0.6777
094,MDC 01M,Bacterial & tuberculous infections of nervous system w MCC	3.3505
095,MDC 01M,Bacterial & tuberculous infections of nervous system w CC	2.1935
096,MDC 01M,Bacterial & tuberculous infections of nervous system w/o CC/MCC	1.8217
097,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.2073
098,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w CC	1.8504
099,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.2593
100,MDC 01M,Seizures w MCC	1.5069
101,MDC 01M,Seizures w/o MCC	0.7617

Table A-2. List of DRGs with cost weights (*sheet 4 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
102,MDC 01M,Headaches w MCC	0.9584
103,MDC 01M,Headaches w/o MCC	0.6239
113,MDC 02 P,Orbital procedures w CC/MCC	1.5787
114,MDC 02 P,Orbital procedures w/o CC/MCC	0.8289
115,MDC 02 P,Extraocular procedures except orbit	1.0675
116,MDC 02 P,Intraocular procedures w CC/MCC	1.1346
117,MDC 02 P,Intraocular procedures w/o CC/MCC	0.6699
121,MDC 02M,Acute major eye infections w CC/MCC	0.9590
122,MDC 02M,Acute major eye infections w/o CC/MCC	0.6148
123,MDC 02M,Neurological eye disorders	0.6876
124,MDC 02M,Other disorders of the eye w MCC	1.0642
125,MDC 02M,Other disorders of the eye w/o MCC	0.6689
129,MDC 03 P,Major head & neck procedures w CC/MCC or major device	2.0109
130,MDC 03 P,Major head & neck procedures w/o CC/MCC	1.1513
131,MDC 03 P,Cranial/facial procedures w CC/MCC	1.9933
132,MDC 03 P,Cranial/facial procedures w/o CC/MCC	1.0981
133,MDC 03 P,Other ear, nose, mouth & throat O.R. procedures w CC/MCC	1.5552
134,MDC 03 P,Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	0.8213
135,MDC 03 P,Sinus & mastoid procedures w CC/MCC	1.6832
136,MDC 03 P,Sinus & mastoid procedures w/o CC/MCC	0.8974
137,MDC 03 P,Mouth procedures w CC/MCC	1.2619
138,MDC 03 P,Mouth procedures w/o CC/MCC	0.7366
139,MDC 03 P,Salivary gland procedures	0.8147
146,MDC 03M,Ear, nose, mouth & throat malignancy w MCC	2.0472
147,MDC 03M,Ear, nose, mouth & throat malignancy w CC	1.2450
148,MDC 03M,Ear, nose, mouth & throat malignancy w/o CC/MCC	0.8206
149,MDC 03M,Dysequilibrium	0.6109
150,MDC 03M,Epistaxis w MCC	1.2254
151,MDC 03M,Epistaxis w/o MCC	0.6034
152,MDC 03M,Otitis media & URI w MCC	0.8994
153,MDC 03M,Otitis media & URI w/o MCC	0.5974
154,MDC 03M,Other ear, nose, mouth & throat diagnoses w MCC	1.3776
155,MDC 03M,Other ear, nose, mouth & throat diagnoses w CC	0.8784
156,MDC 03M,Other ear, nose, mouth & throat diagnoses w/o CC/MCC	0.6312

Table A-2. List of DRGs with cost weights (*sheet 5 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
157,MDC 03M,Dental & Oral Diseases w MCC	1.4746
158,MDC 03M,Dental & Oral Diseases w CC	0.8615
159,MDC 03M,Dental & Oral Diseases w/o CC/MCC	0.5966
163,MDC 04 P,Major chest procedures w MCC	4.9978
164,MDC 04 P,Major chest procedures w CC	2.5953
165,MDC 04 P,Major chest procedures w/o CC/MCC	1.8036
166,MDC 04 P,Other resp system O.R. procedures w MCC	3.6912
167,MDC 04 P,Other resp system O.R. procedures w CC	2.0264
168,MDC 04 P,Other resp system O.R. procedures w/o CC/MCC	1.3433
175,MDC 04M,Pulmonary embolism w MCC	1.5796
176,MDC 04M,Pulmonary embolism w/o MCC	1.0713
177,MDC 04M,Respiratory infections & inflammations w MCC	2.0393
178,MDC 04M,Respiratory infections & inflammations w CC	1.4983
179,MDC 04M,Respiratory infections & inflammations w/o CC/MCC	1.0419
180,MDC 04M,Respiratory neoplasms w MCC	1.6950
181,MDC 04M,Respiratory neoplasms w CC	1.2316
182,MDC 04M,Respiratory neoplasms w/o CC/MCC	0.8736
183,MDC 04M,Major chest trauma w MCC	1.5346
184,MDC 04M,Major chest trauma w CC	0.9458
185,MDC 04M,Major chest trauma w/o CC/MCC	0.6811
186,MDC 04M,Pleural effusion w MCC	1.6252
187,MDC 04M,Pleural effusion w CC	1.0942
188,MDC 04M,Pleural effusion w/o CC/MCC	0.8133
189,MDC 04M,Pulmonary edema & respiratory failure	1.3488
190,MDC 04M,Chronic obstructive pulmonary disease w MCC	1.3030
191,MDC 04M,Chronic obstructive pulmonary disease w CC	0.9757
192,MDC 04M,Chronic obstructive pulmonary disease w/o CC/MCC	0.7254
193,MDC 04M,Simple pneumonia & pleurisy w MCC	1.4327
194,MDC 04M,Simple pneumonia & pleurisy w CC	1.0056
195,MDC 04M,Simple pneumonia & pleurisy w/o CC/MCC	0.7316
196,MDC 04M,Interstitial lung disease w MCC	1.6022
197,MDC 04M,Interstitial lung disease w CC	1.0992
198,MDC 04M,Interstitial lung disease w/o CC/MCC	0.8198
199,MDC 04M,Pneumothorax w MCC	1.7401

Table A-2. List of DRGs with cost weights (*sheet 6 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
200,MDC 04M,Pneumothorax w CC	1.0107
201,MDC 04M,Pneumothorax w/o CC/MCC	0.7403
202,MDC 04M,Bronchitis & asthma w CC/MCC	0.8157
203,MDC 04M,Bronchitis & asthma w/o CC/MCC	0.5956
204,MDC 04M,Respiratory signs & symptoms	0.6548
205,MDC 04M,Other respiratory system diagnoses w MCC	1.2363
206,MDC 04M,Other respiratory system diagnoses w/o MCC	0.7289
207,MDC 04M,Respiratory system diagnosis w ventilator support 96+ hours	5.1055
208,MDC 04M,Respiratory system diagnosis w ventilator support <96 hours	2.1801
215,MDC 05 P,Other heart assist system implant	12.2516
216,MDC 05 P,Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	10.0943
217,MDC 05 P,Cardiac valve & oth maj cardiothoracic proc w card cath w CC	6.9900
218,MDC 05 P,Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	5.4211
219,MDC 05 P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	8.0329
220,MDC 05 P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.2799
221,MDC 05 P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.3869
222,MDC 05 P,Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.6466
223,MDC 05 P,Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.2865
224,MDC 05 P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	7.9521
225,MDC 05 P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	5.9006
226,MDC 05 P,Cardiac defibrillator implant w/o cardiac cath w MCC	6.7117
227,MDC 05 P,Cardiac defibrillator implant w/o cardiac cath w/o MCC	4.9961
228,MDC 05 P,Other cardiothoracic procedures w MCC	7.7863
229,MDC 05 P,Other cardiothoracic procedures w CC	5.0213
230,MDC 05 P,Other cardiothoracic procedures w/o CC/MCC	4.0573
231,MDC 05 P,Coronary bypass w PTCA w MCC	7.6438
232,MDC 05 P,Coronary bypass w PTCA w/o MCC	5.5291
233,MDC 05 P,Coronary bypass w cardiac cath w MCC	7.0144
234,MDC 05 P,Coronary bypass w cardiac cath w/o MCC	4.6075
235,MDC 05 P,Coronary bypass w/o cardiac cath w MCC	5.6712
236,MDC 05 P,Coronary bypass w/o cardiac cath w/o MCC	3.5945
237,MDC 05 P,Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair	5.0741
238,MDC 05 P,Major cardiovasc procedures w/o MCC	2.8874
239,MDC 05 P,Amputation for circ sys disorders exc upper limb & toe w MCC	4.5044

Table A-2. List of DRGs with cost weights (*sheet 7 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
240,MDC 05 P,Amputation for circ sys disorders exc upper limb & toe w CC	2.6674
241,MDC 05 P,Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.5722
242,MDC 05 P,Permanent cardiac pacemaker implant w MCC	3.7029
243,MDC 05 P,Permanent cardiac pacemaker implant w CC	2.5887
244,MDC 05 P,Permanent cardiac pacemaker implant w/o CC/MCC	2.0059
245,MDC 05 P,AICD generator procedured	3.9842
246,MDC 05 P,Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	3.1468
247,MDC 05 P,Perc cardiovasc proc w drug-eluting stent w/o MCC	1.9127
248,MDC 05 P,Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	2.8046
249,MDC 05 P,Perc cardiovasc proc w non-drug-eluting stent w/o MCC	1.6395
250,MDC 05 P,Perc cardiovasc proc w/o coronary artery stent w MCC	2.9915
251,MDC 05 P,Perc cardiovasc proc w/o coronary artery stent w/o MCC	1.6038
252,MDC 05 P,Other vascular procedures w MCC	2.9550
253,MDC 05 P,Other vascular procedures w CC	2.2545
254,MDC 05 P,Other vascular procedures w/o CC/MCC	1.5426
255,MDC 05 P,Upper limb & toe amputation for circ system disorders w MCC	2.4110
256,MDC 05 P,Upper limb & toe amputation for circ system disorders w CC	1.5920
257,MDC 05 P,Upper limb & toe amputation for circ system disorders w/o CC/MCC	1.0257
258,MDC 05 P,Cardiac pacemaker device replacement w MCC	2.8325
259,MDC 05 P,Cardiac pacemaker device replacement w/o MCC	1.6899
260,MDC 05 P,Cardiac pacemaker revision except device replacement w MCC	3.4101
261,MDC 05 P,Cardiac pacemaker revision except device replacement w CC	1.4380
262,MDC 05 P,Cardiac pacemaker revision except device replacement w/o CC/MCC	1.0152
263,MDC 05 P,Vein ligation & stripping	1.5415
264,MDC 05 P,Other circulatory system O.R. procedures	2.5329
265,MDC 05 P,AICD lead procedured	2.2095
280,MDC 05M,Acute myocardial infarction, discharged alive w MCC	1.9404
281,MDC 05M,Acute myocardial infarction, discharged alive w CC	1.2213
282,MDC 05M,Acute myocardial infarction, discharged alive w/o CC/MCC	0.8696
283,MDC 05M,Acute myocardial infarction, expired w MCC	1.6925
284,MDC 05M,Acute myocardial infarction, expired w CC	0.9111
285,MDC 05M,Acute myocardial infarction, expired w/o CC/MCC	0.6053
286,MDC 05M,Circulatory disorders except AMI, w card cath w MCC	1.9769
287,MDC 05M,Circulatory disorders except AMI, w card cath w/o MCC	1.0252



Table A-2. List of DRGs with cost weights (*sheet 8 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
288,MDC 05M,Acute & subacute endocarditis w MCC	3.0839
289,MDC 05M,Acute & subacute endocarditis w CC	1.9588
290,MDC 05M,Acute & subacute endocarditis w/o CC/MCC	1.4465
291,MDC 05M,Heart failure & shock w MCC	1.4601
292,MDC 05M,Heart failure & shock w CC	1.0069
293,MDC 05M,Heart failure & shock w/o CC/MCC	0.7220
294,MDC 05M,Deep vein thrombophlebitis w CC/MCC	0.9595
295,MDC 05M,Deep vein thrombophlebitis w/o CC/MCC	0.6408
296,MDC 05M,Cardiac arrest, unexplained w MCC	1.1947
297,MDC 05M,Cardiac arrest, unexplained w CC	0.6476
298,MDC 05M,Cardiac arrest, unexplained w/o CC/MCC	0.4447
299,MDC 05M,Peripheral vascular disorders w MCC	1.4370
300,MDC 05M,Peripheral vascular disorders w CC	0.9286
301,MDC 05M,Peripheral vascular disorders w/o CC/MCC	0.6606
302,MDC 05M,Atherosclerosis w MCC	1.0294
303,MDC 05M,Atherosclerosis w/o MCC	0.5668
304,MDC 05M,Hypertension w MCC	1.0865
305,MDC 05M,Hypertension w/o MCC	0.5918
306,MDC 05M,Cardiac congenital & valvular disorders w MCC	1.5703
307,MDC 05M,Cardiac congenital & valvular disorders w/o MCC	0.7502
308,MDC 05M,Cardiac arrhythmia & conduction disorders w MCC	1.2992
309,MDC 05M,Cardiac arrhythmia & conduction disorders w CC	0.8336
310,MDC 05M,Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5843
311,MDC 05M,Angina pectoris	0.4972
312,MDC 05M,Syncope & collapse	0.7097
313,MDC 05M,Chest pain	0.5314
314,MDC 05M,Other circulatory system diagnoses w MCC	1.7552
315,MDC 05M,Other circulatory system diagnoses w CC	0.9936
316,MDC 05M,Other circulatory system diagnoses w/o CC/MCC	0.6528
326,MDC 06 P,Stomach, esophageal & duodenal proc w MCC	5.7896
327,MDC 06 P,Stomach, esophageal & duodenal proc w CC	2.8363
328,MDC 06 P,Stomach, esophageal & duodenal proc w/o CC/MCC	1.4530
329,MDC 06 P,Major small & large bowel procedures w MCC	5.1666
330,MDC 06 P,Major small & large bowel procedures w CC	2.5589

Table A-2. List of DRGs with cost weights (*sheet 9 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
331,MDC 06 P,Major small & large bowel procedures w/o CC/MCC	1.6224
332,MDC 06 P,Rectal resection w MCC	4.5243
333,MDC 06 P,Rectal resection w CC	2.4452
334,MDC 06 P,Rectal resection w/o CC/MCC	1.6221
335,MDC 06 P,Peritoneal adhesiolysis w MCC	4.0868
336,MDC 06 P,Peritoneal adhesiolysis w CC	2.2369
337,MDC 06 P,Peritoneal adhesiolysis w/o CC/MCC	1.4517
338,MDC 06 P,Appendectomy w complicated principal diag w MCC	3.1760
339,MDC 06 P,Appendectomy w complicated principal diag w CC	1.8564
340,MDC 06 P,Appendectomy w complicated principal diag w/o CC/MCC	1.2259
341,MDC 06 P,Appendectomy w/o complicated principal diag w MCC	2.1598
342,MDC 06 P,Appendectomy w/o complicated principal diag w CC	1.3098
343,MDC 06 P,Appendectomy w/o complicated principal diag w/o CC/MCC	0.9042
344,MDC 06 P,Minor small & large bowel procedures w MCC	3.0672
345,MDC 06 P,Minor small & large bowel procedures w CC	1.6346
346,MDC 06 P,Minor small & large bowel procedures w/o CC/MCC	1.1881
347,MDC 06 P,Anal & stomal procedures w MCC	2.2047
348,MDC 06 P,Anal & stomal procedures w CC	1.2883
349,MDC 06 P,Anal & stomal procedures w/o CC/MCC	0.7679
350,MDC 06 P,Inguinal & femoral hernia procedures w MCC	2.2608
351,MDC 06 P,Inguinal & femoral hernia procedures w CC	1.2597
352,MDC 06 P,Inguinal & femoral hernia procedures w/o CC/MCC	0.8117
353,MDC 06 P,Hernia procedures except inguinal & femoral w MCC	2.4859
354,MDC 06 P,Hernia procedures except inguinal & femoral w CC	1.4020
355,MDC 06 P,Hernia procedures except inguinal & femoral w/o CC/MCC	0.9648
356,MDC 06 P,Other digestive system O.R. procedures w MCC	3.8569
357,MDC 06 P,Other digestive system O.R. procedures w CC	2.1709
358,MDC 06 P,Other digestive system O.R. procedures w/o CC/MCC	1.3474
368,MDC 06M,Major esophageal disorders w MCC	1.6289
369,MDC 06M,Major esophageal disorders w CC	1.0715
370,MDC 06M,Major esophageal disorders w/o CC/MCC	0.7819
371,MDC 06M,Major gastrointestinal disorders & peritoneal infections w MCC	1.9136
372,MDC 06M,Major gastrointestinal disorders & peritoneal infections w CC	1.3072
373,MDC 06M,Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.8684

Table A-2. List of DRGs with cost weights (*sheet 10 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
374,MDC 06M,Digestive malignancy w MCC	1.9075
375,MDC 06M,Digestive malignancy w CC	1.2543
376,MDC 06M,Digestive malignancy w/o CC/MCC	0.8820
377,MDC 06M,G.I. hemorrhage w MCC	1.6073
378,MDC 06M,G.I. hemorrhage w CC	1.0043
379,MDC 06M,G.I. hemorrhage w/o CC/MCC	0.7565
380,MDC 06M,Complicated peptic ulcer w MCC	1.8006
381,MDC 06M,Complicated peptic ulcer w CC	1.1137
382,MDC 06M,Complicated peptic ulcer w/o CC/MCC	0.8218
383,MDC 06M,Uncomplicated peptic ulcer w MCC	1.1744
384,MDC 06M,Uncomplicated peptic ulcer w/o MCC	0.7838
385,MDC 06M,Inflammatory bowel disease w MCC	1.8568
386,MDC 06M,Inflammatory bowel disease w CC	1.0616
387,MDC 06M,Inflammatory bowel disease w/o CC/MCC	0.7786
388,MDC 06M,G.I. obstruction w MCC	1.5408
389,MDC 06M,G.I. obstruction w CC	0.9265
390,MDC 06M,G.I. obstruction w/o CC/MCC	0.6351
391,MDC 06M,Esophagitis, gastroent & misc digest disorders w MCC	1.0856
392,MDC 06M,Esophagitis, gastroent & misc digest disorders w/o MCC	0.6703
393,MDC 06M,Other digestive system diagnoses w MCC	1.5409
394,MDC 06M,Other digestive system diagnoses w CC	0.9519
395,MDC 06M,Other digestive system diagnoses w/o CC/MCC	0.6765
405,MDC 07 P,Pancreas, liver & shunt procedures w MCC	5.6405
406,MDC 07 P,Pancreas, liver & shunt procedures w CC	2.7858
407,MDC 07 P,Pancreas, liver & shunt procedures w/o CC/MCC	1.8388
408,MDC 07 P,Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	4.2585
409,MDC 07 P,Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.5649
410,MDC 07 P,Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.6467
411,MDC 07 P,Cholecystectomy w c.d.e. w MCC	3.7496
412,MDC 07 P,Cholecystectomy w c.d.e. w CC	2.3641
413,MDC 07 P,Cholecystectomy w c.d.e. w/o CC/MCC	1.6877
414,MDC 07 P,Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.5699
415,MDC 07 P,Cholecystectomy except by laparoscope w/o c.d.e. w CC	2.0338
416,MDC 07 P,Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.3289

Table A-2. List of DRGs with cost weights (*sheet 11 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
417,MDC 07 P,Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.4765
418,MDC 07 P,Laparoscopic cholecystectomy w/o c.d.e. w CC	1.6507
419,MDC 07 P,Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.1264
420,MDC 07 P,Hepatobiliary diagnostic procedures w MCC	4.1087
421,MDC 07 P,Hepatobiliary diagnostic procedures w CC	1.8959
422,MDC 07 P,Hepatobiliary diagnostic procedures w/o CC/MCC	1.2284
423,MDC 07 P,Other hepatobiliary or pancreas O.R. procedures w MCC	4.5812
424,MDC 07 P,Other hepatobiliary or pancreas O.R. procedures w CC	2.5188
425,MDC 07 P,Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.3752
432,MDC 07M,Cirrhosis & alcoholic hepatitis w MCC	1.6790
433,MDC 07M,Cirrhosis & alcoholic hepatitis w CC	0.9394
434,MDC 07M,Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.6550
435,MDC 07M,Malignancy of hepatobiliary system or pancreas w MCC	1.7205
436,MDC 07M,Malignancy of hepatobiliary system or pancreas w CC	1.1921
437,MDC 07M,Malignancy of hepatobiliary system or pancreas w/o CC/MCC	0.9531
438,MDC 07M,Disorders of pancreas except malignancy w MCC	1.7013
439,MDC 07M,Disorders of pancreas except malignancy w CC	1.0241
440,MDC 07M,Disorders of pancreas except malignancy w/o CC/MCC	0.6977
441,MDC 07M,Disorders of liver except malig,cirr,alc hepa w MCC	1.6639
442,MDC 07M,Disorders of liver except malig,cirr,alc hepa w CC	0.9830
443,MDC 07M,Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	0.6982
444,MDC 07M,Disorders of the biliary tract w MCC	1.5583
445,MDC 07M,Disorders of the biliary tract w CC	1.0389
446,MDC 07M,Disorders of the biliary tract w/o CC/MCC	0.7231
453,MDC 08 P,Combined anterior/posterior spinal fusion w MCC	9.8253
454,MDC 08 P,Combined anterior/posterior spinal fusion w CC	6.9914
455,MDC 08 P,Combined anterior/posterior spinal fusion w/o CC/MCC	5.1476
456,MDC 08 P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w MCC	8.4910
457,MDC 08 P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w CC	5.6459
458,MDC 08 P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w/o CC/MCC	4.6762
459,MDC 08 P,Spinal fusion except cervical w MCC	5.9587
460,MDC 08 P,Spinal fusion except cervical w/o MCC	3.5607
461,MDC 08 P,Bilateral or multiple major joint procs of lower extremity w MCC	4.5419
462,MDC 08 P,Bilateral or multiple major joint procs of lower extremity w/o MCC	3.1438

Table A-2. List of DRGs with cost weights (*sheet 12 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
463,MDC 08 P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	4.6947
464,MDC 08 P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	2.6167
465,MDC 08 P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	1.4966
466,MDC 08 P,Revision of hip or knee replacement w MCC	4.5431
467,MDC 08 P,Revision of hip or knee replacement w CC	3.0630
468,MDC 08 P,Revision of hip or knee replacement w/o CC/MCC	2.4500
469,MDC 08 P,Major joint replacement or reattachment of lower extremity w MCC	3.2901
470,MDC 08 P,Major joint replacement or reattachment of lower extremity w/o MCC	2.0077
471,MDC 08 P,Cervical spinal fusion w MCC	4.4122
472,MDC 08 P,Cervical spinal fusion w CC	2.6084
473,MDC 08 P,Cervical spinal fusion w/o CC/MCC	1.9140
474,MDC 08 P,Amputation for musculoskeletal sys & conn tissue dis w MCC	3.4491
475,MDC 08 P,Amputation for musculoskeletal sys & conn tissue dis w CC	1.9787
476,MDC 08 P,Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.0999
477,MDC 08 P,Biopsies of musculoskeletal system & connective tissue w MCC	3.2781
478,MDC 08 P,Biopsies of musculoskeletal system & connective tissue w CC	2.1226
479,MDC 08 P,Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.4742
480,MDC 08 P,Hip & femur procedures except major joint w MCC	2.8998
481,MDC 08 P,Hip & femur procedures except major joint w CC	1.8175
482,MDC 08 P,Hip & femur procedures except major joint w/o CC/MCC	1.4949
483,MDC 08 P,Major joint & limb reattachment proc of upper extremity w CC/MCC	2.2508
484,MDC 08 P,Major joint & limb reattachment proc of upper extremity w/o CC/MCC	1.7443
485,MDC 08 P,Knee procedures w pdx of infection w MCC	3.2959
486,MDC 08 P,Knee procedures w pdx of infection w CC	2.1592
487,MDC 08 P,Knee procedures w pdx of infection w/o CC/MCC	1.5538
488,MDC 08 P,Knee procedures w/o pdx of infection w CC/MCC	1.6805
489,MDC 08 P,Knee procedures w/o pdx of infection w/o CC/MCC	1.1601
490,MDC 08 P,Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim	1.7202
491,MDC 08 P,Back & neck proc exc spinal fusion w/o CC/MCC	0.9383
492,MDC 08 P,Lower extrem & humer proc except hip,foot,femur w MCC	2.7639
493,MDC 08 P,Lower extrem & humer proc except hip,foot,femur w CC	1.7620
494,MDC 08 P,Lower extrem & humer proc except hip,foot,femur w/o CC/MCC	1.2353
495,MDC 08 P,Local excision & removal int fix devices exc hip & femur w MCC	3.1741
496,MDC 08 P,Local excision & removal int fix devices exc hip & femur w CC	1.7722

Table A-2. List of DRGs with cost weights (*sheet 13 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
497,MDC 08 P,Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.1249
498,MDC 08 P,Local excision & removal int fix devices of hip & femur w CC/MCC	2.0238
499,MDC 08 P,Local excision & removal int fix devices of hip & femur w/o CC/MCC	0.9090
500,MDC 08 P,Soft tissue procedures w MCC	2.8415
501,MDC 08 P,Soft tissue procedures w CC	1.4700
502,MDC 08 P,Soft tissue procedures w/o CC/MCC	0.9573
503,MDC 08 P,Foot procedures w MCC	2.3047
504,MDC 08 P,Foot procedures w CC	1.4696
505,MDC 08 P,Foot procedures w/o CC/MCC	0.9860
506,MDC 08 P,Major thumb or joint procedures	1.0237
507,MDC 08 P,Major shoulder or elbow joint procedures w CC/MCC	1.7166
508,MDC 08 P,Major shoulder or elbow joint procedures w/o CC/MCC	1.1143
509,MDC 08 P,Arthroscopy	1.1718
510,MDC 08 P,Shoulder,elbow or forearm proc,exc major joint proc w MCC	1.9947
511,MDC 08 P,Shoulder,elbow or forearm proc,exc major joint proc w CC	1.3392
512,MDC 08 P,Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	0.9509
513,MDC 08 P,Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.2932
514,MDC 08 P,Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.8060
515,MDC 08 P,Other musculoskelet sys & conn tiss O.R. proc w MCC	3.0669
516,MDC 08 P,Other musculoskelet sys & conn tiss O.R. proc w CC	1.8083
517,MDC 08 P,Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.3293
533,MDC 08M,Fractures of femur w MCC	1.4243
534,MDC 08M,Fractures of femur w/o MCC	0.7339
535,MDC 08M,Fractures of hip & pelvis w MCC	1.3409
536,MDC 08M,Fractures of hip & pelvis w/o MCC	0.6963
537,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.8924
538,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.5808
539,MDC 08M,Osteomyelitis w MCC	2.0287
540,MDC 08M,Osteomyelitis w CC	1.3481
541,MDC 08M,Osteomyelitis w/o CC/MCC	0.9265
542,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w MCC	1.9045
543,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w CC	1.1302
544,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.7698
545,MDC 08M,Connective tissue disorders w MCC	2.3499

Table A-2. List of DRGs with cost weights (*sheet 14 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
546,MDC 08M,Connective tissue disorders w CC	1.0969
547,MDC 08M,Connective tissue disorders w/o CC/MCC	0.7231
548,MDC 08M,Septic arthritis w MCC	1.8769
549,MDC 08M,Septic arthritis w CC	1.1618
550,MDC 08M,Septic arthritis w/o CC/MCC	0.8073
551,MDC 08M,Medical back problems w MCC	1.5323
552,MDC 08M,Medical back problems w/o MCC	0.7657
553,MDC 08M,Bone diseases & arthropathies w MCC	1.1068
554,MDC 08M,Bone diseases & arthropathies w/o MCC	0.6352
555,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w MCC	1.0074
556,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.5767
557,MDC 08M,Tendonitis, myositis & bursitis w MCC	1.4295
558,MDC 08M,Tendonitis, myositis & bursitis w/o MCC	0.8036
559,MDC 08M,Aftercare, musculoskeletal system & connective tissue w MCC	1.7054
560,MDC 08M,Aftercare, musculoskeletal system & connective tissue w CC	0.9555
561,MDC 08M,Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.5805
562,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	1.3961
563,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	0.6783
564,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w MCC	1.4111
565,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w CC	0.8882
566,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.6694
573,MDC 09 P,Skin graft &/or debrid for skn ulcer or cellulitis w MCC	3.1932
574,MDC 09 P,Skin graft &/or debrid for skn ulcer or cellulitis w CC	1.9517
575,MDC 09 P,Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC	1.1216
576,MDC 09 P,Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC	3.4384
577,MDC 09 P,Skin graft &/or debrid exc for skin ulcer or cellulitis w CC	1.5775
578,MDC 09 P,Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC	0.9782
579,MDC 09 P,Other skin, subcut tiss & breast proc w MCC	2.7946
580,MDC 09 P,Other skin, subcut tiss & breast proc w CC	1.4110
581,MDC 09 P,Other skin, subcut tiss & breast proc w/o CC/MCC	0.8595
582,MDC 09 P,Mastectomy for malignancy w CC/MCC	0.9649
583,MDC 09 P,Mastectomy for malignancy w/o CC/MCC	0.7480
584,MDC 09 P,Breast biopsy, local excision & other breast procedures w CC/MCC	1.4329
585,MDC 09 P,Breast biopsy, local excision & other breast procedures w/o CC/MCC	0.8036

Table A-2. List of DRGs with cost weights (*sheet 15 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
592,MDC 09M,Skin ulcers w MCC	1.7515
593,MDC 09M,Skin ulcers w CC	1.1080
594,MDC 09M,Skin ulcers w/o CC/MCC	0.7910
595,MDC 09M,Major skin disorders w MCC	1.8206
596,MDC 09M,Major skin disorders w/o MCC	0.8225
597,MDC 09M,Malignant breast disorders w MCC	1.6061
598,MDC 09M,Malignant breast disorders w CC	1.0808
599,MDC 09M,Malignant breast disorders w/o CC/MCC	0.7310
600,MDC 09M,Non-malignant breast disorders w CC/MCC	0.9485
601,MDC 09M,Non-malignant breast disorders w/o CC/MCC	0.6586
602,MDC 09M,Cellulitis w MCC	1.4033
603,MDC 09M,Cellulitis w/o MCC	0.8027
604,MDC 09M,Trauma to the skin, subcut tiss & breast w MCC	1.1915
605,MDC 09M,Trauma to the skin, subcut tiss & breast w/o MCC	0.6769
606,MDC 09M,Minor skin disorders w MCC	1.2458
607,MDC 09M,Minor skin disorders w/o MCC	0.6462
614,MDC 10 P,Adrenal & pituitary procedures w CC/MCC	2.4984
615,MDC 10 P,Adrenal & pituitary procedures w/o CC/MCC	1.3722
616,MDC 10 P,Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	4.7068
617,MDC 10 P,Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	2.1033
618,MDC 10 P,Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	1.3333
619,MDC 10 P,O.R. procedures for obesity w MCC	3.3049
620,MDC 10 P,O.R. procedures for obesity w CC	1.8641
621,MDC 10 P,O.R. procedures for obesity w/o CC/MCC	1.4191
622,MDC 10 P,Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.1728
623,MDC 10 P,Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.8878
624,MDC 10 P,Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	1.0946
625,MDC 10 P,Thyroid, parathyroid & thyroglossal procedures w MCC	2.1244
626,MDC 10 P,Thyroid, parathyroid & thyroglossal procedures w CC	1.1332
627,MDC 10 P,Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0.7344
628,MDC 10 P,Other endocrine, nutrit & metab O.R. proc w MCC	3.2670
629,MDC 10 P,Other endocrine, nutrit & metab O.R. proc w CC	2.2873
630,MDC 10 P,Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.5075
637,MDC 10M,Diabetes w MCC	1.3596



Table A-2. List of DRGs with cost weights (*sheet 16 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
638,MDC 10M,Diabetes w CC	0.8164
639,MDC 10M,Diabetes w/o CC/MCC	0.5598
640,MDC 10M,Nutritional & misc metabolic disorders w MCC	1.1138
641,MDC 10M,Nutritional & misc metabolic disorders w/o MCC	0.6820
642,MDC 10M,Inborn errors of metabolism	1.0168
643,MDC 10M,Endocrine disorders w MCC	1.6464
644,MDC 10M,Endocrine disorders w CC	1.0460
645,MDC 10M,Endocrine disorders w/o CC/MCC	0.7188
652,MDC 11 P,Kidney transplant	2.9556
653,MDC 11 P,Major bladder procedures w MCC	5.8152
654,MDC 11 P,Major bladder procedures w CC	2.9415
655,MDC 11 P,Major bladder procedures w/o CC/MCC	2.0247
656,MDC 11 P,Kidney & ureter procedures for neoplasm w MCC	3.2782
657,MDC 11 P,Kidney & ureter procedures for neoplasm w CC	1.8626
658,MDC 11 P,Kidney & ureter procedures for neoplasm w/o CC/MCC	1.3765
659,MDC 11 P,Kidney & ureter procedures for non-neoplasm w MCC	3.3351
660,MDC 11 P,Kidney & ureter procedures for non-neoplasm w CC	1.8919
661,MDC 11 P,Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.2563
662,MDC 11 P,Minor bladder procedures w MCC	2.7108
663,MDC 11 P,Minor bladder procedures w CC	1.4429
664,MDC 11 P,Minor bladder procedures w/o CC/MCC	0.9922
665,MDC 11 P,Prostatectomy w MCC	2.5582
666,MDC 11 P,Prostatectomy w CC	1.5536
667,MDC 11 P,Prostatectomy w/o CC/MCC	0.8236
668,MDC 11 P,Transurethral procedures w MCC	2.2389
669,MDC 11 P,Transurethral procedures w CC	1.2031
670,MDC 11 P,Transurethral procedures w/o CC/MCC	0.7683
671,MDC 11 P,Urethral procedures w CC/MCC	1.4223
672,MDC 11 P,Urethral procedures w/o CC/MCC	0.7944
673,MDC 11 P,Other kidney & urinary tract procedures w MCC	2.7704
674,MDC 11 P,Other kidney & urinary tract procedures w CC	2.1587
675,MDC 11 P,Other kidney & urinary tract procedures w/o CC/MCC	1.3091
682,MDC 11M,Renal failure w MCC	1.6413
683,MDC 11M,Renal failure w CC	1.1304

Table A-2. List of DRGs with cost weights (*sheet 17 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
684,MDC 11M,Renal failure w/o CC/MCC	0.7305
685,MDC 11M,Admit for renal dialysis	0.8578
686,MDC 11M,Kidney & urinary tract neoplasms w MCC	1.6234
687,MDC 11M,Kidney & urinary tract neoplasms w CC	1.0748
688,MDC 11M,Kidney & urinary tract neoplasms w/o CC/MCC	0.6822
689,MDC 11M,Kidney & urinary tract infections w MCC	1.2301
690,MDC 11M,Kidney & urinary tract infections w/o MCC	0.7581
691,MDC 11M,Urinary stones w esw lithotripsy w CC/MCC	1.4534
692,MDC 11M,Urinary stones w esw lithotripsy w/o CC/MCC	1.1563
693,MDC 11M,Urinary stones w/o esw lithotripsy w MCC	1.1939
694,MDC 11M,Urinary stones w/o esw lithotripsy w/o MCC	0.6565
695,MDC 11M,Kidney & urinary tract signs & symptoms w MCC	1.1711
696,MDC 11M,Kidney & urinary tract signs & symptoms w/o MCC	0.6322
697,MDC 11M,Urethral stricture	0.6931
698,MDC 11M,Other kidney & urinary tract diagnoses w MCC	1.4718
699,MDC 11M,Other kidney & urinary tract diagnoses w CC	0.9725
700,MDC 11M,Other kidney & urinary tract diagnoses w/o CC/MCC	0.6828
707,MDC 12 P,Major male pelvic procedures w CC/MCC	1.6199
708,MDC 12 P,Major male pelvic procedures w/o CC/MCC	1.1778
709,MDC 12 P,Penis procedures w CC/MCC	1.8864
710,MDC 12 P,Penis procedures w/o CC/MCC	1.2521
711,MDC 12 P,Testes procedures w CC/MCC	2.0238
712,MDC 12 P,Testes procedures w/o CC/MCC	0.8064
713,MDC 12 P,Transurethral prostatectomy w CC/MCC	1.1183
714,MDC 12 P,Transurethral prostatectomy w/o CC/MCC	0.6325
715,MDC 12 P,Other male reproductive system O.R. proc for malignancy w CC/MCC	1.7072
716,MDC 12 P,Other male reproductive system O.R. proc for malignancy w/o CC/MCC	0.9636
717,MDC 12 P,Other male reproductive system O.R. proc exc malignancy w CC/MCC	1.8087
718,MDC 12 P,Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	0.7809
722,MDC 12M,Malignancy, male reproductive system w MCC	1.5686
723,MDC 12M,Malignancy, male reproductive system w CC	0.9922
724,MDC 12M,Malignancy, male reproductive system w/o CC/MCC	0.5971
725,MDC 12M,Benign prostatic hypertrophy w MCC	1.0492
726,MDC 12M,Benign prostatic hypertrophy w/o MCC	0.6696

Table A-2. List of DRGs with cost weights (*sheet 18 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
727,MDC 12M,Inflammation of the male reproductive system w MCC	1.2897
728,MDC 12M,Inflammation of the male reproductive system w/o MCC	0.6944
729,MDC 12M,Other male reproductive system diagnoses w CC/MCC	1.0995
730,MDC 12M,Other male reproductive system diagnoses w/o CC/MCC	0.5968
734,MDC 13 P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.3472
735,MDC 13 P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.1273
736,MDC 13 P,Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.1783
737,MDC 13 P,Uterine & adnexa proc for ovarian or adnexal malignancy w CC	1.9568
738,MDC 13 P,Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.1572
739,MDC 13 P,Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	3.0048
740,MDC 13 P,Uterine,adnexa proc for non-ovarian/adnexal malig w CC	1.4641
741,MDC 13 P,Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	0.9983
742,MDC 13 P,Uterine & adnexa proc for non-malignancy w CC/MCC	1.3429
743,MDC 13 P,Uterine & adnexa proc for non-malignancy w/o CC/MCC	0.8437
744,MDC 13 P,D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.3923
745,MDC 13 P,D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	0.7448
746,MDC 13 P,Vagina, cervix & vulva procedures w CC/MCC	1.2643
747,MDC 13 P,Vagina, cervix & vulva procedures w/o CC/MCC	0.8370
748,MDC 13 P,Female reproductive system reconstructive procedures	0.8162
749,MDC 13 P,Other female reproductive system O.R. procedures w CC/MCC	2.4834
750,MDC 13 P,Other female reproductive system O.R. procedures w/o CC/MCC	0.9614
754,MDC 13M,Malignancy, female reproductive system w MCC	1.7546
755,MDC 13M,Malignancy, female reproductive system w CC	1.0780
756,MDC 13M,Malignancy, female reproductive system w/o CC/MCC	0.6337
757,MDC 13M,Infections, female reproductive system w MCC	1.5803
758,MDC 13M,Infections, female reproductive system w CC	1.0640
759,MDC 13M,Infections, female reproductive system w/o CC/MCC	0.7664
760,MDC 13M,Menstrual & other female reproductive system disorders w CC/MCC	0.7934
761,MDC 13M,Menstrual & other female reproductive system disorders w/o CC/MCC	0.5024
765,MDC 14 P,Cesarean section w CC/MCC	1.0536
766,MDC 14 P,Cesarean section w/o CC/MCC	0.7427
767,MDC 14 P,Vaginal delivery w sterilization &/or D&C	0.9523
768,MDC 14 P,Vaginal delivery w O.R. proc except steril &/or D&C	1.7319
769,MDC 14 P,Postpartum & post abortion diagnoses w O.R. procedure	1.2740

Table A-2. List of DRGs with cost weights (*sheet 19 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
770,MDC 14 P,Abortion w D&C, aspiration curettage or hysterotomy	0.6627
774,MDC 14M,Vaginal delivery w complicating diagnoses	0.6511
775,MDC 14M,Vaginal delivery w/o complicating diagnoses	0.4800
776,MDC 14M,Postpartum & post abortion diagnoses w/o O.R. procedure	0.6215
777,MDC 14M,Ectopic pregnancy	0.7679
778,MDC 14M,Threatened abortion	0.4388
779,MDC 14M,Abortion w/o D&C	0.4921
780,MDC 14M,False labor	0.1978
781,MDC 14M,Other antepartum diagnoses w medical complications	0.6170
782,MDC 14M,Other antepartum diagnoses w/o medical complications	0.3944
789,MDC 15M,Neonates, died or transferred to another acute care facility	1.4226
790,MDC 15M,Extreme immaturity or respiratory distress syndrome, neonate	4.6911
791,MDC 15M,Prematurity w major problems	3.2039
792,MDC 15M,Prematurity w/o major problems	1.9332
793,MDC 15M,Full term neonate w major problems	3.2911
794,MDC 15M,Neonate w other significant problems	1.1648
795,MDC 15M,Normal newborn	0.1577
799,MDC 16 P,Splenectomy w MCC	4.7614
800,MDC 16 P,Splenectomy w CC	2.5624
801,MDC 16 P,Splenectomy w/o CC/MCC	1.6400
802,MDC 16 P,Other O.R. proc of the blood & blood forming organs w MCC	3.4208
803,MDC 16 P,Other O.R. proc of the blood & blood forming organs w CC	1.7652
804,MDC 16 P,Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.0526
808,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w MCC	1.9886
809,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w CC	1.1744
810,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.8980
811,MDC 16M,Red blood cell disorders w MCC	1.2753
812,MDC 16M,Red blood cell disorders w/o MCC	0.7630
813,MDC 16M,Coagulation disorders	1.3532
814,MDC 16M,Reticuloendothelial & immunity disorders w MCC	1.4920
815,MDC 16M,Reticuloendothelial & immunity disorders w CC	0.9959
816,MDC 16M,Reticuloendothelial & immunity disorders w/o CC/MCC	0.6994
820,MDC 17 P,Lymphoma & leukemia w major O.R. procedure w MCC	5.6313
821,MDC 17 P,Lymphoma & leukemia w major O.R. procedure w CC	2.2514

Table A-2. List of DRGs with cost weights (*sheet 20 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
822,MDC 17 P,Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.2343
823,MDC 17 P,Lymphoma & non-acute leukemia w other O.R. proc w MCC	4.0946
824,MDC 17 P,Lymphoma & non-acute leukemia w other O.R. proc w CC	2.1797
825,MDC 17 P,Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	1.2073
826,MDC 17 P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	4.6021
827,MDC 17 P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.2712
828,MDC 17 P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.2999
829,MDC 17 P,Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	2.8929
830,MDC 17 P,Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	1.0798
834,MDC 17M,Acute leukemia w/o major O.R. procedure w MCC	4.5869
835,MDC 17M,Acute leukemia w/o major O.R. procedure w CC	2.5814
836,MDC 17M,Acute leukemia w/o major O.R. procedure w/o CC/MCC	1.2117
837,MDC 17M,Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	6.3774
838,MDC 17M,Chemo w acute leukemia as sdx w CC or high dose chemo agent	2.9436
839,MDC 17M,Chemo w acute leukemia as sdx w/o CC/MCC	1.4154
840,MDC 17M,Lymphoma & non-acute leukemia w MCC	2.5965
841,MDC 17M,Lymphoma & non-acute leukemia w CC	1.5530
842,MDC 17M,Lymphoma & non-acute leukemia w/o CC/MCC	1.0258
843,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w MCC	1.8230
844,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w CC	1.2036
845,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.8230
846,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.1272
847,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w CC	0.9421
848,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0.7970
849,MDC 17M,Radiotherapy	1.2094
853,MDC 18 P,Infectious & parasitic diseases w O.R. procedure w MCC	5.4328
854,MDC 18 P,Infectious & parasitic diseases w O.R. procedure w CC	2.9172
855,MDC 18 P,Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.8140
856,MDC 18 P,Postoperative or post-traumatic infections w O.R. proc w MCC	4.7522
857,MDC 18 P,Postoperative or post-traumatic infections w O.R. proc w CC	2.0522
858,MDC 18 P,Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.3595
862,MDC 18M,Postoperative & post-traumatic infections w MCC	1.9142
863,MDC 18M,Postoperative & post-traumatic infections w/o MCC	0.9605
864,MDC 18M,Fever	0.8257

Table A-2. List of DRGs with cost weights (*sheet 21 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
865,MDC 18M,Viral illness w MCC	1.5049
866,MDC 18M,Viral illness w/o MCC	0.6708
867,MDC 18M,Other infectious & parasitic diseases diagnoses w MCC	2.3441
868,MDC 18M,Other infectious & parasitic diseases diagnoses w CC	1.0786
869,MDC 18M,Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.7650
870,MDC 18M,Septicemia or severe sepsis w MV 96+ hours	5.7258
871,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w MCC	1.8222
872,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	1.1209
876,MDC 19 P,O.R. procedure w principal diagnoses of mental illness	2.4834
880,MDC 19M,Acute adjustment reaction & psychosocial dysfunction	0.5897
881,MDC 19M,Depressive neuroses	0.5828
882,MDC 19M,Neuroses except depressive	0.6115
883,MDC 19M,Disorders of personality & impulse control	1.0234
884,MDC 19M,Organic disturbances & mental retardation	0.8992
885,MDC 19M,Psychoses	0.8477
886,MDC 19M,Behavioral & developmental disorders	0.7549
887,MDC 19M,Other mental disorder diagnoses	0.7303
894,MDC 20M,Alcohol/drug abuse or dependence, left ama	0.3878
895,MDC 20M,Alcohol/drug abuse or dependence w rehabilitation therapy	0.8902
896,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.3827
897,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.6198
901,MDC 21 P,Wound debridements for injuries w MCC	3.9888
902,MDC 21 P,Wound debridements for injuries w CC	1.7006
903,MDC 21 P,Wound debridements for injuries w/o CC/MCC	1.0009
904,MDC 21 P,Skin grafts for injuries w CC/MCC	2.9275
905,MDC 21 P,Skin grafts for injuries w/o CC/MCC	1.1151
906,MDC 21 P,Hand procedures for injuries	1.0086
907,MDC 21 P,Other O.R. procedures for injuries w MCC	3.6804
908,MDC 21 P,Other O.R. procedures for injuries w CC	1.9094
909,MDC 21 P,Other O.R. procedures for injuries w/o CC/MCC	1.1342
913,MDC 21M,Traumatic injury w MCC	1.2304
914,MDC 21M,Traumatic injury w/o MCC	0.6650
915,MDC 21M,Allergic reactions w MCC	1.2298
916,MDC 21M,Allergic reactions w/o MCC	0.4423

Table A-2. List of DRGs with cost weights (*sheet 22 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
917,MDC 21M,Poisoning & toxic effects of drugs w MCC	1.4155
918,MDC 21M,Poisoning & toxic effects of drugs w/o MCC	0.5812
919,MDC 21M,Complications of treatment w MCC	1.5223
920,MDC 21M,Complications of treatment w CC	0.9234
921,MDC 21M,Complications of treatment w/o CC/MCC	0.6109
922,MDC 21M,Other injury, poisoning & toxic effect diag w MCC	1.3572
923,MDC 21M,Other injury, poisoning & toxic effect diag w/o MCC	0.6157
927,MDC 22 P,Extensive burns or full thickness burns w MV 96+ hrs w skin graft	13.8501
928,MDC 22 P,Full thickness burn w skin graft or inhal inj w CC/MCC	5.0156
929,MDC 22 P,Full thickness burn w skin graft or inhal inj w/o CC/MCC	2.1444
933,MDC 22M,Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	2.1165
934,MDC 22M,Full thickness burn w/o skin grft or inhal inj	1.2921
935,MDC 22M,Non-extensive burns	1.2213
939,MDC 23 P,O.R. proc w diagnoses of other contact w health services w MCC	2.6570
940,MDC 23 P,O.R. proc w diagnoses of other contact w health services w CC	1.6352
941,MDC 23 P,O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.0731
945,MDC 23M,Rehabilitation w CC/MCC	1.3022
946,MDC 23M,Rehabilitation w/o CC/MCC	1.0995
947,MDC 23M,Signs & symptoms w MCC	1.0575
948,MDC 23M,Signs & symptoms w/o MCC	0.6500
949,MDC 23M,Aftercare w CC/MCC	0.8050
950,MDC 23M,Aftercare w/o CC/MCC	0.5614
951,MDC 23M,Other factors influencing health status	0.7616
955,MDC 24 P,Craniotomy for multiple significant trauma	5.0985
956,MDC 24 P,Limb reattachment, hip & femur proc for multiple significant trauma	3.5417
957,MDC 24 P,Other O.R. procedures for multiple significant trauma w MCC	5.9904
958,MDC 24 P,Other O.R. procedures for multiple significant trauma w CC	3.5803
959,MDC 24 P,Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.3913
963,MDC 24M,Other multiple significant trauma w MCC	2.8885
964,MDC 24M,Other multiple significant trauma w CC	1.6114
965,MDC 24M,Other multiple significant trauma w/o CC/MCC	0.9955
969,MDC 25 P,HIV w extensive O.R. procedure w MCC	5.3826
970,MDC 25 P,HIV w extensive O.R. procedure w/o MCC	2.5403
974,MDC 25M,HIV w major related condition w MCC	2.5656

Table A-2. List of DRGs with cost weights (*sheet 23 of 23*)

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
975,MDC 25M,HIV w major related condition w CC	1.3612
976,MDC 25M,HIV w major related condition w/o CC/MCC	0.8951
977,MDC 25M,HIV w or w/o other related condition	1.0954
981,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w MCC	5.0238
982,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w CC	3.0783
983,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.9948
984,MDC P,Prostatic O.R. procedure unrelated to principal diagnosis w MCC	3.3177
985,MDC P,Prostatic O.R. procedure unrelated to principal diagnosis w CC	2.2035
986,MDC P,Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.2775
987,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w MCC	3.4406
988,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w CC	1.8792
989,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	1.1009
998,MDC ,Principal diagnosis invalid as discharge diagnosis	0.0000
999,MDC ,Ungroupable	0.0000



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