

For personal computers

*Medicare Severity Grouper with
Medicare Code Editor Software*

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 in 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. There is an Accessibility Features chapter for people with disabilities to assist them with interactive claim processing. 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.**

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Chapter 1

Introduction

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Introduction

THE 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, 2009, MS grouper 27 with an effective date range of 10/01/2009–09/30/2010 would be used to process the claim. If the discharge date is 10/01/2012 or later, MS grouper 30.0 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 24.0–30.0 of the grouper, as shown in table 1–1. To process a claim using an CMS grouper prior to version 24.0, you must use the earlier version of CMS Grouper with MCE software that runs under DOS.

Please note: In order to be in synch with the MS Grouper version number, there will not be a version 29 of the MCE.

Table 1–1. Grouper versions in the program

MS grouper version	MCE version	Effective date range
30.0	30.0	10/01/2012 - 09/30/2013
29.0	28.0	10/01/2011–09/30/2012
28.0	27.0	10/01/2010–09/30/2011
27.0	26.0	10/01/2009–09/30/2010
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

Version 30.0 of the MS grouper supports ICD-9-CM diagnosis and procedures codes with their descriptions, effective October 1, 2012.

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

Installing the software

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Installing the software

THE 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

Component	Requirement
Operating system	Windows 2003 Windows XP (service pack 1) Windows Vista (32 bit or 64 bit) Windows 7 (32 bit or 64 bit)
RAM	512 MB
Available disk space	220 MB
Monitor	Super VGA color (1024x768) resolution)
Windows permissions	Administrative status

➤ *Note: This software is not intended to operate in a networked environment.*

The following are system requirements for accessibility:

- ◆ Windows-based Assistive Technology software
- ◆ JAVA Access Bridge

➤ *Note: Assistive Technology software needs to be running prior to using MSG MCE.*

Pre-installation note

If you already have MSG/MCE (formerly CMSG/MCE) Windows software version 25.1 or older 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 2.9.*

Installing the current software product

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.**
- ❑ **Use one of the following options to launch the install program:**

Option 1.

Installation from CD:

- ◆ 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:

MSGMCEInstaller.exe

You see a message stating that InstallAnywhere® is preparing to install.

Option 2.

Installation from downloaded executable:

1. Download the MSGMCE PC zip file to your desktop or a local drive.
2. Unzip the file that was downloaded.
3. Select the MSGMCE PC folder from the unzipped file.
4. Double-click on MSGMCEInstaller.exe to start the software installation.

The installation process begins and you see the Introduction screen.

- For Windows 7 and Vista users if you see a warning message for “unidentified publisher” click OK to continue with the 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 the 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 Pilot interactive data entry window.
MS-DOS prompt	Select to display a window containing a MS-DOS prompt to process records with batch processing. <i>Note: 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

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 or Programs and Features.
 - From the list of installed products, select MS Grouper with Medicare Code Editor Software.
 - Click Change/Remove or Uninstall/Change.
 - ◆ 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

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

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 11/14/2010 will call MS grouper 28 with an effective date range of 10/01/2010–09/30/2011 to process the claim.

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 most current version installed. 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.

- *Note: Because of the retroactivity in the Medicare Code Editor a discharge date is needed to elicit edits. If there is no discharge date entered, the Medicare Code Editor will not be called.*

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 tab to move through fields. Use Shift+Tab to move back to the previous field. When in the codes table, 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>

Procedures:

Code	Description	Edits
PP:	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

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 in the patient information or patient stay information section	Simply highlight and overwrite the entry with the correct information.
Delete a code entry row in the codes section	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. Pressing Alt+R also opens the report.

The “Viewing interactive output” section on page 3.15 contains output information, including printing of the report. An example of an output report is shown on page 3.14.

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
Patient information		
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, mmddyyyy, or mmddyy. 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
Patient Stay information		
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, mmddyyyy, or mmddyy. 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. Calculated LOS must be in the range of 0 to 999 days.

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 mmdyy.</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. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available (<i>see also Discharge status, below</i>).</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 (valid until 09/30/09) 04 = Custodial/supportive care (revised 10/01/09) 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 21 = Disch/trans to court/law enforcement (added 10/01/09) 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.
Codes		
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 not valid, the word “invalid” displays in the description field.</p> <p>Note: Only diagnosis codes of up to five 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 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>Note: Only diagnosis codes of up to five 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 Blank = exempt from reporting</p>
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter ICD-9-CM procedure codes without decimals. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the 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.</p> <p>Note: Only procedure codes of up to four 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. Refer to 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. Alt+C also clears fields.
Report	Displays a pre-formatted output report that can be printed or saved. Alt+R also displays reports. An error message displays in place of the report when any required fields are missing or invalid; correct the error, then tab to Report or press Alt+R to open the 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 mmddy.	The value entered for the month, day or year is outside the valid range. See table 3–2 for more information on date fields.
The following fields are missing and/or invalid: Admit Dx.	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) or press Alt+R.**

You can select Report by clicking on it or by tabbing to it 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 V30.0

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

Admit date: 10/01/2012 Discharge date: 10/06/2012 Birth date: 09/09/1943
Optional information:

Patient acct #: 458799
Age in years: 69 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: 00.5503
MS-DRG Grouper version 30.0 (October 1, 2012) used.
HAC Status: One or more HAC criteria met, Final DRG changes.

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

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

Secondary Diagnoses:

25001 DMI wo cmp nt st unctrl
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 3.16.

Use the menu options described in table 3–7 on page 3.20 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 (Alt+C) 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 (Alt+C) 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 (Ctrl+N) 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
Grouping information (MDC, final DRG, final cost weight, grouper version used)	<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"> ◆ Invalid principal diagnosis ◆ Invalid age (<0 or >124) ◆ Invalid discharge date ◆ Invalid sex (not 1 or 2) ◆ Invalid discharge status (batch only) ◆ Record does not meet criteria for any DRG ◆ Illogical principal diagnosis ◆ Diagnosis code can not be used as principal diagnosis ◆ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only ◆ 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 *Batch only ◆ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only ◆ POA logic invalid/missing - 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 *Batch only <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>DRG 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>HAC Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC 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>CC 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>OR 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 age Invalid sex Invalid discharge status Limited coverage Wrong procedure performed Procedure inconsistent with length of stay</p> <p><u>Post-payment</u> Open biopsy check (<i>discontinued 10/01/2010</i>) 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. Refer to the Function column to locate the task you want to perform.

Table 3–8. Output report command button

Button	Function
Close (Alt+C)	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
Diagnosis codes	
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. Note: 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. Note: 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).
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).

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

Message	Description
Unacceptable principal 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.
Requires secondary 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.
Wrong procedure performed	Certain E-codes indicate that the wrong procedure was performed. This edit indicates that one of these E-codes is present.
Procedure codes	
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. Note: 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*)

Message	Description
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. Note: This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.
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).
Procedure inconsistent with length of stay	The code should only be coded on claims with a length of stay of four days or greater.
Invalid^a	
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 patient's 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

Batch processing

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Batch processing

THE MEDICARE SEVERITY GROUPEE 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

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

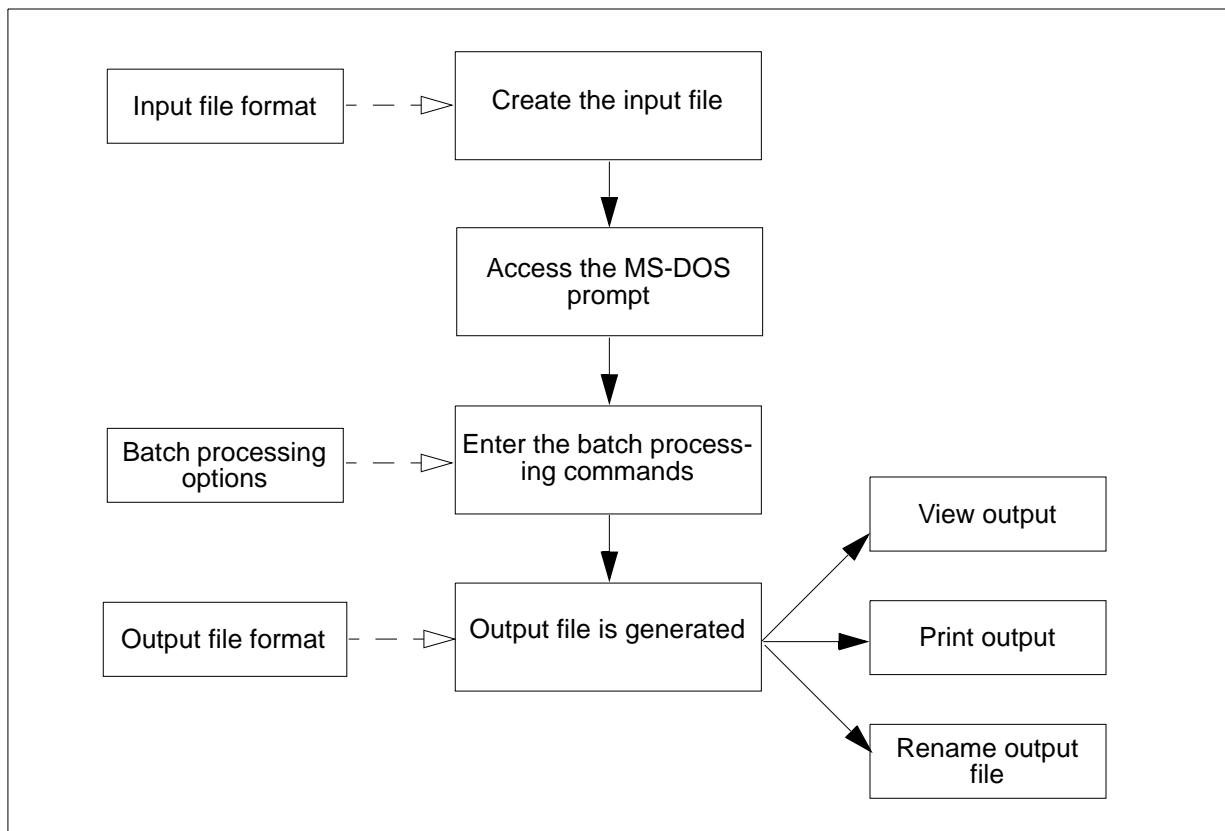


Figure 4–1. Batch processing overview

Follow these procedural steps to perform batch processing:

- ❑ **Create the input file.**

See the “Input file format” section on page 4.7 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.

Note: If using Microsoft® Windows® 7, right-click on the MS-DOS prompt and select *Run as administrator*. Then map the DOS prompt to point to the MS Grouper with Medicare Code Editor Software folder: *C:\Program Files\MSG MCE SOFTWARE*.

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

The command line must contain:

- ◆ The executable command *mce*
- ◆ An input filename preceded by the *-i* identifier
- ◆ An output filename preceded by the *-o* identifier and/or an upload filename preceded by the *-u* identifier

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

See page 4.11 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 4.20 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 4.19 for more information, if necessary.

Table 4–1. Batch processing performance information

Number of records	File size (bytes)			Processing time
	Input	Upload	Report	
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-04 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 (valid until 09/30/09) 04 = Custodial/supportive care (revised 10/01/09) 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 21 = Disch/trans to court/law enforcement 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.

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

Field name	Position	Length	Occurrences	Description
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.
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. Note: Only diagnosis codes of up to five 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 without decimals. Eighth byte represents POA indicator. Valid values: Y = present at the time of inpatient admission N = not present at the time of inpatient admission U = the documentation is insufficient to determine if the condition was present at the time of inpatient admission W = the provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not 1 = Unreported/Not used - Exempt from POA reporting Blank = Exempt from POA reporting
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. Valid values: Y = present at the time of inpatient admission N = not present at the time of inpatient admission U = the documentation is insufficient to determine if the condition was present at the time of inpatient admission W = the provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not 1 = Unreported/Not used - Exempt from POA reporting Blank = Exempt from POA reporting

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

Field name	Position	Length	Occurrences	Description
Principal Procedure	310	7	1	Procedure codes. Seven left-justified characters, blank-filled. Note: Only procedure codes of up to four 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. Seven left-justified characters, blank-filled. Up to 24 ICD-9-CM procedure codes without decimal. <i>See the note in the Principal Procedure field above.</i>
Procedure date	485	10	25	For future use. Procedure dates. The format is mm/dd/yyyy (for future use with POA logic.) All blanks if no value is entered. 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

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.

When dealing with filenames and/or directories that include spaces, you should quote the entire path including drive specifications, as follows:

```
"C:/Program Files/MsgMce/Production/input file 1.txt"
```

- **Note:** When quoting directory paths that contain backslashes '\', the backslashes need to be doubled as follows:

```
"C:\\Program Files\\MsgMce\\Production\\input file 1.txt"
```

The same rule applies to relative paths. For example, up two directories to Production would be written as follows:

```
"..\..\Production\\"
```

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

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 3.14 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 4.19 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 4.19 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: 300, 290, 280, 270, 260, 251, 250, 240.
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 or 1 (batch only) 13 = POA logic invalid/missing - HAC-POA(s) are N, U (batch only) 14 = POA logic invalid/missing - HAC-POA(s) invalid/missing or 1 (batch only) 18 = POA logic invld/mssng - multiple distinct HAC-POAs not Y,W (batch only)
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 0004 = MCE - Invalid discharge date <i>See page 3.19 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.

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

Field name	Position	Length	Occurrences	Description
Procedure code count	854	2	1	Number of procedure codes processed. Right-justified, zero-filled.
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 11 = Not applicable for principal diagnosis 12 = Diagnosis affected both initial and final 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 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 19 = Wrong Procedure Performed 99 = Principal diagnosis part of HAC assignment criteria
Principal diagnosis Hospital Acquired Condition assigned	864	2	1	Hospital Acquired Condition (HAC) assignment criteria 00 = Criteria to be assigned as an HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition	866	1	1	Hospital Acquired Condition (HAC) 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met Blank = Diagnosis was not considered by grouper

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

Field name	Position	Length	Occurrences	Description
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 = Diagnosis affected both initial and final 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 19 = Wrong procedure performed 99 = Secondary diagnosis is a HAC
Secondary diagnosis Hospital Acquired Condition assigned	1059	2	24	Hospital Acquired Condition (HAC) assigned 00 = Criteria to be assigned as an HAC not met 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 13 = Surgical Site Infection Following Cardiac Device Procedures 14 = Pneumothorax w/ Venous Catheterization Blank = Diagnosis was not considered by grouper
Secondary diagnosis Hospital Acquired Condition	1107	1	24	Hospital Acquired Condition (HAC) 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met Blank = Diagnosis was not considered by grouper

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

Field name	Position	Length	Occurrences	Description
Procedure edit return flag*	1131	8	25	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each procedure code. Valid values:</p> <p>01 = Invalid procedure code 02 = Sex conflict 12* = Procedure affected both initial and final 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 (<i>MCE versions 2.0 - 27.0 only</i>) 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 40 = Procedure inconsistent with LOS 99 = Procedure part of HAC assignment criteria</p> <p>* When there are two or more procedures on the record that could impact either the initial, final or both DRG assignments:</p> <ul style="list-style-type: none"> ◆ If one of these procedures is in the first procedure position, that procedure will be flagged as 12,15 or 16 as appropriate in the "Procedure edit return" field with the following exceptions: <ol style="list-style-type: none"> a. If a single procedure designating a complete system is tied with a combination pair that also designated a complete system, the single procedure will be flagged regardless of position. b. If multiple combinations of lead/device pairs are tied then only one pair will be flagged regardless of position. c. If the two procedures tied are an OR and non-OR, the OR will be flagged regardless of position. ◆ If none of the tied procedures is in the first procedure position, then the procedure with the lowest ascii/index value will be flagged.

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 = Criteria to be assigned as an HAC not met 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 13 = Surgical Site Infection Following Cardiac Device Procedures 14 = Latrogenic Pneumothorax w/ Venous Catheterization Blank = Procedure not considered by grouper
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/MCC 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 Status: Not Applicable 1 – HAC Status: One or more HAC criteria met; Final DRG does not change 2 – HAC Status: One or more HAC criteria met; Final DRG changes 3 – HAC Status: One or more HAC criteria met; Final DRG changes to ungroupable
Cost Weight	1394	7	1	The DRG cost weight. This 7-byte field is displayed as 2 digits, followed by a decimal point, followed by 4 digits.
newline	1401	2	1	End of record (carriage return/line feed). Not included on last record.

Working with batch output

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	Issue with installation.	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.
Discharge status is invalid	The discharge status field entry is invalid (see table 4–2 on page 4.7 for a list of valid discharge status values).	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
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

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 msgmce.log, 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 many 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 v30.0

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

Start Time: 10/26/09 10:15:34

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

End Time: 10/26/09 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>
```


Chapter 5

Accessibility Features

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Accessibility Features

THE MEDICARE SEVERITY GROUPER with Medicare Code Editor (MSG/MCE) software can process medical record data interactively entering one record at a time using the accessibility features discussed in this chapter.

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:

- ◆ System requirements.
- ◆ 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.

System requirements

The following are system requirements for accessibility:

- ◆ Windows-based Assistive Technology software
- ◆ JAVA Access Bridge

➤ *Note: Assistive Technology software needs to be running prior to using MSG MCE.*

Data entry

This 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 11/14/2010 will call MS grouper 28 with an effective date range of 10/01/2010–09/30/2011 to process the claim.

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 most current version installed. 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.

- ***Note:** Because of the retroactivity in the Medicare Code Editor a discharge date is needed to elicit edits. If there is no discharge date entered, the Medicare Code Editor will not be called.*

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.

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, tab to move through fields. Use Shift+Tab to move back to the previous field.

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

If you need assistance when working on the data entry window, table 5-1 contains information to help you.

Table 5-1. Help for interactive data entry

What do you want to do?	Help
Find specific data entry field information	Go to table 5-2 on page 5.6.
Work with text on the window	Use standard Windows options (e.g., cut, copy, paste).
Make a menu selection	Go to table 5-3 on page 5.10.
Correct an entry in the patient information or patient stay information section	Tab to the field and use backspace key to delete the content, then enter the correct information.
Delete a code entry row in the codes section	For the Admit Dx, tab to the field and use the backspace key to delete the content. For other codes, tab to the field (or use the up/down error key), then press Delete to remove the entry. <i>For more information, see the Diagnoses and Procedures field descriptions in table 5-2; also see tables 5-3 and 5-4 for additional information on the Delete and Clear functions.</i>
Eliminate an error message	Select OK to close the dialog box, and correct the problem. The “Interactive error messages” section on page 5.12 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 pressing Alt+R, or by tabbing to the Report button and then pressing Enter.

The “Viewing interactive output” section on page 5.15 contains output information, including printing of the report. An example of an output report is shown on page 5.14.

Data entry fields Table 5–2 describes the fields on the data entry window. An asterisk indicates a required field.

Table 5–2. Data entry fields

Field name	Length	Description
Patient information		
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, mmddyyyy, or mmddy. 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
Patient Stay information		
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, mmddyyyy, or mmddy. 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. Calculated LOS must be in the range 0 to 999 days.

Table 5–2. 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 mmdyy.</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. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available (<i>see also Discharge status, below</i>).</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 5–2. 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 5.12</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 (valid until 09/30/09) 04 = Custodial/supportive care (revised 10/01/09) 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 21 = Disch/trans to court/law enforcement 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.
Codes		
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 not valid, the word “invalid” displays in the description field.</p> <p>Note: Only diagnosis codes of up to five digits are currently accepted by the interactive program.</p>

Table 5–2. 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. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the 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 5–9 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>Note: Only diagnosis codes of up to five 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 Blank = Exempt from reporting</p>
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter ICD-9-CM procedure codes without decimals. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the 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 5–9 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>Note: Only procedure codes of up to four digits are currently accepted by the interactive program.</p>

Data entry menu options

Table 5–3 describes the menu options on the data entry window. Refer to 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 5–3. Data entry menu items

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

Data entry command buttons

Table 5–4 describes the command buttons on the data entry window. Refer to the Function column to locate the task you want to perform.

Table 5–4. 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 press Alt+C 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 any required fields are missing or invalid; correct the error, then do one of the following to open the report: tab to the Report button and press Enter or press Alt+R. Data output is discussed on page 5.13.

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

Table 5–5. 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 mmddy.	The value entered for the month, day or year is outside the valid range. See table 5–2 for more information on date fields.
The following required fields are missing and/or invalid: Admit Dx.	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, press Alt+R or tab to Report and then press Enter.**

When the report first opens, you are told the number of lines before the report is read. You can press Alt+C at any time to close the report.

A sample report is shown in figure 5–1 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 V30.0

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

Admit date: 10/01/2012 Discharge date: 10/06/2012 Birth date: 09/09/1943
Optional information:

Patient acct #: 458799
Age in years: 69 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: 00.5503
MS-DRG Grouper version 30.0 (October 1, 2012) used.
HAC Status: One or more HAC criteria met, Final DRG changes.

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

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

Secondary Diagnoses:

25001 DMI wo cmp nt st unctrl
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 5–1. Sample output report

Viewing interactive output Output report fields are described in table 5–6 on page 5.16.

Use the menu options described in table 5–7 on page 5.20 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 (Alt+C) 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 (Alt+C) 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 (Ctrl+N) to begin data entry for a new record.

Output report fields Table 5–6 describes the fields on the output report.

Table 5–6. 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 5–2 on page 5.6 for information on these fields.</i>

Table 5–6. Interactive output report fields (*continued*)

Name	Description
Grouping information (MDC, final DRG, final cost weight, grouper version used)	<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"> ◆ Invalid principal diagnosis ◆ Invalid age (<0 or >124) ◆ Invalid discharge date ◆ Invalid sex (not 1 or 2) ◆ Invalid discharge status (batch only) ◆ Record does not meet criteria for any DRG ◆ Illogical principal diagnosis ◆ Diagnosis code can not be used as principal diagnosis ◆ Invalid principal diagnosis ◆ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only ◆ 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 *Batch only ◆ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only ◆ POA logic invalid/missing - 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 *Batch only <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 5.8 for discharge date information</i>), the output states USED BY DEFAULT.</p>

Table 5–6. 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>DRG 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>HAC Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC 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>CC 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>OR 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 5–9 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 5–2 on page 5.6 for information on these fields.</i>

Table 5–6. 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 age Invalid sex Invalid discharge status Limited coverage Wrong procedure performed Procedure inconsistent with length of stay</p> <p><u>Post-payment</u> Open biopsy check (<i>discontinued 10/01/10</i>) 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 5–7 describes the menu options on the output report window. Refer to 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 5–7. Output report menu items

Function	Description	Accelerator key	Menu-based keystrokes
Print	Prints the output report.	Ctrl+P	On File menu, (Alt + F), select Print (key = P)
Save As	<p>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.</p> <p>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.</p>	Ctrl+S	On File menu (Alt + F), select Save As (key = A)
Exit	Closes the output report and re-displays the data entry window.	Ctrl+Q	On File menu (Alt + F), select Exit (key = x)

Table 5–7. Output report menu items

Function	Description	Accelerator key	Menu-based keystrokes
Copy	Copies the selected text to the clipboard.	Ctrl+C	On Edit menu (Alt + E), select Copy (key = C)
Select All	Selects the entire output report.	Ctrl+A	On Edit menu (Alt + E), choose Select All (key = A)

Output report command button

Table 5–8 describes the command button on the output report window. Refer to the Function column to locate the task you want to perform.

Table 5–8. Output report command button

Button	Function
Close (Alt+C)	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 5–9 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 5–9. Program edits

Message	Description
Diagnosis codes	
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. Note: 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. Note: 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).
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).

Table 5–9. Program edits (*continued*)

Message	Description
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.
Wrong procedure performed	Certain E-codes indicate that the wrong procedure was performed. This edit indicates that one of these E-codes is present.
Procedure codes	
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. <ul style="list-style-type: none"> 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. Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.

Table 5–9. Program edits (*continued*)

Message	Description
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. Note: This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.
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).
Procedure inconsistent with length of stay	The code should only be coded on claims with a length of stay of four days or greater.
Invalid^a	
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 patient's 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 5.8 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.

Appendix A

Current MDCs and DRGs

Contents	Current MDCs and DRGs	A.3
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Current MDCs and DRGs

TABLE A–1 LISTS the Major Diagnostic Categories (MDCs) for version 30.0 of the Medicare Severity (MS) grouper. Table A–2 lists the Diagnosis Related Groups (DRGs) for version 30.0 of the grouper and their CMS-designated cost weights. The DRG cost weight is shown on the software output report (*see page 3.14*).

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

MDC	Description
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
14	Pregnancy, Childbirth & the Puerperium

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

MDC	Description
15	Newborns & Other Neonates With Condt'n 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

DRG, MDC, and DRG description	DRG cost weight
001,MDC P,Heart transplant or implant of heart assist system w MCC	26.0295
002,MDC P,Heart transplant or implant of heart assist system w/o MCC	13.9131
003,MDC P,ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	17.7369
004,MDC P,Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	10.8833
005,MDC P,Liver transplant w MCC or intestinal transplant	10.9894
006,MDC P,Liver transplant w/o MCC	4.7178
007,MDC P,Lung transplant	9.6127
008,MDC P,Simultaneous pancreas/kidney transplant	5.1110
010,MDC P,Pancreas transplant	3.8954
011,MDC P,Tracheostomy for face,mouth & neck diagnoses w MCC	4.8434
012,MDC P,Tracheostomy for face,mouth & neck diagnoses w CC	3.1576
013,MDC P,Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	1.9566
014,MDC P,Allogeneic bone marrow transplant	10.5255
016,MDC P,Autologous bone marrow transplant w CC/MCC	6.0932
017,MDC P,Autologous bone marrow transplant w/o CC/MCC	4.5817
020,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w MCC	9.1016
021,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w CC	6.6400
022,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.5056
023,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	5.2378

Table A–2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
024,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w/o MCC	3.5279
025,MDC 01P,Craniotomy & endovascular intracranial procedures w MCC	4.5958
026,MDC 01P,Craniotomy & endovascular intracranial procedures w CC	2.9555
027,MDC 01P,Craniotomy & endovascular intracranial procedures w/o CC/MCC	2.1631
028,MDC 01P,Spinal procedures w MCC	5.6028
029,MDC 01P,Spinal procedures w CC or spinal neurostimulators	2.9277
030,MDC 01P,Spinal procedures w/o CC/MCC	1.7854
031,MDC 01P,Ventricular shunt procedures w MCC	4.2645
032,MDC 01P,Ventricular shunt procedures w CC	2.0348
033,MDC 01P,Ventricular shunt procedures w/o CC/MCC	1.4381
034,MDC 01P,Carotid artery stent procedure w MCC	3.6918
035,MDC 01P,Carotid artery stent procedure w CC	2.1965
036,MDC 01P,Carotid artery stent procedure w/o CC/MCC	1.6610
037,MDC 01P,Extracranial procedures w MCC	3.1870
038,MDC 01P,Extracranial procedures w CC	1.5741
039,MDC 01P,Extracranial procedures w/o CC/MCC	1.0285
040,MDC 01P,Periph/cranial nerve & other nerv syst proc w MCC	3.8680
041,MDC 01P,Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	2.1330
042,MDC 01P,Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.7744
052,MDC 01M,Spinal disorders & injuries w CC/MCC	1.4903
053,MDC 01M,Spinal disorders & injuries w/o CC/MCC	0.9046
054,MDC 01M,Nervous system neoplasms w MCC	1.3962
055,MDC 01M,Nervous system neoplasms w/o MCC	1.0486
056,MDC 01M,Degenerative nervous system disorders w MCC	1.7194
057,MDC 01M,Degenerative nervous system disorders w/o MCC	0.9680
058,MDC 01M,Multiple sclerosis & cerebellar ataxia w MCC	1.6472
059,MDC 01M,Multiple sclerosis & cerebellar ataxia w CC	1.0088
060,MDC 01M,Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.7807
061,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w MCC	2.8668
062,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w CC	1.9551
063,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	1.5366
064,MDC 01M,Intracranial hemorrhage or cerebral infarction w MCC	1.8424
065,MDC 01M,Intracranial hemorrhage or cerebral infarction w CC	1.1345
066,MDC 01M,Intracranial hemorrhage or cerebral infarction w/o CC/MCC	0.8135

Table A–2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
067,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w MCC	1.5074
068,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	0.8899
069,MDC 01M,Transient ischemia	0.7449
070,MDC 01M,Nonspecific cerebrovascular disorders w MCC	1.7056
071,MDC 01M,Nonspecific cerebrovascular disorders w CC	1.0174
072,MDC 01M,Nonspecific cerebrovascular disorders w/o CC/MCC	0.7506
073,MDC 01M,Cranial & peripheral nerve disorders w MCC	1.2820
074,MDC 01M,Cranial & peripheral nerve disorders w/o MCC	0.8837
075,MDC 01M,Viral meningitis w CC/MCC	1.7611
076,MDC 01M,Viral meningitis w/o CC/MCC	0.8947
077,MDC 01M,Hypertensive encephalopathy w MCC	1.6426
078,MDC 01M,Hypertensive encephalopathy w CC	0.9790
079,MDC 01M,Hypertensive encephalopathy w/o CC/MCC	0.7297
080,MDC 01M,Nontraumatic stupor & coma w MCC	1.2616
081,MDC 01M,Nontraumatic stupor & coma w/o MCC	0.7416
082,MDC 01M,Traumatic stupor & coma, coma >1 hr w MCC	1.9249
083,MDC 01M,Traumatic stupor & coma, coma >1 hr w CC	1.3458
084,MDC 01M,Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.8696
085,MDC 01M,Traumatic stupor & coma, coma <1 hr w MCC	2.0387
086,MDC 01M,Traumatic stupor & coma, coma <1 hr w CC	1.1874
087,MDC 01M,Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.7605
088,MDC 01M,Concussion w MCC	1.5687
089,MDC 01M,Concussion w CC	0.9791
090,MDC 01M,Concussion w/o CC/MCC	0.7218
091,MDC 01M,Other disorders of nervous system w MCC	1.6583
092,MDC 01M,Other disorders of nervous system w CC	0.9214
093,MDC 01M,Other disorders of nervous system w/o CC/MCC	0.6938
094,MDC 01M,Bacterial & tuberculous infections of nervous system w MCC	3.5656
095,MDC 01M,Bacterial & tuberculous infections of nervous system w CC	2.4627
096,MDC 01M,Bacterial & tuberculous infections of nervous system w/o CC/MCC	2.0158
097,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.3714
098,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w CC	1.8418
099,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.2427
100,MDC 01M,Seizures w MCC	1.5570

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
101,MDC 01M,Seizures w/o MCC	0.7643
102,MDC 01M,Headaches w MCC	1.0209
103,MDC 01M,Headaches w/o MCC	0.6893
113,MDC 02P,Orbital procedures w CC/MCC	1.8587
114,MDC 02P,Orbital procedures w/o CC/MCC	0.9589
115,MDC 02P,Extraocular procedures except orbit	1.2407
116,MDC 02P,Intraocular procedures w CC/MCC	1.5022
117,MDC 02P,Intraocular procedures w/o CC/MCC	0.7234
121,MDC 02M,Acute major eye infections w CC/MCC	0.9589
122,MDC 02M,Acute major eye infections w/o CC/MCC	0.6533
123,MDC 02M,Neurological eye disorders	0.7542
124,MDC 02M,Other disorders of the eye w MCC	1.1885
125,MDC 02M,Other disorders of the eye w/o MCC	0.6850
129,MDC 03P,Major head & neck procedures w CC/MCC or major device	2.1500
130,MDC 03P,Major head & neck procedures w/o CC/MCC	1.2065
131,MDC 03P,Cranial/facial procedures w CC/MCC	2.3443
132,MDC 03P,Cranial/facial procedures w/o CC/MCC	1.2362
133,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w CC/MCC	1.7818
134,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	0.9177
135,MDC 03P,Sinus & mastoid procedures w CC/MCC	2.0002
136,MDC 03P,Sinus & mastoid procedures w/o CC/MCC	1.0697
137,MDC 03P,Mouth procedures w CC/MCC	1.3192
138,MDC 03P,Mouth procedures w/o CC/MCC	0.7388
139,MDC 03P,Salivary gland procedures	0.8922
146,MDC 03M,Ear, nose, mouth & throat malignancy w MCC	2.2347
147,MDC 03M,Ear, nose, mouth & throat malignancy w CC	1.2486
148,MDC 03M,Ear, nose, mouth & throat malignancy w/o CC/MCC	0.7488
149,MDC 03M,Dysequilibrium	0.6462
150,MDC 03M,Epistaxis w MCC	1.3890
151,MDC 03M,Epistaxis w/o MCC	0.6458
152,MDC 03M,Otitis media & URI w MCC	1.0166
153,MDC 03M,Otitis media & URI w/o MCC	0.6605
154,MDC 03M,Other ear, nose, mouth & throat diagnoses w MCC	1.4138
155,MDC 03M,Other ear, nose, mouth & throat diagnoses w CC	0.9137

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
156,MDC 03M,Other ear, nose, mouth & throat diagnoses w/o CC/MCC	0.6349
157,MDC 03M,Dental & Oral Diseases w MCC	1.6010
158,MDC 03M,Dental & Oral Diseases w CC	0.8988
159,MDC 03M,Dental & Oral Diseases w/o CC/MCC	0.5969
163,MDC 04P,Major chest procedures w MCC	5.1193
164,MDC 04P,Major chest procedures w CC	2.6191
165,MDC 04P,Major chest procedures w/o CC/MCC	1.7922
166,MDC 04P,Other resp system O.R. procedures w MCC	3.7513
167,MDC 04P,Other resp system O.R. procedures w CC	2.0043
168,MDC 04P,Other resp system O.R. procedures w/o CC/MCC	1.3153
175,MDC 04M,Pulmonary embolism w MCC	1.5870
176,MDC 04M,Pulmonary embolism w/o MCC	1.0379
177,MDC 04M,Respiratory infections & inflammations w MCC	2.0549
178,MDC 04M,Respiratory infections & inflammations w CC	1.4403
179,MDC 04M,Respiratory infections & inflammations w/o CC/MCC	0.9799
180,MDC 04M,Respiratory neoplasms w MCC	1.7567
181,MDC 04M,Respiratory neoplasms w CC	1.2108
182,MDC 04M,Respiratory neoplasms w/o CC/MCC	0.8275
183,MDC 04M,Major chest trauma w MCC	1.4804
184,MDC 04M,Major chest trauma w CC	1.0171
185,MDC 04M,Major chest trauma w/o CC/MCC	0.6961
186,MDC 04M,Pleural effusion w MCC	1.5746
187,MDC 04M,Pleural effusion w CC	1.1169
188,MDC 04M,Pleural effusion w/o CC/MCC	0.7544
189,MDC 04M,Pulmonary edema & respiratory failure	1.2461
190,MDC 04M,Chronic obstructive pulmonary disease w MCC	1.1860
191,MDC 04M,Chronic obstructive pulmonary disease w CC	0.9521
192,MDC 04M,Chronic obstructive pulmonary disease w/o CC/MCC	0.7072
193,MDC 04M,Simple pneumonia & pleurisy w MCC	1.4893
194,MDC 04M,Simple pneumonia & pleurisy w CC	0.9996
195,MDC 04M,Simple pneumonia & pleurisy w/o CC/MCC	0.7078
196,MDC 04M,Interstitial lung disease w MCC	1.6820
197,MDC 04M,Interstitial lung disease w CC	1.1209
198,MDC 04M,Interstitial lung disease w/o CC/MCC	0.7879

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
199,MDC 04M,Pneumothorax w MCC	1.8915
200,MDC 04M,Pneumothorax w CC	1.0242
201,MDC 04M,Pneumothorax w/o CC/MCC	0.6792
202,MDC 04M,Bronchitis & asthma w CC/MCC	0.8704
203,MDC 04M,Bronchitis & asthma w/o CC/MCC	0.6228
204,MDC 04M,Respiratory signs & symptoms	0.6822
205,MDC 04M,Other respiratory system diagnoses w MCC	1.3809
206,MDC 04M,Other respiratory system diagnoses w/o MCC	0.7763
207,MDC 04M,Respiratory system diagnosis w ventilator support 96+ hours	5.3619
208,MDC 04M,Respiratory system diagnosis w ventilator support <96 hours	2.2899
215,MDC 05P,Other heart assist system implant	14.1036
216,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	9.5190
217,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w CC	6.3495
218,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	5.3429
219,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	7.8390
220,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.2438
221,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.4232
222,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.5506
223,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.1065
224,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	7.6758
225,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	5.7605
226,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w MCC	6.7354
227,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w/o MCC	5.1886
228,MDC 05P,Other cardiothoracic procedures w MCC	7.0815
229,MDC 05P,Other cardiothoracic procedures w CC	4.6279
230,MDC 05P,Other cardiothoracic procedures w/o CC/MCC	3.8111
231,MDC 05P,Coronary bypass w PTCA w MCC	7.5297
232,MDC 05P,Coronary bypass w PTCA w/o MCC	5.7151
233,MDC 05P,Coronary bypass w cardiac cath w MCC	7.2292
234,MDC 05P,Coronary bypass w cardiac cath w/o MCC	4.8413
235,MDC 05P,Coronary bypass w/o cardiac cath w MCC	5.8014
236,MDC 05P,Coronary bypass w/o cardiac cath w/o MCC	3.7777
237,MDC 05P,Major cardiovasc procedures w MCC	5.1170
238,MDC 05P,Major cardiovasc procedures w/o MCC	3.1863

Table A–2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
239,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w MCC	4.6194
240,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w CC	2.6531
241,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.4825
242,MDC 05P,Permanent cardiac pacemaker implant w MCC	3.7314
243,MDC 05P,Permanent cardiac pacemaker implant w CC	2.6204
244,MDC 05P,Permanent cardiac pacemaker implant w/o CC/MCC	2.0624
245,MDC 05P,AICD generator procedures	4.2540
246,MDC 05P,Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	3.1566
247,MDC 05P,Perc cardiovasc proc w drug-eluting stent w/o MCC	1.9911
248,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	3.0003
249,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w/o MCC	1.7961
250,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w MCC	2.9988
251,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w/o MCC	1.9237
252,MDC 05P,Other vascular procedures w MCC	3.0224
253,MDC 05P,Other vascular procedures w CC	2.4739
254,MDC 05P,Other vascular procedures w/o CC/MCC	1.6609
255,MDC 05P,Upper limb & toe amputation for circ system disorders w MCC	2.4381
256,MDC 05P,Upper limb & toe amputation for circ system disorders w CC	1.5934
257,MDC 05P,Upper limb & toe amputation for circ system disorders w/o CC/MCC	0.9535
258,MDC 05P,Cardiac pacemaker device replacement w MCC	2.6945
259,MDC 05P,Cardiac pacemaker device replacement w/o MCC	1.8590
260,MDC 05P,Cardiac pacemaker revision except device replacement w MCC	3.6624
261,MDC 05P,Cardiac pacemaker revision except device replacement w CC	1.6769
262,MDC 05P,Cardiac pacemaker revision except device replacement w/o CC/MCC	1.2343
263,MDC 05P,Vein ligation & stripping	1.9091
264,MDC 05P,Other circulatory system O.R. procedures	2.6674
265,MDC 05P,AICD lead procedures	2.4394
280,MDC 05M,Acute myocardial infarction, discharged alive w MCC	1.7999
281,MDC 05M,Acute myocardial infarction, discharged alive w CC	1.0961
282,MDC 05M,Acute myocardial infarction, discharged alive w/o CC/MCC	0.7736
283,MDC 05M,Acute myocardial infarction, expired w MCC	1.7539
284,MDC 05M,Acute myocardial infarction, expired w CC	0.8042
285,MDC 05M,Acute myocardial infarction, expired w/o CC/MCC	0.5353
286,MDC 05M,Circulatory disorders except AMI, w card cath w MCC	2.0617

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
287,MDC 05M,Circulatory disorders except AMI, w card cath w/o MCC	1.0709
288,MDC 05M,Acute & subacute endocarditis w MCC	2.8229
289,MDC 05M,Acute & subacute endocarditis w CC	1.8145
290,MDC 05M,Acute & subacute endocarditis w/o CC/MCC	1.2092
291,MDC 05M,Heart failure & shock w MCC	1.5174
292,MDC 05M,Heart failure & shock w CC	1.0034
293,MDC 05M,Heart failure & shock w/o CC/MCC	0.6751
294,MDC 05M,Deep vein thrombophlebitis w CC/MCC	1.0229
295,MDC 05M,Deep vein thrombophlebitis w/o CC/MCC	0.6476
296,MDC 05M,Cardiac arrest, unexplained w MCC	1.2878
297,MDC 05M,Cardiac arrest, unexplained w CC	0.6455
298,MDC 05M,Cardiac arrest, unexplained w/o CC/MCC	0.4571
299,MDC 05M,Peripheral vascular disorders w MCC	1.4186
300,MDC 05M,Peripheral vascular disorders w CC	0.9679
301,MDC 05M,Peripheral vascular disorders w/o CC/MCC	0.6679
302,MDC 05M,Atherosclerosis w MCC	1.0142
303,MDC 05M,Atherosclerosis w/o MCC	0.5773
304,MDC 05M,Hypertension w MCC	1.0503
305,MDC 05M,Hypertension w/o MCC	0.6187
306,MDC 05M,Cardiac congenital & valvular disorders w MCC	1.3122
307,MDC 05M,Cardiac congenital & valvular disorders w/o MCC	0.7840
308,MDC 05M,Cardiac arrhythmia & conduction disorders w MCC	1.2285
309,MDC 05M,Cardiac arrhythmia & conduction disorders w CC	0.8098
310,MDC 05M,Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5541
311,MDC 05M,Angina pectoris	0.5207
312,MDC 05M,Syncope & collapse	0.7339
313,MDC 05M,Chest pain	0.5617
314,MDC 05M,Other circulatory system diagnoses w MCC	1.8508
315,MDC 05M,Other circulatory system diagnoses w CC	0.9527
316,MDC 05M,Other circulatory system diagnoses w/o CC/MCC	0.6224
326,MDC 06P,Stomach, esophageal & duodenal proc w MCC	5.6118
327,MDC 06P,Stomach, esophageal & duodenal proc w CC	2.6811
328,MDC 06P,Stomach, esophageal & duodenal proc w/o CC/MCC	1.4413
329,MDC 06P,Major small & large bowel procedures w MCC	5.2599

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
330,MDC 06P,Major small & large bowel procedures w CC	2.5731
331,MDC 06P,Major small & large bowel procedures w/o CC/MCC	1.6361
332,MDC 06P,Rectal resection w MCC	4.6143
333,MDC 06P,Rectal resection w CC	2.4814
334,MDC 06P,Rectal resection w/o CC/MCC	1.6181
335,MDC 06P,Peritoneal adhesiolysis w MCC	4.3146
336,MDC 06P,Peritoneal adhesiolysis w CC	2.3529
337,MDC 06P,Peritoneal adhesiolysis w/o CC/MCC	1.5538
338,MDC 06P,Appendectomy w complicated principal diag w MCC	3.2008
339,MDC 06P,Appendectomy w complicated principal diag w CC	1.8675
340,MDC 06P,Appendectomy w complicated principal diag w/o CC/MCC	1.2024
341,MDC 06P,Appendectomy w/o complicated principal diag w MCC	2.3116
342,MDC 06P,Appendectomy w/o complicated principal diag w CC	1.3516
343,MDC 06P,Appendectomy w/o complicated principal diag w/o CC/MCC	0.9547
344,MDC 06P,Minor small & large bowel procedures w MCC	3.4094
345,MDC 06P,Minor small & large bowel procedures w CC	1.7123
346,MDC 06P,Minor small & large bowel procedures w/o CC/MCC	1.1608
347,MDC 06P,Anal & stomal procedures w MCC	2.5169
348,MDC 06P,Anal & stomal procedures w CC	1.3900
349,MDC 06P,Anal & stomal procedures w/o CC/MCC	0.8343
350,MDC 06P,Inguinal & femoral hernia procedures w MCC	2.5082
351,MDC 06P,Inguinal & femoral hernia procedures w CC	1.3755
352,MDC 06P,Inguinal & femoral hernia procedures w/o CC/MCC	0.9043
353,MDC 06P,Hernia procedures except inguinal & femoral w MCC	2.8192
354,MDC 06P,Hernia procedures except inguinal & femoral w CC	1.5976
355,MDC 06P,Hernia procedures except inguinal & femoral w/o CC/MCC	1.1172
356,MDC 06P,Other digestive system O.R. procedures w MCC	3.9463
357,MDC 06P,Other digestive system O.R. procedures w CC	2.1747
358,MDC 06P,Other digestive system O.R. procedures w/o CC/MCC	1.3629
368,MDC 06M,Major esophageal disorders w MCC	1.8327
369,MDC 06M,Major esophageal disorders w CC	1.0664
370,MDC 06M,Major esophageal disorders w/o CC/MCC	0.7593
371,MDC 06M,Major gastrointestinal disorders & peritoneal infections w MCC	2.0200
372,MDC 06M,Major gastrointestinal disorders & peritoneal infections w CC	1.2275

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
373,MDC 06M,Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.8401
374,MDC 06M,Digestive malignancy w MCC	2.1284
375,MDC 06M,Digestive malignancy w CC	1.2738
376,MDC 06M,Digestive malignancy w/o CC/MCC	0.8809
377,MDC 06M,G.I. hemorrhage w MCC	1.7817
378,MDC 06M,G.I. hemorrhage w CC	1.0168
379,MDC 06M,G.I. hemorrhage w/o CC/MCC	0.7015
380,MDC 06M,Complicated peptic ulcer w MCC	1.9311
381,MDC 06M,Complicated peptic ulcer w CC	1.1130
382,MDC 06M,Complicated peptic ulcer w/o CC/MCC	0.7917
383,MDC 06M,Uncomplicated peptic ulcer w MCC	1.3384
384,MDC 06M,Uncomplicated peptic ulcer w/o MCC	0.8365
385,MDC 06M,Inflammatory bowel disease w MCC	1.9078
386,MDC 06M,Inflammatory bowel disease w CC	1.0505
387,MDC 06M,Inflammatory bowel disease w/o CC/MCC	0.7878
388,MDC 06M,G.I. obstruction w MCC	1.6564
389,MDC 06M,G.I. obstruction w CC	0.9217
390,MDC 06M,G.I. obstruction w/o CC/MCC	0.6372
391,MDC 06M,Esophagitis, gastroent & misc digest disorders w MCC	1.1897
392,MDC 06M,Esophagitis, gastroent & misc digest disorders w/o MCC	0.7375
393,MDC 06M,Other digestive system diagnoses w MCC	1.6666
394,MDC 06M,Other digestive system diagnoses w CC	0.9837
395,MDC 06M,Other digestive system diagnoses w/o CC/MCC	0.6791
405,MDC 07P,Pancreas, liver & shunt procedures w MCC	5.5575
406,MDC 07P,Pancreas, liver & shunt procedures w CC	2.7303
407,MDC 07P,Pancreas, liver & shunt procedures w/o CC/MCC	1.8280
408,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	3.8375
409,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.2680
410,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.6875
411,MDC 07P,Cholecystectomy w c.d.e. w MCC	3.8040
412,MDC 07P,Cholecystectomy w c.d.e. w CC	2.5989
413,MDC 07P,Cholecystectomy w c.d.e. w/o CC/MCC	1.8582
414,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.5643
415,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w CC	2.0728

Table A–2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
416,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.3354
417,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.5189
418,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w CC	1.7007
419,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.2050
420,MDC 07P,Hepatobiliary diagnostic procedures w MCC	3.8509
421,MDC 07P,Hepatobiliary diagnostic procedures w CC	1.7381
422,MDC 07P,Hepatobiliary diagnostic procedures w/o CC/MCC	1.3006
423,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w MCC	4.3308
424,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w CC	2.4081
425,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.5756
432,MDC 07M,Cirrhosis & alcoholic hepatitis w MCC	1.6792
433,MDC 07M,Cirrhosis & alcoholic hepatitis w CC	0.9316
434,MDC 07M,Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.6343
435,MDC 07M,Malignancy of hepatobiliary system or pancreas w MCC	1.7816
436,MDC 07M,Malignancy of hepatobiliary system or pancreas w CC	1.1934
437,MDC 07M,Malignancy of hepatobiliary system or pancreas w/o CC/MCC	0.9537
438,MDC 07M,Disorders of pancreas except malignancy w MCC	1.7844
439,MDC 07M,Disorders of pancreas except malignancy w CC	0.9603
440,MDC 07M,Disorders of pancreas except malignancy w/o CC/MCC	0.6790
441,MDC 07M,Disorders of liver except malig,cirr,alc hepa w MCC	1.8767
442,MDC 07M,Disorders of liver except malig,cirr,alc hepa w CC	0.9545
443,MDC 07M,Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	0.6473
444,MDC 07M,Disorders of the biliary tract w MCC	1.6039
445,MDC 07M,Disorders of the biliary tract w CC	1.0720
446,MDC 07M,Disorders of the biliary tract w/o CC/MCC	0.7583
453,MDC 08P,Combined anterior/posterior spinal fusion w MCC	10.5952
454,MDC 08P,Combined anterior/posterior spinal fusion w CC	7.7979
455,MDC 08P,Combined anterior/posterior spinal fusion w/o CC/MCC	5.8705
456,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w MCC	9.5204
457,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w CC	6.4171
458,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w/o CC/MCC	4.9491
459,MDC 08P,Spinal fusion except cervical w MCC	6.5390
460,MDC 08P,Spinal fusion except cervical w/o MCC	3.8783
461,MDC 08P,Bilateral or multiple major joint procs of lower extremity w MCC	4.9062

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
462,MDC 08P,Bilateral or multiple major joint procs of lower extremity w/o MCC	3.3745
463,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	5.4443
464,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	2.9406
465,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	1.8802
466,MDC 08P,Revision of hip or knee replacement w MCC	5.0078
467,MDC 08P,Revision of hip or knee replacement w CC	3.2516
468,MDC 08P,Revision of hip or knee replacement w/o CC/MCC	2.6070
469,MDC 08P,Major joint replacement or reattachment of lower extremity w MCC	3.4196
470,MDC 08P,Major joint replacement or reattachment of lower extremity w/o MCC	2.0953
471,MDC 08P,Cervical spinal fusion w MCC	4.7075
472,MDC 08P,Cervical spinal fusion w CC	2.8041
473,MDC 08P,Cervical spinal fusion w/o CC/MCC	2.1254
474,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w MCC	3.5676
475,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w CC	2.0071
476,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.0171
477,MDC 08P,Biopsies of musculoskeletal system & connective tissue w MCC	3.2681
478,MDC 08P,Biopsies of musculoskeletal system & connective tissue w CC	2.2663
479,MDC 08P,Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.6922
480,MDC 08P,Hip & femur procedures except major joint w MCC	3.0367
481,MDC 08P,Hip & femur procedures except major joint w CC	1.9345
482,MDC 08P,Hip & femur procedures except major joint w/o CC/MCC	1.5660
483,MDC 08P,Major joint & limb reattachment proc of upper extremity w CC/MCC	2.5314
484,MDC 08P,Major joint & limb reattachment proc of upper extremity w/o CC/MCC	2.0950
485,MDC 08P,Knee procedures w pdx of infection w MCC	3.0583
486,MDC 08P,Knee procedures w pdx of infection w CC	2.0808
487,MDC 08P,Knee procedures w pdx of infection w/o CC/MCC	1.4863
488,MDC 08P,Knee procedures w/o pdx of infection w CC/MCC	1.6865
489,MDC 08P,Knee procedures w/o pdx of infection w/o CC/MCC	1.2486
490,MDC 08P,Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim	1.8154
491,MDC 08P,Back & neck proc exc spinal fusion w/o CC/MCC	1.0354
492,MDC 08P,Lower extrem & humer proc except hip,foot,femur w MCC	3.1039
493,MDC 08P,Lower extrem & humer proc except hip,foot,femur w CC	1.9310
494,MDC 08P,Lower extrem & humer proc except hip,foot,femur w/o CC/MCC	1.3938
495,MDC 08P,Local excision & removal int fix devices exc hip & femur w MCC	2.9977

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
496,MDC 08P,Local excision & removal int fix devices exc hip & femur w CC	1.6306
497,MDC 08P,Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.1202
498,MDC 08P,Local excision & removal int fix devices of hip & femur w CC/MCC	2.1304
499,MDC 08P,Local excision & removal int fix devices of hip & femur w/o CC/MCC	1.0106
500,MDC 08P,Soft tissue procedures w MCC	3.1368
501,MDC 08P,Soft tissue procedures w CC	1.5940
502,MDC 08P,Soft tissue procedures w/o CC/MCC	1.0670
503,MDC 08P,Foot procedures w MCC	2.3006
504,MDC 08P,Foot procedures w CC	1.5641
505,MDC 08P,Foot procedures w/o CC/MCC	1.1478
506,MDC 08P,Major thumb or joint procedures	1.3003
507,MDC 08P,Major shoulder or elbow joint procedures w CC/MCC	1.8689
508,MDC 08P,Major shoulder or elbow joint procedures w/o CC/MCC	1.2071
509,MDC 08P,Arthroscopy	1.3494
510,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w MCC	2.2963
511,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w CC	1.5222
512,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	1.1201
513,MDC 08P,Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.3409
514,MDC 08P,Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.8655
515,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w MCC	3.2831
516,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w CC	1.9744
517,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.5767
533,MDC 08M,Fractures of femur w MCC	1.4725
534,MDC 08M,Fractures of femur w/o MCC	0.7366
535,MDC 08M,Fractures of hip & pelvis w MCC	1.2790
536,MDC 08M,Fractures of hip & pelvis w/o MCC	0.7146
537,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.8638
538,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.6405
539,MDC 08M,Osteomyelitis w MCC	1.9982
540,MDC 08M,Osteomyelitis w CC	1.2692
541,MDC 08M,Osteomyelitis w/o CC/MCC	0.9770
542,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w MCC	2.0293
543,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w CC	1.1749
544,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.8012

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
545,MDC 08M,Connective tissue disorders w MCC	2.4785
546,MDC 08M,Connective tissue disorders w CC	1.1767
547,MDC 08M,Connective tissue disorders w/o CC/MCC	0.7581
548,MDC 08M,Septic arthritis w MCC	1.7465
549,MDC 08M,Septic arthritis w CC	1.1683
550,MDC 08M,Septic arthritis w/o CC/MCC	0.7723
551,MDC 08M,Medical back problems w MCC	1.6345
552,MDC 08M,Medical back problems w/o MCC	0.8533
553,MDC 08M,Bone diseases & arthropathies w MCC	1.2087
554,MDC 08M,Bone diseases & arthropathies w/o MCC	0.6916
555,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w MCC	1.2348
556,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.7039
557,MDC 08M,Tendonitis, myositis & bursitis w MCC	1.5613
558,MDC 08M,Tendonitis, myositis & bursitis w/o MCC	0.8594
559,MDC 08M,Aftercare, musculoskeletal system & connective tissue w MCC	1.8741
560,MDC 08M,Aftercare, musculoskeletal system & connective tissue w CC	1.0300
561,MDC 08M,Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.6115
562,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	1.3989
563,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	0.7463
564,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w MCC	1.4459
565,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w CC	0.9386
566,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.6786
570,MDC 09P,Skin debridement w MCC	2.4688
571,MDC 09P,Skin debridement w CC	1.4969
572,MDC 09P,Skin debridement w/o CC/MCC	1.0036
573,MDC 09P,Skin graft for skin ulcer or cellulitis w MCC	3.5637
574,MDC 09P,Skin graft for skin ulcer or cellulitis w CC	2.4469
575,MDC 09P,Skin graft for skin ulcer or cellulitis w/o CC/MCC	1.3266
576,MDC 09P,Skin graft exc for skin ulcer or cellulitis w MCC	4.2457
577,MDC 09P,Skin graft exc for skin ulcer or cellulitis w CC	1.8963
578,MDC 09P,Skin graft exc for skin ulcer or cellulitis w/o CC/MCC	1.1312
579,MDC 09P,Other skin, subcut tiss & breast proc w MCC	2.7186
580,MDC 09P,Other skin, subcut tiss & breast proc w CC	1.4875
581,MDC 09P,Other skin, subcut tiss & breast proc w/o CC/MCC	0.9916

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
582,MDC 09P,Mastectomy for malignancy w CC/MCC	1.1283
583,MDC 09P,Mastectomy for malignancy w/o CC/MCC	0.8992
584,MDC 09P,Breast biopsy, local excision & other breast procedures w CC/MCC	1.6550
585,MDC 09P,Breast biopsy, local excision & other breast procedures w/o CC/MCC	1.1381
592,MDC 09M,Skin ulcers w MCC	1.4632
593,MDC 09M,Skin ulcers w CC	0.9912
594,MDC 09M,Skin ulcers w/o CC/MCC	0.6782
595,MDC 09M,Major skin disorders w MCC	1.8803
596,MDC 09M,Major skin disorders w/o MCC	0.8880
597,MDC 09M,Malignant breast disorders w MCC	1.6026
598,MDC 09M,Malignant breast disorders w CC	1.2280
599,MDC 09M,Malignant breast disorders w/o CC/MCC	0.6650
600,MDC 09M,Non-malignant breast disorders w CC/MCC	0.9968
601,MDC 09M,Non-malignant breast disorders w/o CC/MCC	0.6247
602,MDC 09M,Cellulitis w MCC	1.4883
603,MDC 09M,Cellulitis w/o MCC	0.8392
604,MDC 09M,Trauma to the skin, subcut tiss & breast w MCC	1.3297
605,MDC 09M,Trauma to the skin, subcut tiss & breast w/o MCC	0.7552
606,MDC 09M,Minor skin disorders w MCC	1.3936
607,MDC 09M,Minor skin disorders w/o MCC	0.6892
614,MDC 10P,Adrenal & pituitary procedures w CC/MCC	2.3998
615,MDC 10P,Adrenal & pituitary procedures w/o CC/MCC	1.4036
616,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	4.3525
617,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	1.9716
618,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	1.1287
619,MDC 10P,O.R. procedures for obesity w MCC	3.4876
620,MDC 10P,O.R. procedures for obesity w CC	1.8601
621,MDC 10P,O.R. procedures for obesity w/o CC/MCC	1.5026
622,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.5668
623,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.8221
624,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	0.9662
625,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w MCC	2.3606
626,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w CC	1.2163
627,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0.8217

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
628,MDC 10P,Other endocrine, nutrit & metab O.R. proc w MCC	3.2936
629,MDC 10P,Other endocrine, nutrit & metab O.R. proc w CC	2.1440
630,MDC 10P,Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.2266
637,MDC 10M,Diabetes w MCC	1.4070
638,MDC 10M,Diabetes w CC	0.8218
639,MDC 10M,Diabetes w/o CC/MCC	0.5558
640,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w MCC	1.1076
641,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w/o MCC	0.6920
642,MDC 10M,Inborn and other disorders of metabolism	1.1233
643,MDC 10M,Endocrine disorders w MCC	1.7094
644,MDC 10M,Endocrine disorders w CC	1.0508
645,MDC 10M,Endocrine disorders w/o CC/MCC	0.7233
652,MDC 11P,Kidney transplant	3.0825
653,MDC 11P,Major bladder procedures w MCC	6.1649
654,MDC 11P,Major bladder procedures w CC	3.1279
655,MDC 11P,Major bladder procedures w/o CC/MCC	2.0913
656,MDC 11P,Kidney & ureter procedures for neoplasm w MCC	3.5136
657,MDC 11P,Kidney & ureter procedures for neoplasm w CC	1.9904
658,MDC 11P,Kidney & ureter procedures for neoplasm w/o CC/MCC	1.4836
659,MDC 11P,Kidney & ureter procedures for non-neoplasm w MCC	3.5192
660,MDC 11P,Kidney & ureter procedures for non-neoplasm w CC	1.8829
661,MDC 11P,Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.3335
662,MDC 11P,Minor bladder procedures w MCC	2.9941
663,MDC 11P,Minor bladder procedures w CC	1.5295
664,MDC 11P,Minor bladder procedures w/o CC/MCC	1.1260
665,MDC 11P,Prostatectomy w MCC	3.0737
666,MDC 11P,Prostatectomy w CC	1.6602
667,MDC 11P,Prostatectomy w/o CC/MCC	0.8760
668,MDC 11P,Transurethral procedures w MCC	2.4731
669,MDC 11P,Transurethral procedures w CC	1.3015
670,MDC 11P,Transurethral procedures w/o CC/MCC	0.8326
671,MDC 11P,Urethral procedures w CC/MCC	1.4513
672,MDC 11P,Urethral procedures w/o CC/MCC	0.8383
673,MDC 11P,Other kidney & urinary tract procedures w MCC	3.0591

Table A–2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
674,MDC 11P,Other kidney & urinary tract procedures w CC	2.1887
675,MDC 11P,Other kidney & urinary tract procedures w/o CC/MCC	1.3558
682,MDC 11M,Renal failure w MCC	1.5862
683,MDC 11M,Renal failure w CC	0.9958
684,MDC 11M,Renal failure w/o CC/MCC	0.6432
685,MDC 11M,Admit for renal dialysis	0.8899
686,MDC 11M,Kidney & urinary tract neoplasms w MCC	1.6823
687,MDC 11M,Kidney & urinary tract neoplasms w CC	1.0499
688,MDC 11M,Kidney & urinary tract neoplasms w/o CC/MCC	0.6805
689,MDC 11M,Kidney & urinary tract infections w MCC	1.1784
690,MDC 11M,Kidney & urinary tract infections w/o MCC	0.7810
691,MDC 11M,Urinary stones w esw lithotripsy w CC/MCC	1.5632
692,MDC 11M,Urinary stones w esw lithotripsy w/o CC/MCC	1.0563
693,MDC 11M,Urinary stones w/o esw lithotripsy w MCC	1.4169
694,MDC 11M,Urinary stones w/o esw lithotripsy w/o MCC	0.7017
695,MDC 11M,Kidney & urinary tract signs & symptoms w MCC	1.2944
696,MDC 11M,Kidney & urinary tract signs & symptoms w/o MCC	0.6639
697,MDC 11M,Urethral stricture	0.8246
698,MDC 11M,Other kidney & urinary tract diagnoses w MCC	1.5995
699,MDC 11M,Other kidney & urinary tract diagnoses w CC	0.9998
700,MDC 11M,Other kidney & urinary tract diagnoses w/o CC/MCC	0.6854
707,MDC 12P,Major male pelvic procedures w CC/MCC	1.8134
708,MDC 12P,Major male pelvic procedures w/o CC/MCC	1.2936
709,MDC 12P,Penis procedures w CC/MCC	2.0087
710,MDC 12P,Penis procedures w/o CC/MCC	1.2991
711,MDC 12P,Testes procedures w CC/MCC	1.9631
712,MDC 12P,Testes procedures w/o CC/MCC	0.8418
713,MDC 12P,Transurethral prostatectomy w CC/MCC	1.3234
714,MDC 12P,Transurethral prostatectomy w/o CC/MCC	0.6983
715,MDC 12P,Other male reproductive system O.R. proc for malignancy w CC/MCC	1.9149
716,MDC 12P,Other male reproductive system O.R. proc for malignancy w/o CC/MCC	0.9656
717,MDC 12P,Other male reproductive system O.R. proc exc malignancy w CC/MCC	1.7261
718,MDC 12P,Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	0.8657
722,MDC 12M,Malignancy, male reproductive system w MCC	1.6690

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
723,MDC 12M,Malignancy, male reproductive system w CC	1.1066
724,MDC 12M,Malignancy, male reproductive system w/o CC/MCC	0.6509
725,MDC 12M,Benign prostatic hypertrophy w MCC	1.2976
726,MDC 12M,Benign prostatic hypertrophy w/o MCC	0.7085
727,MDC 12M,Inflammation of the male reproductive system w MCC	1.4014
728,MDC 12M,Inflammation of the male reproductive system w/o MCC	0.7721
729,MDC 12M,Other male reproductive system diagnoses w CC/MCC	1.0357
730,MDC 12M,Other male reproductive system diagnoses w/o CC/MCC	0.6113
734,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.6652
735,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.1682
736,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.4140
737,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w CC	2.0049
738,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.2853
739,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	3.3219
740,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w CC	1.5688
741,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	1.1499
742,MDC 13P,Uterine & adnexa proc for non-malignancy w CC/MCC	1.4157
743,MDC 13P,Uterine & adnexa proc for non-malignancy w/o CC/MCC	0.9653
744,MDC 13P,D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.5573
745,MDC 13P,D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	0.8109
746,MDC 13P,Vagina, cervix & vulva procedures w CC/MCC	1.3850
747,MDC 13P,Vagina, cervix & vulva procedures w/o CC/MCC	0.8818
748,MDC 13P,Female reproductive system reconstructive procedures	0.9773
749,MDC 13P,Other female reproductive system O.R. procedures w CC/MCC	2.5755
750,MDC 13P,Other female reproductive system O.R. procedures w/o CC/MCC	1.0675
754,MDC 13M,Malignancy, female reproductive system w MCC	1.9833
755,MDC 13M,Malignancy, female reproductive system w CC	1.0990
756,MDC 13M,Malignancy, female reproductive system w/o CC/MCC	0.5777
757,MDC 13M,Infections, female reproductive system w MCC	1.6945
758,MDC 13M,Infections, female reproductive system w CC	1.0790
759,MDC 13M,Infections, female reproductive system w/o CC/MCC	0.7173
760,MDC 13M,Menstrual & other female reproductive system disorders w CC/MCC	0.8062
761,MDC 13M,Menstrual & other female reproductive system disorders w/o CC/MCC	0.4951
765,MDC 14P,Cesarean section w CC/MCC	1.2194

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
766,MDC 14P,Cesarean section w/o CC/MCC	0.8586
767,MDC 14P,Vaginal delivery w sterilization &/or D&C	0.9225
768,MDC 14P,Vaginal delivery w O.R. proc except steril &/or D&C	1.8304
769,MDC 14P,Postpartum & post abortion diagnoses w O.R. procedure	1.4668
770,MDC 14P,Abortion w D&C, aspiration curettage or hysterotomy	0.6489
774,MDC 14M,Vaginal delivery w complicating diagnoses	0.7217
775,MDC 14M,Vaginal delivery w/o complicating diagnoses	0.5755
776,MDC 14M,Postpartum & post abortion diagnoses w/o O.R. procedure	0.6565
777,MDC 14M,Ectopic pregnancy	0.8777
778,MDC 14M,Threatened abortion	0.5049
779,MDC 14M,Abortion w/o D&C	0.4962
780,MDC 14M,False labor	0.1896
781,MDC 14M,Other antepartum diagnoses w medical complications	0.6687
782,MDC 14M,Other antepartum diagnoses w/o medical complications	0.4050
789,MDC 15M,Neonates, died or transferred to another acute care facility	1.5035
790,MDC 15M,Extreme immaturity or respiratory distress syndrome, neonate	4.9579
791,MDC 15M,Prematurity w major problems	3.3861
792,MDC 15M,Prematurity w/o major problems	2.0431
793,MDC 15M,Full term neonate w major problems	3.4783
794,MDC 15M,Neonate w other significant problems	1.2311
795,MDC 15M,Normal newborn	0.1667
799,MDC 16P,Splenectomy w MCC	5.1496
800,MDC 16P,Splenectomy w CC	2.6372
801,MDC 16P,Splenectomy w/o CC/MCC	1.5736
802,MDC 16P,Other O.R. proc of the blood & blood forming organs w MCC	3.6452
803,MDC 16P,Other O.R. proc of the blood & blood forming organs w CC	1.7576
804,MDC 16P,Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.1211
808,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w MCC	2.0902
809,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w CC	1.1767
810,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.8490
811,MDC 16M,Red blood cell disorders w MCC	1.2556
812,MDC 16M,Red blood cell disorders w/o MCC	0.7872
813,MDC 16M,Coagulation disorders	1.5841
814,MDC 16M,Reticuloendothelial & immunity disorders w MCC	1.6794

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
815,MDC 16M,Reticuloendothelial & immunity disorders w CC	1.0102
816,MDC 16M,Reticuloendothelial & immunity disorders w/o CC/MCC	0.6918
820,MDC 17P,Lymphoma & leukemia w major O.R. procedure w MCC	5.7228
821,MDC 17P,Lymphoma & leukemia w major O.R. procedure w CC	2.3066
822,MDC 17P,Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.1935
823,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w MCC	4.5397
824,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w CC	2.2603
825,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	1.2712
826,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	4.8680
827,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.1765
828,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.3409
829,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	3.0335
830,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	1.1804
834,MDC 17M,Acute leukemia w/o major O.R. procedure w MCC	5.1622
835,MDC 17M,Acute leukemia w/o major O.R. procedure w CC	2.2133
836,MDC 17M,Acute leukemia w/o major O.R. procedure w/o CC/MCC	1.0992
837,MDC 17M,Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	6.4881
838,MDC 17M,Chemo w acute leukemia as sdx w CC or high dose chemo agent	2.7537
839,MDC 17M,Chemo w acute leukemia as sdx w/o CC/MCC	1.2412
840,MDC 17M,Lymphoma & non-acute leukemia w MCC	3.0103
841,MDC 17M,Lymphoma & non-acute leukemia w CC	1.6192
842,MDC 17M,Lymphoma & non-acute leukemia w/o CC/MCC	1.0450
843,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w MCC	1.8719
844,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w CC	1.2216
845,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.8612
846,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.4374
847,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w CC	1.0447
848,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0.7878
849,MDC 17M,Radiotherapy	1.3396
853,MDC 18P,Infectious & parasitic diseases w O.R. procedure w MCC	5.3431
854,MDC 18P,Infectious & parasitic diseases w O.R. procedure w CC	2.5583
855,MDC 18P,Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.5331
856,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w MCC	4.8125
857,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w CC	2.0649

Table A–2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
858,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.2534
862,MDC 18M,Postoperative & post-traumatic infections w MCC	2.0099
863,MDC 18M,Postoperative & post-traumatic infections w/o MCC	0.9822
864,MDC 18M,Fever	0.8443
865,MDC 18M,Viral illness w MCC	1.5181
866,MDC 18M,Viral illness w/o MCC	0.7594
867,MDC 18M,Other infectious & parasitic diseases diagnoses w MCC	2.5861
868,MDC 18M,Other infectious & parasitic diseases diagnoses w CC	1.0762
869,MDC 18M,Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.7415
870,MDC 18M,Septicemia or severe sepsis w MV 96+ hours	5.8399
871,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w MCC	1.8803
872,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	1.0988
876,MDC 19P,O.R. procedure w principal diagnoses of mental illness	2.7097
880,MDC 19M,Acute adjustment reaction & psychosocial dysfunction	0.6474
881,MDC 19M,Depressive neuroses	0.6356
882,MDC 19M,Neuroses except depressive	0.6271
883,MDC 19M,Disorders of personality & impulse control	1.3613
884,MDC 19M,Organic disturbances & mental retardation	0.9850
885,MDC 19M,Psychoses	0.9539
886,MDC 19M,Behavioral & developmental disorders	0.7812
887,MDC 19M,Other mental disorder diagnoses	0.9473
894,MDC 20M,Alcohol/drug abuse or dependence, left ama	0.4278
895,MDC 20M,Alcohol/drug abuse or dependence w rehabilitation therapy	1.0963
896,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.5271
897,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.6788
901,MDC 21P,Wound debridements for injuries w MCC	4.3477
902,MDC 21P,Wound debridements for injuries w CC	1.7079
903,MDC 21P,Wound debridements for injuries w/o CC/MCC	0.9890
904,MDC 21P,Skin grafts for injuries w CC/MCC	2.9145
905,MDC 21P,Skin grafts for injuries w/o CC/MCC	1.2630
906,MDC 21P,Hand procedures for injuries	1.1596
907,MDC 21P,Other O.R. procedures for injuries w MCC	3.8565
908,MDC 21P,Other O.R. procedures for injuries w CC	1.9519
909,MDC 21P,Other O.R. procedures for injuries w/o CC/MCC	1.2051

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
913,MDC 21M,Traumatic injury w MCC	1.2273
914,MDC 21M,Traumatic injury w/o MCC	0.6998
915,MDC 21M,Allergic reactions w MCC	1.5168
916,MDC 21M,Allergic reactions w/o MCC	0.5042
917,MDC 21M,Poisoning & toxic effects of drugs w MCC	1.4542
918,MDC 21M,Poisoning & toxic effects of drugs w/o MCC	0.6304
919,MDC 21M,Complications of treatment w MCC	1.6615
920,MDC 21M,Complications of treatment w CC	0.9693
921,MDC 21M,Complications of treatment w/o CC/MCC	0.6637
922,MDC 21M,Other injury, poisoning & toxic effect diag w MCC	1.4305
923,MDC 21M,Other injury, poisoning & toxic effect diag w/o MCC	0.6438
927,MDC 22P,Extensive burns or full thickness burns w MV 96+ hrs w skin graft	16.4026
928,MDC 22P,Full thickness burn w skin graft or inhal inj w CC/MCC	4.7919
929,MDC 22P,Full thickness burn w skin graft or inhal inj w/o CC/MCC	2.2420
933,MDC 22M,Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	2.3740
934,MDC 22M,Full thickness burn w/o skin grft or inhal inj	1.5123
935,MDC 22M,Non-extensive burns	1.3410
939,MDC 23P,O.R. proc w diagnoses of other contact w health services w MCC	2.7769
940,MDC 23P,O.R. proc w diagnoses of other contact w health services w CC	1.8108
941,MDC 23P,O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.1776
945,MDC 23M,Rehabilitation w CC/MCC	1.3204
946,MDC 23M,Rehabilitation w/o CC/MCC	1.2530
947,MDC 23M,Signs & symptoms w MCC	1.1131
948,MDC 23M,Signs & symptoms w/o MCC	0.7010
949,MDC 23M,Aftercare w CC/MCC	0.9372
950,MDC 23M,Aftercare w/o CC/MCC	0.5693
951,MDC 23M,Other factors influencing health status	0.8105
955,MDC 24P,Craniotomy for multiple significant trauma	5.4170
956,MDC 24P,Limb reattachment, hip & femur proc for multiple significant trauma	3.6372
957,MDC 24P,Other O.R. procedures for multiple significant trauma w MCC	6.4182
958,MDC 24P,Other O.R. procedures for multiple significant trauma w CC	3.9004
959,MDC 24P,Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.5646
963,MDC 24M,Other multiple significant trauma w MCC	2.8483
964,MDC 24M,Other multiple significant trauma w CC	1.4975

Table A-2. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
965,MDC 24M,Other multiple significant trauma w/o CC/MCC	0.9600
969,MDC 25P,HIV w extensive O.R. procedure w MCC	5.4815
970,MDC 25P,HIV w extensive O.R. procedure w/o MCC	2.6631
974,MDC 25M,HIV w major related condition w MCC	2.5943
975,MDC 25M,HIV w major related condition w CC	1.3142
976,MDC 25M,HIV w major related condition w/o CC/MCC	0.8416
977,MDC 25M,HIV w or w/o other related condition	1.0517
981,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w MCC	5.0270
982,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w CC	2.8276
983,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.7175
984,MDC P,Prostatic O.R. procedure unrelated to principal diagnosis w MCC	3.6217
985,MDC P,Prostatic O.R. procedure unrelated to principal diagnosis w CC	2.0895
986,MDC P,Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.0710
987,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w MCC	3.3374
988,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w CC	1.8141
989,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	1.0150
998,MDC ,Principal diagnosis invalid as discharge diagnosis	0.0000
999,MDC ,Ungroupable	0.0000

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