

Patient Discharge Data File Documentation

**Complete File
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Patient Discharge Data
2008 File Documentation – Complete File

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INTRODUCTION

General Information:

The California Office of Statewide Health Planning and Development (OSHPD) provides public datasets of inpatient data collected from California licensed hospitals in California. The datasets consists of a record for each inpatient discharged from a California licensed hospital. Licensed hospitals include general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities. For more details on the definitions of the data reported by hospitals see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Disclosure Policy:

It is the policy of the Office of Statewide Health Planning and Development (Office) to respect the privacy of individuals by protecting the confidentiality of all patient level healthcare data and information that it collects, uses, and disseminates. Accordingly, the Office will carefully evaluate all requests for disclosure of patient level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

The Office may disclose patient level healthcare data and information to the general public only if the Office has determined that they have been de-identified. All other patient level healthcare data and information will be considered non-public. The Office will disclose non-public patient level healthcare data and information ONLY when certain conditions have been met. For a copy of the Office's policy on the release of patient level data please see Appendix A.

Modifications and Variant Action Reports:

Some facilities have applied for and been granted "modifications" to standard inpatient data reporting requirements. Other facilities were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix F (Data Exceptions and Modifications) for a listing of all non-compliant facilities and those with approved modifications and their affected variables.

What's New:

Grouper Changes

On October 1, 2007 the Centers for Medicare & Medicaid Services (CMS) replaced the current 538 diagnosis-related groups (DRGs) with 745 Medicare-severity DRGs (MS-DRGs). OSHPD implemented these changes with the release of its 2008 Patient Discharge Data.

To arrive at the 745 MS-DRGs, CMS took the current 538 DRGs and consolidated them into 335 base MS-DRGs. Of these, 106 were expanded to two subgroups, and 152 were expanded to three subgroups. The subgroups were based on the presence of complications or comorbidities (CCs) or major CCs (MCCs). An example of the MS-DRG restructuring is the current DRG 127, Heart Failure & Shock, which expanded to the following three MS-DRGs:

- DRG 291 – with MCC
- DRG 292 – with CC
- DRG 293 – without CC/MCC

The grouper software is updated by CMS at the beginning of each federal fiscal year (October 1st). MS-DRG Grouper version 25.0 was applied to discharges from January 1, 2008 through

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September 30, 2008. MS-DRG Grouper version 26.0 was applied to the discharges from October 1 2008 through September 30, 2009. Beginning with Grouper version 25.0, the use of CCs and patient age was completely revised. As a result of the changes that occurred in hospitals during the first 22 years of this prospective payment system (PPS), the CC list has lost much of its power to discriminate hospital resource use. The CC list was refined and the number of CCs was reduced from approximately 80% to 40%. The CC list is primarily comprised of significant acute disease, acute exacerbations of significant chronic diseases, advanced or end-stage chronic disease, and chronic diseases associated with chronic debility. In addition, diagnoses associated with mortality were assigned as a major CC if the patient lived, but as a non CC if the patient died.

The Centers for Medicare & Medicaid Services has provided a Crosswalk from CMS DRG Grouper Version 24.0 to MS-DRG Grouper Version 25.0 on their website at:
www.cms.hhs.gov/acuteinpatientpps/ffd/ItemDetail.asp?ItemID=CMS1198678

Present on Admission (POA) Indicators:

Due to the October 1, 2007 implementation of new POA reporting requirements by hospitals, OSHPD allowed facilities to report the current Condition Present at Admission codes: Y, N, and U, as well as two new POA value codes: W and 1 for discharges from October 1, 2007 through June 30, 2008. To distinguish between the definitions for this interim period and the implementation of the new reporting requirements, OSHPD continued to call this data element Condition Present at Admission (CPAA).

Beginning with discharges on July 1, 2008 the new definitions for the new data element Present on Admission (POA), took effect. Included with this change is the addition of POA indicators for all External Cause of Injury Codes (E-codes). Conditions are considered present on admission if they are present at the time a physician's order for inpatient admission is written. Conditions that develop during observation, an outpatient encounter (including the emergency department), or outpatient surgery are considered present on admission.

The new POA codes are defined as follows:

- Y = condition was present at time of inpatient admission
- N = condition was NOT present at time of inpatient admission
- U = documentation is insufficient to determine if the condition is present at time of admission
- W = provider is unable to clinically determine whether the condition was present at time of admission
- E = condition is exempt from POA reporting.

For a complete list of ICD-9-CM diagnosis codes that are exempt from Present on Admission reporting go to the National Center for Health Statistics (NCHS) at:
<http://www.cdc.gov/nchs/datawh/ftp/ftpicd9/ftpicd9.htm#guidelines>

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File Documentation

Hospital Identification Number

Field Name: OSHPD_ID
Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names are provided in Appendix B - "Discharges by Facility".
Variable Type: Character
SAS Length: 6

Hospital County

Field Name: Hplcnty
Definition: The county where the hospital is located.

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	
20 = Madera	40 = San Luis Obispo	

Variable Type: Character
SAS Length: 2

Hospital ZIP Code

Field Name: Hplzip
Definition: The ZIP Code where the hospital is located.
Variable Type: Character
SAS Length: 5

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Type of Care

Field Name: Typcare
Definition: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Public Health.
Variable Type: Character
SAS Length: 1
0 = Invalid / Blank
1 = Acute Care
3 = Skilled Nursing/Intermediate Care (includes GAC approved swing beds)
4 = Psychiatric Care
5 = Chemical Dependency Recovery Care
6 = Physical Rehabilitation Care

Record Linkage Number

Field Name: RLN
Definition: A unique 9-digit alphanumeric value that is the encrypted form of a patient's Social Security Number. If the Social Security Number is invalid or blank then the RLN is assigned a value of 9-dashes "-----".
Variable Type: Character
SAS Length: 9

Date of Birth

Field Name: Bthdate
Definition: Patient's modified date of birth. The modified date of birth reflects defaults applied to invalid values reported by hospitals. If the reported month or day is invalid, they are defaulted to "01". If the year is invalid then the date of birth is set to null.
Variable Type: Numeric
SAS Length: 8 (MMDDYY10.)

Age in Days (at Admission)

Field Name: Agdyadm
Definition: Age of the patient (in days) at admission. This data element is based on the reported admission date and patient's date of birth and only available for patients who are less than 365 days old. If the date of birth is unknown, invalid or the patient is greater than 364 days old, the age in days is set to "0".
Variable Type: Numeric
SAS Length: 8

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Age in Days (at Discharge)

Field Name: Agdydsch
Definition: Age of the patient (in days) at discharge. This is based on the reported discharge date and patient's date of birth and only available for patients who are less than 365 days old. If the date of birth is unknown, invalid or the patient is greater than 364 days old, the age in days is set to "0".
Variable Type: Numeric
SAS Length: 8

Age in Years (at Admission)

Field Name: Agyradm
Definition: Age of the patient at admission. This is based on the reported admission date and patient's date of birth. If the date of birth is unknown or invalid the age in years is set to "0". Patient records with a calculated age at admission greater than 120 years are assigned a value of 120 years.
Variable Type: Numeric
SAS Length: 8

Age in Years (at Discharge)

Field Name: Agyrdsch
Definition: Age of the patient at discharge. This is based on the reported discharge date and patient's date of birth. If the date of birth is unknown or invalid the age in years is set to "0". Patient records with a calculated age at discharge greater than 120 years are assigned a value of 120 years.
Variable Type: Numeric
SAS Length: 8

Age Range (20 categories)

Field Name: age99
Definition: Age range (based on 20 categories) of the patient at admission.

01 = Under 1 year	11 = 45–49 years
02 = 1–4 years	12 = 50–54 years
03 = 5–9 years	13 = 55–59 years
04 = 10–14 years	14 = 60–64 years
05 = 15–19 years	15 = 65–69 years
06 = 20–24 years	16 = 70–74 years
07 = 25–29 years	17 = 75–79 years
08 = 30–34 years	18 = 80–84 years
09 = 35–39 years	19 = 85 years or greater
10 = 40–44 years	00 = Unknown age

Variable Type: Character
SAS Length: 2

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Gender

Field Name: Sex

Definition: Gender of the patient for the current admission. “Other” includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. “Unknown” indicates that the patient’s gender was not available from the medical record. Reported invalid values for sex were defaulted to “0”.

- 0 = Invalid
- 1 = Male
- 2 = Female
- 3 = Other
- 4 = Unknown

Variable Type: Character

SAS Length: 1

Ethnicity

Field Name: Ethncty

Definition: Ethnicity (self reported) of the patient. Patients who could not or refused to declare their ethnicity were coded as “3 – Unknown”. Reported invalid and missing values for ethnicity were defaulted to “0”. Detailed definitions of Ethnicity and Race are provided in Appendix E.

- 0 = Invalid
- 1 = Hispanic
- 2 = Non-Hispanic
- 3 = Unknown

Variable Type: Character

SAS Length: 1

Race

Field Name: Race

Definition: Patient’s racial background (self reported). Hospitals are instructed to report race as “unknown” if a patient could not or would not declare their race. Reported invalid or missing values for race were defaulted to “0”. Detailed definitions of Ethnicity and Race are provided in Appendix E.

- 0 = Invalid/ Blank
- 1 = White
- 2 = Black
- 3 = Native American / Eskimo / Aleut
- 4 = Asian / Pacific Islander
- 5 = Other
- 6 = Unknown

Variable Type: Character

SAS Length: 1

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Normalized Ethnicity/Race Groups

Field Name: Race_grp

Definition: The normalized race group for a patient based on a combination (merged) of their reported race and ethnicity. If a patient's ethnicity is "Hispanic" then the normalized race group is assigned the value "3 – Hispanic". For all other values of ethnicity, the normalized race group is assigned the same value as the reported race including defaulted values.

- 0 = Unknown / Invalid / Blank
- 1 = White
- 2 = Black
- 3 = Hispanic
- 4 = Asian / Pacific Islander
- 5 = Native American / Eskimo / Aleut
- 6 = Other

Variable Type: Character

SAS Length: 1

Concatenated Ethnicity/Race Codes

Field Name: Eth_Race

Definition: The combined (concatenated) Ethnicity (1st digit) and Race (2nd digit) of the patient. Defaulted values are included in this combined field.

- | | |
|---|---|
| 00 = Invalid / Invalid | 20 = Non-Hispanic / Invalid |
| 01 = Invalid / White | 21 = Non-Hispanic / White |
| 02 = Invalid / Black | 22 = Non-Hispanic / Black |
| 03 = Invalid / Native American,
Eskimo, Aleut | 23 = Non-Hispanic / Native American,
Eskimo, Aleut |
| 04 = Invalid / Asian, Pacific Islander | 24 = Non-Hispanic / Asian, Pacific Islander |
| 05 = Invalid / Other | 25 = Non-Hispanic / Other |
| 06 = Invalid / Unknown | 26 = Non-Hispanic / Unknown |
| 10 = Hispanic / Invalid | 30 = Unknown / Invalid |
| 11 = Hispanic / White | 31 = Unknown / White |
| 12 = Hispanic / Black | 32 = Unknown / Black |
| 13 = Hispanic / Native American,
Eskimo, Aleut | 33 = Unknown / Native American,
Eskimo, Aleut |
| 14 = Hispanic / Asian, Pacific Islander | 34 = Unknown / Asian, Pacific Islander |
| 15 = Hispanic / Other | 35 = Unknown / Other |
| 16 = Hispanic / | 36 = / Unknown |

Variable Type: Character

SAS Length: 2

Patient ZIP Code

Field Name: Patzip

Definition: The patient's 5-digit ZIP Code of residence. If the ZIP Code is unknown it is assigned a value of XXXXX. Foreign residents are assigned a ZIP Code

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of YYYYY and homeless are assigned a ZIP Code of ZZZZZ. If only the city of residence is known the first three digits of the ZIP Code are reported followed by two zeros. Invalid and blank ZIP Codes are set to 00000.

Variable Type: Character
 SAS Length: 5

Patient County

Field Name: Patcnty
 Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Because ZIP Codes can cross county boundaries, OSHPD assigns the county with the greatest population in the respective ZIP Code. Invalid, blank, unknown ZIP Codes as well as patients residing outside California and the homeless are assigned a county code value of 00.

- | | | |
|-------------------|----------------------|------------------------------|
| 01 = Alameda | 21 = Marin | 41 = San Mateo |
| 02 = Alpine | 22 = Mariposa | 42 = Santa Barbara |
| 03 = Amador | 23 = Mendocino | 43 = Santa Clara |
| 04 = Butte | 24 = Merced | 44 = Santa Cruz |
| 05 = Calaveras | 25 = Modoc | 45 = Shasta |
| 06 = Colusa | 26 = Mono | 46 = Sierra |
| 07 = Contra Costa | 27 = Monterey | 47 = Siskiyou |
| 08 = Del Norte | 28 = Napa | 48 = Solano |
| 09 = El Dorado | 29 = Nevada | 49 = Sonoma |
| 10 = Fresno | 30 = Orange | 50 = Stanislaus |
| 11 = Glenn | 31 = Placer | 51 = Sutter |
| 12 = Humboldt | 32 = Plumas | 52 = Tehama |
| 13 = Imperial | 33 = Riverside | 53 = Trinity |
| 14 = Inyo | 34 = Sacramento | 54 = Tulare |
| 15 = Kern | 35 = San Benito | 55 = Tuolumne |
| 16 = Kings | 36 = San Bernardino | 56 = Ventura |
| 17 = Lake | 37 = San Diego | 57 = Yolo |
| 18 = Lassen | 38 = San Francisco | 58 = Yuba |
| 19 = Los Angeles | 39 = San Joaquin | 00 = Not a California county |
| 20 = Madera | 40 = San Luis Obispo | |

Variable Type: Character
 SAS Length: 2

Admission Date

Field Name: Admtdate
 Definition: The date a patient was admitted to the hospital for inpatient care. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the admission date for the second episode would be the date the patient was transferred to the new type of care and would be treated as a separate record. If the reported admission date is blank or invalid (ex. June 31) the entire record is deleted from the database. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California

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Discharge Date

Field Name: Dschdate
Definition: The date a patient was discharge from the hospital. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the discharge date for the first episode would be the date the patient was transferred to the new type of care and the new admission would be treated as a separate record. If the reported date of discharge is unknown or invalid the entire record is deleted from the data base. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID.MIRCal/IPManual.html)
Variable Type: Numeric
SAS Length: 8 (MMDDYY10.)

Discharge Quarter

Field Name: Qtr_dsch
Definition: The calendar quarter the patient was discharged.
1 = January-March
2 = April-June
3 = July-September
4 = October-December
Variable Type: Character
SAS Length: 1

Length of Stay

Field Name: LOS
Definition: Total number of days from admission to discharge. Hospitals are instructed by OSHPD to report a patient discharged and readmitted when they are transferred from one level of care to another within the same facility. The readmission is reported as a separate record. Patients admitted and discharged on the same day are assigned a length of stay of 0 day. Patients admitted on day one and discharged on day two are assigned a length of stay of 1 day. This will affect the calculated length of stay. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html).
Variable Type: Numeric
SAS Length: 8

Adjusted Length of Stay

Field Name: los_adj
Definition: Total number of days from admission to discharge. Hospitals are instructed by OSHPD to report a patient discharged and readmitted when they are transferred from one level of care to another within the same facility.

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Patients admitted and discharged on the same day are assigned a length of stay of 1 day. Patients admitted on day one and discharged on day two are also assigned a length of stay of 1 day. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html).

Variable Type: Numeric
SAS Length: 8

Source of Admission

Field Name: Source
Definition: The site and licensure where the patient originated and the route by which the patient was admitted. See Appendix D "Source of Admission and Disposition Definitions" for more detail definitions of these codes. The source code consists of three digits:

The first digit represents the site from which the patient originated:

- | | |
|---------------------------------------|--|
| 1 = Home | 6 = Other Inpatient Hospital Care |
| 2 = Residential Care Facility | 7 = Newborn (born in admitting hospital) |
| 3 = Ambulatory Surgery | 8 = Prison / Jail |
| 4 = Skilled Nursing/Intermediate Care | 9 = Other |
| 5 = Acute Inpatient Hospital Care | 0 = Invalid / Blank |

The second digit describes the license of site from which the patient originated:

- 1 = The admitting hospital
- 2 = Another hospital
- 3 = Not a hospital
- 0 = Invalid / Blank

The third digit describes the route by which the patient was admitted:

- 1 = The admitting hospital's Emergency Room (ER)
- 2 = No ER or another facility's ER
- 0 = Invalid / blank

Variable Type: Character
SAS Length: 3

Source of Admission - Site

Field Name: Srcsite
Definition: The site where the patient originated. It is represented by the first digit in the Source of Admission variable. See Appendix D "Source of Admission and Disposition Definitions" for more detail definitions of these codes.

- | | |
|---------------------------------------|--|
| 1 = Home | 6 = Other Inpatient Hospital Care |
| 2 = Residential Care Facility | 7 = Newborn (born in admitting hospital) |
| 3 = Ambulatory Surgery | 8 = Prison / Jail |
| 4 = Skilled Nursing/Intermediate Care | 9 = Other |
| 5 = Acute Inpatient Hospital Care | 0 = Invalid / Blank |

Variable Type: Character

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SAS Length: 1

Source of Admission - Licensure

Field Name: Srclicns

Definition: The licensure of the site where the patient originated. It is represented by the second digit in the Source of Admission variable. See Appendix D “Source of Admission and Disposition Definitions” for more detail definitions of these codes.

- 1 = The admitting hospital
- 2 = Another hospital
- 3 = Not a hospital
- 0 = Invalid / Blank

Variable Type: Character

SAS Length: 1

Source of Admission - Route

Field Name: Srcroute

Definition: The route by which the patient was admitted. It is represented by the third digit in the Source of Admission variable. See Appendix D “Source of Admission and Disposition Definitions” for more detail definitions of these codes.

- 1 = The admitting hospital’s Emergency Room (ER)
- 2 = No ER or another facility’s ER
- 0 = Invalid / Blank

Variable Type: Character

SAS Length: 1

Type of Admission

Field Name: Admtype

Definition: When the patient’s admission was arranged.

- 1 = Scheduled (arranged with the hospital at least 24 hours prior to the admission)
- 2 = Unscheduled (not arranged with the hospital at least 24 hours prior to the admission)
- 3 = Infant (under 24 hrs old)
- 4 = Unknown
- 0 = Invalid / Blank

Variable Type: Character

SAS Length: 1

Disposition

Field Name: Disp

Definition: The consequent arrangement or event ending a patient’s stay in the hospital. For detailed definitions see Appendix D “Source of Admission and Disposition Definitions”.

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- 01 = Routine (home)
- 02 = Acute Care within the admitting hospital
- 03 = Other Care within the admitting hospital
- 04 = Skilled Nursing/Intermediate Care (SN/IC) within the admitting hospital
- 05 = Acute Care at another hospital
- 06 = Other Care (not SN/IC) at another hospital
- 07 = Skilled Nursing/Intermediate Care (SN/IC) at another facility
- 08 = Residential Care Facility
- 09 = Prison / Jail
- 10 = Left Against Medical Advice
- 11 = Died
- 12 = Home Health Service
- 13 = Other
- 00 = Invalid / Blank

Variable Type: Character
SAS Length: 2

Expected Source of Payment – Payer Category

Field Name: pay_cat
Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For a complete list of definitions for these payer categories see Appendix C "Expected Source of Payment Definitions and Plan Code Numbers".

- 01 = Medicare
- 02 = Medi-Cal
- 03 = Private Coverage
- 04 = Workers' Compensation
- 05 = County Indigent Programs
- 06 = Other Government
- 07 = Other Indigent
- 08 = Self Pay
- 09 = Other Payer
- 00 = Invalid/ Blank

Variable Type: Character
SAS Length: 2

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Expected Source of Payment – Type of Coverage

Field Name: pay_type
Definition: Indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following reported categories: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. Type of coverage is not reported for the following categories: other indigent, self pay, or other payer. Appendix C “Expected Source of Payment Definitions and Plan Code Numbers”

- 0 = Not Applicable
- 1 = Managed Care – Knox-Keene/Medi-Cal County Organized Health System (MCOHS)
- 2 = Managed Care – Other
- 3 = Traditional Coverage

Variable Type: Character
SAS Length: 1

Expected Source of Payment – Plan Code Number

Field Name: pay_plan
Definition: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS). For a complete list of plan codes and names see Appendix C “Expected Source of Payment Definitions and Plan Code Numbers”.

Variable Type: Character
SAS Length: 4

Total charges

Field Name: Charge
Definition: Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayments (e.g., deposits and prepaid admissions) are not deducted from Total Charges.
Total charges are reported in whole numbers. When no charge is generated (e.g. charity care) then Total Charges are assigned a value of \$1. If the charge was unknown or an invalid value reported then the charge is assigned a value of \$0. Total charges of \$9,999,999 indicates the actual charges exceed the maximum seven digit input field size. When a patient's length of stay is more than 1 year (365 days), only the last 365 days of charges are reported. Use the following formula to adjust total charges to reflect stays more than 1 year in length:
$$\text{Adjusted Total Charges} = (\text{Total Charges} / 365 \text{ days}) \times \text{Length of Stay}$$

For more information on charges related to total package, interim billing, physician professional component, and organ donors see the California

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Inpatient Data Reporting Manual
(www.oshpd.ca.gov/HID/MIRCal/IPManual.html)

Variable Type: Numeric
SAS Length: 8

Do Not Resuscitate (DNR) Order (Pre-Hospital Care & Resuscitation)

Field Name: DNR

Definition: A “Do Not Resuscitate” (DNR) order also known as a directive from a physician in a patient’s current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation. If a DNR order is written at the time of or within 24 hours of patient’s admission and is then discontinued at some later time during the patient’s hospital stay, the DNR is reported as “Y” for yes. If a DNR order is written after the first 24 hours of admission, the DNR is reported as “N” for no. All blank, missing and invalid codes have been defaulted to <null>.

- 0 = Unknown
- Y = Yes, a DNR order was written within the first 24 hours of the patient's admission
- N = No, a DNR order not written or written after the first 24 hours of the patient's admission

Variable Type: Character
SAS Length: 1

Major Diagnostic Category (MDC)

Field Name: MDC

Definition: MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. The MDC is based on the principal diagnosis. The MDC is given “00” by the grouper for records that are ungroupable. Ungroupable records includes those where the principal diagnosis is not an existing ICD-9-CM code or the sex code does not logically relate to the diagnosis or procedure.

Note: Beginning with 2008 data the new Medicare-severity DRG grouper was used. Coinciding with this change, OSHPD now applies each new grouper version to discharges based on the federal release date (usually October 1 of each year). For a list of MDC codes and labels see Appendix F.

Variable Type: Character
SAS Length: 2

Patient Discharge Data
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Medicare-Severity Diagnosis Related Group (MS-DRG)

Field Name: MSDRG
Definition: MS-DRG Grouper version 25.0 was applied to all discharges from January 1, 2008 through September 30, 2008. MS-DRG Grouper version 26.0 applies to discharges from October 1, 2008 through September 30, 2009 (the federal fiscal year). For a list of MS-DRG codes and labels see Appendix E.
Variable Type: Character
SAS Length: 3

MS-DRG Category

Field Name: Cat_code
Definition: Each MS-DRG is categorized into three codes: Medical, Surgical, and Ungroupable. MS-DRG Grouper version 25.0 was applied to all discharges from January 1, 2008 through September 30, 2008. MS-DRG Grouper version 26.0 applies to discharges from October 1, 2008 through September 30, 2009 (the federal fiscal year). For a list of MS-DRG codes and labels see Appendix E.

M = Medical MS-DRG
S = Surgical MS-DRG
X = Ungroupable MS-DRG

Variable Type: Character
SAS Length: 1

MS-DRG Severity Code

Field Name: Sev_code
Definition: MS-DRGs are assigned based on the presence/absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC). MCCs are reserved for the more severely ill patients with life-threatening conditions. The revised CCs are reserved for patients with significant acute diseases, acute exacerbation of chronic diseases, advanced or endstage chronic diseases, or chronic diseases associated with extensive debility. The list of ICD-9 codes for CC or MCC are mutually exclusive.

0 = MS-DRG assignment not based on the presence of CC or MCC
1 = MS-DRG assignment is based on the presence of MCC
2 = MS-DRG assignment is based on the presence of CC

Variable Type: Character
SAS Length: 1

Patient Discharge Data
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MS-DRG Grouper Version

Field Name: Grouper

Definition: The grouper version number indicates the revised year. In transitioning from the DRG grouper to the MS-DRG grouper, OSHPD began applying the new MS-DRG grouper to discharges beginning on January 1, 2008. Unlike prior years OSHPD now applies the latest version each October 1st of each year.

25 – includes discharges from October 1, 2007 through September 30, 2008.

26– includes discharges from October 1, 2008 through September 30, 2009.

Variable Type: Character

SAS Length: 2

External Cause of Injury - Principal E-Code

Field Name: Ecode_P

Definition: The external cause of injury or poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning, or adverse effect related to the admission. An E-code is to be reported on the record for the first episode of care reportable to the Office during which the injury, poisoning, and/or adverse effect was diagnosed and/or treated. They are coded according to the ICD-9-CM. Codes E870-E879 (misadventures and abnormal reactions) are not required to be reported.

Variable Type: Character (implied decimal after the 4th character from the left)

SAS Length: 5

External Cause of Injury - Other E-Code (up to 4)

Field Name(s): Ecode1 – Ecode4

Definition: The additional external cause of injury or poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning, or adverse effect. Up to 4 other E-codes should be included for the first reported episode of care for which the injury, poisoning, or adverse effect was first diagnosed and/or treated only. They are coded according to the ICD-9-CM. Codes E870-E879 (misadventures and abnormal reactions) are not required to be reported.

Variable Type: Character (implied decimal after the 4th character from the left)

SAS Length: 5

Present on Admission (POA) – Principal E-Code

Field Name(s): Epoa_p

Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting on principal E-Codes for all reported discharges on or after July 1, 2008.

Patient Discharge Data
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Y = Present at admission
N = Not present at admission
U = Unknown due to insufficient documentation
W = Clinically undetermined by the physician
E = Exempt from POA reporting
0 = Invalid / blank

Variable Type: Character
SAS Length: 1

Present on Admission (POA) – Other E-Codes (up to 4)

Field Name(s): Epoa1-Epoa4
Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting on other E-Codes for all reported discharges on or after July1, 2008.

Y = Present at admission
N = Not present at admission
U = Unknown
W = Clinically undetermined
E = Exempt from POA reporting
0 = Invalid / blank

Variable Type: Character
SAS Length: 1

Principal Diagnosis

Field Name(s): Diag_p
Definition: The condition established, after study, to be the chief cause of the admission of the patient to the hospital for care. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3rd character from the left)
SAS Length: 5

Other Diagnoses (up to 24)

Field Name(s): Odiag1-Odiag24
Definition: All other conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are excluded. They are coded according to the ICD-9-CM. If the reported principal diagnosis code is invalid or missing, it is assigned a default value of 799.9.

Variable Type: Character (implied decimal after the 3rd character from the left)
SAS Length: 5

Patient Discharge Data
2008 File Documentation – Complete File

Present on Admission (POA) – Principal Diagnosis

Field Name(s): Poa_p

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007 hospitals were required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. From October 1, 2007 through June 30, 2008, the new POA indicators were not edited for accuracy and remain as the hospital reported them. Facilities were required to begin POA reporting for all discharges on or after July 1, 2008. Invalid values are set to 0.

- Y = Present at admission
- N = Not present at admission
- U = Unknown
- W = Clinically undetermined
- E = Exempt from POA reporting
- 0 = Invalid / missing / blank

Variable Type: Character

SAS Length: 1

Present on Admission (POA) – Other Diagnosis (up to 24)

Field Name(s): Opoa1- Opoa24

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007 hospitals were required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. From October 1, 2007 through June 30, 2008, the new POA indicators were not edited for accuracy and remain as the hospital reported them. Facilities were required to begin POA reporting for all discharges on or after July 1, 2008. Invalid values are set to 0.

- Y = Present at admission
- N = Not present at admission
- U = Unknown
- W = Clinically undetermined
- E = Exempt from POA reporting
- 0 = Invalid / missing / blank

Patient Discharge Data
2008 File Documentation – Complete File

Variable Type: Character
SAS Length: 1

Principal Procedure

Field Name(s): Proc_P
Definition: The procedure that is the one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis was reported as principal procedure. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 2nd character from the left)
SAS Length: 4

Other Procedures (up to 20)

Field Name(s): oproc1-oproc20
Definition: All other procedures, related to the patient's stay, which are surgical in nature, carry a procedural risk, or carry an anesthetic risk or is needed for DRG assignment. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 2nd character from the left)
SAS Length: 4

Principal Procedure Date

Field Name(s): Proc_pdt
Definition: The date the principal procedure was performed. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore procedures performed up to 3 days prior to admission are reported.

Variable Type: Numeric
SAS Length: 8 (MMDDYY10.)

Patient Discharge Data
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Other Procedures Dates (up to 20)

Field Name(s): procdt1-procdt20
Definition: The date each other procedure was performed. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore procedures performed up to 3 days prior to admission are reported.
Variable Type: Numeric (MMDDYY10.)
SAS Length: 8

Principal Procedure Days

Field Name(s): Proc_pdy
Definition: The number of days between the patient's date of admission and date of the principal procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to principal procedure are shown as (.).
Variable Type: Numeric
SAS Length: 4

Other Procedures Days (up to 20)

Field Name(s): procdy1-procdy20
Definition: The number of days between the patient's date of admission and date of the principal procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to principal procedure are shown as (.).
Variable Type: Numeric
SAS Length: 4

To : All Interested Parties

Date : September 30, 2005

From : David M. Carlisle, M.D., Ph.D.
Director, OSHPD



Subject: Policy on the Disclosure of Patient Level Healthcare Data and Information
Policy # 05 - 18

Policy

It is the policy of the Office of Statewide Health Planning and Development (Office) to respect the privacy of individuals by protecting the confidentiality of all patient level healthcare data and information that it collects, uses, and disseminates. Accordingly, the Office will carefully evaluate all requests for disclosure of patient level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

The Office may disclose patient level healthcare data and information to the general public only if the Office has determined that they have been de-identified. All other patient level healthcare data and information will be considered non-public. The Office may restrict the use of patient level healthcare data and information disclosed to the general public and may prohibit the re-release of the data and information at the patient level.

Unless specifically provided for by law, the Office will not disclose patient level healthcare data and information for the purpose of identifying or contacting individuals or to obtain medical information about specific individuals.

The Office will not disclose non-public patient level healthcare data and information unless the following conditions have been met:

- The Office has analyzed the risks of identification or linkage of the data and information to individuals.
- Disclosure of the data and information is limited to only those data and information that are the least confidential and most relevant and necessary to accomplish the objectives for which they are requested.
- Use of the data and information will be limited to that described in the request.

- The data and information will be protected from unauthorized use or disclosure.
- The disclosure is permitted under current laws and regulations, including the Information Practices Act of 1977, and the policies of the California Health and Human Services Agency.
- The California Health and Human Services Agency's Committee for the Protection of Human Subjects has approved the project for which the data and information are requested. If the data and information have been requested pursuant to Health and Safety Code §128766, approval of the Committee will only be required if the data and information are requested for research.
- The Office's Chief Information Officer approves the disclosure.

The Office reserves the right to withhold disclosure of any data or information or recover any data and information previously disclosed.

Appendix B

2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
010735	ALAMEDA HOSPITAL	2,748
010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	25,345
010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	10,824
010782	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY HOSPITAL	108
010805	EDEN MEDICAL CENTER	9,673
010844	ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS	3,404
010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	14,399
010856	KAISER FND HOSP - OAKLAND CAMPUS	18,816
010858	KAISER FND HOSP - HAYWARD	14,773
010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	427
010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	14,496
010967	ST. ROSE HOSPITAL	8,844
010987	WASHINGTON HOSPITAL - FREMONT	15,672
013619	SAN LEANDRO HOSPITAL	4,138
013687	MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	577
014034	FREMONT HOSPITAL	3,374
014050	VALLEYCARE MEDICAL CENTER	9,188
014132	KAISER FND HOSP - FREMONT	5,723
014207	TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	1,143
014226	Telecare Willow Rock Center	590
034002	SUTTER AMADOR HOSPITAL	2,921
040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	786
040875	FEATHER RIVER HOSPITAL	5,341
040937	OROVILLE HOSPITAL	8,748
040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	16,132
044006	BUTTE COUNTY PHF	677
050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	1,684
060870	COLUSA REGIONAL MEDICAL CENTER	1,448
070904	DOCTORS MEDICAL CENTER - SAN PABLO	6,283
070924	CONTRA COSTA REGIONAL MEDICAL CENTER	12,186
070934	SUTTER DELTA MEDICAL CENTER	8,308
070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	20,325
070990	KAISER FND HOSP - WALNUT CREEK	18,823
071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	8,563
074017	SAN RAMON REGIONAL MEDICAL CENTER	5,761
074039	JOHN MUIR BEHAVIORAL HEALTH CENTER	2,793
074093	KAISER FND HOSP - RICHMOND CAMPUS	3,091
074097	KAISER FOUND HSP-ANTIOCH	8,149
084001	SUTTER COAST HOSPITAL	2,807
090793	BARTON MEMORIAL HOSPITAL	3,450
090933	MARSHALL MEDICAL CENTER (1-RH)	6,736
094002	EL DORADO COUNTY P H F	354
100005	CLOVIS COMMUNITY MEDICAL CENTER	12,864

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
100697	COALINGA REGIONAL MEDICAL CENTER	1,151
100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	40,893
100745	KINGSBURG MEDICAL CENTER	70
100797	SIERRA KINGS DISTRICT HOSPITAL	4,099
100899	ST. AGNES MEDICAL CENTER	28,396
104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	1,306
104047	FRESNO SURGICAL HOSPITAL	1,820
104062	KAISER FND HOSP - FRESNO	9,008
104089	FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY	785
105029	FRESNO HEART AND SURGICAL HOSPITAL	3,252
110889	GLENN MEDICAL CENTER	319
121002	MAD RIVER COMMUNITY HOSPITAL	2,674
121031	JEROLD PHELPS COMMUNITY HOSPITAL	115
121051	REDWOOD MEMORIAL HOSPITAL	2,057
121080	ST. JOSEPH HOSPITAL - EUREKA	6,855
124004	SEMPERVIRENS P.H.F.	592
130699	EL CENTRO REGIONAL MEDICAL CENTER	7,403
130760	PIONEERS MEMORIAL HOSPITAL	6,686
141273	NORTHERN INYO HOSPITAL	1,309
141338	SOUTHERN INYO HOSPITAL	44
150706	DELANO REGIONAL MEDICAL CENTER	4,973
150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	18,252
150736	KERN MEDICAL CENTER	15,715
150737	KERN VALLEY HEALTHCARE DISTRICT	1,127
150761	MERCY HOSPITAL - BAKERSFIELD	18,934
150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	3,568
150782	RIDGECREST REGIONAL HOSPITAL	2,885
150788	SAN JOAQUIN COMMUNITY HOSPITAL	14,808
150808	TEHACHAPI HOSPITAL	201
154022	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	1,314
154101	BAKERSFIELD HEART HOSPITAL	3,913
154147	CRESTWOOD PSYCHIATRIC HEALTH FACILITY	392
160702	CORCORAN DISTRICT HOSPITAL	306
160725	HANFORD COMMUNITY MEDICAL CENTER	9,476
160787	CENTRAL VALLEY GENERAL HOSPITAL	6,359
171049	ST. HELENA HOSPITAL - CLEARLAKE	1,758
171395	SUTTER LAKESIDE HOSPITAL	2,615
184008	BANNER LASSEN MEDICAL CENTER	1,556
190017	ALHAMBRA HOSPITAL	4,145
190020	BHC ALHAMBRA HOSPITAL	3,410
190034	ANTELOPE VALLEY HOSPITAL	29,051
190045	CATALINA ISLAND MEDICAL CENTER	22
190049	VISTA HOSPITAL OF SAN GABRIEL VALLEY	706

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
190052	BARLOW RESPIRATORY HOSPITAL	738
190053	ST. MARY MEDICAL CENTER	14,401
190066	BELLFLOWER MEDICAL CENTER	6,921
190081	BEVERLY HOSPITAL	10,928
190110	BROTMAN MEDICAL CENTER	7,819
190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	21,163
190137	CASA COLINA HOSPITAL FOR REHAB MEDICINE	1,284
190148	CENTINELA HOSPITAL MEDICAL CENTER	20,144
190150	KEDREN COMMUNITY MENTAL HEALTH CENTER	1,149
190159	TRI-CITY REGIONAL MEDICAL CENTER	3,357
190163	AURORA CHARTER OAK	4,735
190170	CHILDREN'S HOSPITAL OF LOS ANGELES	10,750
190176	CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	6,322
190184	COLLEGE HOSPITAL	6,854
190196	VISTA HOSPITAL OF SOUTH BAY	605
190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	4,789
190198	LOS ANGELES COMMUNITY HOSPITAL	6,120
190200	SAN GABRIEL VALLEY MEDICAL CENTER	11,042
190232	DEL AMO HOSPITAL	3,957
190240	LAKEWOOD REGIONAL MEDICAL CENTER	7,754
190243	DOWNEY REGIONAL MEDICAL CENTER	15,070
190256	EAST LOS ANGELES DOCTORS HOSPITAL	4,263
190280	ENCINO HOSPITAL MEDICAL CENTER	3,309
190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	6,020
190305	KINDRED HOSPITAL - LOS ANGELES	736
190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	7,498
190315	GARFIELD MEDICAL CENTER	14,994
190317	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	956
190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	21,470
190328	EAST VALLEY HOSPITAL MEDICAL CENTER	2,292
190352	GREATER EL MONTE COMMUNITY HOSPITAL	4,291
190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	3,187
190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	19,089
190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	17,786
190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	22,432
190400	HUNTINGTON MEMORIAL HOSPITAL	31,015
190410	SILVER LAKE MEDICAL CENTER-INGLESIDE CAMPUS	3,341
190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	8,779
190422	TORRANCE MEMORIAL MEDICAL CENTER	27,602
190429	KAISER FND HOSP - SUNSET	24,933
190430	KAISER FND HOSP - BELLFLOWER	23,506
190431	KAISER FND HOSP - HARBOR CITY	17,212
190432	KAISER FND HOSP - PANORAMA CITY	15,183

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
190434	KAISER FND HOSP - WEST LA	12,759
190449	KINDRED HOSPITAL - LA MIRADA	2,380
190455	LANCASTER COMMUNITY HOSPITAL	6,616
190462	AURORA LAS ENCINAS HOSPITAL, LLC	2,458
190468	PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS	1,343
190470	LITTLE COMPANY OF MARY HOSPITAL	21,574
190475	COMMUNITY HOSPITAL OF LONG BEACH	4,092
190500	MARINA DEL REY HOSPITAL	4,248
190517	PROVIDENCE TARZANA MEDICAL CENTER	13,752
190521	MEMORIAL HOSPITAL OF GARDENA	7,650
190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	13,759
190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	7,021
190525	LONG BEACH MEMORIAL MEDICAL CENTER	25,408
190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	18,662
190534	OLYMPIA MEDICAL CENTER	6,340
190541	MONROVIA MEMORIAL HOSPITAL	28
190547	MONTEREY PARK HOSPITAL	6,730
190552	MOTION PICTURE AND TELEVISION HOSPITAL	755
190555	CEDARS SINAI MEDICAL CENTER	54,702
190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	19,488
190570	NORWALK COMMUNITY HOSPITAL	2,612
190587	PACIFIC HOSPITAL OF LONG BEACH	7,965
190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	30,270
190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	21,567
190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	21,164
190646	KAISER FND HOSP - MENTAL HEALTH CENTER	2,194
190661	SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS	2,567
190673	SAN DIMAS COMMUNITY HOSPITAL	5,495
190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	7,704
190681	MIRACLE MILE MEDICAL CENTER	162
190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	15,666
190696	PACIFICA HOSPITAL OF THE VALLEY	6,292
190708	SHERMAN OAKS HOSPITAL	5,117
190712	SHRINERS HOSPITAL FOR CHILDREN - L.A.	1,482
190754	ST. FRANCIS MEDICAL CENTER	28,293
190756	ST. JOHN'S HEALTH CENTER	16,055
190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	22,645
190762	ST. VINCENT MEDICAL CENTER	9,968
190766	COAST PLAZA DOCTORS HOSPITAL	4,116
190782	TARZANA TREATMENT CENTER	2,244
190784	TEMPLE COMMUNITY HOSPITAL	2,685
190796	RONALD REAGAN UCLA MEDICAL CENTER	26,257
190812	VALLEY PRESBYTERIAN HOSPITAL	21,532

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
190814	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS	2,974
190818	VERDUGO HILLS HOSPITAL	7,345
190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	8,770
190857	DOCTORS HOSPITAL OF WEST COVINA, INC	294
190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	9,070
190878	WHITE MEMORIAL MEDICAL CENTER	22,605
190883	WHITTIER HOSPITAL MEDICAL CENTER	11,490
190930	RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	1,956
190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	13,239
191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	2,088
191225	TOM REDGATE MEMORIAL RECOVERY CENTER	716
191227	LAC/HARBOR-UCLA MEDICAL CENTER	23,483
191228	LAC+USC MEDICAL CENTER	36,844
191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	14,763
191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	3,143
191450	KAISER FND HOSP - WOODLAND HILLS	14,117
194010	AMERICAN RECOVERY CENTER	1,379
194219	USC UNIVERSITY HOSPITAL	6,769
194967	STAR VIEW ADOLESCENT - P H F	86
194981	LA CASA PSYCHIATRIC HEALTH FACILITY	119
196035	KAISER FND HOSP - BALDWIN PARK	19,344
196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	21,071
196404	JOYCE EISENBERG KEEFER MEDICAL CENTER	379
201281	MADERA COMMUNITY HOSPITAL	7,294
204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	12,637
210992	KAISER FND HOSP - SAN RAFAEL	6,133
210993	KENTFIELD REHABILITATION HOSPITAL	522
211006	MARIN GENERAL HOSPITAL	11,435
214034	NOVATO COMMUNITY HOSPITAL	1,686
220733	JOHN C FREMONT HEALTHCARE DISTRICT	411
230949	FRANK R HOWARD MEMORIAL HOSPITAL	1,289
231013	MENDOCINO COAST DISTRICT HOSPITAL	1,355
231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	4,863
240924	MEMORIAL HOSPITAL LOS BANOS	2,655
240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS	12,967
244027	MARIE GREEN PSYCHIATRIC CENTER - P H F	655
250955	SURPRISE VALLEY COMMUNITY HOSPITAL	39
250956	MODOC MEDICAL CENTER	193
260011	MAMMOTH HOSPITAL	840
270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	12,014
270777	GEORGE L MEE MEMORIAL HOSPITAL	2,600
270875	SALINAS VALLEY MEMORIAL HOSPITAL	14,310
274043	NATIVIDAD MEDICAL CENTER	10,071

Appendix B

2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	9,901
281078	ST. HELENA HOSPITAL	4,023
281297	N M HOLDERMAN MEMORIAL HOSPITAL (VET'S HOME OF CAL	686
291023	SIERRA NEVADA MEMORIAL HOSPITAL	7,186
291053	TAHOE FOREST HOSPITAL	2,381
300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	11,155
300225	ORANGE COAST MEMORIAL MEDICAL CENTER	13,830
301097	ANAHEIM GENERAL HOSPITAL	3,570
301098	ANAHEIM MEMORIAL MEDICAL CENTER	15,180
301127	KINDRED HOSPITAL BREA	515
301132	KAISER FND HOSP - ANAHEIM	24,718
301140	CHAPMAN MEDICAL CENTER	2,639
301155	COLLEGE HOSPITAL COSTA MESA	4,172
301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	19,953
301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	10,891
301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	31,017
301209	HUNTINGTON BEACH HOSPITAL	4,298
301234	LA PALMA INTERCOMMUNITY HOSPITAL	3,613
301248	LOS ALAMITOS MEDICAL CENTER	11,546
301258	COASTAL COMMUNITIES HOSPITAL	7,105
301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	21,713
301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	18,021
301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	10,391
301297	PLACENTIA LINDA HOSPITAL	4,377
301304	NEWPORT BAY HOSPITAL	793
301317	SADDLEBACK MEMORIAL MEDICAL CENTER	18,247
301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	2,758
301337	SOUTH COAST MEDICAL CENTER	4,659
301340	ST. JOSEPH HOSPITAL - ORANGE	27,049
301342	ST. JUDE MEDICAL CENTER	18,831
301357	TUSTIN HOSPITAL MEDICAL CENTER	201
301379	WEST ANAHEIM MEDICAL CENTER	6,611
301380	KINDRED HOSPITAL WESTMINSTER	1,093
301566	WESTERN MEDICAL CENTER - SANTA ANA	14,108
304045	HOAG HOSPITAL IRVINE	7,884
304079	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	1,096
304113	CHILDREN'S HOSPITAL AT MISSION	2,219
304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	93
304426	ROYALE' MISSION VIEJO	315
310791	SUTTER AUBURN FAITH HOSPITAL	4,546
311000	SUTTER ROSEVILLE MEDICAL CENTER	18,247
314029	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY	658
320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	417

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
320986	PLUMAS DISTRICT HOSPITAL	610
321016	SENECA HEALTHCARE DISTRICT	225
330120	BETTY FORD CENTER AT EISENHOWER, THE	1,117
331152	CORONA REGIONAL MEDICAL CENTER-MAIN	11,194
331164	DESERT REGIONAL MEDICAL CENTER	21,376
331168	EISENHOWER MEMORIAL HOSPITAL	19,162
331194	HEMET VALLEY MEDICAL CENTER	15,473
331216	JOHN F KENNEDY MEMORIAL HOSPITAL	12,668
331226	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	1,019
331288	PALO VERDE HOSPITAL	1,338
331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	10,323
331312	RIVERSIDE COMMUNITY HOSPITAL	22,662
331326	SAN GORGONIO MEMORIAL HOSPITAL	4,731
332172	VISTA HOSPITAL OF RIVERSIDE	411
334018	MENIFEE VALLEY MEDICAL CENTER	4,079
334025	KAISER FND HOSP - RIVERSIDE	19,941
334048	KAISER FND HOSPITAL - MORENO VALLEY	8,321
334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	21,239
334457	OASIS PSYCHIATRIC HEALTH FACILITY	746
334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	22,963
340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	34,812
340947	MERCY GENERAL HOSPITAL	20,964
340950	MERCY SAN JUAN HOSPITAL	20,694
340951	METHODIST HOSPITAL OF SACRAMENTO	10,160
341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	30,867
341051	SUTTER GENERAL HOSPITAL	12,605
341052	SUTTER MEMORIAL HOSPITAL	22,787
342344	KAISER FND HOSP - SOUTH SACRAMENTO	15,793
342392	SIERRA VISTA HOSPITAL	3,249
344011	SACRAMENTO COUNTY MENTAL HEALTH TREATMENT CENTER	2,415
344017	SUTTER CENTER FOR PSYCHIATRY	2,093
344021	HERITAGE OAKS HOSPITAL	2,757
344029	MERCY HOSPITAL - FOLSOM	5,717
344035	KINDRED HOSPITAL - SACRAMENTO	313
344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	1,235
350784	HAZEL HAWKINS MEMORIAL HOSPITAL	2,917
361105	BARSTOW COMMUNITY HOSPITAL	3,042
361110	BEAR VALLEY COMMUNITY HOSPITAL	450
361144	CHINO VALLEY MEDICAL CENTER	6,298
361166	MONTCLAIR HOSPITAL MEDICAL CENTER	5,574
361223	KAISER FND HOSP - FONTANA	31,507
361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	34,233
361266	MOUNTAINS COMMUNITY HOSPITAL	620

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
361274	KINDRED HOSPITAL ONTARIO	1,048
361308	REDLANDS COMMUNITY HOSPITAL	14,755
361318	SAN ANTONIO COMMUNITY HOSPITAL	18,257
361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	14,022
361339	ST. BERNARDINE MEDICAL CENTER	18,634
361343	ST. MARY REGIONAL MEDICAL CENTER	17,593
361370	VICTOR VALLEY COMMUNITY HOSPITAL	7,916
361458	COLORADO RIVER MEDICAL CENTER	694
362041	HI-DESERT MEDICAL CENTER	4,245
364014	LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	4,568
364050	CANYON RIDGE HOSPITAL	3,092
364121	BALLARD REHABILITATION HOSP	753
364144	DESERT VALLEY HOSPITAL	6,698
364188	RANCHO SPECIALTY HOSPITAL	817
364231	ARROWHEAD REGIONAL MEDICAL CENTER	27,138
370652	ALVARADO HOSPITAL	9,073
370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	12,632
370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	15,029
370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	2,794
370693	SHARP CABRILLO HOSPITAL	1,211
370694	SHARP MEMORIAL HOSPITAL	16,120
370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS	19,317
370705	FALLBROOK HOSPITAL DISTRICT	3,648
370714	GROSSMONT HOSPITAL	29,606
370721	KINDRED HOSPITAL - SAN DIEGO	427
370730	KAISER FND HOSP - SAN DIEGO	31,721
370744	SCRIPPS MERCY HOSPITAL	22,564
370745	SHARP MESA VISTA HOSPITAL	5,481
370749	ALVARADO PARKWAY INSTITUTE B.H.S.	2,255
370755	PALOMAR MEDICAL CENTER	25,795
370759	PARADISE VALLEY HOSPITAL	12,269
370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	21,380
370780	TRI-CITY MEDICAL CENTER	20,715
370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	24,770
370787	PROMISE HOSPITAL OF SAN DIEGO	1,897
370875	SHARP CHULA VISTA MEDICAL CENTER	18,671
370977	POMERADO HOSPITAL	8,965
371256	SCRIPPS GREEN HOSPITAL	10,918
371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	10,220
374024	AURORA SAN DIEGO	2,922
374049	SHARP VISTA PACIFICA	205
374055	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	1,313
374084	SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CARE CTR	903

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
374094	VIBRA HOSPITAL OF SAN DIEGO	845
380842	JEWISH HOME	483
380857	KAISER FND HOSP - GEARY S F	16,476
380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	1,019
380868	LANGLEY PORTER PSYCHIATRIC INSTITUTE	700
380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	34,448
380939	SAN FRANCISCO GENERAL HOSPITAL	16,124
380960	ST. FRANCIS MEMORIAL HOSPITAL	5,777
380964	ST. LUKE'S HOSPITAL	5,422
380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	6,786
381154	UCSF MEDICAL CENTER	30,431
382715	CHINESE HOSPITAL	2,430
390846	DAMERON HOSPITAL	14,064
390923	LODI MEMORIAL HOSPITAL	8,759
391010	SAN JOAQUIN GENERAL HOSPITAL	11,500
391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	19,591
391056	SUTTER TRACY COMMUNITY HOSPITAL	5,140
392232	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	1,712
392287	DOCTORS HOSPITAL OF MANTECA	4,763
394003	SAN JOAQUIN COUNTY P.H.F.	1,315
394009	KAISER FND HOSP-MANTECA	4,783
400466	ARROYO GRANDE COMMUNITY HOSPITAL	2,946
400480	FRENCH HOSPITAL MEDICAL CENTER	5,385
400524	SIERRA VISTA REGIONAL MEDICAL CENTER	7,218
400548	TWIN CITIES COMMUNITY HOSPITAL	6,079
404046	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	1,102
410782	SAN MATEO MEDICAL CENTER	4,188
410804	KAISER FND HOSP - REDWOOD CITY	8,547
410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	6,138
410817	SETON MEDICAL CENTER	10,687
410828	SETON MEDICAL CENTER - COASTSIDE	93
410852	PENINSULA MEDICAL CENTER	17,286
410891	SEQUOIA HOSPITAL	9,384
414018	MENLO PARK SURGICAL HOSPITAL	362
420483	GOLETA VALLEY COTTAGE HOSPITAL	1,777
420491	LOMPOC VALLEY MEDICAL CENTER	2,788
420493	MARIAN MEDICAL CENTER	14,053
420514	SANTA BARBARA COTTAGE HOSPITAL	21,628
420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	295
424002	SANTA BARBARA PSYCHIATRIC HEALTH FACILITY	499
430705	REGIONAL MEDICAL OF SAN JOSE	11,091
430743	EL CAMINO HOSPITAL LOS GATOS	4,039
430763	EL CAMINO HOSPITAL	21,029

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	20,339
430837	O'CONNOR HOSPITAL - SAN JOSE	18,112
430883	SANTA CLARA VALLEY MEDICAL CENTER	29,926
430905	STANFORD HOSPITAL	23,053
431506	KAISER FND HOSP - SAN JOSE	14,396
434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	16,957
434051	CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA	18
434138	ST. LOUISE REGIONAL HOSPITAL	4,186
434153	KAISER FND HOSP - SANTA CLARA	24,048
440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	13,997
444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	2,730
444013	WATSONVILLE COMMUNITY HOSPITAL	7,675
450936	MAYERS MEMORIAL HOSPITAL	622
450940	SHASTA REGIONAL MEDICAL CENTER	8,136
450949	MERCY MEDICAL CENTER	15,995
454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	1,060
454013	PATIENTS' HOSPITAL OF REDDING	349
470871	MERCY MEDICAL CENTER MT. SHASTA	1,706
474007	FAIRCHILD MEDICAL CENTER	1,887
480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	17,170
481015	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	1,760
481094	SUTTER SOLANO MEDICAL CENTER	5,666
481357	NORTH BAY MEDICAL CENTER	7,152
484001	NORTH BAY VACAVALLEY HOSPITAL	2,604
484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	581
490919	SUTTER MEDICAL CENTER OF SANTA ROSA	7,330
490964	HEALDSBURG DISTRICT HOSPITAL	810
491001	PETALUMA VALLEY HOSPITAL	3,903
491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	13,807
491076	SONOMA VALLEY HOSPITAL	2,181
491338	PALM DRIVE HOSPITAL	1,218
494019	KAISER FND HOSP - SANTA ROSA	10,455
500852	DOCTORS MEDICAL CENTER	24,265
500867	EMANUEL MEDICAL CENTER, INC	14,644
500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	22,926
500954	KINDRED HOSPITAL MODESTO	488
500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	2,309
504038	STANISLAUS SURGICAL HOSPITAL	1,046
510882	FREMONT MEDICAL CENTER	8,528
514001	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	306
514033	NORTH VALLEY BEHAVIORAL HEALTH	557
514037	SEQUOIA PSYCHIATRIC CENTER - PHF	558
521041	ST. ELIZABETH COMMUNITY HOSPITAL	4,595

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2008 Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
531059	TRINITY HOSPITAL	405
540734	KAWEAH DELTA MEDICAL CENTER	24,467
540798	SIERRA VIEW DISTRICT HOSPITAL	10,077
540816	TULARE DISTRICT HOSPITAL	6,399
551061	TUOLUMNE GENERAL MEDICAL FACILITY	662
554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	5,428
560203	AURORA VISTA DEL MAR HOSPITAL	3,305
560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	15,549
560481	VENTURA COUNTY MEDICAL CENTER	17,069
560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	14,993
560501	OJAI VALLEY COMMUNITY HOSPITAL	1,144
560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	3,649
560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	5,502
560529	ST. JOHN'S REGIONAL MEDICAL CENTER	12,907
560838	PACIFIC SHORES HOSPITAL	314
564121	THOUSAND OAKS SURGICAL HOSPITAL	844
571086	WOODLAND MEMORIAL HOSPITAL	5,138
574010	SUTTER DAVIS HOSPITAL	4,809
580996	RIDEOUT MEMORIAL HOSPITAL	7,209
	Total :	4,017,998

Appendix C

2008 Expected Source Of Payment Definitions and Plan Code Numbers

Payer Categories

Medicare – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.

Medi-Cal – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

Private Coverage – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners. Automobile insurance payments are also included in this category.

Workers' Compensation – Payment from workers' compensation insurance, government or privately sponsored.

County Indigent Programs – Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.

Other Government – Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.

Other Indigent – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients except those in County Indigent Programs.

Self Pay – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.

Other Payer – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients. Live organ donors are also included in this category.

Type of Coverage

Managed Care - Knox/Keene-Medi-Cal County Organized Health System.

Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

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2008 Expected Source Of Payment Definitions and Plan Code Numbers

Managed Care-Other. Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS). This applies to all non-HMO managed care.

Traditional Coverage. All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

Payer Plan Codes

Code	Payer Plan Name
0000	Plan Code not applicable
0008	UHP Healthcare
0043	Blue Shield of California
0054	Contra Costa Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0102	Vista Behavioral Health Plan / Magellan Health Services of California
0126	Health Plan of America (HPA) / PacifiCare of California / Secure Horizons
0142	Lifeguard, Inc.
0151	Inter Valley Health Plan
0152	Cigna HealthCare of California, Inc.
0159	Health Plan of the Redwoods
0176	Aetna Health Plans of California, Inc.
0196	Managed Health Network
0200	Community Health Group
0209	Universal Care
0212	SCAN Health Plan / Smartcare Health Plan
0231	Holman Professional Counseling Centers
0236	Santa Clara Valley Medical Center / Valley Health Plan
0248	Community Health Plan (County of Los Angeles)
0259	U.S. Behavioral Health Plan, California
0266	UHC Healthcare
0278	Chinese Community Health Plan
0288	MBC of California / Merit Behavioral Care of California, Inc. (MBC)
0292	HAI, Hai-Ca

Appendix C

2008 Expected Source Of Payment Definitions and Plan Code Numbers

Code	Payer Plan Name
0293	ValueOptions of California, Inc. / Value Behavioral Health of California, Inc.
0296	AET Health Care Plan Of California
0298	Cigna Behavioral Health of California
0300	Health Net of California, Inc.
0301	PacifiCare Behavioral Health of California
0303	Blue Cross of California
0310	Sharp Health Plan
0322	American Family Care / Molina Healthcare of California
0324	Tower Health Service
0325	One Health Plan of California Inc. / Great West Health Plan, Inc.
0326	Care 1st Health Plan
0328	Alameda Alliance for Health
0335	Kern Health Systems Inc
0338	(The) Health Plan of San Joaquin / The Health Plan of San Joaquin
0344	Ventura County Health Care Plan
0346	Inland Empire Health Plan (IEHP)
0348	Western Health Advantage
0349	San Francisco Health Plan
0351	Santa Clara Family Health Plan
0352	Brown and Toland Medical Group
0355	LA Care Health Plan
0357	Heritage Provider Network, Inc.
0358	Health Plan Of San Mateo
0366	Cedars-Sinai Provider Plan, LLC
0367	Primecare Medical Network, Inc.
0377	Scripps Clinic Health Plan Services, Inc.
0385	On Lok Senior Health Services
0390	Medcore HP
0393	Simnsa Health Care / Sistemas Medicos Nacionales, S.A. De C.V.
0394	Caloptima (Orange County)
0397	Avante Behavioral Health Plan
0400	Santa Barbara Regional Health Authority / San Luis Obispo Regional Health Authority
0401	Central Coast Alliance For Health (Santa Cruz County/Monterey County)
0404	Central Health Plan

Appendix C

2008 Expected Source Of Payment Definitions and Plan Code Numbers

Code	Payer Plan Name
0408	CareMore Insurance Services, Inc.
0414	Honored Citizens Choice Health Plan
0432	AIDS HealthCare Foundation / Positive Healthcare
0445	Gemcare Health Plan, Inc.
8000	Other HMO
9030	Cal Optima (Orange County)
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9044	Central Coast Alliance For Health (Santa Cruz)
9048	Solano Partnership Health Plan (Solano County)

Appendix D

2008 Source of Admission and Disposition Definitions

Source of Admission (SOA): In January of 1997, in order to fully describe the patient's source of admission, three aspects of the source were collected: first, the site from which the patient originated; second, the licensure of the site from which the patient originated; and, third, the route by which the patient was admitted. Each of these are described in detail below. If any part of the patient's source of admission is unknown, invalid or blank then a value of "0" is assigned to that portion(s) of the source code.

SOA Site:

Home: Includes patients admitted from the patient's home, the home of a relative or friend, or a vacation site, whether or not the patient was seen at an outpatient clinic or physician's office, or had been receiving home health services or hospice care at home. This category includes patients admitted from a home environment (e.g., half-way house, group home, foster care, women's shelter), patients admitted from an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs, homeless persons, mothers who deliver at home, babies born at home, and patients coming from another hospital's emergency department.

Residential Care Facility: Includes patients admitted from a facility in which the patient resides and that provides special assistance to its residents in activities of daily living, but does not provide organized healthcare. This category includes patients admitted from various types of facilities that provide supportive and custodial care (e.g., board and care, residential care facilities for the elderly). Also included in this category are Mental Health Rehabilitation Centers (MHRC) licensed by the California Department of Mental Health (DMH).

Ambulatory Surgery: Includes patients admitted after treatment or examination in an ambulatory surgery facility, whether hospital-based or a freestanding licensed ambulatory surgery clinic or certified ambulatory surgery center. Outpatient clinics and physicians' offices not licensed and/or certified as an ambulatory surgery facility are excluded from this category.

Skilled Nursing/Intermediate Care (SN/IC): Includes patients admitted from skilled nursing care or intermediate care, whether freestanding or hospital-based, or from a Congregate Living Health Facility, as defined by Subdivision (i) of Section 1250 of the Health and Safety Code. This category includes patients admitted from a skilled nursing bed for the Medi-Cal Subacute Care and Transitional Care Program, an acute care bed that is used to provide skilled nursing care in an approved swing bed program, a California Department of Corrections (prison) skilled nursing facility, and an Institute for Mental Disease (IMD).

Acute Inpatient Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care of a medical/surgical nature, such as in a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of a hospital. This category includes patients admitted from a

Appendix D

2008 Source of Admission and Disposition Definitions

California Department of Corrections (prison) hospital, a Long-Term Acute Care Hospital (LTACH), an acute care bed for the Medi-Cal Subacute Care Program at another hospital, and an acute care bed for the Medi-Cal Transitional Care Program at another hospital.

Other Inpatient Hospital Care: Includes patients who were inpatients at a hospital, and were receiving inpatient hospital care not of a medical/surgical nature, such as in a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit.

Newborn: Babies born alive in the admitting hospital. This category excludes babies born prior to admission to the hospital.

Prison/Jail: Includes patients admitted from a correctional institution including juvenile hall.

Other: Includes patients admitted from a source other than mentioned above. This category also includes patients admitted from a freestanding, not hospital-based, inpatient hospice facility.

SOA Licensure:

This Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of the admitting hospital. This category includes all newborns.

Another Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of some other hospital. This category includes patients admitted from a consolidated hospital that has elected to submit separate discharge data reports to OSHPD for each facility, and babies born in another hospital's emergency department.

Not a Hospital: The site from which the patient was admitted was not operated under the license of a hospital. Includes all patients admitted from Home, Residential Care, Prison/Jail, and Other sites. Includes patients admitted from Ambulatory Surgery or Skilled Nursing/Intermediate Care sites that were not operated under the authority of the license of any hospital. Excludes all patients admitted from Acute Hospital Care or Other Hospital Care.

SOA Route:

This Hospital's Emergency Room: Includes any patient admitted as an inpatient after being treated or examined in the admitting hospital's emergency room. Excludes patients seen in the emergency room of another hospital.

Not this Hospital's Emergency Room: Includes any patient admitted as an inpatient without being treated or examined in this hospital's emergency room. This category also includes patients seen in the emergency room of some other hospital and patients not seen in any emergency room.

Appendix D

2008 Source of Admission and Disposition Definitions

Disposition:

Routine Discharge: A patient discharged from this hospital to return home, another private residence (e.g., half-way house, group home, foster care, woman's shelter), or an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs. This category includes patients scheduled for follow-up care at a physician's office or sent home for hospice care. It excludes patients referred to a home health service.

Acute Care within this Hospital: A patient discharged to inpatient hospital care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit within the reporting hospital.

Other Type of Hospital Care within this Hospital: A patient discharged to inpatient hospital care not of a medical/surgical nature and not skilled nursing/intermediate care, such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit within the reporting hospital.

Skilled Nursing/Intermediate Care within this Hospital: A patient discharged to a Skilled Nursing / Intermediate Care (SN/IC) distinct part within the reporting hospital. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Transitional Care Programs. It also includes acute care beds that are used to provide skilled nursing care in an approved swing bed program.

Acute Care at another Hospital: A patient discharged to another hospital to receive inpatient care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of another hospital or to a Long-Term Acute Care Hospital (LTACH). This category includes patients discharged between two facilities of a consolidated hospital that has elected to submit two or more discharge data reports to OSHPD. It also includes patients discharged to an acute care bed for the Medi-Cal Subacute Care Program or Medi-Cal Transitional Care Program of another acute care hospital.

Other Type of Care at another Hospital: A patient discharged to another hospital to receive inpatient hospital care such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment at another hospital, not of a medical/surgical nature and not skilled nursing/intermediate care. This category includes patients discharged between a consolidated hospital that has elected to submit two discharge data reports to OSHPD.

Skilled Nursing/Intermediate Care Elsewhere: A patient discharged from this hospital to a Skilled Nursing/Intermediate Care type of care, either freestanding or a distinct part within another hospital, or to a Congregate Living Health Facility, as defined by Subsection (i) of Section 1250 of the Health and Safety Code. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Transitional Care Programs and acute care beds that are used to provide skilled nursing care in an approved swing bed program at another hospital.

Appendix D

2008 Source of Admission and Disposition Definitions

Residential Care Facility: A patient discharged to a facility that provides special assistance to its residents in activities of daily living, but does not provide organized healthcare.

Prison/Jail: A patient discharged to a correctional institution including juvenile hall.

Against Medical Advice: Patient left the hospital against medical advice, without a physician's discharge order. Psychiatric patients discharged from away without leave status (AWOL) are also included in this category.

Died: All episodes of inpatient care that terminated in death, patient expired after admission and before leaving the hospital.

Home Health Service: A patient referred to a licensed home health service program. This category includes patients discharged home with home health services.

Other: A patient discharged to some place other than mentioned above, includes patients discharged to a freestanding, not hospital-based, inpatient hospice facility.

If the reported disposition of a patient is invalid or missing then the patient's disposition is defaulted to "00".

Appendix E

2008 Race and Ethnicity Definitions

Race and Ethnicity data is most accurate when the patients are asked to identify their own race and ethnicity. Self-identification may include the use of a form displaying race/ethnicity choices. Because data quality deteriorates when assumptions are based on the patient's or a family member's name, physical appearance, place of birth, or primary language, hospitals are instructed to code Race and Ethnicity as "Unknown" if the patient or family member is unable or unwilling to declare. The parents declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for the hospital reporting to OSHPD to report the ethnicity and race of the mother for that of the newborn. Multiracial patients may choose any one of the categories that is at least partially accurate including "Other". For more discussion and examples of coding guidelines see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Race

White: A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

Black: A person having origins in or who identifies with any of the black racial groups of Africa.

Native American/Eskimo/Aleut: A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander: A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Other: Any possible options not covered in the above categories, this may include patients who cite more than one race.

Ethnicity

Hispanic: A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

Non-Hispanic: A person who identifies with a culture or origin other than Hispanic. This category excludes patients who can not or will not declare their ethnicity.

Unknown: Includes patients who can not or will not declare their ethnicity. Unknown is also used as a default for reported invalid and blank values of ethnicity.

Appendix F

2008 Major Diagnostic Categories (MDCs)

MDC Code	MDC Description
00	UNGROUPABLE
01	NERVOUS SYSTEM, DISEASES & DISORDERS
02	EYE, DISEASES & DISORDERS
03	EAR, NOSE, MOUTH, & THROAT, DISEASES & DISORDERS
04	RESPIRATORY SYSTEM, DISEASES & DISORDERS
05	CIRCULATORY SYSTEM, DISEASES & DISORDERS
06	DIGESTIVE SYSTEM, DISEASES & DISORDERS
07	HEPATOBIILIARY SYSTEM & PANCREAS, DISEASES & DISORDERS
08	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE, DISEASES & DISORDERS
09	SKIN, SUBCUTANEOUS TISSUE & BREAST, DISEASES & DISORDERS
10	ENDOCRINE, NUTRITIONAL, AND METABOLIC, DISEASES & DISORDERS
11	KIDNEY AND URINARY TRACT, DISEASES & DISORDERS
12	MALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
13	FEMALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
14	PREGNANCY, CHILDBIRTH, & THE PUERPERIUM
15	NEWBORNS AND NEONATE CONDITIONS BEGAN IN PERINATAL PERIOD
16	BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL, DISEASES & DISORDERS
17	MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS
18	INFECTIOUS & PARASITIC DISEASES
19	MENTAL DISEASES & DISORDERS
20	ALCOHOL-DRUG USE AND ALCOHOL-DRUG INDUCED ORGANIC MENTAL DISEASES
21	INJURIES, POISONINGS, AND TOXIC EFFECTS OF DRUGS
22	BURNS
23	FACTORS ON HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES
24	MULTIPLE SIGNFICANT TRAUMA
25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Appendix G

Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
00	999	UNGROUPABLE
01	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
01	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
01	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
01	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
01	009	BONE MARROW TRANSPLANT
01	010	PANCREAS TRANSPLANT
01	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
01	020	INTRACRANIAL VASCULAR PROCEDURES WITH PRINC DIAGNOSIS HEMORRHAGE WITH MCC
01	021	INTRACRANIAL VASCULAR PROCEDURES WITH PRINC DIAGNOSIS HEMORRHAGE WITH CC
01	022	INTRACRANIAL VASCULAR PROCEDURES WITH PRINC DIAGNOSIS HEMORRHAGE WITHOUT CC/MCC
01	023	CRANIO WITH MAJOR DEV IMPL/ACUTE COMPLEX CNS PRINC DIAGNOSIS WITH MCC OR CHEMO IMPLANT
01	024	CRANIO WITH MAJOR DEV IMPL/ACUTE COMPLEX CNS PRINC DIAGNOSIS WITHOUT MCC
01	025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MCC
01	026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC
01	027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC
01	028	SPINAL PROCEDURES WITH MCC
01	029	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATORS
01	030	SPINAL PROCEDURES WITHOUT CC/MCC
01	031	VENTRICULAR SHUNT PROCEDURES WITH MCC
01	032	VENTRICULAR SHUNT PROCEDURES WITH CC
01	033	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC
01	034	CAROTID ARTERY STENT PROCEDURE WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
01	035	CAROTID ARTERY STENT PROCEDURE WITH CC
01	036	CAROTID ARTERY STENT PROCEDURE WITHOUT CC/MCC
01	037	EXTRACRANIAL PROCEDURES WITH MCC
01	038	EXTRACRANIAL PROCEDURES WITH CC
01	039	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC
01	040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROCEDURE WITH MCC
01	041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROCEDURE WITH CC OR PERIPH NEUROSTIM
01	042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROCEDURE WITHOUT CC/MCC
01	052	SPINAL DISORDERS & INJURIES WITH CC/MCC
01	053	SPINAL DISORDERS & INJURIES WITHOUT CC/MCC
01	054	NERVOUS SYSTEM NEOPLASMS WITH MCC
01	055	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC
01	056	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC
01	057	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC
01	058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA WITH MCC
01	059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA WITH CC
01	060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA WITHOUT CC/MCC
01	061	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITH MCC
01	062	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITH CC
01	063	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITHOUT CC/MCC
01	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC
01	065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC
01	066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
01	067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION WITHOUT INFARCT WITH MCC
01	068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION WITHOUT INFARCT WITHOUT MCC
01	069	TRANSIENT ISCHEMIA
01	070	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC
01	071	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC
01	072	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC
01	073	CRANIAL & PERIPHERAL NERVE DISORDERS WITH MCC
01	074	CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT MCC
01	075	VIRAL MENINGITIS WITH CC/MCC
01	076	VIRAL MENINGITIS WITHOUT CC/MCC
01	077	HYPERTENSIVE ENCEPHALOPATHY WITH MCC
01	078	HYPERTENSIVE ENCEPHALOPATHY WITH CC
01	079	HYPERTENSIVE ENCEPHALOPATHY WITHOUT CC/MCC
01	080	NONTRAUMATIC STUPOR & COMA WITH MCC
01	081	NONTRAUMATIC STUPOR & COMA WITHOUT MCC
01	082	TRAUMATIC STUPOR & COMA, COMA >1 HR WITH MCC
01	083	TRAUMATIC STUPOR & COMA, COMA >1 HR WITH CC
01	084	TRAUMATIC STUPOR & COMA, COMA >1 HR WITHOUT CC/MCC
01	085	TRAUMATIC STUPOR & COMA, COMA <1 HR WITH MCC
01	086	TRAUMATIC STUPOR & COMA, COMA <1 HR WITH CC
01	087	TRAUMATIC STUPOR & COMA, COMA <1 HR WITHOUT CC/MCC
01	088	CONCUSSION WITH MCC
01	089	CONCUSSION WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
01	090	CONCUSSION WITHOUT CC/MCC
01	091	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC
01	092	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC
01	093	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC
01	094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH MCC
01	095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH CC
01	096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITHOUT CC/MCC
01	097	NON-BACTERIAL INFECT OF NERVOUS SYS EXCEPT VIRAL MENINGITIS WITH MCC
01	098	NON-BACTERIAL INFECT OF NERVOUS SYS EXCEPT VIRAL MENINGITIS WITH CC
01	099	NON-BACTERIAL INFECT OF NERVOUS SYS EXCEPT VIRAL MENINGITIS WITHOUT CC/MCC
01	100	SEIZURES WITH MCC
01	101	SEIZURES WITHOUT MCC
01	102	HEADACHES WITH MCC
01	103	HEADACHES WITHOUT MCC
01	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
01	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
01	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
01	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
01	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
01	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
01	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
01	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
01	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
02	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
02	010	PANCREAS TRANSPLANT
02	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH MCC
02	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH CC
02	113	ORBITAL PROCEDURES WITH CC/MCC
02	114	ORBITAL PROCEDURES WITHOUT CC/MCC
02	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT
02	116	INTRAOCULAR PROCEDURES WITH CC/MCC
02	117	INTRAOCULAR PROCEDURES WITHOUT CC/MCC
02	121	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC
02	122	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC
02	123	NEUROLOGICAL EYE DISORDERS
02	124	OTHER DISORDERS OF THE EYE WITH MCC
02	125	OTHER DISORDERS OF THE EYE WITHOUT MCC
02	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
02	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
02	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
02	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
02	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
02	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
03	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
03	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
03	009	BONE MARROW TRANSPLANT

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
03	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
03	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
03	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
03	129	MAJOR HEAD & NECK PROCEDURES WITH CC/MCC OR MAJOR DEVICE
03	130	MAJOR HEAD & NECK PROCEDURES WITHOUT CC/MCC
03	131	CRANIAL/FACIAL PROCEDURES WITH CC/MCC
03	132	CRANIAL/FACIAL PROCEDURES WITHOUT CC/MCC
03	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES WITH CC/MCC
03	134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES WITHOUT CC/MCC
03	135	SINUS & MASTOID PROCEDURES WITH CC/MCC
03	136	SINUS & MASTOID PROCEDURES WITHOUT CC/MCC
03	137	MOUTH PROCEDURES WITH CC/MCC
03	138	MOUTH PROCEDURES WITHOUT CC/MCC
03	139	SALIVARY GLAND PROCEDURES
03	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY WITH MCC
03	147	EAR, NOSE, MOUTH & THROAT MALIGNANCY WITH CC
03	148	EAR, NOSE, MOUTH & THROAT MALIGNANCY WITHOUT CC/MCC
03	149	DYSEQUILIBRIUM
03	150	EPISTAXIS WITH MCC
03	151	EPISTAXIS WITHOUT MCC
03	152	OTITIS MEDIA & UPPER RESPIRATORY INFECTION WITH MCC
03	153	OTITIS MEDIA & UPPER RESPIRATORY INFECTION WITHOUT MCC
03	154	NASAL TRAUMA & DEFORMITY WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
03	155	NASAL TRAUMA & DEFORMITY WITH CC
03	156	NASAL TRAUMA & DEFORMITY WITHOUT CC/MCC
03	157	DENTAL & ORAL DISEASES WITH MCC
03	158	DENTAL & ORAL DISEASES WITH CC
03	159	DENTAL & ORAL DISEASES WITHOUT CC/MCC
03	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
03	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
03	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
03	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
03	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
03	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
04	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
04	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
04	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
04	007	LUNG TRANSPLANT
04	009	BONE MARROW TRANSPLANT
04	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH MCC
04	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH CC
04	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
04	163	MAJOR CHEST PROCEDURES WITH MCC
04	164	MAJOR CHEST PROCEDURES WITH CC
04	165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC
04	166	OTHER RESP SYSTEM O.R. PROCEDURES WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
04	167	OTHER RESP SYSTEM O.R. PROCEDURES WITH CC
04	168	OTHER RESP SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
04	175	PULMONARY EMBOLISM WITH MCC
04	176	PULMONARY EMBOLISM WITHOUT MCC
04	177	RESPIRATORY INFECTIONS & INFLAMMATIONS WITH MCC
04	178	RESPIRATORY INFECTIONS & INFLAMMATIONS WITH CC
04	179	RESPIRATORY INFECTIONS & INFLAMMATIONS WITHOUT CC/MCC
04	180	RESPIRATORY NEOPLASMS WITH MCC
04	181	RESPIRATORY NEOPLASMS WITH CC
04	182	RESPIRATORY NEOPLASMS WITHOUT CC/MCC
04	183	MAJOR CHEST TRAUMA WITH MCC
04	184	MAJOR CHEST TRAUMA WITH CC
04	185	MAJOR CHEST TRAUMA WITHOUT CC/MCC
04	186	PLEURAL EFFUSION WITH MCC
04	187	PLEURAL EFFUSION WITH CC
04	188	PLEURAL EFFUSION WITHOUT CC/MCC
04	189	PULMONARY EDEMA & RESPIRATORY FAILURE
04	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC
04	191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC
04	192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC
04	193	SIMPLE PNEUMONIA & PLEURISY WITH MCC
04	194	SIMPLE PNEUMONIA & PLEURISY WITH CC
04	195	SIMPLE PNEUMONIA & PLEURISY WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
04	196	INTERSTITIAL LUNG DISEASE WITH MCC
04	197	INTERSTITIAL LUNG DISEASE WITH CC
04	198	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC
04	199	PNEUMOTHORAX WITH MCC
04	200	PNEUMOTHORAX WITH CC
04	201	PNEUMOTHORAX WITHOUT CC/MCC
04	202	BRONCHITIS & ASTHMA WITH CC/MCC
04	203	BRONCHITIS & ASTHMA WITHOUT CC/MCC
04	204	RESPIRATORY SIGNS & SYMPTOMS
04	205	OTHER RESPIRATORY SYSTEM DIAGNOSIS WITH MCC
04	206	OTHER RESPIRATORY SYSTEM DIAGNOSIS WITHOUT MCC
04	207	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS
04	208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HOURS
04	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
04	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
04	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
04	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
04	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
04	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
04	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
04	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
04	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
05	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC

Appendix G

Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
05	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
05	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
05	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
05	007	LUNG TRANSPLANT
05	009	BONE MARROW TRANSPLANT
05	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH CC
05	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
05	215	OTHER HEART ASSIST SYSTEM IMPLANT
05	216	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROCEDURE WITH CARD CATH WITH MCC
05	217	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROCEDURE WITH CARD CATH WITH CC
05	218	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROCEDURE WITH CARD CATH WITHOUT CC/MCC
05	219	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROCEDURE WITHOUT CARD CATH WITH MCC
05	220	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROCEDURE WITHOUT CARD CATH WITH CC
05	221	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROCEDURE WITHOUT CARD CATH WITHOUT CC/MCC
05	222	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK WITH MCC
05	223	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK WITHOUT MCC
05	224	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK WITH MCC
05	225	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK WITHOUT MCC
05	226	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATH WITH MCC
05	227	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATH WITHOUT MCC
05	228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC
05	229	OTHER CARDIOTHORACIC PROCEDURES WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	230	OTHER CARDIOTHORACIC PROCEDURES WITHOUT CC/MCC
05	231	CORONARY BYPASS WITH PTCA WITH MCC
05	232	CORONARY BYPASS WITH PTCA WITHOUT MCC
05	233	CORONARY BYPASS WITH CARDIAC CATH WITH MCC
05	234	CORONARY BYPASS WITH CARDIAC CATH WITHOUT MCC
05	235	CORONARY BYPASS WITHOUT CARDIAC CATH WITH MCC
05	236	CORONARY BYPASS WITHOUT CARDIAC CATH WITHOUT MCC
05	237	MAJOR CARDIOVASC PROCEDURES WITH MCC OR THORACIC AORTIC ANEURYSM REPAIR
05	238	MAJOR CARDIOVASC PROCEDURES WITHOUT MCC
05	239	AMPUTATION FOR CIRC SYS DISORDERS EXCEPT UPPER LIMB & TOE WITH MCC
05	240	AMPUTATION FOR CIRC SYS DISORDERS EXCEPT UPPER LIMB & TOE WITH CC
05	241	AMPUTATION FOR CIRC SYS DISORDERS EXCEPT UPPER LIMB & TOE WITHOUT CC/MCC
05	242	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC
05	243	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC
05	244	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC
05	245	AICD LEAD & GENERATOR PROCEDURES
05	246	PERC CARDIOVASC PROCEDURE WITH DRUG-ELUTING STENT WITH MCC OR 4+ VESSELS/STENTS
05	247	PERC CARDIOVASC PROCEDURE WITH DRUG-ELUTING STENT WITHOUT MCC
05	248	PERC CARDIOVASC PROCEDURE WITH NON-DRUG-ELUTING STENT WITH MCC OR 4+ VES/STENTS
05	249	PERC CARDIOVASC PROCEDURE WITH NON-DRUG-ELUTING STENT WITHOUT MCC
05	250	PERC CARDIOVASC PROCEDURE WITHOUT CORONARY ARTERY STENT OR AMI WITH MCC
05	251	PERC CARDIOVASC PROCEDURE WITHOUT CORONARY ARTERY STENT OR AMI WITHOUT MCC
05	252	OTHER VASCULAR PROCEDURES WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	253	OTHER VASCULAR PROCEDURES WITH CC
05	254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC
05	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS WITH MCC
05	256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS WITH CC
05	257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS WITHOUT CC/MCC
05	258	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC
05	259	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC
05	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH MCC
05	261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH CC
05	262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITHOUT CC/MCC
05	263	VEIN LIGATION & STRIPPING
05	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
05	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC
05	281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC
05	282	ACUTE MYOCARDIA INFARCTION, DISCHARGED ALIVE WITHOUT CC/MCC
05	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH MCC
05	284	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC
05	285	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITHOUT CC/MCC
05	286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARD CATH WITH MCC
05	287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARD CATH WITHOUT MCC
05	288	ACUTE & SUBACUTE ENDOCARDITIS WITH MCC
05	289	ACUTE & SUBACUTE ENDOCARDITIS WITH CC
05	290	ACUTE & SUBACUTE ENDOCARDITIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	291	HEART FAILURE & SHOCK WITH MCC
05	292	HEART FAILURE & SHOCK WITH CC
05	293	HEART FAILURE & SHOCK WITHOUT CC/MCC
05	294	DEEP VEIN THROMBOPHLEBITIS WITH CC/MCC
05	295	DEEP VEIN THROMBOPHLEBITIS WITHOUT CC/MCC
05	296	CARDIAC ARREST, UNEXPLAINED WITH MCC
05	297	CARDIAC ARREST, UNEXPLAINED WITH CC
05	298	CARDIAC ARREST, UNEXPLAINED WITHOUT CC/MCC
05	299	PERIPHERAL VASCULAR DISORDERS WITH MCC
05	300	PERIPHERAL VASCULAR DISORDERS WITH CC
05	301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC
05	302	ATHEROSCLEROSIS WITH MCC
05	303	ATHEROSCLEROSIS WITHOUT MCC
05	304	HYPERTENSION WITH MCC
05	305	HYPERTENSION WITHOUT MCC
05	306	CARDIAC CONGENITAL & VALVULAR DISORDERS WITH MCC
05	307	CARDIAC CONGENITAL & VALVULAR DISORDERS WITHOUT MCC
05	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH MCC
05	309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH CC
05	310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT CC/MCC
05	311	ANGINA PECTORIS
05	312	SYNCOPE & COLLAPSE
05	313	CHEST PAIN

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	314	OTHER CIRCULATORY SYSTEM DIAGNOSIS WITH MCC
05	315	OTHER CIRCULATORY SYSTEM DIAGNOSIS WITH CC
05	316	OTHER CIRCULATORY SYSTEM DIAGNOSIS WITHOUT CC/MCC
05	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
05	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
05	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
05	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
05	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
05	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
05	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
05	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
05	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
06	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
06	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
06	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
06	009	BONE MARROW TRANSPLANT
06	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
06	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
06	326	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURE WITH MCC
06	327	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURE WITH CC
06	328	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURE WITHOUT CC/MCC
06	329	MAJOR SMALL & LARGE BOWEL PROCEDURES WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
06	330	MAJOR SMALL & LARGE BOWEL PROCEDURES WITH CC
06	331	MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT CC/MCC
06	332	RECTAL RESECTION WITH MCC
06	333	RECTAL RESECTION WITH CC
06	334	RECTAL RESECTION WITHOUT CC/MCC
06	335	PERITONEAL ADHESIOLYSIS WITH MCC
06	336	PERITONEAL ADHESIOLYSIS WITH CC
06	337	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC
06	338	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC
06	339	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH CC
06	340	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	341	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC
06	342	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC
06	343	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	344	MINOR SMALL & LARGE BOWEL PROCEDURES WITH MCC
06	345	MINOR SMALL & LARGE BOWEL PROCEDURES WITH CC
06	346	MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT CC/MCC
06	347	ANAL & STOMAL PROCEDURES WITH MCC
06	348	ANAL & STOMAL PROCEDURES WITH CC
06	349	ANAL & STOMAL PROCEDURES WITHOUT CC/MCC
06	350	INGUINAL & FEMORAL HERNIA PROCEDURES WITH MCC
06	351	INGUINAL & FEMORAL HERNIA PROCEDURES WITH CC
06	352	INGUINAL & FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
06	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL WITH MCC
06	354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL WITH CC
06	355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL WITHOUT CC/MCC
06	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC
06	357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC
06	358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
06	368	MAJOR ESOPHAGEAL DISORDERS WITH MCC
06	369	MAJOR ESOPHAGEAL DISORDERS WITH CC
06	370	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC
06	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITH MCC
06	372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITH CC
06	373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITHOUT CC/MCC
06	374	DIGESTIVE MALIGNANCY WITH MCC
06	375	DIGESTIVE MALIGNANCY WITH CC
06	376	DIGESTIVE MALIGNANCY WITHOUT CC/MCC
06	377	G.I. HEMORRHAGE WITH MCC
06	378	G.I. HEMORRHAGE WITH CC
06	379	G.I. HEMORRHAGE WITHOUT CC/MCC
06	380	COMPLICATED PEPTIC ULCER WITH MCC
06	381	COMPLICATED PEPTIC ULCER WITH CC
06	382	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC
06	383	UNCOMPLICATED PEPTIC ULCER WITH MCC
06	384	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
06	385	INFLAMMATORY BOWEL DISEASE WITH MCC
06	386	INFLAMMATORY BOWEL DISEASE WITH CC
06	387	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC
06	388	G.I. OBSTRUCTION WITH MCC
06	389	G.I. OBSTRUCTION WITH CC
06	390	G.I. OBSTRUCTION WITHOUT CC/MCC
06	391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITH MCC
06	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITHOUT MCC
06	393	OTHER DIGESTIVE SYSTEM DIAGNOSIS WITH MCC
06	394	OTHER DIGESTIVE SYSTEM DIAGNOSIS WITH CC
06	395	OTHER DIGESTIVE SYSTEM DIAGNOSIS WITHOUT CC/MCC
06	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
06	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
06	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
06	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
06	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
06	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
06	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
07	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
07	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
07	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
07	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
07	006	LIVER TRANSPLANT WITHOUT MCC
07	009	BONE MARROW TRANSPLANT
07	010	PANCREAS TRANSPLANT
07	405	PANCREAS, LIVER & SHUNT PROCEDURES WITH MCC
07	406	PANCREAS, LIVER & SHUNT PROCEDURES WITH CC
07	407	PANCREAS, LIVER & SHUNT PROCEDURES WITHOUT CC/MCC
07	408	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORE WITH MCC
07	409	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORE WITH CC
07	410	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORE WITHOUT CC/MCC
07	411	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORE WITH MCC
07	412	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORE WITH CC
07	413	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORE WITHOUT CC/MCC
07	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORE WITH MCC
07	415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORE WITH CC
07	416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORE WITHOUT CC/MCC
07	417	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORE WITH MCC
07	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORE WITH CC
07	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORE WITHOUT CC/MCC
07	420	HEPATOBIILIARY DIAGNOSIS NOSTIC PROCEDURES WITH MCC
07	421	HEPATOBIILIARY DIAGNOSIS NOSTIC PROCEDURES WITH CC
07	422	HEPATOBIILIARY DIAGNOSIS NOSTIC PROCEDURES WITHOUT CC/MCC
07	423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
07	424	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITH CC
07	425	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITHOUT CC/MCC
07	432	CIRRHOSIS & ALCOHOLIC HEPATITIS WITH MCC
07	433	CIRRHOSIS & ALCOHOLIC HEPATITIS WITH CC
07	434	CIRRHOSIS & ALCOHOLIC HEPATITIS WITHOUT CC/MCC
07	435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH MCC
07	436	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH CC
07	437	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITHOUT CC/MCC
07	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC
07	439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC
07	440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC
07	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA WITH MCC
07	442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA WITH CC
07	443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA WITHOUT CC/MCC
07	444	DISORDERS OF THE BILIARY TRACT WITH MCC
07	445	DISORDERS OF THE BILIARY TRACT WITH CC
07	446	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC
07	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
07	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
07	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
07	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
07	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
07	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
07	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
07	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
07	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
08	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
08	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
08	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
08	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
08	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
08	007	LUNG TRANSPLANT
08	009	BONE MARROW TRANSPLANT
08	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
08	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
08	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
08	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH MCC
08	454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH CC
08	455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITHOUT CC/MCC
08	456	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURV/MALIG/INFEC OR 9+ FUSION WITH MCC
08	457	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURV/MALIG/INFEC OR 9+ FUSION WITH CC
08	458	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURV/MALIG/INFEC OR 9+ FUSION WITHOUT CC/MCC
08	459	SPINAL FUSION EXCEPT CERVICAL WITH MCC
08	460	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC
08	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY WITH MCC
08	462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY WITHOUT MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	463	WOUND DEBRIDE & SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONN TISS DISEASE WITH MCC
08	464	WOUND DEBRIDE & SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONN TISS DISEASE WITH CC
08	465	WOUND DEBRIDE & SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONN TISS DISEASE WITHOUT CC/MCC
08	466	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC
08	467	REVISION OF HIP OR KNEE REPLACEMENT WITH CC
08	468	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC
08	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITH MCC
08	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC
08	471	CERVICAL SPINAL FUSION WITH MCC
08	472	CERVICAL SPINAL FUSION WITH CC
08	473	CERVICAL SPINAL FUSION WITHOUT CC/MCC
08	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DISEASE WITH MCC
08	475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DISEASE WITH CC
08	476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DISEASE WITHOUT CC/MCC
08	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH MCC
08	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH CC
08	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITHOUT CC/MCC
08	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC
08	481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC
08	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC
08	483	MAJOR JOINT & LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITY WITH CC/MCC
08	484	MAJOR JOINT & LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITY WITHOUT CC/MCC
08	485	KNEE PROCEDURES WITH PRINC DIAGNOSIS OF INFECTION WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

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Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	486	KNEE PROCEDURES WITH PRINC DIAGNOSIS OF INFECTION WITH CC
08	487	KNEE PROCEDURES WITH PRINC DIAGNOSIS OF INFECTION WITHOUT CC/MCC
08	488	KNEE PROCEDURES WITHOUT PRINC DIAGNOSIS OF INFECTION WITH CC/MCC
08	489	KNEE PROCEDURES WITHOUT PRINC DIAGNOSIS OF INFECTION WITHOUT CC/MCC
08	490	BACK & NECK PROCEDURE EXCEPT SPINAL FUSION WITH CC/MCC OR DISC DEVICE/NEUROSTIM
08	491	BACK & NECK PROCEDURE EXCEPT SPINAL FUSION WITHOUT CC/MCC
08	492	LOWER EXTREM & HUMER PROCEDURE EXCEPT HIP,FOOT,FEMUR WITH MCC
08	493	LOWER EXTREM & HUMER PROCEDURE EXCEPT HIP,FOOT,FEMUR WITH CC
08	494	LOWER EXTREM & HUMER PROCEDURE EXCEPT HIP,FOOT,FEMUR WITHOUT CC/MCC
08	495	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES EXCEPT HIP & FEMUR WITH MCC
08	496	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES EXCEPT HIP & FEMUR WITH CC
08	497	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES EXCEPT HIP & FEMUR WITHOUT CC/MCC
08	498	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES OF HIP & FEMUR WITH CC/MCC
08	499	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES OF HIP & FEMUR WITHOUT CC/MCC
08	500	SOFT TISSUE PROCEDURES WITH MCC
08	501	SOFT TISSUE PROCEDURES WITH CC
08	502	SOFT TISSUE PROCEDURES WITHOUT CC/MCC
08	503	FOOT PROCEDURES WITH MCC
08	504	FOOT PROCEDURES WITH CC
08	505	FOOT PROCEDURES WITHOUT CC/MCC
08	506	MAJOR THUMB OR JOINT PROCEDURES
08	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC
08	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	509	ARTHROSCOPY
08	510	SHOULDER,ELBOW OR FOREARM PROCEDURE EXCEPT MAJOR JOINT PROCEDURE WITH MCC
08	511	SHOULDER,ELBOW OR FOREARM PROCEDURE EXCEPT MAJOR JOINT PROCEDURE WITH CC
08	512	SHOULDER,ELBOW OR FOREARM PROCEDURE EXCEPT MAJOR JOINT PROCEDURE WITHOUT CC/MCC
08	513	HAND OR WRIST PROCEDURE EXCEPT MAJOR THUMB OR JOINT PROCEDURE WITH CC/MCC
08	514	HAND OR WRIST PROCEDURE EXCEPT MAJOR THUMB OR JOINT PROCEDURE WITHOUT CC/MCC
08	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROCEDURE WITH MCC
08	516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROCEDURE WITH CC
08	517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROCEDURE WITHOUT CC/MCC
08	533	FRACTURES OF FEMUR WITH MCC
08	534	FRACTURES OF FEMUR WITHOUT MCC
08	535	FRACTURES OF HIP & PELVIS WITH MCC
08	536	FRACTURES OF HIP & PELVIS WITHOUT MCC
08	537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH WITH CC/MCC
08	538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH WITHOUT CC/MCC
08	539	OSTEOMYELITIS WITH MCC
08	540	OSTEOMYELITIS WITH CC
08	541	OSTEOMYELITIS WITHOUT CC/MCC
08	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIGNANCY WITH MCC
08	543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIGNANCY WITH CC
08	544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIGNANCY WITHOUT CC/MCC
08	545	CONNECTIVE TISSUE DISORDERS WITH MCC
08	546	CONNECTIVE TISSUE DISORDERS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	547	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC
08	548	SEPTIC ARTHRITIS WITH MCC
08	549	SEPTIC ARTHRITIS WITH CC
08	550	SEPTIC ARTHRITIS WITHOUT CC/MCC
08	551	MEDICAL BACK PROBLEMS WITH MCC
08	552	MEDICAL BACK PROBLEMS WITHOUT MCC
08	553	BONE DISEASES & ARTHROPATHIES WITH MCC
08	554	BONE DISEASES & ARTHROPATHIES WITHOUT MCC
08	555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE WITH MCC
08	556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE WITHOUT MCC
08	557	TENDONITIS, MYOSITIS & BURSITIS WITH MCC
08	558	TENDONITIS, MYOSITIS & BURSITIS WITHOUT MCC
08	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH MCC
08	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH CC
08	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITHOUT CC/MCC
08	562	FX, SPRAIN, STRAIN & DISLOCATE EXCEPT FEMUR, HIP, PELVIS & THIGH WITH MCC
08	563	FX, SPRAIN, STRAIN & DISLOCATE EXCEPT FEMUR, HIP, PELVIS & THIGH WITHOUT MCC
08	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSIS WITH MCC
08	565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSIS WITH CC
08	566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSIS WITHOUT CC/MCC
08	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
08	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
08	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
08	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
08	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
08	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
08	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
08	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
09	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
09	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
09	009	BONE MARROW TRANSPLANT
09	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
09	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
09	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
09	573	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS WITH MCC
09	574	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS WITH CC
09	575	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC
09	576	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC
09	577	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC
09	578	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC
09	579	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE WITH MCC
09	580	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE WITH CC
09	581	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE WITHOUT CC/MCC
09	582	MASTECTOMY FOR MALIGNANCY WITH CC/MCC
09	583	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
09	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES WITH CC/MCC
09	585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES WITHOUT CC/MCC
09	592	SKIN ULCERS WITH MCC
09	593	SKIN ULCERS WITH CC
09	594	SKIN ULCERS WITHOUT CC/MCC
09	595	MAJOR SKIN DISORDERS WITH MCC
09	596	MAJOR SKIN DISORDERS WITHOUT MCC
09	597	MALIGNANT BREAST DISORDERS WITH MCC
09	598	MALIGNANT BREAST DISORDERS WITH CC
09	599	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC
09	600	NON-MALIGNANT BREAST DISORDERS WITH CC/MCC
09	601	NON-MALIGNANT BREAST DISORDERS WITHOUT CC/MCC
09	602	CELLULITIS WITH MCC
09	603	CELLULITIS WITHOUT MCC
09	604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST WITH MCC
09	605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST WITHOUT MCC
09	606	MINOR SKIN DISORDERS WITH MCC
09	607	MINOR SKIN DISORDERS WITHOUT MCC
09	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
09	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
09	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
09	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
09	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
09	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
09	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
09	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
10	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
10	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
10	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
10	006	LIVER TRANSPLANT WITHOUT MCC
10	007	LUNG TRANSPLANT
10	009	BONE MARROW TRANSPLANT
10	010	PANCREAS TRANSPLANT
10	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
10	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
10	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
10	614	ADRENAL & PITUITARY PROCEDURES WITH CC/MCC
10	615	ADRENAL & PITUITARY PROCEDURES WITHOUT CC/MCC
10	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISEASE WITH MCC
10	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISEASE WITH CC
10	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISEASE WITHOUT CC/MCC
10	619	O.R. PROCEDURES FOR OBESITY WITH MCC
10	620	O.R. PROCEDURES FOR OBESITY WITH CC
10	621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC
10	622	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC, NUTRIT & METAB DISEASE WITH MCC
10	623	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC, NUTRIT & METAB DISEASE WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
10	624	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC, NUTRIT & METAB DISEASE WITHOUT CC/MCC
10	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES WITH MCC
10	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES WITH CC
10	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES WITHOUT CC/MCC
10	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROCEDURE WITH MCC
10	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROCEDURE WITH CC
10	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROCEDURE WITHOUT CC/MCC
10	637	DIABETES WITH MCC
10	638	DIABETES WITH CC
10	639	DIABETES WITHOUT CC/MCC
10	640	NUTRITIONAL & MISC METABOLIC DISORDERS WITH MCC
10	641	NUTRITIONAL & MISC METABOLIC DISORDERS WITHOUT MCC
10	642	INBORN ERRORS OF METABOLISM
10	643	ENDOCRINE DISORDERS WITH MCC
10	644	ENDOCRINE DISORDERS WITH CC
10	645	ENDOCRINE DISORDERS WITHOUT CC/MCC
10	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
10	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
10	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
10	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
10	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
10	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
10	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
10	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
10	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
11	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
11	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
11	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
11	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
11	008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
11	009	BONE MARROW TRANSPLANT
11	010	PANCREAS TRANSPLANT
11	652	KIDNEY TRANSPLANT
11	653	MAJOR BLADDER PROCEDURES WITH MCC
11	654	MAJOR BLADDER PROCEDURES WITH CC
11	655	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC
11	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM WITH MCC
11	657	KIDNEY & URETER PROCEDURES FOR NEOPLASM WITH CC
11	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM WITHOUT CC/MCC
11	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM WITH MCC
11	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM WITH CC
11	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC
11	662	MINOR BLADDER PROCEDURES WITH MCC
11	663	MINOR BLADDER PROCEDURES WITH CC
11	664	MINOR BLADDER PROCEDURES WITHOUT CC/MCC
11	665	PROSTATECTOMY WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
11	666	PROSTATECTOMY WITH CC
11	667	PROSTATECTOMY WITHOUT CC/MCC
11	668	TRANSURETHRAL PROCEDURES WITH MCC
11	669	TRANSURETHRAL PROCEDURES WITH CC
11	670	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC
11	671	URETHRAL PROCEDURES WITH CC/MCC
11	672	URETHRAL PROCEDURES WITHOUT CC/MCC
11	673	OTHER KIDNEY & URINARY TRACT PROCEDURES WITH MCC
11	674	OTHER KIDNEY & URINARY TRACT PROCEDURES WITH CC
11	675	OTHER KIDNEY & URINARY TRACT PROCEDURES WITHOUT CC/MCC
11	682	RENAL FAILURE WITH MCC
11	683	RENAL FAILURE WITH CC
11	684	RENAL FAILURE WITHOUT CC/MCC
11	685	ADMIT FOR RENAL DIALYSIS
11	686	KIDNEY & URINARY TRACT NEOPLASMS WITH MCC
11	687	KIDNEY & URINARY TRACT NEOPLASMS WITH CC
11	688	KIDNEY & URINARY TRACT NEOPLASMS WITHOUT CC/MCC
11	689	KIDNEY & URINARY TRACT INFECTIONS WITH MCC
11	690	KIDNEY & URINARY TRACT INFECTIONS WITHOUT MCC
11	691	URINARY STONES WITH ESW LITHOTRIPSY WITH CC/MCC
11	692	URINARY STONES WITH ESW LITHOTRIPSY WITHOUT CC/MCC
11	693	URINARY STONES WITHOUT ESW LITHOTRIPSY WITH MCC
11	694	URINARY STONES WITHOUT ESW LITHOTRIPSY WITHOUT MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
11	695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS WITH MCC
11	696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS WITHOUT MCC
11	697	URETHRAL STRICTURE
11	698	OTHER KIDNEY & URINARY TRACT DIAGNOSIS WITH MCC
11	699	OTHER KIDNEY & URINARY TRACT DIAGNOSIS WITH CC
11	700	OTHER KIDNEY & URINARY TRACT DIAGNOSIS WITHOUT CC/MCC
11	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
11	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
11	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
11	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
11	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
11	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
11	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
11	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
11	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
12	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
12	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
12	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
12	009	BONE MARROW TRANSPLANT
12	707	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC
12	708	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC
12	709	PENIS PROCEDURES WITH CC/MCC
12	710	PENIS PROCEDURES WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
12	711	TESTES PROCEDURES WITH CC/MCC
12	712	TESTES PROCEDURES WITHOUT CC/MCC
12	713	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC
12	714	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC
12	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE FOR MALIGNANCY WITH CC/MCC
12	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE FOR MALIGNANCY WITHOUT CC/MCC
12	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE EXCEPT MALIGNANCY WITH CC/MCC
12	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE EXCEPT MALIGNANCY WITHOUT CC/MCC
12	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH MCC
12	723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH CC
12	724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
12	725	BENIGN PROSTATIC HYPERTROPHY WITH MCC
12	726	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC
12	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC
12	728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT MCC
12	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSIS WITH CC/MCC
12	730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSIS WITHOUT CC/MCC
12	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
12	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
12	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
12	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
12	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
12	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
13	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
13	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY WITH CC/MCC
13	735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY WITHOUT CC/MCC
13	736	UTERINE & ADNEXA PROCEDURE FOR OVARIAN OR ADNEXAL MALIGNANCY WITH MCC
13	737	UTERINE & ADNEXA PROCEDURE FOR OVARIAN OR ADNEXAL MALIGNANCY WITH CC
13	738	UTERINE & ADNEXA PROCEDURE FOR OVARIAN OR ADNEXAL MALIGNANCY WITHOUT CC/MCC
13	739	UTERINE,ADNEXA PROCEDURE FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH MCC
13	740	UTERINE,ADNEXA PROCEDURE FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH CC
13	741	UTERINE,ADNEXA PROCEDURE FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITHOUT CC/MCC
13	742	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITH CC/MCC
13	743	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT CC/MCC
13	744	D&C, CONIZATION, LAPARASCOPY & TUBAL INTERRUPTION WITH CC/MCC
13	745	D&C, CONIZATION, LAPARASCOPY & TUBAL INTERRUPTION WITHOUT CC/MCC
13	746	VAGINA, CERVIX & VULVA PROCEDURES WITH CC/MCC
13	747	VAGINA, CERVIX & VULVA PROCEDURES WITHOUT CC/MCC
13	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
13	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITH CC/MCC
13	750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
13	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH MCC
13	755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH CC
13	756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
13	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH MCC
13	758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
13	759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
13	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITH CC/MCC
13	761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITHOUT CC/MCC
13	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
13	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
13	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
13	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
13	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
13	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
14	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
14	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
14	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
14	765	CESAREAN SECTION WITH CC/MCC
14	766	CESAREAN SECTION WITHOUT CC/MCC
14	767	VAGINAL DELIVERY WITH STERILIZATION &/OR D&C
14	768	VAGINAL DELIVERY WITH O.R. PROCEDURE EXCEPT STERIL &/OR D&C
14	769	POSTPARTUM & POST ABORTION DIAGNOSIS WITH O.R. PROCEDURE
14	770	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
14	774	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS
14	775	VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSIS
14	776	POSTPARTUM & POST ABORTION DIAGNOSIS WITHOUT O.R. PROCEDURE
14	777	ECTOPIC PREGNANCY
14	778	THREATENED ABORTION

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
14	779	ABORTION WITHOUT D&C
14	780	FALSE LABOR
14	781	OTHER ANTEPARTUM DIAGNOSIS WITH MEDICAL COMPLICATIONS
14	782	OTHER ANTEPARTUM DIAGNOSIS WITHOUT MEDICAL COMPLICATIONS
14	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
14	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
14	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
14	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
14	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
14	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
14	998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
15	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
15	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
15	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
15	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
15	009	BONE MARROW TRANSPLANT
15	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
15	790	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
15	791	PREMATURITY WITH MAJOR PROBLEMS
15	792	PREMATURITY WITHOUT MAJOR PROBLEMS
15	793	FULL TERM NEONATE WITH MAJOR PROBLEMS
15	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS
15	795	NORMAL NEWBORN

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
16	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
16	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
16	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
16	009	BONE MARROW TRANSPLANT
16	799	SPLENECTOMY WITH MCC
16	800	SPLENECTOMY WITH CC
16	801	SPLENECTOMY WITHOUT CC/MCC
16	802	OTHER O.R. PROCEDURE OF THE BLOOD & BLOOD FORMING ORGANS WITH MCC
16	803	OTHER O.R. PROCEDURE OF THE BLOOD & BLOOD FORMING ORGANS WITH CC
16	804	OTHER O.R. PROCEDURE OF THE BLOOD & BLOOD FORMING ORGANS WITHOUT CC/MCC
16	808	MAJOR HEMATOL/IMMUN DIAGNOSIS EXCEPT SICKLE CELL CRISIS & COAGUL WITH MCC
16	809	MAJOR HEMATOL/IMMUN DIAGNOSIS EXCEPT SICKLE CELL CRISIS & COAGUL WITH CC
16	810	MAJOR HEMATOL/IMMUN DIAGNOSIS EXCEPT SICKLE CELL CRISIS & COAGUL WITHOUT CC/MCC
16	811	RED BLOOD CELL DISORDERS WITH MCC
16	812	RED BLOOD CELL DISORDERS WITHOUT MCC
16	813	COAGULATION DISORDERS
16	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH MCC
16	815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH CC
16	816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT CC/MCC
16	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
16	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
16	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
16	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
16	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
16	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
16	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
16	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
16	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
17	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
17	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
17	009	BONE MARROW TRANSPLANT
17	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH MCC
17	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH CC
17	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
17	820	LYMPHOMA & LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH MCC
17	821	LYMPHOMA & LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC
17	822	LYMPHOMA & LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC
17	823	LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITH MCC
17	824	LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITH CC
17	825	LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITHOUT CC/MCC
17	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJOR O.R. PROCEDURE WITH MCC
17	827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJOR O.R. PROCEDURE WITH CC
17	828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC
17	829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH OTHER O.R. PROCEDURE WITH CC/MCC
17	830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH OTHER O.R. PROCEDURE WITHOUT CC/MCC
17	834	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
17	835	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH CC
17	836	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITHOUT CC/MCC
17	837	CHEMO WITH ACUTE LEUKEMIA AS OTHER DIAGNOSIS OR WITH HIGH DOSE CHEMO AGENT WITH MCC
17	838	CHEMO WITH ACUTE LEUKEMIA AS OTHER DIAGNOSIS WITH CC OR HIGH DOSE CHEMO AGENT
17	839	CHEMO WITH ACUTE LEUKEMIA AS OTHER DIAGNOSIS WITHOUT CC/MCC
17	840	LYMPHOMA & NON-ACUTE LEUKEMIA WITH MCC
17	841	LYMPHOMA & NON-ACUTE LEUKEMIA WITH CC
17	842	LYMPHOMA & NON-ACUTE LEUKEMIA WITHOUT CC/MCC
17	843	OTHER MYELOPROLIF DISEASE OR POORLY DIFF NEOPL DIAGNOSIS WITH MCC
17	844	OTHER MYELOPROLIF DISEASE OR POORLY DIFF NEOPL DIAGNOSIS WITH CC
17	845	OTHER MYELOPROLIF DISEASE OR POORLY DIFF NEOPL DIAGNOSIS WITHOUT CC/MCC
17	846	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC
17	847	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC
17	848	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC
17	849	RADIOTHERAPY
18	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
18	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
18	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
18	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
18	007	LUNG TRANSPLANT
18	009	BONE MARROW TRANSPLANT
18	853	INFECTIOUS & PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC
18	854	INFECTIOUS & PARASITIC DISEASES WITH O.R. PROCEDURE WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
18	855	INFECTIOUS & PARASITIC DISEASES WITH O.R. PROCEDURE WITHOUT CC/MCC
18	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH MCC
18	857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH CC
18	858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITHOUT CC/MCC
18	862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS WITH MCC
18	863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS WITHOUT MCC
18	864	FEVER OF UNKNOWN ORIGIN
18	865	VIRAL ILLNESS WITH MCC
18	866	VIRAL ILLNESS WITHOUT MCC
18	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSIS WITH MCC
18	868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSIS WITH CC
18	869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSIS WITHOUT CC/MCC
18	870	SEPTICEMIA WITH MECH VENT 96+ HOURS
18	871	SEPTICEMIA WITHOUT MECH VENT 96+ HOURS WITH MCC
18	872	SEPTICEMIA WITHOUT MECH VENT 96+ HOURS WITHOUT MCC
19	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
19	876	O.R. PROCEDURE WITH PRINCIPAL DIAGNOSIS OF MENTAL ILLNESS
19	880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
19	881	DEPRESSIVE NEUROSES
19	882	NEUROSES EXCEPT DEPRESSIVE
19	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL
19	884	ORGANIC DISTURBANCES & MENTAL RETARDATION
19	885	PSYCHOSES

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
19	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS
19	887	OTHER MENTAL DISORDER DIAGNOSIS
20	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
20	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
20	894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
20	895	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY
20	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC
20	897	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC
20	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
20	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
20	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
20	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
20	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
20	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
21	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
21	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
21	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
21	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
21	009	BONE MARROW TRANSPLANT
21	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH MCC
21	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
21	901	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC
21	902	WOUND DEBRIDEMENTS FOR INJURIES WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
21	903	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC
21	904	SKIN GRAFTS FOR INJURIES WITH CC/MCC
21	905	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC
21	906	HAND PROCEDURES FOR INJURIES
21	907	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC
21	908	OTHER O.R. PROCEDURES FOR INJURIES WITH CC
21	909	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC
21	913	TRAUMATIC INJURY WITH MCC
21	914	TRAUMATIC INJURY WITHOUT MCC
21	915	ALLERGIC REACTIONS WITH MCC
21	916	ALLERGIC REACTIONS WITHOUT MCC
21	917	POISONING & TOXIC EFFECTS OF DRUGS WITH MCC
21	918	POISONING & TOXIC EFFECTS OF DRUGS WITHOUT MCC
21	919	COMPLICATIONS OF TREATMENT WITH MCC
21	920	COMPLICATIONS OF TREATMENT WITH CC
21	921	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC
21	922	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS WITH MCC
21	923	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS WITHOUT MCC
21	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
21	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
21	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
21	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
21	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
21	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
21	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
21	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
21	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
22	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
22	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
22	927	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECH VENT 96+ HRS WITH SKIN GRAFT
22	928	FULL THICKNESS BURN WITH SKIN GRAFT OR INHAL INJ WITH CC/MCC
22	929	FULL THICKNESS BURN WITH SKIN GRAFT OR INHAL INJ WITHOUT CC/MCC
22	933	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECH VENT 96+ HRS WITHOUT SKIN GRAFT
22	934	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHAL INJURY
22	935	NON-EXTENSIVE BURNS
23	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
23	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
23	939	O.R. PROCEDURE WITH DIAGNOSIS OF OTHER CONTACT WITH HEALTH SERVICES WITH MCC
23	940	O.R. PROCEDURE WITH DIAGNOSIS OF OTHER CONTACT WITH HEALTH SERVICES WITH CC
23	941	O.R. PROCEDURE WITH DIAGNOSIS OF OTHER CONTACT WITH HEALTH SERVICES WITHOUT CC/MCC
23	945	REHABILITATION WITH CC/MCC
23	946	REHABILITATION WITHOUT CC/MCC
23	947	SIGNS & SYMPTOMS WITH MCC
23	948	SIGNS & SYMPTOMS WITHOUT MCC
23	949	AFTERCARE WITH CC/MCC
23	950	AFTERCARE WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 25.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
23	951	OTHER FACTORS INFLUENCING HEALTH STATUS
24	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
24	956	LIMB REATTACHMENT, HIP & FEMUR PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA
24	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC
24	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC
24	959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC
24	963	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC
24	964	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC
24	965	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC
24	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
24	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
24	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
25	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
25	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
25	009	BONE MARROW TRANSPLANT
25	969	HIV WITH EXTENSIVE O.R. PROCEDURE WITH MCC
25	970	HIV WITH EXTENSIVE O.R. PROCEDURE WITHOUT MCC
25	974	HIV WITH MAJOR RELATED CONDITION WITH MCC
25	975	HIV WITH MAJOR RELATED CONDITION WITH CC
25	976	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC
25	977	HIV WITH OR WITHOUT OTHER RELATED CONDITION

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
00	999	UNGROUPABLE
01	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
01	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
01	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
01	009	BONE MARROW TRANSPLANT
01	010	PANCREAS TRANSPLANT
01	020	INTRACRANIAL VASCULAR PROCEDURES WITH PRINC DIAGNOSIS HEMORRHAGE WITH MCC
01	021	INTRACRANIAL VASCULAR PROCEDURES WITH PRINC DIAGNOSIS HEMORRHAGE WITH CC
01	022	INTRACRANIAL VASCULAR PROCEDURES WITH PRINC DIAGNOSIS HEMORRHAGE WITHOUT CC/MCC
01	023	CRANIO WITH MAJOR DEV IMPL/ACUTE COMPLEX CNS PRINC DIAGNOSIS WITH MCC OR CHEMO IMPLANT
01	024	CRANIO WITH MAJOR DEV IMPL/ACUTE COMPLEX CNS PRINC DIAGNOSIS WITHOUT MCC
01	025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MCC
01	026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC
01	027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC
01	028	SPINAL PROCEDURES WITH MCC
01	029	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATORS
01	030	SPINAL PROCEDURES WITHOUT CC/MCC
01	031	VENTRICULAR SHUNT PROCEDURES WITH MCC
01	032	VENTRICULAR SHUNT PROCEDURES WITH CC
01	033	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC
01	034	CAROTID ARTERY STENT PROCEDURE WITH MCC
01	035	CAROTID ARTERY STENT PROCEDURE WITH CC
01	036	CAROTID ARTERY STENT PROCEDURE WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
01	037	EXTRACRANIAL PROCEDURES WITH MCC
01	038	EXTRACRANIAL PROCEDURES WITH CC
01	039	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC
01	040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROCEDURE WITH MCC
01	041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROCEDURE WITH CC OR PERIPH NEUROSTIM
01	042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROCEDURE WITHOUT CC/MCC
01	052	SPINAL DISORDERS & INJURIES WITH CC/MCC
01	053	SPINAL DISORDERS & INJURIES WITHOUT CC/MCC
01	054	NERVOUS SYSTEM NEOPLASMS WITH MCC
01	055	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC
01	056	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC
01	057	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC
01	058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA WITH MCC
01	059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA WITH CC
01	060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA WITHOUT CC/MCC
01	061	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITH MCC
01	062	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITH CC
01	063	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITHOUT CC/MCC
01	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC
01	065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC
01	066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC
01	067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION WITHOUT INFARCT WITH MCC
01	068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION WITHOUT INFARCT WITHOUT MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
01	069	TRANSIENT ISCHEMIA
01	070	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC
01	071	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC
01	072	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC
01	073	CRANIAL & PERIPHERAL NERVE DISORDERS WITH MCC
01	074	CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT MCC
01	075	VIRAL MENINGITIS WITH CC/MCC
01	076	VIRAL MENINGITIS WITHOUT CC/MCC
01	077	HYPERTENSIVE ENCEPHALOPATHY WITH MCC
01	078	HYPERTENSIVE ENCEPHALOPATHY WITH CC
01	079	HYPERTENSIVE ENCEPHALOPATHY WITHOUT CC/MCC
01	080	NONTRAUMATIC STUPOR & COMA WITH MCC
01	081	NONTRAUMATIC STUPOR & COMA WITHOUT MCC
01	082	TRAUMATIC STUPOR & COMA, COMA >1 HR WITH MCC
01	083	TRAUMATIC STUPOR & COMA, COMA >1 HR WITH CC
01	084	TRAUMATIC STUPOR & COMA, COMA >1 HR WITHOUT CC/MCC
01	085	TRAUMATIC STUPOR & COMA, COMA <1 HR WITH MCC
01	086	TRAUMATIC STUPOR & COMA, COMA <1 HR WITH CC
01	087	TRAUMATIC STUPOR & COMA, COMA <1 HR WITHOUT CC/MCC
01	088	CONCUSSION WITH MCC
01	089	CONCUSSION WITH CC
01	090	CONCUSSION WITHOUT CC/MCC
01	091	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
01	092	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC
01	093	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC
01	094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH MCC
01	095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH CC
01	096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITHOUT CC/MCC
01	097	NON-BACTERIAL INFECT OF NERVOUS SYS EXCEPT VIRAL MENINGITIS WITH MCC
01	098	NON-BACTERIAL INFECT OF NERVOUS SYS EXCEPT VIRAL MENINGITIS WITH CC
01	099	NON-BACTERIAL INFECT OF NERVOUS SYS EXCEPT VIRAL MENINGITIS WITHOUT CC/MCC
01	100	SEIZURES WITH MCC
01	101	SEIZURES WITHOUT MCC
01	102	HEADACHES WITH MCC
01	103	HEADACHES WITHOUT MCC
01	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
01	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
01	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
01	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
01	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
01	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
01	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
02	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
02	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
02	113	ORBITAL PROCEDURES WITH CC/MCC
02	114	ORBITAL PROCEDURES WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
02	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT
02	116	INTRAOCULAR PROCEDURES WITH CC/MCC
02	117	INTRAOCULAR PROCEDURES WITHOUT CC/MCC
02	121	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC
02	122	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC
02	123	NEUROLOGICAL EYE DISORDERS
02	124	OTHER DISORDERS OF THE EYE WITH MCC
02	125	OTHER DISORDERS OF THE EYE WITHOUT MCC
02	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
02	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
02	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
02	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
02	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
02	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
03	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
03	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
03	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
03	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
03	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
03	129	MAJOR HEAD & NECK PROCEDURES WITH CC/MCC OR MAJOR DEVICE
03	130	MAJOR HEAD & NECK PROCEDURES WITHOUT CC/MCC
03	131	CRANIAL/FACIAL PROCEDURES WITH CC/MCC
03	132	CRANIAL/FACIAL PROCEDURES WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
03	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES WITH CC/MCC
03	134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES WITHOUT CC/MCC
03	135	SINUS & MASTOID PROCEDURES WITH CC/MCC
03	136	SINUS & MASTOID PROCEDURES WITHOUT CC/MCC
03	137	MOUTH PROCEDURES WITH CC/MCC
03	138	MOUTH PROCEDURES WITHOUT CC/MCC
03	139	SALIVARY GLAND PROCEDURES
03	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY WITH MCC
03	147	EAR, NOSE, MOUTH & THROAT MALIGNANCY WITH CC
03	148	EAR, NOSE, MOUTH & THROAT MALIGNANCY WITHOUT CC/MCC
03	149	DYSEQUILIBRIUM
03	150	EPISTAXIS WITH MCC
03	151	EPISTAXIS WITHOUT MCC
03	152	OTITIS MEDIA & UPPER RESPIRATORY INFECTION WITH MCC
03	153	OTITIS MEDIA & UPPER RESPIRATORY INFECTION WITHOUT MCC
03	154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSIS WITH MCC
03	155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSIS WITH CC
03	156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSIS WITHOUT CC/MCC
03	157	DENTAL & ORAL DISEASES WITH MCC
03	158	DENTAL & ORAL DISEASES WITH CC
03	159	DENTAL & ORAL DISEASES WITHOUT CC/MCC
03	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
03	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
03	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
03	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
03	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
03	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
04	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
04	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
04	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
04	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
04	007	LUNG TRANSPLANT
04	009	BONE MARROW TRANSPLANT
04	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
04	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
04	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
04	163	MAJOR CHEST PROCEDURES WITH MCC
04	164	MAJOR CHEST PROCEDURES WITH CC
04	165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC
04	166	OTHER RESP SYSTEM O.R. PROCEDURES WITH MCC
04	167	OTHER RESP SYSTEM O.R. PROCEDURES WITH CC
04	168	OTHER RESP SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
04	175	PULMONARY EMBOLISM WITH MCC
04	176	PULMONARY EMBOLISM WITHOUT MCC
04	177	RESPIRATORY INFECTIONS & INFLAMMATIONS WITH MCC
04	178	RESPIRATORY INFECTIONS & INFLAMMATIONS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
04	179	RESPIRATORY INFECTIONS & INFLAMMATIONS WITHOUT CC/MCC
04	180	RESPIRATORY NEOPLASMS WITH MCC
04	181	RESPIRATORY NEOPLASMS WITH CC
04	182	RESPIRATORY NEOPLASMS WITHOUT CC/MCC
04	183	MAJOR CHEST TRAUMA WITH MCC
04	184	MAJOR CHEST TRAUMA WITH CC
04	185	MAJOR CHEST TRAUMA WITHOUT CC/MCC
04	186	PLEURAL EFFUSION WITH MCC
04	187	PLEURAL EFFUSION WITH CC
04	188	PLEURAL EFFUSION WITHOUT CC/MCC
04	189	PULMONARY EDEMA & RESPIRATORY FAILURE
04	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC
04	191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC
04	192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC
04	193	SIMPLE PNEUMONIA & PLEURISY WITH MCC
04	194	SIMPLE PNEUMONIA & PLEURISY WITH CC
04	195	SIMPLE PNEUMONIA & PLEURISY WITHOUT CC/MCC
04	196	INTERSTITIAL LUNG DISEASE WITH MCC
04	197	INTERSTITIAL LUNG DISEASE WITH CC
04	198	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC
04	199	PNEUMOTHORAX WITH MCC
04	200	PNEUMOTHORAX WITH CC
04	201	PNEUMOTHORAX WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
04	202	BRONCHITIS & ASTHMA WITH CC/MCC
04	203	BRONCHITIS & ASTHMA WITHOUT CC/MCC
04	204	RESPIRATORY SIGNS & SYMPTOMS
04	205	OTHER RESPIRATORY SYSTEM DIAGNOSIS WITH MCC
04	206	OTHER RESPIRATORY SYSTEM DIAGNOSIS WITHOUT MCC
04	207	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS
04	208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HOURS
04	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
04	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
04	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
04	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
04	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
04	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
04	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
04	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
04	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
05	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
05	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
05	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
05	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
05	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
05	007	LUNG TRANSPLANT
05	009	BONE MARROW TRANSPLANT

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	215	OTHER HEART ASSIST SYSTEM IMPLANT
05	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROCEDURE WITH CARD CATH WITH MCC
05	217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROCEDURE WITH CARD CATH WITH CC
05	218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROCEDURE WITH CARD CATH WITHOUT CC/MCC
05	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROCEDURE WITHOUT CARD CATH WITH MCC
05	220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROCEDURE WITHOUT CARD CATH WITH CC
05	221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROCEDURE WITHOUT CARD CATH WITHOUT CC/MCC
05	222	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK WITH MCC
05	223	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK WITHOUT MCC
05	224	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK WITH MCC
05	225	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK WITHOUT MCC
05	226	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATH WITH MCC
05	227	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATH WITHOUT MCC
05	228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC
05	229	OTHER CARDIOTHORACIC PROCEDURES WITH CC
05	230	OTHER CARDIOTHORACIC PROCEDURES WITHOUT CC/MCC
05	231	CORONARY BYPASS WITH PTCA WITH MCC
05	232	CORONARY BYPASS WITH PTCA WITHOUT MCC
05	233	CORONARY BYPASS WITH CARDIAC CATH WITH MCC
05	234	CORONARY BYPASS WITH CARDIAC CATH WITHOUT MCC
05	235	CORONARY BYPASS WITHOUT CARDIAC CATH WITH MCC
05	236	CORONARY BYPASS WITHOUT CARDIAC CATH WITHOUT MCC
05	237	MAJOR CARDIOVASC PROCEDURES WITH MCC OR THORACIC AORTIC ANEURYSM REPAIR

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	238	MAJOR CARDIOVASC PROCEDURES WITHOUT MCC
05	239	AMPUTATION FOR CIRC SYS DISORDERS EXCEPT UPPER LIMB & TOE WITH MCC
05	240	AMPUTATION FOR CIRC SYS DISORDERS EXCEPT UPPER LIMB & TOE WITH CC
05	241	AMPUTATION FOR CIRC SYS DISORDERS EXCEPT UPPER LIMB & TOE WITHOUT CC/MCC
05	242	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC
05	243	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC
05	244	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC
05	245	AICD GENERATOR PROCEDURES
05	246	PERC CARDIOVASC PROCEDURE WITH DRUG-ELUTING STENT WITH MCC OR 4+ VESSELS/STENTS
05	247	PERC CARDIOVASC PROCEDURE WITH DRUG-ELUTING STENT WITHOUT MCC
05	248	PERC CARDIOVASC PROCEDURE WITH NON-DRUG-ELUTING STENT WITH MCC OR 4+ VES/STENTS
05	249	PERC CARDIOVASC PROCEDURE WITH NON-DRUG-ELUTING STENT WITHOUT MCC
05	250	PERC CARDIOVASC PROCEDURE WITHOUT CORONARY ARTERY STENT WITH MCC
05	251	PERC CARDIOVASC PROCEDURE WITHOUT CORONARY ARTERY STENT WITHOUT MCC
05	252	OTHER VASCULAR PROCEDURES WITH MCC
05	253	OTHER VASCULAR PROCEDURES WITH CC
05	254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC
05	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS WITH MCC
05	256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS WITH CC
05	257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS WITHOUT CC/MCC
05	258	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC
05	259	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC
05	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH CC
05	262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITHOUT CC/MCC
05	263	VEIN LIGATION & STRIPPING
05	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
05	265	AICD LEAD PROCEDURES
05	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC
05	281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC
05	282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITHOUT CC/MCC
05	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH MCC
05	284	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC
05	285	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITHOUT CC/MCC
05	286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARD CATH WITH MCC
05	287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARD CATH WITHOUT MCC
05	288	ACUTE & SUBACUTE ENDOCARDITIS WITH MCC
05	289	ACUTE & SUBACUTE ENDOCARDITIS WITH CC
05	290	ACUTE & SUBACUTE ENDOCARDITIS WITHOUT CC/MCC
05	291	HEART FAILURE & SHOCK WITH MCC
05	292	HEART FAILURE & SHOCK WITH CC
05	293	HEART FAILURE & SHOCK WITHOUT CC/MCC
05	294	DEEP VEIN THROMBOPHLEBITIS WITH CC/MCC
05	295	DEEP VEIN THROMBOPHLEBITIS WITHOUT CC/MCC
05	296	CARDIAC ARREST, UNEXPLAINED WITH MCC
05	297	CARDIAC ARREST, UNEXPLAINED WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
05	298	CARDIAC ARREST, UNEXPLAINED WITHOUT CC/MCC
05	299	PERIPHERAL VASCULAR DISORDERS WITH MCC
05	300	PERIPHERAL VASCULAR DISORDERS WITH CC
05	301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC
05	302	ATHEROSCLEROSIS WITH MCC
05	303	ATHEROSCLEROSIS WITHOUT MCC
05	304	HYPERTENSION WITH MCC
05	305	HYPERTENSION WITHOUT MCC
05	306	CARDIAC CONGENITAL & VALVULAR DISORDERS WITH MCC
05	307	CARDIAC CONGENITAL & VALVULAR DISORDERS WITHOUT MCC
05	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH MCC
05	309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH CC
05	310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT CC/MCC
05	311	ANGINA PECTORIS
05	312	SYNCOPE & COLLAPSE
05	313	CHEST PAIN
05	314	OTHER CIRCULATORY SYSTEM DIAGNOSIS WITH MCC
05	315	OTHER CIRCULATORY SYSTEM DIAGNOSIS WITH CC
05	316	OTHER CIRCULATORY SYSTEM DIAGNOSIS WITHOUT CC/MCC
05	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
05	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
05	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
05	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Groupers

MDC	MS-DRG Code	MS-DRG Description
05	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
05	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
05	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
05	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
05	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
06	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
06	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
06	009	BONE MARROW TRANSPLANT
06	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
06	326	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURE WITH MCC
06	327	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURE WITH CC
06	328	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURE WITHOUT CC/MCC
06	329	MAJOR SMALL & LARGE BOWEL PROCEDURES WITH MCC
06	330	MAJOR SMALL & LARGE BOWEL PROCEDURES WITH CC
06	331	MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT CC/MCC
06	332	RECTAL RESECTION WITH MCC
06	333	RECTAL RESECTION WITH CC
06	334	RECTAL RESECTION WITHOUT CC/MCC
06	335	PERITONEAL ADHESIOLYSIS WITH MCC
06	336	PERITONEAL ADHESIOLYSIS WITH CC
06	337	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC
06	338	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
06	339	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH CC
06	340	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	341	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC
06	342	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC
06	343	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	344	MINOR SMALL & LARGE BOWEL PROCEDURES WITH MCC
06	345	MINOR SMALL & LARGE BOWEL PROCEDURES WITH CC
06	346	MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT CC/MCC
06	347	ANAL & STOMAL PROCEDURES WITH MCC
06	348	ANAL & STOMAL PROCEDURES WITH CC
06	349	ANAL & STOMAL PROCEDURES WITHOUT CC/MCC
06	350	INGUINAL & FEMORAL HERNIA PROCEDURES WITH MCC
06	351	INGUINAL & FEMORAL HERNIA PROCEDURES WITH CC
06	352	INGUINAL & FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC
06	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL WITH MCC
06	354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL WITH CC
06	355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL WITHOUT CC/MCC
06	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC
06	357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC
06	358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
06	368	MAJOR ESOPHAGEAL DISORDERS WITH MCC
06	369	MAJOR ESOPHAGEAL DISORDERS WITH CC
06	370	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
06	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITH MCC
06	372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITH CC
06	373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITHOUT CC/MCC
06	374	DIGESTIVE MALIGNANCY WITH MCC
06	375	DIGESTIVE MALIGNANCY WITH CC
06	376	DIGESTIVE MALIGNANCY WITHOUT CC/MCC
06	377	G.I. HEMORRHAGE WITH MCC
06	378	G.I. HEMORRHAGE WITH CC
06	379	G.I. HEMORRHAGE WITHOUT CC/MCC
06	380	COMPLICATED PEPTIC ULCER WITH MCC
06	381	COMPLICATED PEPTIC ULCER WITH CC
06	382	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC
06	383	UNCOMPLICATED PEPTIC ULCER WITH MCC
06	384	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC
06	385	INFLAMMATORY BOWEL DISEASE WITH MCC
06	386	INFLAMMATORY BOWEL DISEASE WITH CC
06	387	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC
06	388	G.I. OBSTRUCTION WITH MCC
06	389	G.I. OBSTRUCTION WITH CC
06	390	G.I. OBSTRUCTION WITHOUT CC/MCC
06	391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITH MCC
06	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITHOUT MCC
06	393	OTHER DIGESTIVE SYSTEM DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
06	394	OTHER DIGESTIVE SYSTEM DIAGNOSIS WITH CC
06	395	OTHER DIGESTIVE SYSTEM DIAGNOSIS WITHOUT CC/MCC
06	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
06	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
06	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
06	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
06	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
06	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
06	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
06	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
07	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
07	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
07	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
07	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
07	006	LIVER TRANSPLANT WITHOUT MCC
07	010	PANCREAS TRANSPLANT
07	405	PANCREAS, LIVER & SHUNT PROCEDURES WITH MCC
07	406	PANCREAS, LIVER & SHUNT PROCEDURES WITH CC
07	407	PANCREAS, LIVER & SHUNT PROCEDURES WITHOUT CC/MCC
07	408	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORE WITH MCC
07	409	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORE WITH CC
07	410	BILIARY TRACT PROCEDURE EXCEPT ONLY CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORE WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
07	411	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORE WITH MCC
07	412	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORE WITH CC
07	413	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORE WITHOUT CC/MCC
07	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORE WITH MCC
07	415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORE WITH CC
07	416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORE WITHOUT CC/MCC
07	417	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORE WITH MCC
07	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORE WITH CC
07	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORE WITHOUT CC/MCC
07	420	HEPATOBIILIARY DIAGNOSIS NOSTIC PROCEDURES WITH MCC
07	421	HEPATOBIILIARY DIAGNOSIS NOSTIC PROCEDURES WITH CC
07	422	HEPATOBIILIARY DIAGNOSIS NOSTIC PROCEDURES WITHOUT CC/MCC
07	423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH MCC
07	424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH CC
07	425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITHOUT CC/MCC
07	432	CIRRHOSIS & ALCOHOLIC HEPATITIS WITH MCC
07	433	CIRRHOSIS & ALCOHOLIC HEPATITIS WITH CC
07	434	CIRRHOSIS & ALCOHOLIC HEPATITIS WITHOUT CC/MCC
07	435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH MCC
07	436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH CC
07	437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITHOUT CC/MCC
07	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC
07	439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
07	440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC
07	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA WITH MCC
07	442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA WITH CC
07	443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA WITHOUT CC/MCC
07	444	DISORDERS OF THE BILIARY TRACT WITH MCC
07	445	DISORDERS OF THE BILIARY TRACT WITH CC
07	446	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC
07	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
07	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
07	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
07	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
07	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
07	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
08	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
08	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC
08	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
08	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
08	006	LIVER TRANSPLANT WITHOUT MCC
08	007	LUNG TRANSPLANT
08	009	BONE MARROW TRANSPLANT
08	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH MCC
08	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH CC
08	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH MCC
08	454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH CC
08	455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITHOUT CC/MCC
08	456	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURV/MALIG/INFEC OR 9+ FUSION WITH MCC
08	457	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURV/MALIG/INFEC OR 9+ FUSION WITH CC
08	458	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURV/MALIG/INFEC OR 9+ FUSION WITHOUT CC/MCC
08	459	SPINAL FUSION EXCEPT CERVICAL WITH MCC
08	460	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC
08	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY WITH MCC
08	462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY WITHOUT MCC
08	463	WOUND DEBRIDE & SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONN TISS DIS WITH MCC
08	464	WOUND DEBRIDE & SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONN TISS DIS WITH CC
08	465	WOUND DEBRIDE & SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONN TISS DIS WITHOUT CC/MCC
08	466	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC
08	467	REVISION OF HIP OR KNEE REPLACEMENT WITH CC
08	468	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC
08	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITH MCC
08	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC
08	471	CERVICAL SPINAL FUSION WITH MCC
08	472	CERVICAL SPINAL FUSION WITH CC
08	473	CERVICAL SPINAL FUSION WITHOUT CC/MCC
08	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS WITH MCC
08	475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS WITHOUT CC/MCC
08	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH MCC
08	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH CC
08	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITHOUT CC/MCC
08	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC
08	481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC
08	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC
08	483	MAJOR JOINT & LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITY WITH CC/MCC
08	484	MAJOR JOINT & LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITY WITHOUT CC/MCC
08	485	KNEE PROCEDURES WITH PRINC DIAGNOSIS OF INFECTION WITH MCC
08	486	KNEE PROCEDURES WITH PRINC DIAGNOSIS OF INFECTION WITH CC
08	487	KNEE PROCEDURES WITH PRINC DIAGNOSIS OF INFECTION WITHOUT CC/MCC
08	488	KNEE PROCEDURES WITHOUT PRINC DIAGNOSIS OF INFECTION WITH CC/MCC
08	489	KNEE PROCEDURES WITHOUT PRINC DIAGNOSIS OF INFECTION WITHOUT CC/MCC
08	490	BACK & NECK PROCEDURE EXCEPT SPINAL FUSION WITH CC/MCC OR DISC DEVICE/NEUROSTIM
08	491	BACK & NECK PROCEDURE EXCEPT SPINAL FUSION WITHOUT CC/MCC
08	492	LOWER EXTREM & HUMER PROCEDURE EXCEPT HIP,FOOT,FEMUR WITH MCC
08	493	LOWER EXTREM & HUMER PROCEDURE EXCEPT HIP,FOOT,FEMUR WITH CC
08	494	LOWER EXTREM & HUMER PROCEDURE EXCEPT HIP,FOOT,FEMUR WITHOUT CC/MCC
08	495	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES EXCEPT HIP & FEMUR WITH MCC
08	496	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES EXCEPT HIP & FEMUR WITH CC
08	497	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES EXCEPT HIP & FEMUR WITHOUT CC/MCC
08	498	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES OF HIP & FEMUR WITH CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	499	LOCAL EXCISION & REMOVAL INTERNAL FIX DEVICES OF HIP & FEMUR WITHOUT CC/MCC
08	500	SOFT TISSUE PROCEDURES WITH MCC
08	501	SOFT TISSUE PROCEDURES WITH CC
08	502	SOFT TISSUE PROCEDURES WITHOUT CC/MCC
08	503	FOOT PROCEDURES WITH MCC
08	504	FOOT PROCEDURES WITH CC
08	505	FOOT PROCEDURES WITHOUT CC/MCC
08	506	MAJOR THUMB OR JOINT PROCEDURES
08	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC
08	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/MCC
08	509	ARTHROSCOPY
08	510	SHOULDER,ELBOW OR FOREARM PROC,EXCEPT MAJOR JOINT PROCEDURE WITH MCC
08	511	SHOULDER,ELBOW OR FOREARM PROC,EXCEPT MAJOR JOINT PROCEDURE WITH CC
08	512	SHOULDER,ELBOW OR FOREARM PROC,EXCEPT MAJOR JOINT PROCEDURE WITHOUT CC/MCC
08	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROCEDURE WITH CC/MCC
08	514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROCEDURE WITHOUT CC/MCC
08	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROCEDURE WITH MCC
08	516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROCEDURE WITH CC
08	517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROCEDURE WITHOUT CC/MCC
08	533	FRACTURES OF FEMUR WITH MCC
08	534	FRACTURES OF FEMUR WITHOUT MCC
08	535	FRACTURES OF HIP & PELVIS WITH MCC
08	536	FRACTURES OF HIP & PELVIS WITHOUT MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH WITH CC/MCC
08	538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH WITHOUT CC/MCC
08	539	OSTEOMYELITIS WITH MCC
08	540	OSTEOMYELITIS WITH CC
08	541	OSTEOMYELITIS WITHOUT CC/MCC
08	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIGNANCY WITH MCC
08	543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIGNANCY WITH CC
08	544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIGNANCY WITHOUT CC/MCC
08	545	CONNECTIVE TISSUE DISORDERS WITH MCC
08	546	CONNECTIVE TISSUE DISORDERS WITH CC
08	547	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC
08	548	SEPTIC ARTHRITIS WITH MCC
08	549	SEPTIC ARTHRITIS WITH CC
08	550	SEPTIC ARTHRITIS WITHOUT CC/MCC
08	551	MEDICAL BACK PROBLEMS WITH MCC
08	552	MEDICAL BACK PROBLEMS WITHOUT MCC
08	553	BONE DISEASES & ARTHROPATHIES WITH MCC
08	554	BONE DISEASES & ARTHROPATHIES WITHOUT MCC
08	555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE WITH MCC
08	556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE WITHOUT MCC
08	557	TENDONITIS, MYOSITIS & BURSITIS WITH MCC
08	558	TENDONITIS, MYOSITIS & BURSITIS WITHOUT MCC
08	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
08	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITH CC
08	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE WITHOUT CC/MCC
08	562	FX, SPRAIN, STRAIN & DISLOCATE EXCEPT FEMUR, HIP, PELVIS & THIGH WITH MCC
08	563	FX, SPRAIN, STRAIN & DISLOCATE EXCEPT FEMUR, HIP, PELVIS & THIGH WITHOUT MCC
08	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSIS WITH MCC
08	565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSIS WITH CC
08	566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSIS WITHOUT CC/MCC
08	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
08	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
08	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
08	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
08	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
08	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
08	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
09	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
09	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
09	009	BONE MARROW TRANSPLANT
09	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
09	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
09	013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
09	573	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS WITH MCC
09	574	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS WITH CC
09	575	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
09	576	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC
09	577	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC
09	578	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC
09	579	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE WITH MCC
09	580	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE WITH CC
09	581	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE WITHOUT CC/MCC
09	582	MASTECTOMY FOR MALIGNANCY WITH CC/MCC
09	583	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC
09	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES WITH CC/MCC
09	585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES WITHOUT CC/MCC
09	592	SKIN ULCERS WITH MCC
09	593	SKIN ULCERS WITH CC
09	594	SKIN ULCERS WITHOUT CC/MCC
09	595	MAJOR SKIN DISORDERS WITH MCC
09	596	MAJOR SKIN DISORDERS WITHOUT MCC
09	597	MALIGNANT BREAST DISORDERS WITH MCC
09	598	MALIGNANT BREAST DISORDERS WITH CC
09	599	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC
09	600	NON-MALIGNANT BREAST DISORDERS WITH CC/MCC
09	601	NON-MALIGNANT BREAST DISORDERS WITHOUT CC/MCC
09	602	CELLULITIS WITH MCC
09	603	CELLULITIS WITHOUT MCC
09	604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
09	605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST WITHOUT MCC
09	606	MINOR SKIN DISORDERS WITH MCC
09	607	MINOR SKIN DISORDERS WITHOUT MCC
09	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
09	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
09	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
09	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
09	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
09	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
09	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
10	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
10	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
10	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
10	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
10	007	LUNG TRANSPLANT
10	009	BONE MARROW TRANSPLANT
10	010	PANCREAS TRANSPLANT
10	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITH CC
10	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSIS WITHOUT CC/MCC
10	614	ADRENAL & PITUITARY PROCEDURES WITH CC/MCC
10	615	ADRENAL & PITUITARY PROCEDURES WITHOUT CC/MCC
10	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS WITH MCC
10	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Groupers

MDC	MS-DRG Code	MS-DRG Description
10	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS WITHOUT CC/MCC
10	619	O.R. PROCEDURES FOR OBESITY WITH MCC
10	620	O.R. PROCEDURES FOR OBESITY WITH CC
10	621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC
10	622	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC, NUTRIT & METAB DIS WITH MCC
10	623	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC, NUTRIT & METAB DIS WITH CC
10	624	SKIN GRAFTS & WOUND DEBRIDE FOR ENDOC, NUTRIT & METAB DIS WITHOUT CC/MCC
10	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES WITH MCC
10	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES WITH CC
10	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES WITHOUT CC/MCC
10	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROCEDURE WITH MCC
10	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROCEDURE WITH CC
10	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROCEDURE WITHOUT CC/MCC
10	637	DIABETES WITH MCC
10	638	DIABETES WITH CC
10	639	DIABETES WITHOUT CC/MCC
10	640	NUTRITIONAL & MISC METABOLIC DISORDERS WITH MCC
10	641	NUTRITIONAL & MISC METABOLIC DISORDERS WITHOUT MCC
10	642	INBORN ERRORS OF METABOLISM
10	643	ENDOCRINE DISORDERS WITH MCC
10	644	ENDOCRINE DISORDERS WITH CC
10	645	ENDOCRINE DISORDERS WITHOUT CC/MCC
10	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
10	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
10	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
10	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
10	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
10	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
10	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
11	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
11	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
11	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
11	008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
11	009	BONE MARROW TRANSPLANT
11	652	KIDNEY TRANSPLANT
11	653	MAJOR BLADDER PROCEDURES WITH MCC
11	654	MAJOR BLADDER PROCEDURES WITH CC
11	655	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC
11	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM WITH MCC
11	657	KIDNEY & URETER PROCEDURES FOR NEOPLASM WITH CC
11	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM WITHOUT CC/MCC
11	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM WITH MCC
11	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM WITH CC
11	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC
11	662	MINOR BLADDER PROCEDURES WITH MCC
11	663	MINOR BLADDER PROCEDURES WITH CC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
11	664	MINOR BLADDER PROCEDURES WITHOUT CC/MCC
11	665	PROSTATECTOMY WITH MCC
11	666	PROSTATECTOMY WITH CC
11	667	PROSTATECTOMY WITHOUT CC/MCC
11	668	TRANSURETHRAL PROCEDURES WITH MCC
11	669	TRANSURETHRAL PROCEDURES WITH CC
11	670	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC
11	671	URETHRAL PROCEDURES WITH CC/MCC
11	672	URETHRAL PROCEDURES WITHOUT CC/MCC
11	673	OTHER KIDNEY & URINARY TRACT PROCEDURES WITH MCC
11	674	OTHER KIDNEY & URINARY TRACT PROCEDURES WITH CC
11	675	OTHER KIDNEY & URINARY TRACT PROCEDURES WITHOUT CC/MCC
11	682	RENAL FAILURE WITH MCC
11	683	RENAL FAILURE WITH CC
11	684	RENAL FAILURE WITHOUT CC/MCC
11	685	ADMIT FOR RENAL DIALYSIS
11	686	KIDNEY & URINARY TRACT NEOPLASMS WITH MCC
11	687	KIDNEY & URINARY TRACT NEOPLASMS WITH CC
11	688	KIDNEY & URINARY TRACT NEOPLASMS WITHOUT CC/MCC
11	689	KIDNEY & URINARY TRACT INFECTIONS WITH MCC
11	690	KIDNEY & URINARY TRACT INFECTIONS WITHOUT MCC
11	691	URINARY STONES WITH ESW LITHOTRIPSY WITH CC/MCC
11	692	URINARY STONES WITH ESW LITHOTRIPSY WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
11	693	URINARY STONES WITHOUT ESW LITHOTRIPSY WITH MCC
11	694	URINARY STONES WITHOUT ESW LITHOTRIPSY WITHOUT MCC
11	695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS WITH MCC
11	696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS WITHOUT MCC
11	697	URETHRAL STRICTURE
11	698	OTHER KIDNEY & URINARY TRACT DIAGNOSIS WITH MCC
11	699	OTHER KIDNEY & URINARY TRACT DIAGNOSIS WITH CC
11	700	OTHER KIDNEY & URINARY TRACT DIAGNOSIS WITHOUT CC/MCC
11	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
11	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
11	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
11	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
11	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
11	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
11	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
11	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
11	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
12	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
12	009	BONE MARROW TRANSPLANT
12	707	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC
12	708	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC
12	709	PENIS PROCEDURES WITH CC/MCC
12	710	PENIS PROCEDURES WITHOUT CC/MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
12	711	TESTES PROCEDURES WITH CC/MCC
12	712	TESTES PROCEDURES WITHOUT CC/MCC
12	713	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC
12	714	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC
12	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE FOR MALIGNANCY WITH CC/MCC
12	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE FOR MALIGNANCY WITHOUT CC/MCC
12	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE EXCEPT MALIGNANCY WITH CC/MCC
12	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURE EXCEPT MALIGNANCY WITHOUT CC/MCC
12	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH MCC
12	723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH CC
12	724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
12	725	BENIGN PROSTATIC HYPERTROPHY WITH MCC
12	726	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC
12	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC
12	728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT MCC
12	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSIS WITH CC/MCC
12	730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSIS WITHOUT CC/MCC
12	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
12	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
12	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
12	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
12	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
13	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
13	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
13	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY WITH CC/MCC
13	735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY WITHOUT CC/MCC
13	736	UTERINE & ADNEXA PROCEDURE FOR OVARIAN OR ADNEXAL MALIGNANCY WITH MCC
13	737	UTERINE & ADNEXA PROCEDURE FOR OVARIAN OR ADNEXAL MALIGNANCY WITH CC
13	738	UTERINE & ADNEXA PROCEDURE FOR OVARIAN OR ADNEXAL MALIGNANCY WITHOUT CC/MCC
13	739	UTERINE,ADNEXA PROCEDURE FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH MCC
13	740	UTERINE,ADNEXA PROCEDURE FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH CC
13	741	UTERINE,ADNEXA PROCEDURE FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITHOUT CC/MCC
13	742	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITH CC/MCC
13	743	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT CC/MCC
13	744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION WITH CC/MCC
13	745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION WITHOUT CC/MCC
13	746	VAGINA, CERVIX & VULVA PROCEDURES WITH CC/MCC
13	747	VAGINA, CERVIX & VULVA PROCEDURES WITHOUT CC/MCC
13	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
13	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITH CC/MCC
13	750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC
13	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH MCC
13	755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH CC
13	756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
13	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH MCC
13	758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH CC

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
13	759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC
13	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITH CC/MCC
13	761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITHOUT CC/MCC
13	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
13	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
13	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
13	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
13	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
13	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
14	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
14	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
14	765	CESAREAN SECTION WITH CC/MCC
14	766	CESAREAN SECTION WITHOUT CC/MCC
14	767	VAGINAL DELIVERY WITH STERILIZATION &/OR D&C
14	768	VAGINAL DELIVERY WITH O.R. PROCEDURE EXCEPT STERIL &/OR D&C
14	769	POSTPARTUM & POST ABORTION DIAGNOSIS WITH O.R. PROCEDURE
14	770	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
14	774	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS
14	775	VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSIS
14	776	POSTPARTUM & POST ABORTION DIAGNOSIS WITHOUT O.R. PROCEDURE
14	777	ECTOPIC PREGNANCY
14	778	THREATENED ABORTION
14	779	ABORTION WITHOUT D&C

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Medicare Severity-Diagnosis Related Groups (DRGs)

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
14	780	FALSE LABOR
14	781	OTHER ANTEPARTUM DIAGNOSIS WITH MEDICAL COMPLICATIONS
14	782	OTHER ANTEPARTUM DIAGNOSIS WITHOUT MEDICAL COMPLICATIONS
14	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
14	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
14	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
14	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
14	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
14	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
14	998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
15	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
15	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
15	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
15	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
15	790	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
15	791	PREMATURITY WITH MAJOR PROBLEMS
15	792	PREMATURITY WITHOUT MAJOR PROBLEMS
15	793	FULL TERM NEONATE WITH MAJOR PROBLEMS
15	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS
15	795	NORMAL NEWBORN
16	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
16	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
16	009	BONE MARROW TRANSPLANT

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
16	799	SPLENECTOMY WITH MCC
16	800	SPLENECTOMY WITH CC
16	801	SPLENECTOMY WITHOUT CC/MCC
16	802	OTHER O.R. PROCEDURE OF THE BLOOD & BLOOD FORMING ORGANS WITH MCC
16	803	OTHER O.R. PROCEDURE OF THE BLOOD & BLOOD FORMING ORGANS WITH CC
16	804	OTHER O.R. PROCEDURE OF THE BLOOD & BLOOD FORMING ORGANS WITHOUT CC/MCC
16	808	MAJOR HEMATOL/IMMUN DIAGNOSIS EXCEPT SICKLE CELL CRISIS & COAGUL WITH MCC
16	809	MAJOR HEMATOL/IMMUN DIAGNOSIS EXCEPT SICKLE CELL CRISIS & COAGUL WITH CC
16	810	MAJOR HEMATOL/IMMUN DIAGNOSIS EXCEPT SICKLE CELL CRISIS & COAGUL WITHOUT CC/MCC
16	811	RED BLOOD CELL DISORDERS WITH MCC
16	812	RED BLOOD CELL DISORDERS WITHOUT MCC
16	813	COAGULATION DISORDERS
16	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH MCC
16	815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH CC
16	816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT CC/MCC
16	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
16	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
16	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
16	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
16	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
16	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
16	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
17	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.

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Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
17	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
17	009	BONE MARROW TRANSPLANT
17	820	LYMPHOMA & LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH MCC
17	821	LYMPHOMA & LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC
17	822	LYMPHOMA & LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC
17	823	LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITH MCC
17	824	LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITH CC
17	825	LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITHOUT CC/MCC
17	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJ O.R. PROCEDURE WITH MCC
17	827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJ O.R. PROCEDURE WITH CC
17	828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH MAJ O.R. PROCEDURE WITHOUT CC/MCC
17	829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH OTHER O.R. PROCEDURE WITH CC/MCC
17	830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL WITH OTHER O.R. PROCEDURE WITHOUT CC/MCC
17	834	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH MCC
17	835	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH CC
17	836	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITHOUT CC/MCC
17	837	CHEMO WITH ACUTE LEUKEMIA AS OTHER DIAGNOSIS OR WITH HIGH DOSE CHEMO AGENT WITH MCC
17	838	CHEMO WITH ACUTE LEUKEMIA AS OTHER DIAGNOSIS WITH CC OR HIGH DOSE CHEMO AGENT
17	839	CHEMO WITH ACUTE LEUKEMIA AS OTHER DIAGNOSIS WITHOUT CC/MCC
17	840	LYMPHOMA & NON-ACUTE LEUKEMIA WITH MCC
17	841	LYMPHOMA & NON-ACUTE LEUKEMIA WITH CC
17	842	LYMPHOMA & NON-ACUTE LEUKEMIA WITHOUT CC/MCC
17	843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAGNOSIS WITH MCC

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Medicare Severity-Diagnosis Related Groups (DRGs)

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
17	844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAGNOSIS WITH CC
17	845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAGNOSIS WITHOUT CC/MCC
17	846	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC
17	847	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC
17	848	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC
17	849	RADIOTHERAPY
18	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC
18	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
18	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
18	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
18	006	LIVER TRANSPLANT WITHOUT MCC
18	009	BONE MARROW TRANSPLANT
18	011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH MCC
18	853	INFECTIOUS & PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC
18	854	INFECTIOUS & PARASITIC DISEASES WITH O.R. PROCEDURE WITH CC
18	855	INFECTIOUS & PARASITIC DISEASES WITH O.R. PROCEDURE WITHOUT CC/MCC
18	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH MCC
18	857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH CC
18	858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITHOUT CC/MCC
18	862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS WITH MCC
18	863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS WITHOUT MCC
18	864	FEVER
18	865	VIRAL ILLNESS WITH MCC

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
18	866	VIRAL ILLNESS WITHOUT MCC
18	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSIS WITH MCC
18	868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSIS WITH CC
18	869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSIS WITHOUT CC/MCC
18	870	SEPTICEMIA OR SEVERE SEPSIS WITH MECH VENT 96+ HOURS
18	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECH VENT 96+ HOURS WITH MCC
18	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECH VENT 96+ HOURS WITHOUT MCC
19	876	O.R. PROCEDURE WITH PRINCIPAL DIAGNOSIS OF MENTAL ILLNESS
19	880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
19	881	DEPRESSIVE NEUROSES
19	882	NEUROSES EXCEPT DEPRESSIVE
19	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL
19	884	ORGANIC DISTURBANCES & MENTAL RETARDATION
19	885	PSYCHOSES
19	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS
19	887	OTHER MENTAL DISORDER DIAGNOSIS
20	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
20	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
20	894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
20	895	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY
20	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC
20	897	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC
20	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
20	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
20	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
20	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
20	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
20	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
21	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
21	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
21	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT
21	012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSIS WITH CC
21	901	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC
21	902	WOUND DEBRIDEMENTS FOR INJURIES WITH CC
21	903	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC
21	904	SKIN GRAFTS FOR INJURIES WITH CC/MCC
21	905	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC
21	906	HAND PROCEDURES FOR INJURIES
21	907	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC
21	908	OTHER O.R. PROCEDURES FOR INJURIES WITH CC
21	909	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC
21	913	TRAUMATIC INJURY WITH MCC
21	914	TRAUMATIC INJURY WITHOUT MCC
21	915	ALLERGIC REACTIONS WITH MCC
21	916	ALLERGIC REACTIONS WITHOUT MCC
21	917	POISONING & TOXIC EFFECTS OF DRUGS WITH MCC

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
21	918	POISONING & TOXIC EFFECTS OF DRUGS WITHOUT MCC
21	919	COMPLICATIONS OF TREATMENT WITH MCC
21	920	COMPLICATIONS OF TREATMENT WITH CC
21	921	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC
21	922	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS WITH MCC
21	923	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS WITHOUT MCC
21	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
21	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
21	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
21	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
21	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
21	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
21	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
21	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
21	989	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC
22	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
22	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
22	927	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECH VENT 96+ HRS WITH SKIN GRAFT
22	928	FULL THICKNESS BURN WITH SKIN GRAFT OR INHAL INJ WITH CC/MCC
22	929	FULL THICKNESS BURN WITH SKIN GRAFT OR INHAL INJ WITHOUT CC/MCC
22	933	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECH VENT 96+ HRS WITHOUT SKIN GRAFT
22	934	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHAL INJURY
22	935	NON-EXTENSIVE BURNS

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Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
23	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
23	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
23	939	O.R. PROCEDURE WITH DIAGNOSIS OF OTHER CONTACT WITH HEALTH SERVICES WITH MCC
23	940	O.R. PROCEDURE WITH DIAGNOSIS OF OTHER CONTACT WITH HEALTH SERVICES WITH CC
23	941	O.R. PROCEDURE WITH DIAGNOSIS OF OTHER CONTACT WITH HEALTH SERVICES WITHOUT CC/MCC
23	945	REHABILITATION WITH CC/MCC
23	946	REHABILITATION WITHOUT CC/MCC
23	947	SIGNS & SYMPTOMS WITH MCC
23	948	SIGNS & SYMPTOMS WITHOUT MCC
23	949	AFTERCARE WITH CC/MCC
23	950	AFTERCARE WITHOUT CC/MCC
23	951	OTHER FACTORS INFLUENCING HEALTH STATUS
24	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
24	956	LIMB REATTACHMENT, HIP & FEMUR PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA
24	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC
24	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC
24	959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC
24	963	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC
24	964	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC
24	965	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC
24	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC
24	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
24	987	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC

Appendix G

Medicare Severity-Diagnosis Related Groups (DRGs)

2008 Patient Discharge Data

Version 26.0 MS-DRG Grouper

MDC	MS-DRG Code	MS-DRG Description
24	988	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC
25	003	ECMO OR TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITH MAJOR O.R.
25	004	TRACH WITH MECH VENT 96+ HRS OR PRINC DIAGNOSIS EXCEPT FACE, MOUTH & NECK WITHOUT MAJOR O.R.
25	009	BONE MARROW TRANSPLANT
25	969	HIV WITH EXTENSIVE O.R. PROCEDURE WITH MCC
25	970	HIV WITH EXTENSIVE O.R. PROCEDURE WITHOUT MCC
25	974	HIV WITH MAJOR RELATED CONDITION WITH MCC
25	975	HIV WITH MAJOR RELATED CONDITION WITH CC
25	976	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC
25	977	HIV WITH OR WITHOUT OTHER RELATED CONDITION

Appendix H

2008 Data Exceptions and Modifications

Facility Number	Facility Name	Data Element	Notes
'010856'	Kaiser Fdn Hosp - Oakland Campus	Total Charges	Modification request to not report Total Charges.
'010858'	Kaiser Fdn Hosp - Hayward	Total Charges	Modification request to not report Total Charges.
'014132'	Kaiser Fdn Hosp - Fremont	Total Charges	Modification request to not report Total Charges.
'070990'	Kaiser Fdn Hosp - Walnut Creek	Total Charges	Modification request to not report Total Charges.
'074093'	Kaiser Fdn Hosp - Richmond Campus	Total Charges	Modification request to not report Total Charges.
'074097'	Kaiser Fdn Hosp - Antioch	Total Charges	Modification request to not report Total Charges.
'104062'	Kaiser Fdn Hosp - Fresno	Total Charges	Modification request to not report Total Charges.
'190410'	City of Angels-Ingleside Campus	Type of Admission	Issued a Non compliance. Facility did not adhere to the OSHPD standard. Data to be correct as of 10/10/2008.
'190410'	City of Angels-Ingleside Campus	Race	Issued a Non compliance. Facility did not adhere to the OSHPD standard. Data to be correct as of 4/10/2008.
'190429'	Kaiser Fdn Hosp - Sunset	Total Charges	Modification request to not report Total Charges.
'190430'	Kaiser Fdn Hosp - Bellflower	Total Charges	Modification request to not report Total Charges.
'190431'	Kaiser Fdn Hosp - Harbor City	Total Charges	Modification request to not report Total Charges.
'190432'	Kaiser Fdn Hosp - Panorama City	Total Charges	Modification request to not report Total Charges.
'190434'	Kaiser Fdn Hosp - West LA	Total Charges	Modification request to not report Total Charges.
'190525'	Long Beach Memorial Medical Center	Other Diagnosis Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'190525'	Long Beach Memorial Medical Center	Other E-Code Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'190525'	Long Beach Memorial Medical Center	Principal Diagnosis Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.

Appendix H

2008 Data Exceptions and Modifications

Facility Number	Facility Name	Data Element	Notes
'190525'	Long Beach Memorial Medical Center	Principal E-Code Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'190646'	Kaiser Fdn Hosp - Mental Health Center	Total Charges	Modification request to not report Total Charges.
'190712'	Shriners Hospital - Los Angeles	Expected Source of Payment	Modification Request to report 100% records in one payer category for the 2008 reporting period.
'190712'	Shriners Hospital - Los Angeles	Total Charges	Modification Request to report to report total charges as \$0 for the 2008 reporting periods. This is in keeping with the type of service that Shriners supplies in that services rendered are not charged for.
'191450'	Kaiser Fdn Hosp - Woodland Hills	Total Charges	Modification request to not report Total Charges.
'196035'	Kaiser Fdn Hosp - Baldwin Park	Total Charges	Modification request to not report Total Charges.
'196168'	Earl & Loraine Miller Children's Hosp.	Other Diagnosis Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'196168'	Earl & Loraine Miller Children's Hosp.	Other E-Code Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'196168'	Earl & Loraine Miller Children's Hosp.	Principal Diagnosis Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'196168'	Earl & Loraine Miller Children's Hosp.	Principal E-Code Present on Admission	Non compliant facility. For July-September discharges, facility input "No's" and the system was set up to populate all other POAs with "Y". Effective October 1, 2008, facility populated all fields themselves. The result was that exempt codes for the July-September discharges have a "Y" instead of the correct POA format.
'210992'	Kaiser Fdn Hosp - San Rafael	Total Charges	Modification request to not report Total Charges.

Appendix H

2008 Data Exceptions and Modifications

Facility Number	Facility Name	Data Element	Notes
'301132'	Kaiser Fdn Hosp - Anaheim	Total Charges	Modification request to not report Total Charges.
'304426'	Royale Mission Viejo	Race	Issued a Non compliance. Facility did not adhere to the OSHPD standard. Per facility, they were reporting Hispanic patients all as Race Unknown. Data to be correct as of 10/10/2008.
'331226'	Riverside Center for Behavioral Medicine	Race	Issued a Non compliance. Facility did not adhere to the OSHPD standard. Data to be correct as of 1/1/09.
'334025'	Kaiser Fdn Hosp - Riverside	Total Charges	Modification request to not report Total Charges.
'334048'	Kaiser Fdn Hosp - Moreno Valley	Total Charges	Modification request to not report Total charges due to ownership change and system changes. Data to be correct beginning with January 1, 2009 discharges.
'340913'	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	Total Charges	Modification request to not report Total Charges.
'342344'	Kaiser Fdn Hosp - South Sacramento	Total Charges	Modification request to not report Total Charges.
'344114'	Shriners Hospital - Northern Calif	Expected Source of Payment	Modification Request to report 100% records in one payer category for the 2008 reporting period.
'344114'	Shriners Hospital - Northern Calif	Prehospital Care and Resuscitation	Facility assumes all their patients to be in good health and able to withstand planned surgery/treatments.
'344114'	Shriners Hospital - Northern Calif	Social Security Number	Patient population is frequently recently injured and from out of the country therefore the SSN is non-existent.
'344114'	Shriners Hospital - Northern Calif	Total Charges	Modification Request to report total charges as \$0 for the 2008 reporting period. This is in keeping with the type of service that Shriners supplies in that services rendered are not charged for.
'361223'	Kaiser Fdn Hosp - Fontana	Total Charges	Modification request to not report Total Charges.
'370673'	Rady Children's Hospital - San Diego	Other Diagnosis Present on Admission	Modification request to report all POA as either Y or N. Facility states "for our Inpatient data for the data elements of Present on Admission (POA) for Diagnoses and E-codes. We learned that we have not been reporting the exempt codes as required by OSHPD. We have values of Y or N attached to all diagnoses and E-codes . The reason for this is that we have been working off of the CMS bulletin that states that Children's Hospitals are exempt from the new POA requirements effective 10/8/08. Therefore, we did not change our POA data collection practice, identifying exempt codes." Data to be correct beginning with February 2009 discharges.

Appendix H

2008 Data Exceptions and Modifications

Facility Number	Facility Name	Data Element	Notes
'370673'	Rady Children's Hospital - San Diego	Other E-Code Present on Admission	Modification request to report all POA as either Y or N. Facility states "for our Inpatient data for the data elements of Present on Admission (POA) for Diagnoses and E-codes. We learned that we have not been reporting the exempt codes as required by OSHPD. We have values of Y or N attached to all diagnoses and E-codes . The reason for this is that we have been working off of the CMS bulletin that states that Children's Hospitals are exempt from the new POA requirements effective 10/8/08. Therefore, we did not change our POA data collection practice, identifying exempt codes." Data to be correct beginning with February 2009 discharges.
'370673'	Rady Children's Hospital - San Diego	Principal Diagnosis Present on Admission	Modification request to report all POA as either Y or N. Facility states "for our Inpatient data for the data elements of Present on Admission (POA) for Diagnoses and E-codes. We learned that we have not been reporting the exempt codes as required by OSHPD. We have values of Y or N attached to all diagnoses and E-codes . The reason for this is that we have been working off of the CMS bulletin that states that Children's Hospitals are exempt from the new POA requirements effective 10/8/08. Therefore, we did not change our POA data collection practice, identifying exempt codes." Data to be correct beginning with February 2009 discharges.
'370673'	Rady Children's Hospital - San Diego	Principal E-Code Present on Admission	Modification request to report all POA as either Y or N. Facility states "for our Inpatient data for the data elements of Present on Admission (POA) for Diagnoses and E-codes. We learned that we have not been reporting the exempt codes as required by OSHPD. We have values of Y or N attached to all diagnoses and E-codes . The reason for this is that we have been working off of the CMS bulletin that states that Children's Hospitals are exempt from the new POA requirements effective 10/8/08. Therefore, we did not change our POA data collection practice, identifying exempt codes." Data to be correct beginning with February 2009 discharges.
'370730'	Kaiser Fdn Hosp - San Diego	Total Charges	Modification request to not report Total Charges.
'380857'	Kaiser Fdn Hosp - GEARY (S.F.)	Total Charges	Modification request to not report Total Charges.
'394009'	Kaiser Fdn Hosp - Manteca	Total Charges	Modification request to not report Total Charges.
'410804'	Kaiser Fdn Hosp - Redwood City	Total Charges	Modification request to not report Total Charges.
'410806'	Kaiser Fdn Hosp - South San Francisco	Total Charges	Modification request to not report Total Charges.
'431506'	Kaiser Fdn Hosp - San Jose	Total Charges	Modification request to not report Total Charges.
'434153'	Kaiser Fdn Hosp - Santa Clara	Total Charges	Modification request to not report Total Charges.

Appendix H

2008 Data Exceptions and Modifications

Facility Number	Facility Name	Data Element	Notes
'480989'	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	Total Charges	Modification request to not report Total Charges.
'494019'	Kaiser Fdn Hosp - Santa Rosa	Total Charges	Modification request to not report Total Charges.

Appendix I

Manual Abstract Reporting Form

2008 Patient Discharge Data

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL DISCHARGE ABSTRACT DATA RECORD
MANUAL ABSTRACT REPORTING FORM
For use with discharges on or after January 1, 2004

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10. PRINCIPAL DIAGNOSIS

CODE

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10a. PRESENT AT ADMISSION

Y = Yes
 N = No
 U = Uncertain

11. OTHER DIAGNOSES

a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
m.				
n.				
o.				
p.				
q.				
r.				
s.				
t.				
u.				
v.				
w.				
x.				

11a. PRESENT AT ADMISSION

	<input type="checkbox"/>
b.	<input type="checkbox"/>
c.	<input type="checkbox"/>
d.	<input type="checkbox"/>
e.	<input type="checkbox"/>
f.	<input type="checkbox"/>
g.	<input type="checkbox"/>
h.	<input type="checkbox"/>
i.	<input type="checkbox"/>
j.	<input type="checkbox"/>
k.	<input type="checkbox"/>
l.	<input type="checkbox"/>
m.	<input type="checkbox"/>
n.	<input type="checkbox"/>
o.	<input type="checkbox"/>
p.	<input type="checkbox"/>
q.	<input type="checkbox"/>
r.	<input type="checkbox"/>
s.	<input type="checkbox"/>
t.	<input type="checkbox"/>
u.	<input type="checkbox"/>
v.	<input type="checkbox"/>
w.	<input type="checkbox"/>
x.	<input type="checkbox"/>

12. PRINCIPAL PROCEDURE

CODE

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DATE

<small>Month</small>	<small>Day</small>	<small>Year (4 - Digit)</small>

13. OTHER PROCEDURES

a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
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q.				
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i.				
j.				
k.				
l.				
m.				
n.				
o.				
p.				
q.				
r.				
s.				
t.				
<small>Month</small>	<small>Day</small>	<small>Year (4 - Digit)</small>		

Appendix I

Manual Abstract Reporting Form

2008 Patient Discharge Data

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT		Page 1 of 3	
HOSPITAL INPATIENT DATA RECORD			
MANUAL ABSTRACT REPORTING FORM			
Effective with discharges occurring on or after July 1, 2008			
Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97216 through 97234)			
TYPE OF CARE 1 Acute 5 Chem Dep <input type="checkbox"/> 3 SN/IC 6 Physical Rehab <input type="checkbox"/> 4 Psychiatric	FACILITY ID NUMBER <input type="text"/> <input type="text"/>	ABSTRACT RECORD NUMBER (Optional) <input type="text"/> <input type="text"/>	
DATE OF BIRTH <input type="text"/> <input type="text"/> <i>Month Day Year (4 - Digit)</i>	PATIENT'S SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <i>Report 000 00 0001 if SSN is Unknown</i>	SEX 1 Male 3 Other <input type="checkbox"/> 2 Female 4 Unknown	
RACE ETHNICITY 1 Hispanic <input type="checkbox"/> 2 Non-Hispanic 3 Unknown	RACE 1 White 4 Asian/Pacific <input type="checkbox"/> 2 Black Islander 3 Native American/ 5 Other Eskimo/Aleut 6 Unknown	ZIP CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADMISSION DATE <input type="text"/> <input type="text"/> <i>Month Day Year (4 - Digit)</i>	DISCHARGE DATE <input type="text"/> <input type="text"/> <i>Month Day Year (4 - Digit)</i>	TOTAL CHARGES <input type="text"/> <input type="text"/> <i>(Report whole dollars only, right justified)</i>	
SOURCE OF ADMISSION SITE 1 Home 6 Other <u>Inpatient</u> 2 Residential Hospital Care Care Facility 7 Newborn <input type="checkbox"/> 3 Ambulatory 8 Prison/Jail <input type="checkbox"/> Surgery 9 Other 4 SN/IC 5 Acute <u>Inpatient</u> Hospital Care		LICENSURE OF SITE 1 This Hospital <input type="checkbox"/> 2 Another Hospital <input type="checkbox"/> 3 Not a Hospital	ROUTE 1 <u>Your</u> ER <input type="checkbox"/> 2 Not <u>Your</u> ER (or no ER) <input type="checkbox"/>
EXPECTED SOURCE OF PAYMENT PAYER CATEGORY 01 Medicare 06 Other Government 02 Medi-Cal 07 Other Indigent <input type="text"/> <input type="text"/> 03 Private Coverage 08 Self Pay 04 Workers' Compensation 05 County Indigent Programs		TYPE OF COVERAGE 1 Managed Care - Knox - Keene/ MCOHS <input type="checkbox"/> 2 Managed Care - Other 3 Traditional Coverage	NAME OF PLAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (0001 - 9999 Plan Code Number)
DISPOSITION OF PATIENT: <input type="text"/> <input type="text"/>		PREHOSPITAL CARE AND RESUSCITATION DNR orders at admission or within 24 hrs of admission Y = Yes <input type="checkbox"/> N = No	
01 Routine (Home) Within This Hospital 02 Acute Care 03 Other Care 04 SN/IC To Another Hospital 05 Acute Care 06 Other Care (Not SN/IC)		07 SN/IC 08 Residential Care Facility 09 Prison/Jail 10 Against Medical Advice 11 Died 12 Home Health Service 13 Other	

Appendix I

Manual Abstract Reporting Form

2008 Patient Discharge Data

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT DATA RECORD
MANUAL ABSTRACT REPORTING FORM
Effective with discharges occurring on or after July 1, 2008

Page 2 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97216 through 97234)

THIS SPACE RESERVED FOR PRINCIPAL LANGUAGE SPOKEN

PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

E					•
---	--	--	--	--	---

PRESENT ON ADMISSION

Y = Yes
N = No
U = Unknown
W = Clinically Undetermined
blank = Exempt from POA reporting

OTHER EXTERNAL CAUSE OF INJURY E-CODES

E					•
E					•
E					•
E					•

PRESENT ON ADMISSION

