

SECTION 4

BILLING CODES

TABLE OF CONTENTS

OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES	1
REIMBURSEMENT TYPE 1 – SURGICAL	1
REIMBURSEMENT TYPE 5 – NON-SURGICAL	1
REIMBURSEMENT TYPE 4 – TREATMENT/THERAPY/TESTING	2
REVENUE CODES	3
INPATIENT PPS DRG RELATIVE WEIGHTS	19
DRG PER DIEM RATES	39
PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION	47
QUALIS HEALTH CODES FOR ACUTE (NON-STATE OWNED) INPATIENT ADMISSIONS	47
QUALIS HEALTH PRIOR AUTHORIZATION CODES.....	48
QUALIS HEALTH ICD-9 PRIOR AUTHORIZATION CODES.....	54
PROCEDURE CODES REQUIRING SUPPORT DOCUMENTATION	57
SUPPORT DOCUMENTATION CODES	57
ICD-9 SURGICAL CODES REQUIRING SUPPORT DOCUMENTATION	58
ICD-9 DIAGNOSIS CODES REQUIRING SUPPORT DOCUMENTATION	58
PROCEDURE CODES FOR FAMILY PLANNING	59
FAMILY PLANNING PROCEDURE CODES	59
FAMILY PLANNING DIAGNOSIS CODES	60
APPROVED STI DRUG LIST.....	60
APPROVED SEXUALLY TRANSMITTED INFECTION (STI) DIAGNOSIS CODES	61

SECTION 4 BILLING CODES

OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES

Reimbursement is based on the highest reimbursement level plus add-ons or the total S.C. Medicaid allowed amount, whichever is less.

REIMBURSEMENT TYPE 1 – SURGICAL

UB-04 must show all charges associated with the surgery. HCPCS codes have been assigned an all-inclusive rate that is comparable to the procedure performed and resources used. Multiple surgeries pay the highest reimbursement amount. A listing of the HCPCS surgical codes and their reimbursement amounts can be found at www.scdhhs.gov.

The following are the **only** services paid in addition to the all-inclusive rate for reimbursement type 1:

762-Observation
769-Intensive Observation
636 w/J1055-Depo-Provera
636 w/J7310-Vitrasert
636 w/90378-Synagis

REIMBURSEMENT TYPE 5 – NON-SURGICAL

Revenue code 450 pays an all-inclusive rate based on the diagnosis code level. Multiple diagnosis codes pay the highest reimbursement level. A listing of the diagnosis codes by outpatient reimbursement levels can be found at www.scdhhs.gov.

Level 1-\$ 70.48
Level 2-\$126.86
Level 3-\$270.16

Revenue codes 510, 511, 512, 513, 514, 515, 516, 517, 519 or 761 pay an all-inclusive rate of \$70.48 based on Level 1 (Non-emergent) regardless of the diagnosis codes.

The following are the **only** services paid in addition to the all-inclusive rate for reimbursement type 5. (Add-ons are not allowed to the reimbursement for revenue code 451, EMTALA screening):

762-Observation
769-Intensive Observation
636 w/J1055-Depo-Provera
636 w/J7310-Vitrasert
636 w/90378-Synagis
636 w/J7307-Implanon

Revenue code 451 pays an all-inclusive rate of \$58.73 for an emergency room screening under the Federal EMTALA guidelines based on valid diagnosis code.

SECTION 4 BILLING CODES

OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES

REIMBURSEMENT TYPE 4 – TREATMENT/THERAPY/TESTING

Revenue Codes That Require Procedure Codes	Revenue Codes That Do Not Require Procedure Codes with Fee Schedule Amounts	
300 342	170, 171 – Nursery	\$ 483.94
301 343	258 – IV Solutions*	\$ 61.08
302 349	260, 261 – IV Therapy*	\$ 58.73
304 350	331 – Chemotherapy – Inject*	\$ 490.99
305 351	332 – Chemotherapy – Oral*	\$ 162.09
306 352	335 – Chemotherapy – IV*	\$ 162.09
307 359	380,381,382, 383, 384, 385, 386, 387 – Blood*	\$ 61.08
309 400	390 – Blood Storage	\$ 79.87
310 401	391 – Blood Administration	\$ 51.69
311 402	410 – Respiratory Services*	\$ 49.34
312 403	412 – Inhalation Services	\$ 54.03
314 610	413 – Hyperbaric Oxygen	\$ 178.55
319 611	419 – Other Respiratory	\$ 44.64
320 612	420 – Physical Therapy*	\$ 49.34
321 614	424 – PT Evaluation*	\$ 49.34
322 615	430 – Occupational Therapy*	\$ 49.34
323 616	434 – OT Evaluation*	\$ 49.34
324 618	440 – Speech Therapy*	\$ 51.69
329 619	444 – Speech Evaluation*	\$ 77.52
330 634	459 – Other ER (PEP Triage)	\$ 58.73
333 635	460, 469 – Pulmonary Function	\$ 434.61
340 636	470, 472, 479 – Audiology	\$ 434.61
341 923	471 – Audiology/Diagnostic	\$ 483.94
	480, 483, 489 – Cardiology	\$ 244.32
	481 – Cardiac Cath Lab	\$ 728.26
	482 – Cardiac Stress Test	\$ 145.65
	636 w/J1055 – Depo-Provera	\$ 59.72
	636 w/J7310 – Vitrasert	\$15,744.00
	636 w/90378 – Synagis*	\$939.29
	636 w/J7307 – Implanon	\$ 610.16
	721 – Labor Room	\$ 70.48
	730, 739 – EKG/ECG	\$ 119.81
	731 – Holter Monitor	\$ 434.61
	732 – Telemetry	\$ 256.07
	740, 749 – EEG	\$ 256.07
	750, 759 – Gastro Intestinal Svcs	\$ 434.61
	762 – Observation	\$ 244.32
	769 – Intensive Observation	\$ 364.13
	820, 821, 830, 831, 840, 841, 850, 851 – Dialysis Services*	\$ 291.30
	900 – Psychiatric Treatment*	\$ 84.57
	901 – Electroshock Therapy	\$ 223.18
	910 – Psychiatric Services*	\$ 89.27
	914 – Individual Therapy*	\$ 49.34
	915 – Group Therapy*	\$ 44.64
	916 – Family Therapy*	\$ 49.34
	918 – Psychiatric Testing	\$ 49.34
	920 – Other Diagnostic Services	\$ 145.65
	921 – Peripheral Vascular	\$ 453.40
	922 – Electromyogram	\$ 86.92
	924 – Allergy Test	\$ 70.48
	929 – Other Diagnostic Services*	\$ 162.09
	940 – Other Therapeutic Services	\$ 115.12
	943 – Cardiac Rehab Therapy*	\$ 54.03

* Pays listed rate for each unit of service billed.

SECTION 4 BILLING CODES

REVENUE CODES

Covered Service Indicator
0 Not covered
1 Inpatient & outpatient covered
2 Inpatient only
3 Outpatient only
4 Inpatient covered/outpatient by procedure

Units/Room Indicator
0 Units not required
1 Routine care units required
2 Units required
3 Nursery accommodation units required
4 Units required on outpatient only
5 Neonatal units required
6 Special care units required

Revenue Code	Description	Covered Service	Units/ Room
001	TOTAL CHARGE	1	0
100	ALL INCLUSIVE RATE	2	1
101	ALL INC R&B	0	0
110	ROOM & BOARD - PRIVATE MED. OR G	2	1
111	MED-SUR-GY/PVT	2	1
112	OB/PVT	2	1
113	PEDS/PVT	2	1
114	PSYCHIATRIC PRIVATE R&B	2	1
115	HOSPICE/PVT	2	1
116	DETOX PRIVATE ROOM AND BOARD	2	1
117	ONCOLOGY PRIVATE ROOM AND BOA	2	1
118	ROOM AND BOARD PRIVATE REHABI	2	1
119	OTHER/PVT	2	1
120	ROOM & BOARD - SEMI-PRIVATE TWO	2	1
121	MED-SUR-GY/2BED	2	1
122	OB/2BED	2	1
123	PEDS/2BED	2	1
124	PSYCHIATRIC SEMI PRIVATE R&B	2	1
125	HOSPICE/2BED	2	1
126	DETOX SEMI PRIVATE ROOM AND BO	2	1
127	ONCOLOGY SEMI PRIVATE ROOM AN	2	1
128	ROOM AND BOARD SEMI-PRIV WO BE	2	1
129	OTHER/2BED	2	1

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
130	SEMI-PRIVATE - THREE AND FOUR BE	2	1
131	MED-SUR-GY/3&4BED	2	1
132	OB/3&4BED	2	1
133	PEDS/3&4BED	2	1
134	PSYCHIATRIS SEMI PRIVATE 3&4 BED	2	1
135	HOSPICE/3&4BED	2	1
136	DETOX SEMI PRIVATE 3&4 BEDS	2	1
137	ONCOLOGY/3&4BED	2	1
138	SEMI-PRIV (3 OR 4 BEDS) REHABILITA	2	1
139	OTHER/3&4BED	2	1
140	PRIVATE (DELUXE)	2	1
141	MED-SUR-GY/PVT/DLX	0	0
142	OB/PVT/DLX	0	0
143	PEDS/PVT/DLX	0	0
144	PSYCHIATRIC PRIVATE DELUX	0	0
145	HOSPICE/PVT/DLX	0	0
146	DETOX PRIVATE ROOM DELUXE	0	0
147	ONCOLOGY/PVT/DLX	0	0
148	PRIVATE (DELUXE)REHABILATION	0	1
149	OTHER/PVT/DLX	0	0
150	ROOM & BOARD WARD (MED. OR GEN	2	1
151	MED-SUR-GY/WARD	2	1
152	OB/WARD	2	1
153	PEDS/WARD	2	1
154	PSYCHIATRIC WARD	2	1
155	HOSPICE/WARD	2	1
156	DETOX WARD	2	1
157	ONCOLOGY/WARD	2	1
158	ROOM AND BOARD WARD (M&D OR G	2	1
159	OTHER/WARD	2	1
160	OTHER ROOM & BOARD GENERAL	2	1
164	OTHER ROOM & BOARD - STERILE EN	2	1

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
167	CHRGs INCRD BY PROV-NONINSTITU	0	1
169	R&B/OTHER	2	1
170	NURSERY	1	3
171	NURSERY-LEVEL I	1	3
172	NURSERY LEVEL II	2	5
173	NURSERY-LEVEL IIE	2	5
174	NURSERY-LEVEL III	2	5
179	NURSERY OTHER	0	0
180	LEAVE OF ABSENCE	0	1
182	LOA/PT CONV	0	1
183	LEAVE OF ABSENCE THERAPEUTIC	0	1
184	LOA/ICF/MR	0	1
185	LOA/NURS HOME	0	1
189	LOA/OTHER	0	1
200	INTENSIVE CARE	2	6
201	ICU/SURGICAL	2	6
202	ICU/MEDICAL	2	6
203	ICU/PEDS	2	6
204	INTENSIVE PSYCHIATRIC CARE	2	6
206	POST ICU	2	6
207	INTENSIVE BURN UNIT	2	6
208	ICU/TRAUMA	2	6
209	ICU/OTHER	2	6
210	CORONARY CARE	2	6
211	CCU/MYO INFARC	2	6
212	CCU/PULMONARY	2	6
213	CCU/TRANSPLANT	2	6
214	POST CCU	2	6
219	CCU/OTHER	2	6
220	SPECIAL CHARGES	0	0
221	ADMIT CHARGE	0	0
222	TECH SUPPORT CHARGE	0	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
223	UR CHARGE	0	0
224	LATE DISCHARGE MEDICALLY NECES	2	1
229	OTHER SPEC CHARGE	0	0
230	NURSING ACUITY	2	0
231	NUR INCR/NURSERY	2	0
232	NUR INCR/OB	2	0
233	NUR INCR/ICU	2	0
234	NUR INCR/CCU	2	0
235	NUR INCR/HOSPICE	2	0
239	NUR INCR/OTHER	2	0
240	ALL INCL ANCIL	0	0
249	ALL INCL ANCIL-OTHER	0	0
250	PHARMACY - GENERAL	1	0
251	DRUGS/GENERIC	1	0
252	DRUGS/NONGENERIC	1	0
253	TAKE HOME DRUGS	2	0
254	DRUGS INCIDENT TO OTH DIAG SERV	1	0
255	DRUG INCIDENCE TO RADIOLOGY	1	0
256	EXPERIMENTAL DRUGS	0	0
257	DRUGS/NONSCRPT	1	0
258	PHARMACY-IV SOLUTIONS	1	2
259	DRUGS OTHER	1	0
260	IV THERAPY	1	4
261	IV THERAPY/INFUSION	1	4
262	IV THER-PHARM-SVC	0	0
263	IV THER-DRUG-SPPLY DELV	0	0
264	IV THER-SUPPLIES	0	0
265	EXPERIMENTAL	0	0
269	IV THER-OTHER	0	0
270	MEDICAL/SURGICAL SUPPLIES AND D	1	0
271	NON-STERILE SUPPLIES	1	0
272	STERILE SUPPLIES	1	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
273	TAKE HOME SUPPLY	0	0
274	PROSTETIC DEVICE	1	0
275	PACEMAKER	1	0
276	INTRAOCULAR LENS	1	0
277	OXYGEN TAKE HOME	0	0
278	OTHER IMPLANTS	1	0
279	OTHER SUPPLIES AND/OR DEVICES	1	0
280	ONCOLOGY	0	0
289	ONCOLOGY OTHER	0	0
290	DURABLE MEDICAL EQUIPMENT - GE	0	0
291	DURABLE MEDICAL EQUIPMENT - RE	0	0
292	PURCHASE NEW	0	0
293	DME PURCHASED USED	0	0
294	MED EQUIP-SUPPLIES-DRUGS	0	0
299	DURABLE MEDICAL EQUIPMENT - OT	0	0
300	LABORATORY - GENERAL	4	4
301	LAB/CHEMISTRY	4	4
302	LAB/IMMUNOLOGY	4	4
303	LABORATORY RENAL PATIENT (HOM	0	0
304	LABORATORY - NON-ROUTINE DIALY	4	4
305	LAB/HEMATOLOGY	4	4
306	LAB/BACT-MICRO	4	4
307	LAB/UROLOGY	4	4
309	LAB/OTHER	4	4
310	LABORATORY PATHOLOGICAL	4	4
311	PATHOLOGY/CYTOLOGY	4	4
312	PATHOLOGY/HYSTOLOGY	4	4
314	PATHOL/BIOPSY	4	4
319	PATHOL/OTHER	4	4
320	RADIOLOGY - DIAGNOSTIC	4	4
321	DX X-RAY/ANG	4	4
322	DX X-RAY/ART	4	4

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
323	ARTERIOGRAPHY	4	4
324	CHEST XRAY	4	4
329	DX X-RAY/OTHER	4	4
330	RADIOLOGY - THERAPEUTIC	4	4
331	CHEMOTHERAPY-INJECTED	1	2
332	CHEMOTHERAPY-ORAL	1	2
333	RADIATION THERAPY	4	4
335	CHEMOTHERAPY-IV	1	2
340	NUCLEAR MEDICINE	4	4
341	NUCLEAR MEDICINE 131 BILL TYPE	4	4
342	NUCLEAR MEDICINE 141 BILL TYPE	4	4
343	NUC MED/DX RADIOPHARM	1	0
344	NUC MED/RX RADIOPHARM	1	0
349	NUC MED/OTHER	4	4
350	CT SCAN - GENERAL	4	4
351	CT SCAN - HEAD	4	4
352	CT SCAN - BODY	4	4
359	CT SCAN/OTHER	4	4
360	OPERATING ROOM SERVICES - GENER	1	0
361	OR-MINOR	1	0
362	ORGAN TRANSPLANT-OTHER THAN K	2	0
367	O.R. SERVICES - KIDNEY TRANSPLAN	2	0
369	OR/OTHER	1	0
370	ANESTHESIA	1	0
371	ANESTHE-INCIDENT RAD	0	0
372	ANESTHESIA INCIDENT TO OTH DIAG	0	0
374	ANESTHE-ACUPUNC	0	0
379	ANESTHE-OTHER	0	0
380	BLOOD	1	2
381	PACKED RED CELLS	1	2
382	WHOLE BLOOD	1	2
383	PLASMA	1	2

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
384	PLATELETS	1	2
385	LEUCOCYTES	1	2
386	BLOOD-OTHER COMPONENTS	1	2
387	BLOOD-OTHER DERIVATIVES	1	2
389	OTHER BLOOD	1	0
390	BLOOD STORAGE AND PROCESSING	1	2
391	BLOOD-ADMIN	1	2
399	BLOOD-OTHER STORAGE	0	0
400	OTHER IMAGING SERVICES - GENERA	4	4
401	MAMMOGRAPHY	4	4
402	OTHER IMAGING SERVICES - ULTRAS	4	4
403	MAMMOGRAPHY SCREENING	4	4
404	PET SCAN	4	0
410	RESPIRATORY SERVICES	1	2
412	RESPIRATORY/INHALATION SERVICE	1	2
413	HYPERBARIC OXYGEN THERAPY	1	2
419	OTHER RESPERATORY	1	2
420	PHYSICAL THERAPY	1	2
421	PHYS THERP/VISIT	0	0
422	PHYS THERP/HOUR	0	0
423	PHYS THERP/GROUP	0	0
424	PHYSICAL THERAPY EVALUATION RE	1	2
429	OTHER PHYS THERP	0	0
430	OCCUPATIONAL THERAPY	1	2
431	OCCUP THERP/VISIT	0	0
432	OCCUP THERP/HOUR	0	0
433	OCCUP THERP/GROUP	0	0
434	OCCUPATIONAL THERAPY REEVALUA	1	2
439	RESTORATIVE THERAPY	0	0
440	SPEECH-LANGUAGE PATHOLOGY	1	2
441	SPEECH PATH/VISIT	0	0
442	SPEECH PATH/HOUR	0	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
443	SPEECH PATH/GROUP	0	0
444	SPEECH LANGUAGE EVALUATION	1	0
449	OTHER SPEECH PATH	0	0
450	EMERGENCY ROOM	1	2
451	ER/EMTALA	3	0
452	ER/BEYOND EMTALA	0	0
456	URGENT CARE	1	2
459	OTHER EMERGENCY ROOM	3	0
460	PULMONARY FUNCTION	1	4
469	OTHER PULMON FUNC	1	4
470	AUDIOLOGY	1	4
471	DIAGNOSTIC AUDIOLOGY	1	4
472	AUDIOLOGY/RX	1	4
479	OTHER AUDIOL	1	4
480	CARDIOLOGY - GENERAL	1	4
481	CARDIOLOGY - CARDIAC CATH LAB	1	4
482	CARDIAC STRESS TEST	1	0
483	ECHOCARDIOLOGY	1	4
489	OTHER CARDIOL	1	4
490	AMBULATORY SURGICAL CARE	3	0
499	OTHER AMBL SURG	3	0
500	OUTPATIENT SVS	3	0
509	OTHER OUTPATIENT SERVICES	3	0
510	CLINIC	3	2
511	CHRONIC PAIN CENTER	3	2
512	DENTAL CLINIC	3	2
513	PSYCHIATRIC CLINIC	3	2
514	OB-GYN CLINIC	3	2
515	PEDIATRIC CLINIC	3	2
516	URGENT CARE CLINIC	3	2
517	FAMILY PRACTICE CLINIC	3	2
519	OTHER CLINIC	3	2

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
520	FREESTAND CLINIC	3	2
521	RURAL CLINIC	3	2
522	RURAL HOME	3	2
523	FAMILY PRACTICE CLINIC-FREE STAN	3	2
526	URGENT CARE CLINIC-FREE STANDIN	3	2
529	OTHER FR/STD CLINIC	3	2
530	OSTEOPATHIC SERVICES	0	0
531	OSTEOPATH RX	0	0
539	OTHER OSTEOPATH	0	0
540	AMBULANCE	0	0
541	MED-SURG SUPPLIES USED IN AMBUL	0	0
542	TRANSPORT FOR NONEMERGENT CA	0	0
543	AMBULANCE HEARTMOBILE	0	0
544	OXYGEN USED DURING AMBULANCE	0	0
545	AIR AMBULANCE	0	0
546	NEONATAL AMBULANCE	0	0
547	AMBULANCE/PHARMACY	0	0
548	AMBULANCE/TELEPHONIC	0	0
549	OTHER AMBULANCE	0	0
550	SKILLED NURSING	0	0
551	SKILLED NURS/VISIT	0	0
552	SKILLED NURS/HOUR	0	0
559	SKILLED NURS/OTHER	0	0
560	MEDICAL SOCIAL SERVICES	0	0
561	MED SOC SERVS-VISIT	0	0
562	MED SOC SERV-HOUR	0	0
569	MED SOC SERV-OTHER	0	0
570	AIDE/HOME HEALTH	0	0
571	AIDE/HOME HEALTH/VISIT	0	0
572	AIDE/HOME HEALTH/HOUR	0	0
579	AIDE/HOME HEALTH/OTHER	0	0
580	VISIT-HOME HEALTH	0	0

SECTION 4 BILLING CODES

REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
581	VISIT-HOME HEALTH-VISIT	0	0
582	VISIT-HOME HEALTH-HOUR	0	0
589	VISIT-HOME HEALTH-OTHER	0	0
590	UNIT-HOME HEALTH	0	0
599	UNIT-HOME HEALTH-OTHER	0	0
600	OXYGEN - GENERAL	1	0
601	OXYGEN STATE/EQUIP/SUPPLIES	1	0
602	OXYGEN STATE/EQUIP/SUPPLIES < 1 L	1	0
603	OXYGEN STATE/EQUIP/SUPPLIES > 4 L	1	0
604	OXYGEN PORTABLE ADD-ON	1	0
610	MAGNETIC RESONANCE IMAGING	4	4
611	MAGNETIC RESONANCE IMAGING-BR	4	4
612	MAGNETIC RESONANCE IMAGING-SP	4	4
614	MRI – Other	4	4
615	MRA - HEAD & NECK	4	4
616	MRA-LOWER EXTREMITIES	4	4
618	MRA - OTHER	4	4
619	MAGNETIC RESONANCE IMAGING-OT	4	4
621	SUPPLIES INCIDENT TO RADIOLOGY	1	0
622	SUPPLIES INCIDENT TO OTH DIAG SER	1	0
623	SURGICAL DRESSINGS	1	0
624	FDA INVESTIGATION DEVICE	1	0
630	DRUGS	1	0
631	DRUG/SINGLE SRC	1	0
632	DRUG/MULTIPLE	1	0
633	DRUG/RESTRICTIVE	1	0
634	EPOADMINISTERED< 10000 UNITS	4	4
635	EPO ADMINISTERED > PER 1000 UNIT	4	4
636	DRUGS REQUIRING SPECIFIC IDENT	4	0
637	SELF ADMISTERING DRUGS	1	2
640	IV THERAPY SERVICES	0	0
641	NON RT NURSING-CENTRAL	0	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
642	IV SITE CARE-CENTRAL	0	0
643	IV STRT-CHNG-PERIPHAL	0	0
644	NONRT NURSING-PERIPHAL	0	0
645	TRNG PT-CAREGVR-CENTRAL	0	0
646	TRNG DSBLPT-CENTRAL	0	0
647	TRNG-PT-CAREGVR-PERIPHRL	0	0
648	TRNG-DSBLPAT-PERIPHAL	0	0
649	OTHER IV THERAPY SVC	0	0
650	HOSPICE	0	0
651	HOSPICE-RTN HOME	0	0
652	HOSPICE-CTNS HOME	0	0
655	HOSPICE IP RESPITE	0	0
656	HOSPICE-IP NON-RESPITE	0	0
657	HOSPICE-PHYSICIAN	0	0
659	HOSPICE-OTHER	0	0
660	RESPITE CARE	0	0
661	RESPITE-SKILLED NURSE	0	0
662	RESPITE-HMAID-HMEMBER	0	0
670	OP SPEC RES	0	0
671	OP SPEC RES/HOSPITAL BASED	0	0
672	OP SPEC RES/CONTRACTED	0	0
681	TRAUMA LEVEL I	0	0
682	TRAUMA LEVEL II	0	0
683	TRAUMA LEVEL III	0	0
684	TRAUMA LEVEL IV	0	0
700	CASTROOM	1	0
709	OTHER CAST ROOM	1	0
710	RECOVERY ROOM	1	0
719	OTHER RECOV RM	1	0
720	LABOR ROOM/DELIVERY	1	0
721	LABOR ROOM	1	0
722	DELIVERY ROOM	1	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
723	CIRCUMCISION	1	0
724	BIRTHING CENTER	1	0
729	OTHER DELIVERY	1	0
730	EKG/ECG	1	4
731	24 HOUR HOLTER MONITOR	1	4
732	TELEMETRY	1	4
739	OTHER EKG-ECG	1	4
740	EEG	1	4
749	OTHER EEG	1	4
750	GASTRO-INTESTINAL SERVICES	1	4
759	OTHER GASTRO-INTS	1	4
760	GENERAL TREATMENT OR OBSERVAT	0	0
761	TREATMENT ROOM	3	2
762	OBSERVATION ROOM	1	0
769	INTENSIVE OBSERVATION	1	0
770	PREVENT CARE SVS	0	0
771	VACCINE ADMIN	0	0
779	OTHER PREVENT	0	0
790	LITHOTRIPSY	1	0
799	LITHOTRIPSY-OTHER	1	4
800	INPATIENT RENAL DIALYSIS - GENER	2	2
801	INPATIENT HEMODIALYSIS	2	2
802	INPATIENT PERITONEAL (NON-CAPD)	2	2
803	I.P. CONT. AMB PERITONEAL DIAL (CA	2	2
804	I.P. CONT CYCLING PERITONEAL DIAL	2	2
809	OTHER INPATIENT DIALYSIS	2	2
810	KIDNEY ACQUISITION GENERAL	2	0
811	KIDNEY ACQUISITION - LIVING DONO	1	0
812	KIDNEY ACQUISITION - CADAVER DO	1	0
813	KIDNEY ACQUISITION - UNKNOWN DO	1	0
814	OTHER KIDNEY ACQUISITION	2	0
815	CADAVER DONOR HEART	0	0

SECTION 4 BILLING CODES

REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
816	OTHER HEART ACQUISITION	0	0
817	LIVER DONOR	0	0
819	KIDNEY ACQUISITION - OTHER KIDNE	1	0
820	HEMODIALYSIS OP/HOME - GENERAL	3	2
821	HEMO OP/HOME - HEMO/COMPOS OR	3	2
822	HEMO OP/HOME - HOME SUPPLIES	0	0
823	HEMO OP/HOME - HOME EQUIPMENT	0	0
824	HEMO OP/HOME - MAINTENANCE 100	0	0
825	HEMO OP/HOME SUPPORT SERVICES	0	0
829	HEMO OP/HOME - OTHER OP HEMO	0	0
830	PERITONEAL DIAL - OP/HOME - GENE	3	2
831	PERI DIAL-OP/HOME -PERILCOMP OR	3	2
832	PERI DIAL OP/HOME - HOME SUPPLIE	0	0
833	PERI DIAL OP/HOME - HOME EQUIPME	0	0
834	PERI DIAL OP/HOME / MAINTENANCE	0	0
835	PERI DIAL OP/HOME - SUPPORT SERV	0	0
839	PERI DIAL OP/HOME - OTHER OP PERI	0	0
840	CONT AMB PERI (CAPD) - OP/HOME - G	3	2
841	CONT AMB PERI CAPD-OP/HOME-CAP	3	2
842	CONT AMB PERI (CAPD) OP/HOME -HO	0	0
843	CONT AMB PERI (CAPD) OP/HOME-HO	0	0
844	CONT AMB PERI (CAPD) OP/HOME-MA	0	0
845	CONT AMB PERI (CAPD) OP/HOME SU	0	0
849	CONT AMB PERI (CAPD) OP/HOME OT	0	0
850	CONT CYC PERI (CCPD) OP/HOME - GE	3	2
851	CONT CYC PERI (CCPD) OP/HOME CC	3	2
852	CONT CYC PERI (CCPD) OP/HOME - HO	0	0
853	CONT CYC PERI (CCPD) OP/HOME - EQ	0	0
854	CONT CYC PERI (CCPD) OP/HOME -MA	0	0
855	CONT CYC PERI (CCPD) OP/HOME - SU	0	0
859	CONT CYC PERI CCPD OP/HOME OTH	0	0
860	RESERVED FOR NATNL ASSIGNMENT	0	0

SECTION 4 BILLING CODES

REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
870	RESERVED FOR NATNL ASSIGNMENT	0	0
880	MISCELLANEOUS DIALYSIS - GENERA	0	0
881	MISCELLANEOUS DIALYSIS - ULTRAF	0	0
882	HOME DIALYSIS AID VISIT	0	0
889	MISCELLANEOUS DIALYSIS - OTHER	0	0
890	OTHER DONOR BANK	0	0
900	PSYCHIC/PSYCHO TX - GENERAL	1	2
901	PSYCHIC/PSYCHO TX ELECTROSHOCK	1	2
902	PSYCHIC/PSYCHO TX - MILIEU THERA	0	0
903	PSYCHIC/PSYCHO TX - PLAY THERAP	0	0
904	ACTIVITY THERAPY	0	0
909	PSYCHIC/PSYCHO TX - OTHER	0	0
910	PSYCHIC/PSYCHO SERV - GENERAL	1	2
911	PSYCHIC/PSYCHO SERV - REHABILITA	0	0
912	PSYCH / PARTIAL HOSP.	0	0
913	PSYCHIC/PSYCHO SERVICES-NIGT CA	0	0
914	PSYCHIC/PSYCHO SERV - INDIVIDUAL	1	2
915	PSYCHIC/PSYCHO SERV -GROUP THE	1	2
916	PSYCHIC/PSYCHO SERV - FAMILY THE	1	2
917	PSYCHIC/PSYCHO SERV - BIO FEEDBA	0	0
918	PSYCHIC/PSYCHO SERV - TESTING	1	2
919	PSYCHIC/PSYCHO SERV - OTHER	0	0
920	OTHER DIAGNOSTIC SERVICES - GENE	1	2
921	OTHER DIAG SERV -PERIPHERAL VAS	1	2
922	OTHER DIAG SERV - ELECTROMYELG	1	2
923	PAP SMEAR	4	4
924	ALLERGY TEST	4	4
925	PREGNANCY TEST	0	2
929	OTHER DIAGNOSTIC SERVICES	1	2
940	OTHER THERAPEUTIC - GENERAL	1	2
941	OTHER THERAPEUTIC SERV REC THE	0	0
942	OTHER THERAPEUTIC SERV - EDUC/T	0	0

SECTION 4 BILLING CODES

REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
943	OTHER THERAPEUTIC SERV - CARDIA	1	2
944	OTHER THERAPEUTIC SERV - DRUG R	0	0
945	OTHER THERAPEUTIC SERV - ALCOHO	0	0
946	COMPLEX MEDICAL EQUIP. ROUTINE	1	0
947	COMPLEX MEDICAL EQUIP. ANCILLAR	1	0
949	OTHER THERAPEUTIC SERVICES - OT	0	0
960	PROFESSIONAL FEES	0	0
961	PRO FEE/PSYCH	0	0
962	PRO FEE/EYE	0	0
963	PRO FEE/ANES MD	0	0
964	CRNA	0	0
969	OTHER PRO FEES	0	0
971	PROFESSIONAL FEE / LAB	0	0
972	PRO FEES RADIOLOGY DIAGNOSTI	0	0
973	PRO FEES RADIOLOGY THERAPEU	0	0
974	PRO FEES RADIOLOGY NUCLEAR M	0	0
975	PRO FEE-OR	0	0
976	PRO FEE-RESPIR	0	0
977	PRO FEE-PHYSI	0	0
978	PRO FEE-OCUPA	0	0
979	PRO FEE-SPEECH	0	0
981	ER PROFESSIONAL FEES	0	0
982	PRO FEES OUTPATIENT SERVICES	0	0
983	PRO FEES CLINIC	0	0
984	PRO FEE-SOC SVC	0	0
985	PRO FEES EKG	0	0
986	PRO FEES EEG	0	0
987	PRO FEES HOSPITAL VISIT	0	0
988	PROFESSIONAL FEES CONSULTATION	0	0
989	FEE-PVT NURSE	0	0
990	PATIENT CONVENIENCE ITEMS	0	0
991	CAFETERIA	0	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
992	LINEN	0	0
993	TELEPHONE	0	0
994	TV/RADIO	0	0
995	NONPT ROOM RENT	0	0
996	LATE DISCHARGE	0	0
997	ADMIT KITS	0	0
998	BARBER/BEAUTY	0	0
999	PT CONVENIENCE/OTHER	0	0

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

Rebased: October 1, 1993

Effective: October 1, 2007

P = Per Diem Payment [Infrequently Occurring DRG(s)]

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
001	CRANIOTOMY AGE >17 W CC	CASE RATE	4.4058	6.499		29	51,455
002	CRANIOTOMY AGE >17 W/O CC	CASE RATE	3.0479	4.269		20	44,751
003	CRANIOTOMY AGE 0-17	CASE RATE	2.6697	3.933		44	59,341
006	CARPAL TUNNEL RELEASE	PER DIEM		4.410	9		
007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	CASE RATE	3.2700	5.053		64	78,953
008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	CASE RATE	2.2618	1.897		8	30,000
009	SPINAL DISORDERS & INJURIES	PER DIEM		9.857	20		
010	NERVOUS SYSTEM NEOPLASMS W CC	CASE RATE	1.5090	4.395		20	30,000
011	NERVOUS SYSTEM NEOPLASMS W/O CC	PER DIEM		3.929	8		
012	DEGENERATIVE NERVOUS SYSTEM DISORDERS	CASE RATE	1.6245	5.673		66	30,000
013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	CASE RATE	1.1913	3.558		41	30,000
014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	CASE RATE	2.2193	6.359		66	49,670
015	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	PER DIEM		5.656	11		
016	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	CASE RATE	1.4051	5.695		36	30,000
017	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	PER DIEM		3.750	8		
018	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	CASE RATE	1.3574	4.441		31	30,000
019	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	CASE RATE	0.8955	3.231		12	30,000
021	VIRAL MENINGITIS	CASE RATE	0.6409	2.670		8	30,000
022	HYPERTENSIVE ENCEPHALOPATHY	PER DIEM		5.222	10		
023	NONTRAUMATIC STUPOR & COMA	CASE RATE	0.7329	2.377		10	30,000
026	SEIZURE & HEADACHE AGE 0-17	CASE RATE	0.4988	1.879		11	30,000
027	TRAUMATIC STUPOR & COMA, COMA >1 HR	CASE RATE	1.2807	2.429		11	30,000
028	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	CASE RATE	2.3343	4.505		39	35,048
029	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	PER DIEM		3.875	8		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
030	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	CASE RATE	0.6849	2.094		8	30,000
031	CONCUSSION AGE >17 W CC	PER DIEM		3.136	6		
032	CONCUSSION AGE >17 W/O CC	PER DIEM		1.813	4		
033	CONCUSSION AGE 0-17	CASE RATE	0.6212	1.362		3	30,000
034	OTHER DISORDERS OF NERVOUS SYSTEM W CC	CASE RATE	0.9661	3.344		42	30,000
035	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	CASE RATE	0.8163	2.306		7	30,000
036	RETINAL PROCEDURES	PER DIEM		4.410	9		
037	ORBITAL PROCEDURES	PER DIEM		3.000	6		
038	PRIMARY IRIS PROCEDURES	PER DIEM		4.410	9		
039	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	PER DIEM		1.000	2		
040	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	PER DIEM		3.500	7		
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	PER DIEM		3.000	6		
042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	PER DIEM		1.667	3		
043	HYPHEMA	PER DIEM		3.000	6		
044	ACUTE MAJOR EYE INFECTIONS	CASE RATE	0.5043	3.140		12	30,000
045	NEUROLOGICAL EYE DISORDERS	PER DIEM		3.429	7		
046	OTHER DISORDERS OF THE EYE AGE >17 W CC	PER DIEM		3.727	7		
047	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	PER DIEM		3.222	6		
048	OTHER DISORDERS OF THE EYE AGE 0-17	CASE RATE	0.4060	1.833		8	30,000
049	MAJOR HEAD & NECK PROCEDURES	PER DIEM		7.900	16		
050	SIALOADENECTOMY	PER DIEM		2.000	4		
051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	PER DIEM		1.000	2		
052	CLEFT LIP & PALATE REPAIR	CASE RATE	1.0550	1.379		3	30,000
053	SINUS & MASTOID PROCEDURES AGE >17	PER DIEM		3.571	7		
054	SINUS & MASTOID PROCEDURES AGE 0-17	PER DIEM		2.500	5		
055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	CASE RATE	1.2796	2.336		22	30,000
056	RHINOPLASTY	PER DIEM		5.000	10		
057	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	PER DIEM		3.217	6		
058	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	CASE RATE	0.8083	2.070		7	30,000
059	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	PER DIEM		2.167	4		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
060	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	CASE RATE	0.6325	1.388		7	30,000
061	MYRINGOTOMY W TUBE INSERTION AGE >17	PER DIEM		4.410	9		
062	MYRINGOTOMY W TUBE INSERTION AGE 0-17	CASE RATE	0.7779	1.708		9	30,000
063	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	CASE RATE	1.7924	2.341		8	30,000
064	EAR, NOSE, MOUTH & THROAT MALIGNANCY	CASE RATE	1.8206	5.127		41	40,200
065	DYSEQUILIBRIUM	CASE RATE	0.7261	2.311		7	30,000
066	EPISTAXIS	PER DIEM		4.526	9		
067	EPIGLOTTITIS	PER DIEM		3.000	6		
068	OTITIS MEDIA & URI AGE >17 W CC	CASE RATE	0.6246	2.135		6	30,000
069	OTITIS MEDIA & URI AGE >17 W/O CC	CASE RATE	0.5683	2.137		6	30,000
070	OTITIS MEDIA & URI AGE 0-17	CASE RATE	0.3490	1.853		5	30,000
071	LARYNGOTRACHEITIS	CASE RATE	0.2793	1.493		5	30,000
072	NASAL TRAUMA & DEFORMITY	PER DIEM		2.000	4		
073	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	CASE RATE	1.1370	3.656		13	30,000
074	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	CASE RATE	0.5269	2.255		13	30,000
075	MAJOR CHEST PROCEDURES	CASE RATE	4.7128	7.805		61	85,474
076	OTHER RESP SYSTEM O.R. PROCEDURES W CC	CASE RATE	3.9875	9.436		42	90,466
077	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	PER DIEM		5.286	11		
078	PULMONARY EMBOLISM	CASE RATE	1.7682	5.480		34	30,000
079	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	CASE RATE	2.3046	7.602		35	38,516
080	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	PER DIEM		8.097	16		
081	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	CASE RATE	2.0347	5.830		19	30,000
082	RESPIRATORY NEOPLASMS	CASE RATE	1.7672	4.787		27	30,000
083	MAJOR CHEST TRAUMA W CC	PER DIEM		4.200	8		
084	MAJOR CHEST TRAUMA W/O CC	PER DIEM		1.000	2		
085	PLEURAL EFFUSION W CC	CASE RATE	1.4891	4.389		20	30,000
086	PLEURAL EFFUSION W/O CC	PER DIEM		3.778	8		
087	PULMONARY EDEMA & RESPIRATORY FAILURE	CASE RATE	1.7040	4.762		25	30,000
088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	CASE RATE	1.1442	3.729		19	30,000
089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	CASE RATE	1.2904	4.333		19	30,000

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
090	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	CASE RATE	0.6865	2.779		12	30,000
091	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	CASE RATE	0.5103	2.302		8	30,000
092	INTERSTITIAL LUNG DISEASE W CC	CASE RATE	1.3711	4.701		24	30,000
093	INTERSTITIAL LUNG DISEASE W/O CC	PER DIEM		2.917	6		
094	PNEUMOTHORAX W CC	CASE RATE	1.6081	5.690		30	31,337
095	PNEUMOTHORAX W/O CC	CASE RATE	0.6621	2.591		9	30,000
096	BRONCHITIS & ASTHMA AGE >17 W CC	CASE RATE	0.8169	3.173		12	30,000
097	BRONCHITIS & ASTHMA AGE >17 W/O CC	CASE RATE	0.6250	2.321		7	30,000
098	BRONCHITIS & ASTHMA AGE 0-17	CASE RATE	0.4225	2.030		7	30,000
099	RESPIRATORY SIGNS & SYMPTOMS W CC	CASE RATE	0.7302	2.471		10	30,000
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	CASE RATE	0.4356	1.794		7	30,000
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	CASE RATE	0.9467	2.502		13	30,000
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	CASE RATE	0.6655	1.815		7	30,000
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	PER DIEM		16.847	44		
104	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH	PER DIEM		18.000	36		
105	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH	CASE RATE	7.6052	9.095		67	123,638
106	CORONARY BYPASS W PTCA	PER DIEM		9.500	19		
108	OTHER CARDIOTHORACIC PROCEDURES	CASE RATE	5.8604	7.644		53	92,807
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	CASE RATE	6.3347	8.387		70	128,917
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	PER DIEM		8.167	16		
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	CASE RATE	3.5507	11.840		80	75,319
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	PER DIEM		8.743	17		
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	PER DIEM		2.667	5		
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	PER DIEM		6.800	14		
119	VEIN LIGATION & STRIPPING	PER DIEM		3.500	7		
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	CASE RATE	3.1159	8.189		53	54,062
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	CASE RATE	1.7156	4.626		21	30,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	CASE RATE	1.3546	2.356		10	30,000
123	CIRCULATORY DISORDERS W AMI, EXPIRED	PER DIEM		6.179	12		
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	CASE RATE	1.6697	3.333		16	30,000
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	CASE RATE	1.3624	2.083		8	30,000
126	ACUTE & SUBACUTE ENDOCARDITIS	PER DIEM		19.417	39		
127	HEART FAILURE & SHOCK	CASE RATE	1.1897	3.920		19	30,000
128	DEEP VEIN THROMBOPHLEBITIS	PER DIEM		8.667	17		
129	CARDIAC ARREST, UNEXPLAINED	PER DIEM		4.333	9		
130	PERIPHERAL VASCULAR DISORDERS W CC	CASE RATE	1.3878	5.032		25	30,000
131	PERIPHERAL VASCULAR DISORDERS W/O CC	CASE RATE	1.0898	3.390		14	30,000
132	ATHEROSCLEROSIS W CC	CASE RATE	0.7947	2.037		9	30,000
133	ATHEROSCLEROSIS W/O CC	CASE RATE	0.7049	1.718		6	30,000
134	HYPERTENSION	CASE RATE	0.6897	2.261		8	30,000
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	PER DIEM		11.125	22		
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	PER DIEM		5.400	11		
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	PER DIEM		4.575	9		
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	CASE RATE	1.0147	2.947		18	30,000
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	CASE RATE	0.6891	2.149		7	30,000
140	ANGINA PECTORIS	CASE RATE	0.5940	1.690		6	30,000
141	SYNCOPE & COLLAPSE W CC	CASE RATE	0.8144	2.389		12	30,000
142	SYNCOPE & COLLAPSE W/O CC	CASE RATE	0.7066	1.991		6	30,000
143	CHEST PAIN	CASE RATE	0.7041	1.700		7	30,000
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	CASE RATE	2.0186	5.170		41	54,210
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	CASE RATE	0.7267	2.176		6	30,000
146	RECTAL RESECTION W CC	PER DIEM		11.000	22		
147	RECTAL RESECTION W/O CC	PER DIEM		6.692	13		
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	CASE RATE	2.0867	5.160		13	30,000
150	PERITONEAL ADHESIOLYSIS W CC	CASE RATE	3.1458	7.632		31	58,237
151	PERITONEAL ADHESIOLYSIS W/O CC	CASE RATE	1.5352	3.367		12	30,000
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	PER DIEM		11.857	24		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	PER DIEM		5.087	10		
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	CASE RATE	1.6093	2.757		10	30,000
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	CASE RATE	1.2815	3.101		24	30,000
157	ANAL & STOMAL PROCEDURES W CC	CASE RATE	1.2844	3.881		12	30,000
158	ANAL & STOMAL PROCEDURES W/O CC	CASE RATE	0.8144	2.254		9	30,000
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	CASE RATE	2.1324	4.190		27	38,216
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	CASE RATE	1.4704	2.499		7	30,000
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	PER DIEM		3.286	7		
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	PER DIEM		1.857	4		
163	HERNIA PROCEDURES AGE 0-17	CASE RATE	0.7972	1.594		9	30,000
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	CASE RATE	2.5331	6.480		21	38,367
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	CASE RATE	1.7916	3.606		12	30,000
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	CASE RATE	1.7042	3.063		9	30,000
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	CASE RATE	1.1276	1.581		6	30,000
168	MOUTH PROCEDURES W CC	PER DIEM		3.455	7		
169	MOUTH PROCEDURES W/O CC	PER DIEM		2.077	4		
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	CASE RATE	3.2207	7.767		62	100,466
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	PER DIEM		5.250	11		
172	DIGESTIVE MALIGNANCY W CC	CASE RATE	1.8983	6.099		51	34,817
173	DIGESTIVE MALIGNANCY W/O CC	PER DIEM		6.133	12		
174	G.I. HEMORRHAGE W CC	CASE RATE	1.3464	3.916		20	30,000
175	G.I. HEMORRHAGE W/O CC	CASE RATE	0.6929	2.129		6	30,000
176	COMPLICATED PEPTIC ULCER	CASE RATE	1.2165	3.746		19	30,000
177	UNCOMPLICATED PEPTIC ULCER W CC	CASE RATE	1.2611	3.581		15	30,000
178	UNCOMPLICATED PEPTIC ULCER W/O CC	PER DIEM		2.778	6		
179	INFLAMMATORY BOWEL DISEASE	CASE RATE	1.4160	3.996		17	30,000
180	G.I. OBSTRUCTION W CC	CASE RATE	1.0158	3.675		14	30,000
181	G.I. OBSTRUCTION W/O CC	CASE RATE	0.5663	2.439		11	30,000
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	CASE RATE	0.9791	3.154		15	30,000
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	CASE RATE	0.7440	2.204		8	30,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	CASE RATE	0.3304	1.861		10	30,000
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17	CASE RATE	0.9665	3.151		13	30,000
186	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17	CASE RATE	0.6497	2.909		15	30,000
187	DENTAL EXTRACTIONS & RESTORATIONS	CASE RATE	0.8993	1.720		10	30,000
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/ CC	CASE RATE	1.3583	4.024		28	32,995
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	CASE RATE	0.6816	2.151		9	30,000
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	CASE RATE	0.6437	2.154		11	30,000
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	CASE RATE	4.1072	8.035		73	100,665
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	PER DIEM		8.667	17		
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	PER DIEM		16.800	34		
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	PER DIEM		9.500	19		
195	CHOLECYSTECTOMY W C.D.E. W CC	PER DIEM		6.000	12		
196	CHOLECYSTECTOMY W C.D.E. W/O CC	PER DIEM		4.500	9		
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	CASE RATE	2.8628	6.366		35	37,465
198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	CASE RATE	1.8622	3.665		10	30,000
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	PER DIEM		7.500	15		
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	PER DIEM		12.667	25		
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	PER DIEM		18.842	38		
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	CASE RATE	1.7383	5.014		32	39,242
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	CASE RATE	1.8907	5.105		29	47,816
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	CASE RATE	1.1802	3.953		20	30,000
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	CASE RATE	1.4319	4.302		22	30,000
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	CASE RATE	0.5875	2.652		8	30,000
207	DISORDERS OF THE BILIARY TRACT W CC	CASE RATE	1.4610	4.660		25	33,795

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
208	DISORDERS OF THE BILIARY TRACT W/O CC	CASE RATE	0.7187	1.846		8	30,000
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	CASE RATE	3.2539	7.448		41	41,205
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	CASE RATE	2.5478	4.693		15	30,000
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	CASE RATE	1.6605	2.803		9	30,000
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	CASE RATE	2.2315	6.048		69	41,461
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	CASE RATE	2.3180	4.373		27	30,000
217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS	CASE RATE	5.1604	10.362		94	119,564
218	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC	CASE RATE	2.5819	4.254		43	40,223
219	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC	CASE RATE	1.6546	2.288		10	30,000
220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	CASE RATE	1.1048	1.626		6	30,000
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	CASE RATE	1.9246	3.624		23	48,955
224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	CASE RATE	1.1887	1.701		4	30,000
225	FOOT PROCEDURES	CASE RATE	1.3260	2.588		12	30,000
226	SOFT TISSUE PROCEDURES W CC	CASE RATE	1.9400	3.910		31	37,243
227	SOFT TISSUE PROCEDURES W/O CC	CASE RATE	1.1333	2.147		9	30,000
228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC	PER DIEM		6.600	13		
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	PER DIEM		1.583	3		
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	CASE RATE	1.3059	2.187		36	36,952
232	ARTHROSCOPY	PER DIEM		3.250	7		
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	CASE RATE	2.9966	4.125		27	42,245
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	CASE RATE	2.0215	1.953		5	30,000
235	FRACTURES OF FEMUR	CASE RATE	0.6144	1.985		11	30,000
236	FRACTURES OF HIP & PELVIS	CASE RATE	1.0479	3.588		71	30,000
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	PER DIEM		4.500	9		
238	OSTEOMYELITIS	CASE RATE	1.6784	6.037		49	34,562
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY	CASE RATE	1.7508	5.284		31	34,706

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
240	CONNECTIVE TISSUE DISORDERS W CC	CASE RATE	1.9335	5.749		35	43,111
241	CONNECTIVE TISSUE DISORDERS W/O CC	CASE RATE	0.9111	2.563		9	30,000
242	SEPTIC ARTHRITIS	PER DIEM		5.286	11		
243	MEDICAL BACK PROBLEMS	CASE RATE	0.8417	3.044		18	30,000
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	CASE RATE	1.1506	3.764		22	30,000
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	PER DIEM		7.308	15		
246	NON-SPECIFIC ARTHROPATHIES	PER DIEM		3.833	8		
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	CASE RATE	0.7227	2.443		23	30,000
248	TENDONITIS, MYOSITIS & BURSITIS	CASE RATE	0.9273	3.017		16	30,000
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	PER DIEM		8.300	17		
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	PER DIEM		1.333	3		
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	PER DIEM		5.000	10		
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	PER DIEM		2.684	5		
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W CC	CASE RATE	0.8807	3.504		13	30,000
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC	CASE RATE	0.7286	2.375		10	30,000
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17	CASE RATE	0.6034	1.747		5	30,000
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	CASE RATE	0.9203	3.059		20	30,000
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	CASE RATE	1.4043	2.036		9	30,000
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	CASE RATE	1.2357	1.580		5	30,000
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	PER DIEM		2.923	6		
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	PER DIEM		2.500	5		
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	PER DIEM		1.368	3		
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	PER DIEM		2.111	4		
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	CASE RATE	2.9156	8.768		118	90,190
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	CASE RATE	1.1915	3.720		32	30,000

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	PER DIEM		4.813	10		
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	CASE RATE	1.5445	2.166		9	30,000
267	PERIANAL & PILONIDAL PROCEDURES	PER DIEM		2.000	4		
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	PER DIEM		1.923	4		
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	CASE RATE	1.9238	5.499		46	40,712
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	CASE RATE	1.0068	2.369		10	30,000
271	SKIN ULCERS	CASE RATE	1.3030	6.139		42	48,756
272	MAJOR SKIN DISORDERS W CC	CASE RATE	1.1371	4.594		23	30,000
273	MAJOR SKIN DISORDERS W/O CC	PER DIEM		4.455	9		
274	MALIGNANT BREAST DISORDERS W CC	PER DIEM		8.313	17		
275	MALIGNANT BREAST DISORDERS W/O CC	PER DIEM		4.410	9		
276	NON-MALIGNANT BREAST DISORDERS	CASE RATE	0.6053	2.716		8	30,000
277	CELLULITIS AGE >17 W CC	CASE RATE	1.2087	4.529		21	30,000
278	CELLULITIS AGE >17 W/O CC	CASE RATE	0.7011	3.040		9	30,000
279	CELLULITIS AGE 0-17	CASE RATE	0.5338	2.459		7	30,000
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	CASE RATE	0.6446	2.031		10	30,000
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	PER DIEM		2.367	5		
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	CASE RATE	0.6578	1.686		6	30,000
283	MINOR SKIN DISORDERS W CC	CASE RATE	0.9092	2.969		24	30,000
284	MINOR SKIN DISORDERS W/O CC	CASE RATE	0.4175	2.147		22	30,000
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS	CASE RATE	3.5450	10.387		96	85,386
286	ADRENAL & PITUITARY PROCEDURES	PER DIEM		4.857	10		
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	CASE RATE	3.1340	8.673		71	88,936
288	O.R. PROCEDURES FOR OBESITY	CASE RATE	2.5050	2.970		8	30,000
289	PARATHYROID PROCEDURES	PER DIEM		3.000	6		
290	THYROID PROCEDURES	CASE RATE	1.1907	1.697		7	30,000
291	THYROGLOSSAL PROCEDURES	PER DIEM		1.000	2		
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	CASE RATE	4.1356	9.918		96	89,491
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	PER DIEM		1.000	2		
294	DIABETES AGE >35	CASE RATE	0.9954	3.443		30	30,000
295	DIABETES AGE 0-35	CASE RATE	0.6869	2.320		16	30,000

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	CASE RATE	1.0301	3.792		23	30,000
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	CASE RATE	0.5398	2.186		12	30,000
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	CASE RATE	0.3141	1.854		14	30,000
299	INBORN ERRORS OF METABOLISM	CASE RATE	1.3415	2.740		34	57,854
300	ENDOCRINE DISORDERS W CC	CASE RATE	1.2313	3.971		48	44,409
301	ENDOCRINE DISORDERS W/O CC	PER DIEM		3.400	7		
302	KIDNEY TRANSPLANT	PER DIEM			28		
303	KIDNEY AND URETER PROCEDURES FOR NEOPLASM	CASE RATE	3.1914	5.976		58	49,649
304	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM W CC	CASE RATE	3.0494	4.190		105	108,562
305	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM W/O CC	CASE RATE	1.3202	2.139		9	30,000
306	PROSTATECTOMY W CC	PER DIEM		8.250	17		
307	PROSTATECTOMY W/O CC	PER DIEM		4.410	9		
308	MINOR BLADDER PROCEDURES W CC	PER DIEM		5.875	12		
309	MINOR BLADDER PROCEDURES W/O CC	PER DIEM		1.778	4		
310	TRANSURETHRAL PROCEDURES W CC	CASE RATE	1.4364	2.992		11	30,000
311	TRANSURETHRAL PROCEDURES W/O CC	CASE RATE	1.0534	1.859		11	30,000
312	URETHRAL PROCEDURES, AGE >17 W CC	PER DIEM		2.800	6		
313	URETHRAL PROCEDURES, AGE >17 W/O CC	PER DIEM		3.500	7		
314	URETHRAL PROCEDURES, AGE 0-17	PER DIEM		3.500	7		
315	OTHER KIDNEY & URINARY TRACT PROCEDURES	CASE RATE	2.8451	5.757		38	39,948
316	RENAL FAILURE	CASE RATE	1.7101	5.025		38	33,627
317	ADMIT FOR RENAL DIALYSIS	CASE RATE	0.3199	1.939		10	30,000
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	PER DIEM		8.786	18		
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	PER DIEM		2.400	5		
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	CASE RATE	1.0556	3.740		34	30,000
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	CASE RATE	0.6754	2.590		8	30,000
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	CASE RATE	0.4649	2.597		8	30,000
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	CASE RATE	0.9070	2.038		7	30,000
324	URINARY STONES W/O CC	CASE RATE	0.7827	1.545		4	30,000
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	PER DIEM		4.846	10		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	PER DIEM		4.000	8		
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	PER DIEM		2.546	5		
328	URETHRAL STRICTURE AGE >17 W CC	PER DIEM		2.500	5		
329	URETHRAL STRICTURE AGE >17 W/O CC	PER DIEM		4.410	9		
330	URETHRAL STRICTURE AGE 0-17	PER DIEM		4.410	9		
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	CASE RATE	1.6150	5.065		35	33,497
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	PER DIEM		3.539	7		
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	CASE RATE	0.5369	2.610		13	30,000
334	MAJOR MALE PELVIC PROCEDURES W CC	PER DIEM		4.000	8		
335	MAJOR MALE PELVIC PROCEDURES W/O CC	PER DIEM		3.857	8		
336	TRANSURETHRAL PROSTATECTOMY W CC	PER DIEM		5.615	11		
337	TRANSURETHRAL PROSTATECTOMY W/O CC	PER DIEM		1.429	3		
338	TESTES PROCEDURES, FOR MALIGNANCY	PER DIEM		7.000	14		
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	PER DIEM		6.333	13		
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	PER DIEM		1.345	3		
341	PENIS PROCEDURES	PER DIEM		6.400	13		
342	CIRCUMCISION AGE >17	PER DIEM		2.000	4		
343	CIRCUMCISION AGE 0-17	PER DIEM		1.250	3		
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	PER DIEM		10.000	20		
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	PER DIEM		11.500	23		
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	PER DIEM		10.500	21		
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	PER DIEM		6.000	12		
348	BENIGN PROSTATIC HYPERTROPHY W CC	PER DIEM		5.000	10		
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	PER DIEM		4.410	9		
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	CASE RATE	1.0526	3.376		21	30,000
351	STERILIZATION, MALE	PER DIEM		4.410	9		
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	PER DIEM		7.833	16		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY	PER DIEM		11.333	23		
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	CASE RATE	3.0686	5.123		63	108,059
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	CASE RATE	1.0685	2.088		4	30,000
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	CASE RATE	1.1342	1.623		6	30,000
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	PER DIEM		7.105	14		
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	CASE RATE	1.3629	2.866		9	30,000
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	CASE RATE	1.1070	2.173		5	30,000
360	VAGINA, CERVIX & VULVA PROCEDURES	CASE RATE	0.8038	1.815		7	30,000
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	PER DIEM		2.154	4		
362	ENDOSCOPIC TUBAL INTERRUPTION	PER DIEM		1.333	3		
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	CASE RATE	1.1733	2.188		20	30,000
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	CASE RATE	0.7806	1.903		6	30,000
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	CASE RATE	1.3078	2.828		10	30,000
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	CASE RATE	1.1515	3.528		20	30,000
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	PER DIEM		3.636	7		
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	CASE RATE	0.7659	2.735		10	30,000
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	CASE RATE	0.5916	1.908		7	30,000
370	CESAREAN SECTION W CC	CASE RATE	0.9859	3.466		15	30,000
371	CESAREAN SECTION W/O CC	CASE RATE	0.8114	2.936		8	30,000
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	CASE RATE	0.6050	2.501		9	30,000
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	CASE RATE	0.4583	2.045		6	30,000
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	CASE RATE	0.7831	2.185		5	30,000
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	PER DIEM		2.741	5		
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	CASE RATE	0.5426	2.225		10	30,000
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	CASE RATE	1.5160	3.041		18	33,342

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
378	ECTOPIC PREGNANCY	CASE RATE	1.0277	1.692		5	30,000
379	THREATENED ABORTION	CASE RATE	0.4577	2.012		14	30,000
380	ABORTION W/O D&C	CASE RATE	0.4656	1.460		6	30,000
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	CASE RATE	0.6861	1.379		5	30,000
382	FALSE LABOR	CASE RATE	0.1772	1.110		3	30,000
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	CASE RATE	0.4749	2.179		11	30,000
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	CASE RATE	0.3440	1.612		11	30,000
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	PER DIEM		8.944	18		
386	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	PER DIEM		35.495	71		
387	PREMATURITY W MAJOR PROBLEMS	PER DIEM		18.992	38		
388	PREMATURITY W/O MAJOR PROBLEMS	PER DIEM		6.443	13		
389	FULL TERM NEONATE W MAJOR PROBLEMS	PER DIEM		9.649	19		
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	CASE RATE	0.2131	2.494		8	30,000
391	NORMAL NEWBORN	CASE RATE	0.1181	2.030		4	30,000
392	SPLENECTOMY AGE >17	PER DIEM		8.909	18		
393	SPLENECTOMY AGE 0-17	PER DIEM		3.571	7		
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS	CASE RATE	2.2798	4.473		62	116,284
395	RED BLOOD CELL DISORDERS AGE >17	CASE RATE	0.9987	4.318		20	30,000
396	RED BLOOD CELL DISORDERS AGE 0-17	CASE RATE	0.6008	2.847		10	30,000
397	COAGULATION DISORDERS	CASE RATE	2.1399	3.324		18	46,093
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	CASE RATE	0.9670	3.480		24	30,000
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	CASE RATE	0.4827	2.269		8	30,000
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	PER DIEM		11.191	22		
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	PER DIEM		6.500	13		
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	CASE RATE	2.9373	6.306		41	47,119
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	PER DIEM		6.923	14		
405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	CASE RATE	2.4022	6.518		51	78,183
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	PER DIEM		18.167	36		

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	PER DIEM		5.400	11		
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	PER DIEM		7.750	16		
409	RADIOTHERAPY	PER DIEM		8.546	17		
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	CASE RATE	1.5002	3.463		18	30,000
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	PER DIEM		4.410	9		
412	HISTORY OF MALIGNANCY W ENDOSCOPY	PER DIEM		4.410	9		
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	PER DIEM		15.643	31		
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	PER DIEM		9.000	18		
417	SEPTICEMIA AGE 0-17	CASE RATE	0.8730	3.731		18	30,000
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	CASE RATE	0.9481	3.862		16	30,000
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	CASE RATE	1.4058	4.165		22	30,000
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	PER DIEM		2.833	6		
421	VIRAL ILLNESS AGE >17	CASE RATE	0.8751	2.844		10	30,000
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17	CASE RATE	0.3678	2.123		7	30,000
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	CASE RATE	2.0014	5.583		47	52,639
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	PER DIEM		16.600	33		
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	PER DIEM		4.687	9		
426	DEPRESSIVE NEUROSES	PER DIEM		6.887	14		
427	NEUROSES EXCEPT DEPRESSIVE	PER DIEM		7.344	15		
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	PER DIEM		8.000	16		
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	PER DIEM		13.029	26		
430	PSYCHOSES	PER DIEM		10.347	21		
431	CHILDHOOD MENTAL DISORDERS	PER DIEM		8.789	18		
432	OTHER MENTAL DISORDER DIAGNOSES	PER DIEM		7.692	15		
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	PER DIEM		2.769	6		
439	SKIN GRAFTS FOR INJURIES	PER DIEM		11.000	22		
440	WOUND DEBRIDEMENTS FOR INJURIES	CASE RATE	2.4605	5.722		117	157,620
441	HAND PROCEDURES FOR INJURIES	PER DIEM		2.556	5		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	CASE RATE	3.2104	5.344		37	88,568
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	CASE RATE	1.0378	1.976		11	30,000
444	TRAUMATIC INJURY AGE >17 W CC	PER DIEM		8.857	18		
445	TRAUMATIC INJURY AGE >17 W/O CC	PER DIEM		3.375	7		
446	TRAUMATIC INJURY AGE 0-17	CASE RATE	0.6016	1.651		5	30,000
447	ALLERGIC REACTIONS AGE >17	CASE RATE	1.0147	1.935		10	30,000
448	ALLERGIC REACTIONS AGE 0-17	PER DIEM		1.250	3		
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	CASE RATE	1.1278	2.542		36	41,783
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	CASE RATE	0.5725	1.593		6	30,000
451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	CASE RATE	0.4081	1.482		5	30,000
452	COMPLICATIONS OF TREATMENT W CC	CASE RATE	1.8944	4.015		56	92,542
453	COMPLICATIONS OF TREATMENT W/O CC	CASE RATE	0.6227	2.074		23	33,729
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	CASE RATE	0.8855	2.705		16	30,000
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	CASE RATE	0.3858	1.522		5	30,000
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	PER DIEM		9.424	19		
462	REHABILITATION	PER DIEM		17.724	35		
463	SIGNS & SYMPTOMS W CC	CASE RATE	0.9560	3.456		56	30,000
464	SIGNS & SYMPTOMS W/O CC	CASE RATE	0.4535	1.837		11	30,000
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	PER DIEM		4.410	9		
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	CASE RATE	0.5951	4.905		37	30,000
467	OTHER FACTORS INFLUENCING HEALTH STATUS	CASE RATE	0.4269	2.075		17	30,000
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	PER DIEM		13.239	26		
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	PER DIEM		4.410	9		
470	UNGROUPABLE	PER DIEM		4.500	9		
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	PER DIEM		5.714	11		
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	CASE RATE	4.0713	6.782		53	84,076
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	PER DIEM		4.410	9		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	CASE RATE	2.6971	6.426		38	48,750
479	OTHER VASCULAR PROCEDURES W/O CC	CASE RATE	2.0554	2.399		13	30,000
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	PER DIEM		13.057	26		
481	BONE MARROW TRANSPLANT	PER DIEM		29.511	24		
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES	CASE RATE	4.3726	9.976		67	77,858
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	PER DIEM		21.200	42		
485	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	CASE RATE	7.4811	11.624		59	118,531
486	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	CASE RATE	7.8485	11.757		85	125,000
487	OTHER MULTIPLE SIGNIFICANT TRAUMA	CASE RATE	2.0134	4.438		27	30,000
488	HIV W EXTENSIVE O.R. PROCEDURE	PER DIEM		27.591	55		
489	HIV W MAJOR RELATED CONDITION	CASE RATE	2.6774	7.257		44	54,062
490	HIV W OR W/O OTHER RELATED CONDITION	CASE RATE	1.5838	4.257		37	33,331
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	PER DIEM		3.900	8		
492	CHEMO W ACUTE LEUKEMIA AS SDX OR W USE OF HIGH DOSE CHEMO AGENT	CASE RATE	1.7544	4.493		50	78,945
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	CASE RATE	1.9503	3.637		15	30,000
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	CASE RATE	1.4741	2.106		7	30,000
495	LUNG TRANSPLANT	PER DIEM			36		
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	PER DIEM		11.800	24		
497	SPINAL FUSION EXCEPT CERVICAL W CC	CASE RATE	5.6181	4.434		15	53,608
498	SPINAL FUSION EXCEPT CERVICAL W/O CC	CASE RATE	5.1156	2.779		7	56,085
499	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	CASE RATE	1.9795	3.083		29	30,000
500	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	CASE RATE	1.1211	1.323		4	30,000
501	KNEE PROCEDURES W PDX OF INFECTION W CC	PER DIEM		8.250	17		
502	KNEE PROCEDURES W PDX OF INFECTION W/O CC	PER DIEM		8.500	17		
503	KNEE PROCEDURES W/O PDX OF INFECTION	CASE RATE	1.3760	2.053		9	30,000
504	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	PER DIEM		6.333	13		

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
505	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	PER DIEM		3.000	6		
506	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	PER DIEM		10.696	21		
507	FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA	CASE RATE	1.4872	2.521		17	41,549
508	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	PER DIEM		3.833	8		
509	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	PER DIEM		2.429	5		
510	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA	CASE RATE	2.6189	3.558		25	58,513
511	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA	CASE RATE	1.1923	1.922		7	30,000
512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	PER DIEM			24		
513	PANCREAS TRANSPLANT	PER DIEM			28		
515	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	CASE RATE	6.1418	3.362		22	69,093
518	PERCUTANEOUS CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI	PER DIEM		2.684	5		
519	CERVICAL SPINAL FUSION W CC	CASE RATE	3.4097	2.514		24	43,719
520	CERVICAL SPINAL FUSION W/O CC	CASE RATE	2.7208	1.422		6	30,000
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	PER DIEM		7.275	15		
522	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY W/O CC	PER DIEM		6.874	14		
523	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC	PER DIEM		15.070	30		
524	TRANSIENT ISCHEMIA	CASE RATE	0.8883	2.414		9	30,000
525	OTHER HEART ASSIST SYSTEM IMPLANT	PER DIEM		22.333	45		
528	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE	PER DIEM		24.692	49		
529	VENTRICULAR SHUNT PROCEDURES W CC	CASE RATE	2.2099	3.047		28	43,026
530	VENTRICULAR SHUNT PROCEDURES W/O CC	PER DIEM		1.571	3		
531	SPINAL PROCEDURES W CC	CASE RATE	5.9549	9.697		62	90,846
532	SPINAL PROCEDURES W/O CC	CASE RATE	1.9028	2.871		10	30,000
533	EXTRACRANIAL PROCEDURES W CC	CASE RATE	2.7183	2.924		22	37,470
534	EXTRACRANIAL PROCEDURES W/O CC	CASE RATE	1.6341	1.594		6	30,000
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	PER DIEM		12.500	25		
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	PER DIEM		8.933	18		

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
537	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXCEPT HIP & FEMUR W CC	CASE RATE	2.1981	4.600		46	33,474
538	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXCEPT HIP & FEMUR W/O CC	CASE RATE	1.3442	2.401		8	30,000
539	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	PER DIEM		15.800	32		
540	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC	PER DIEM		7.667	15		
541	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	PER DIEM		58.895	118		
542	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	PER DIEM		53.248	106		
543	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX	CASE RATE	5.9927	8.664		58	82,161
544	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	CASE RATE	3.2734	4.690		25	39,626
545	REVISION OF HIP OR KNEE REPLACEMENT	PER DIEM		9.207	18		
546	SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG	CASE RATE	8.0108	6.795		39	78,548
547	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX	CASE RATE	8.9935	13.041		92	116,476
548	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX	CASE RATE	8.1064	11.507		56	123,172
549	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX	PER DIEM		9.720	19		
550	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX	CASE RATE	5.9232	6.386		19	59,944
551	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR	PER DIEM		9.815	20		
552	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX	CASE RATE	2.9913	3.176		13	30,000
553	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX	CASE RATE	5.0657	8.189		60	105,735
554	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX	CASE RATE	2.9998	5.025		27	38,757
555	PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX	CASE RATE	2.6993	3.111		21	40,696
556	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX	PER DIEM		2.350	5		
557	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX	CASE RATE	3.8219	3.028		14	40,038
558	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX	CASE RATE	3.1576	1.733		8	30,783

SECTION 4 BILLING CODES**INPATIENT PPS DRG RELATIVE WEIGHTS**

DRG Code	DRG Description	Payment Methodology	DRG Relative Weight*	Applicable Average Length of Stay***	200% of Arithmetic Average Length of Stay	Day Outlier Threshold	Cost Outlier Threshold
559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT	PER DIEM		34.000	68		
560	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	CASE RATE	2.8632	7.181		33	59,217
561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	CASE RATE	1.8158	4.908		45	35,828
562	SEIZURE AGE >17 W CC	CASE RATE	1.1850	3.231		37	45,636
563	SEIZURE AGE >17 W/O CC	CASE RATE	0.6698	2.456		8	30,000
564	HEADACHES AGE >17	CASE RATE	0.8568	2.524		33	48,059
565	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS	CASE RATE	7.4451	14.098		63	111,824
566	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HOURS	CASE RATE	2.7631	5.044		41	37,818
567	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W MAJOR GI DX	CASE RATE	7.2988	15.069		79	134,527
568	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W/O MAJOR GI DX	CASE RATE	3.7149	6.848		30	51,667
569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX	CASE RATE	6.2528	13.521		75	102,335
570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX	CASE RATE	4.5737	9.837		65	92,724
571	MAJOR ESOPHAGEAL DISORDERS	CASE RATE	1.2955	3.122		16	30,000
572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS	CASE RATE	1.1563	4.310		21	30,000
573	MAJOR BLADDER PROCEDURES	PER DIEM		9.462	19		
574	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	CASE RATE	1.2655	3.867		18	30,000
575	SEPTICEMIA W MV 96+ HOURS AGE >17	CASE RATE	8.6882	12.031		87	171,240
576	SEPTICEMIA W/O MV 96+ HOURS AGE >17	CASE RATE	2.5386	6.267		51	44,567
577	CAROTID ARTERY STENT PROCEDURE	PER DIEM		4.410	9		
578	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	CASE RATE	7.0356	14.676		96	122,033
579	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROCEDURE	CASE RATE	3.1645	7.603		71	95,339

SECTION 4 BILLING CODES

DRG PER DIEM RATES

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
006	CARPAL TUNNEL RELEASE	734.08	66.60	39.33	66.15	906.16	840.01	800.68
009	SPINAL DISORDERS & INJURIES	855.78	77.64	45.85	77.12	1,056.39	979.27	933.42
011	NERVOUS SYSTEM NEOPLASMS W/O CC	1,529.33	138.76	81.93	137.81	1,887.83	1,750.02	1,668.09
015	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	1,614.50	146.48	86.49	145.49	1,992.96	1,847.47	1,760.98
017	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	1,684.99	152.88	90.27	151.84	2,079.98	1,928.14	1,837.87
022	HYPERTENSIVE ENCEPHALOPATHY	1,804.98	163.76	96.70	162.65	2,228.09	2,065.44	1,968.74
029	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	1,434.57	130.16	76.86	129.27	1,770.86	1,641.59	1,564.73
031	CONCUSSION AGE >17 W CC	2,651.78	240.60	142.07	238.96	3,273.41	3,034.45	2,892.38
032	CONCUSSION AGE >17 W/O CC	1,988.84	180.45	106.55	179.22	2,455.06	2,275.84	2,169.29
036	RETINAL PROCEDURES	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
037	ORBITAL PROCEDURES	4,164.08	377.80	223.08	375.23	5,140.19	4,764.96	4,541.88
038	PRIMARY IRIS PROCEDURES	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
039	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
040	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1,486.00	134.82	79.61	133.91	1,834.34	1,700.43	1,620.82
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	3,901.09	353.95	209.00	351.54	4,815.58	4,464.04	4,255.04
042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	1,833.32	166.34	98.22	165.20	2,263.08	2,097.88	1,999.66
043	HYPHEMA	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
045	NEUROLOGICAL EYE DISORDERS	1,493.93	135.54	80.04	134.62	1,844.13	1,709.51	1,629.47
046	OTHER DISORDERS OF THE EYE AGE >17 W CC	1,381.53	125.35	74.01	124.49	1,705.38	1,580.89	1,506.88
047	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	897.67	81.44	48.09	80.89	1,108.09	1,027.20	979.11
049	MAJOR HEAD & NECK PROCEDURES	2,259.14	204.97	121.03	203.58	2,788.72	2,585.14	2,464.11
050	SIALOADENECTOMY	3,602.18	326.82	192.98	324.60	4,446.58	4,121.98	3,929.00
051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
053	SINUS & MASTOID PROCEDURES AGE >17	3,084.49	279.85	165.25	277.95	3,807.54	3,529.59	3,364.34
054	SINUS & MASTOID PROCEDURES AGE 0-17	1,725.59	156.56	92.45	155.50	2,130.10	1,974.60	1,882.15
056	RHINOPLASTY	939.73	85.26	50.34	84.68	1,160.01	1,075.33	1,024.99
057	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	1,269.97	115.22	68.04	114.44	1,567.67	1,453.23	1,385.19
059	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	1,720.26	156.08	92.16	155.02	2,123.52	1,968.50	1,876.34
061	MYRINGOTOMY W TUBE INSERTION AGE >17	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
066	EPISTAXIS	1,600.04	145.17	85.72	144.18	1,975.11	1,830.93	1,745.21

SECTION 4 BILLING CODES**DRG PER DIEM RATES**

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
067	EPIGLOTTITIS	1,185.53	107.56	63.51	106.83	1,463.43	1,356.60	1,293.09
072	NASAL TRAUMA & DEFORMITY	2,435.23	220.95	130.46	219.44	3,006.08	2,786.64	2,656.18
077	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	2,604.79	236.33	139.55	234.72	3,215.39	2,980.67	2,841.12
080	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	1,274.82	115.66	68.30	114.88	1,573.66	1,458.78	1,390.48
083	MAJOR CHEST TRAUMA W CC	1,930.46	175.15	103.42	173.96	2,382.99	2,209.03	2,105.61
084	MAJOR CHEST TRAUMA W/O CC	1,516.52	137.59	81.25	136.66	1,872.02	1,735.36	1,654.11
086	PLEURAL EFFUSION W/O CC	1,841.28	167.06	98.64	165.92	2,272.90	2,106.98	2,008.34
093	INTERSTITIAL LUNG DISEASE W/O CC	1,280.53	116.18	68.60	115.39	1,580.70	1,465.31	1,396.71
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	3,949.47	356.39	185.97	363.68	4,855.51	4,491.83	4,305.86
104	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH	2,509.54	227.69	134.44	226.14	3,097.81	2,871.67	2,737.23
106	CORONARY BYPASS W PTCA	2,886.41	261.88	154.64	260.10	3,563.03	3,302.93	3,148.29
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	2,812.26	255.15	150.66	253.42	3,471.49	3,218.07	3,067.41
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	1,055.38	95.75	56.54	95.10	1,302.77	1,207.67	1,151.13
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1,511.47	137.13	80.97	136.20	1,865.77	1,729.57	1,648.60
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	2,716.88	246.50	145.55	244.82	3,353.75	3,108.93	2,963.38
119	VEIN LIGATION & STRIPPING	3,468.86	314.73	185.84	312.59	4,282.02	3,969.43	3,783.59
123	CIRCULATORY DISORDERS W AMI, EXPIRED	2,406.81	218.37	128.94	216.88	2,971.00	2,754.12	2,625.18
126	ACUTE & SUBACUTE ENDOCARDITIS	1,148.41	104.19	61.52	103.49	1,417.61	1,314.12	1,252.60
128	DEEP VEIN THROMBOPHLEBITIS	1,245.61	113.01	66.73	112.24	1,537.59	1,425.35	1,358.62
129	CARDIAC ARREST, UNEXPLAINED	3,148.71	285.68	168.69	283.74	3,886.82	3,603.08	3,434.39
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	1,154.71	104.77	61.86	104.05	1,425.39	1,321.34	1,259.48
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	1,400.22	127.04	75.01	126.18	1,728.45	1,602.27	1,527.26
146	RECTAL RESECTION W CC	1,824.34	165.52	97.74	164.40	2,252.00	2,087.60	1,989.86
147	RECTAL RESECTION W/O CC	1,368.51	124.16	73.32	123.32	1,689.31	1,565.99	1,492.67
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1,510.72	137.07	80.94	136.14	1,864.87	1,728.73	1,647.79
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1,133.06	102.80	60.70	102.10	1,398.66	1,296.56	1,235.86
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	2,007.31	182.12	107.54	180.88	2,477.85	2,296.97	2,189.43
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	1,505.18	136.56	80.64	135.63	1,858.01	1,722.38	1,641.74
168	MOUTH PROCEDURES W CC	1,832.87	166.29	98.19	165.16	2,262.51	2,097.35	1,999.16
169	MOUTH PROCEDURES W/O CC	2,177.22	197.54	116.64	196.19	2,687.59	2,491.40	2,374.76

SECTION 4 BILLING CODES**DRG PER DIEM RATES**

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	2,304.64	209.10	123.47	207.68	2,844.89	2,637.21	2,513.74
173	DIGESTIVE MALIGNANCY W/O CC	896.59	81.35	48.03	80.79	1,106.76	1,025.97	977.94
178	UNCOMPLICATED PEPTIC ULCER W/O CC	1,571.97	142.63	84.22	141.66	1,940.48	1,798.82	1,714.60
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	1,838.17	166.78	98.48	165.64	2,269.07	2,103.43	2,004.95
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	1,601.84	145.33	85.82	144.35	1,977.34	1,832.99	1,747.17
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	1,201.39	109.00	64.36	108.26	1,483.01	1,374.75	1,310.39
195	CHOLECYSTECTOMY W C.D.E. W CC	2,240.11	203.24	120.01	201.86	2,765.22	2,563.36	2,443.35
196	CHOLECYSTECTOMY W C.D.E. W/O CC	1,680.08	152.43	90.01	151.40	2,073.92	1,922.52	1,832.51
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	1,535.07	139.28	82.24	138.33	1,894.92	1,756.59	1,674.35
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	1,466.12	133.02	78.54	132.11	1,809.79	1,677.68	1,599.14
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	1,580.32	143.38	84.66	142.41	1,950.77	1,808.36	1,723.70
228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC	1,421.97	129.02	76.18	128.14	1,755.31	1,627.17	1,550.99
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	2,466.86	223.82	132.16	222.29	3,045.13	2,822.84	2,690.68
232	ARTHROSCOPY	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	1,387.58	125.90	74.34	125.04	1,712.86	1,587.82	1,513.48
242	SEPTIC ARTHRITIS	1,017.58	92.33	54.52	91.70	1,256.13	1,164.43	1,109.91
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	1,231.11	111.70	65.96	110.94	1,519.71	1,408.77	1,342.81
246	NON-SPECIFIC ARTHROPATHIES	1,027.84	93.26	55.07	92.62	1,268.79	1,176.17	1,121.10
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1,169.77	106.13	62.67	105.41	1,443.98	1,338.57	1,275.90
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	1,352.32	122.70	72.45	121.86	1,669.33	1,547.47	1,475.02
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	1,014.36	92.03	54.34	91.41	1,252.14	1,160.73	1,106.39
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	2,602.68	236.14	139.44	234.53	3,212.79	2,978.26	2,838.82
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	2,379.25	215.87	127.47	214.40	2,936.99	2,722.59	2,595.12
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	3,113.27	282.47	166.79	280.54	3,843.07	3,562.53	3,395.74
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	2,257.43	204.82	120.94	203.42	2,786.61	2,583.19	2,462.25
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	1,533.40	139.12	82.15	138.18	1,892.85	1,754.67	1,672.52
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	1,704.26	154.63	91.30	153.58	2,103.77	1,950.19	1,858.89
267	PERIANAL & PILONIDAL PROCEDURES	1,696.94	153.96	90.91	152.91	2,094.72	1,941.81	1,850.90

SECTION 4 BILLING CODES**DRG PER DIEM RATES**

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	1,463.26	132.76	78.39	131.86	1,806.27	1,674.41	1,596.02
273	MAJOR SKIN DISORDERS W/O CC	635.09	57.62	34.02	57.23	783.96	726.73	692.71
274	MALIGNANT BREAST DISORDERS W CC	1,153.93	104.69	61.82	103.98	1,424.42	1,320.44	1,258.62
275	MALIGNANT BREAST DISORDERS W/O CC	1,213.37	110.09	65.00	109.34	1,497.80	1,388.46	1,323.46
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	2,569.59	233.14	137.66	231.55	3,171.94	2,940.39	2,802.73
286	ADRENAL & PITUITARY PROCEDURES	3,081.30	279.57	165.08	277.66	3,803.61	3,525.95	3,360.87
289	PARATHYROID PROCEDURES	2,781.11	252.33	148.99	250.61	3,433.04	3,182.43	3,033.44
291	THYROGLOSSAL PROCEDURES	2,722.62	247.02	145.86	245.34	3,360.84	3,115.50	2,969.64
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1,114.01	101.07	59.68	100.39	1,375.15	1,274.76	1,215.08
301	ENDOCRINE DISORDERS W/O CC	959.06	87.01	51.38	86.42	1,183.87	1,097.45	1,046.07
302	KIDNEY TRANSPLANT	6,917.35	624.21	325.71	636.97	8,504.24	7,867.27	7,541.56
306	PROSTATECTOMY W CC	917.16	83.21	49.14	82.65	1,132.16	1,049.51	1,000.37
307	PROSTATECTOMY W/O CC	892.40	80.97	47.81	80.42	1,101.60	1,021.18	973.37
308	MINOR BLADDER PROCEDURES W CC	1,443.82	131.00	77.35	130.11	1,782.28	1,652.17	1,574.82
309	MINOR BLADDER PROCEDURES W/O CC	1,082.71	98.23	58.00	97.56	1,336.50	1,238.94	1,180.94
312	URETHRAL PROCEDURES, AGE >17 W CC	1,405.02	127.48	75.27	126.61	1,734.38	1,607.77	1,532.50
313	URETHRAL PROCEDURES, AGE >17 W/O CC	1,013.26	91.93	54.28	91.31	1,250.78	1,159.47	1,105.19
314	URETHRAL PROCEDURES, AGE 0-17	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	1,385.42	125.70	74.22	124.84	1,710.18	1,585.34	1,511.12
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	1,200.58	108.93	64.32	108.19	1,482.02	1,373.83	1,309.51
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	900.42	81.70	48.24	81.14	1,111.50	1,030.36	982.12
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	1,101.88	99.97	59.03	99.29	1,360.17	1,260.88	1,201.85
328	URETHRAL STRICTURE AGE >17 W CC	2,078.45	188.58	111.35	187.29	2,565.67	2,378.38	2,267.03
329	URETHRAL STRICTURE AGE >17 W/O CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
330	URETHRAL STRICTURE AGE 0-17	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	1,004.72	91.16	53.83	90.54	1,240.25	1,149.71	1,095.88
334	MAJOR MALE PELVIC PROCEDURES W CC	2,426.73	220.18	130.01	218.68	2,995.60	2,776.92	2,646.91
335	MAJOR MALE PELVIC PROCEDURES W/O CC	1,795.78	162.93	96.21	161.82	2,216.74	2,054.92	1,958.71
336	TRANSURETHRAL PROSTATECTOMY W CC	1,935.76	175.63	103.71	174.44	2,389.54	2,215.10	2,111.39
337	TRANSURETHRAL PROSTATECTOMY W/O CC	1,451.50	131.69	77.76	130.80	1,791.75	1,660.95	1,583.19
338	TESTES PROCEDURES, FOR MALIGNANCY	1,261.61	114.47	67.59	113.69	1,557.36	1,443.67	1,376.08
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	1,243.93	112.86	66.64	112.09	1,535.52	1,423.43	1,356.79
340	TESTES PROCEDURES, NON-MALIGNANCY	2,175.78	197.41	116.56	196.06	2,685.81	2,489.75	2,373.19

SECTION 4 BILLING CODES**DRG PER DIEM RATES**

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
	AGE 0-17							
341	PENIS PROCEDURES	1,847.26	167.60	98.96	166.46	2,280.28	2,113.82	2,014.86
342	CIRCUMCISION AGE >17	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
343	CIRCUMCISION AGE 0-17	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	2,279.09	206.78	122.10	205.37	2,813.34	2,607.97	2,485.87
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	778.93	70.67	41.73	70.19	961.52	891.33	849.60
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	1,174.15	106.53	62.90	105.80	1,449.38	1,343.58	1,280.68
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
348	BENIGN PROSTATIC HYPERTROPHY W CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
351	STERILIZATION, MALE	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	1,332.22	120.87	71.37	120.05	1,644.51	1,524.46	1,453.09
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY	2,735.02	248.15	146.52	246.46	3,376.15	3,129.69	2,983.17
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2,109.94	191.43	113.04	190.13	2,604.54	2,414.41	2,301.37
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	3,203.72	290.67	171.64	288.70	3,954.73	3,666.03	3,494.39
362	ENDOSCOPIC TUBAL INTERRUPTION	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	1,756.81	159.39	94.12	158.31	2,168.63	2,010.32	1,916.20
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	1,640.31	148.83	87.88	147.81	2,024.83	1,877.02	1,789.14
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	1,311.52	118.99	70.26	118.18	1,618.95	1,500.77	1,430.51
386	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	976.55	88.60	52.32	88.00	1,205.47	1,117.47	1,065.15
387	PREMATURITY W MAJOR PROBLEMS	790.78	71.75	42.36	71.26	976.15	904.89	862.53
388	PREMATURITY W/O MAJOR PROBLEMS	544.42	49.39	29.17	49.06	672.04	622.98	593.81
389	FULL TERM NEONATE W MAJOR PROBLEMS	818.10	74.23	43.83	73.72	1,009.88	936.16	892.33
392	SPLENECTOMY AGE >17	1,947.97	176.74	104.36	175.54	2,404.61	2,229.07	2,124.71
393	SPLENECTOMY AGE 0-17	2,366.10	214.68	126.76	213.22	2,920.76	2,707.54	2,580.78
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2,155.48	195.57	115.48	194.24	2,660.77	2,466.53	2,351.05
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1,832.16	166.23	98.16	165.10	2,261.65	2,096.55	1,998.39
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	1,671.78	151.68	89.56	150.65	2,063.67	1,913.02	1,823.46
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	1,498.03	135.92	80.26	134.99	1,849.20	1,714.21	1,633.95
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65

SECTION 4 BILLING CODES**DRG PER DIEM RATES**

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	2,123.07	192.63	113.74	191.31	2,620.75	2,429.44	2,315.70
409	RADIOTHERAPY	1,162.22	105.45	62.26	104.73	1,434.66	1,329.93	1,267.67
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
412	HISTORY OF MALIGNANCY W ENDOSCOPY	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1,304.01	118.31	69.86	117.51	1,609.69	1,492.18	1,422.32
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	869.73	78.91	46.59	78.37	1,073.60	995.23	948.64
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	1,663.33	150.91	89.11	149.89	2,053.24	1,903.35	1,814.24
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	857.80	77.83	45.96	77.30	1,058.89	981.59	935.63
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	733.99	66.59	39.32	66.14	906.04	839.90	800.58
426	DEPRESSIVE NEUROSES	508.64	46.15	27.25	45.83	627.87	582.04	554.79
427	NEUROSES EXCEPT DEPRESSIVE	370.56	33.62	19.85	33.39	457.42	424.03	404.18
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	517.86	46.98	27.74	46.66	639.24	592.58	564.84
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	417.69	37.90	22.38	37.64	515.61	477.97	455.59
430	PSYCHOSES	557.20	50.55	29.85	50.21	687.81	637.60	607.75
431	CHILDHOOD MENTAL DISORDERS	590.81	53.60	31.65	53.24	729.30	676.06	644.41
432	OTHER MENTAL DISORDER DIAGNOSES	387.63	35.17	20.77	34.93	478.50	443.57	422.80
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	802.38	72.80	42.99	72.30	990.47	918.17	875.18
439	SKIN GRAFTS FOR INJURIES	1,186.45	107.65	63.56	106.91	1,464.57	1,357.66	1,294.10
441	HAND PROCEDURES FOR INJURIES	2,460.02	223.20	131.79	221.68	3,036.69	2,815.01	2,683.22
444	TRAUMATIC INJURY AGE >17 W CC	861.08	78.13	46.13	77.59	1,062.93	985.34	939.21
445	TRAUMATIC INJURY AGE >17 W/O CC	775.98	70.40	41.57	69.93	957.88	887.95	846.38
448	ALLERGIC REACTIONS AGE 0-17	1,100.79	99.87	58.97	99.19	1,358.82	1,259.63	1,200.66
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	1,012.26	91.84	54.23	91.22	1,249.55	1,158.33	1,104.10
462	REHABILITATION	674.42	61.19	36.13	60.77	832.51	771.74	735.61
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1,817.57	164.91	97.37	163.79	2,243.64	2,079.85	1,982.48
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
470	UNGROUPABLE	1,304.59	118.37	69.89	117.56	1,610.41	1,492.85	1,422.96
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	2,293.76	208.11	122.88	206.70	2,831.45	2,624.75	2,501.87
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
480	LIVER TRANSPLANT AND/OR INTESTINAL	5,337.51	481.65	251.32	491.49	6,561.97	6,070.48	5,819.16

SECTION 4 BILLING CODES**DRG PER DIEM RATES**

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
	TRANSPLANT							
481	BONE MARROW TRANSPLANT	2,121.89	191.48	99.91	195.39	2,608.67	2,413.28	2,313.37
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	3,569.08	323.82	191.21	321.62	4,405.73	4,084.11	3,892.90
488	HIV W EXTENSIVE O.R. PROCEDURE	1,589.05	144.17	85.13	143.19	1,961.54	1,818.35	1,733.22
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	2,902.76	263.37	155.51	261.58	3,583.22	3,321.64	3,166.13
495	LUNG TRANSPLANT	6,063.37	547.15	285.50	558.33	7,454.35	6,896.02	6,610.52
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	3,553.35	322.39	190.37	320.20	4,386.31	4,066.11	3,875.74
501	KNEE PROCEDURES W PDX OF INFECTION W CC	1,520.49	137.95	81.46	137.01	1,876.91	1,739.90	1,658.44
502	KNEE PROCEDURES W PDX OF INFECTION W/O CC	1,168.57	106.02	62.60	105.30	1,442.49	1,337.19	1,274.59
504	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	3,100.51	281.31	166.11	279.40	3,827.33	3,547.93	3,381.82
505	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
506	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	2,729.18	247.62	146.21	245.93	3,368.94	3,123.01	2,976.80
508	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	1,363.18	123.68	73.03	122.84	1,682.73	1,559.89	1,486.86
509	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	7,620.20	687.64	358.81	701.69	9,368.34	8,666.65	8,307.84
513	PANCREAS TRANSPLANT	5,050.57	455.76	237.81	465.07	6,209.21	5,744.14	5,506.33
518	PERCUTANEOUS CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI	4,357.65	395.37	233.46	392.68	5,379.16	4,986.48	4,753.02
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	789.02	71.59	42.27	71.10	973.98	902.88	860.61
522	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY W/O CC	574.30	52.11	30.77	51.75	708.93	657.18	626.41
523	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC	412.32	37.41	22.09	37.15	508.97	471.82	449.73
525	OTHER HEART ASSIST SYSTEM IMPLANT	1,155.79	104.86	61.92	104.15	1,426.72	1,322.57	1,260.65
528	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE	2,432.49	220.70	130.32	219.20	3,002.71	2,783.51	2,653.19
530	VENTRICULAR SHUNT PROCEDURES W/O CC	3,704.44	336.10	198.46	333.82	4,572.82	4,239.00	4,040.54
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	5,613.54	509.31	300.74	505.85	6,929.44	6,423.59	6,122.85
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	4,420.00	401.02	236.80	398.30	5,456.12	5,057.82	4,821.02
539	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2,138.12	193.99	114.55	192.67	2,639.33	2,446.66	2,332.11
540	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC	1,817.38	164.89	97.36	163.77	2,243.40	2,079.63	1,982.27

SECTION 4 BILLING CODES

DRG PER DIEM RATES

DRG	DRG Description	Base Rate	Capital Add-On	Direct Med Ed Add-On	Indirect Med Ed Add-On	Per Diem Rate Teaching w Residents	Per Diem Rate Teaching w/o Residents	Per Diem Rate Non-Teaching
541	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	2,224.36	201.81	119.17	200.44	2,745.78	2,545.34	2,426.17
542	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	1,958.03	177.65	104.90	176.44	2,417.02	2,240.58	2,135.68
545	REVISION OF HIP OR KNEE REPLACEMENT	2,729.59	247.65	146.23	245.97	3,369.44	3,123.47	2,977.24
549	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX	3,433.53	311.52	183.95	309.40	4,238.40	3,929.00	3,745.05
551	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR	3,423.79	310.64	183.42	308.53	4,226.38	3,917.85	3,734.43
556	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX	3,649.08	331.08	195.49	328.83	4,504.48	4,175.65	3,980.16
559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT	3,875.94	351.66	207.65	349.27	4,784.52	4,435.25	4,227.60
573	MAJOR BLADDER PROCEDURES	1,865.73	169.28	99.95	168.12	2,303.08	2,134.96	2,035.01
577	CAROTID ARTERY STENT PROCEDURE	3,491.27	316.76	187.04	314.61	4,309.68	3,995.07	3,808.03

- Note:**
- (1) If a hospital is assigned an indirect medical education add-on with the hospital-specific per discharge rate, refer to column E for this hospital's per diem rates.
 - (2) If a hospital is assigned a direct medical education add-on without an indirect medical education add-on with the hospital-specific per discharge rate, refer to column F for this hospital's per diem rates.
 - (3) If a hospital does not have a direct medical education add-on or an indirect medical education add-on with the hospital-specific per discharge rate, refer to column G for this hospital's per diem rates.

SECTION 4 BILLING CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

**QUALIS HEALTH CODES
FOR ACUTE (NON-STATE
OWNED) INPATIENT
ADMISSIONS**

Please contact Qualis Health for prior authorization for all acute (non-state owned) inpatient admissions when the following diagnosis codes are primary:

Code	Description
312.00	UNSOCIAL AGGRESS-UNSPEC
312.01	UNSOCIAL AGGRESSION-MILD
312.02	UNSOCIAL AGGRESSION-MOD
312.03	UNSOCIAL AGGRESS-SEVERE
312.10	UNSOCIAL UNAGGRESS-UNSP
312.11	UNSOCIAL UNAGGRESS-MILD
312.12	UNSOCIAL UNAGGRESS-MOD
312.13	UNSOCIAL UNAGGR-SEVERE
312.20	SOCIAL CONDUCT DIS-UNSP
312.21	SOCIAL CONDUCT DIS-MILD
312.22	SOCIAL CONDUCT DIS-MOD
312.23	SOCIAL CONDUCT DIS-SEV
312.30	IMPULSE CONTROL DIS NOS
312.31	PATHOLOGICAL GAMBLING
312.32	KLEPTOMANIA
312.33	PYROMANIA
312.34	INTERMITT EXPLOSIVE DIS
312.35	ISOLATED EXPLOSIVE DIS
312.39	IMPULSE CONTROL DIS NEC
312.4	MIX DIS CONDUCT/EMOTION
312.81	CONDUCT DISORDER, CHILDHOOD ONSET TYPE
312.82	CONDUCT DISORDER ADOLESCENT ONSET TYPE
312.89	OTHER SPEC COND DISORDER NOT ELSWH CLASS
312.9	CONDUCT DISTURBANCE NOS
313.81	OPPOSITONAL DEFIANT DISORDER

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

QUALIS HEALTH PRIOR AUTHORIZATION CODES

Please contact Qualis Health for prior authorization for the following CPT codes:

Code	Description
15823	BLEPHAROPLASTY, UP LID SKIN WT DOWN LID
15830	EXCISION EXCESSIVE SKIN/SUBCUT TISS, ABDOMEN
19300	GYNECOMASTIA MASTECTOMY (REM BREAST TIS)
19301	PARTIAL MASTECTOMY
19302	P-MASTECTOMY W/LN REMOVAL
19303	SIMPLE COMPLETE MASTECTOMY
19304	SQ MASTECTOMY
19305	RADICAL MASTECTOMY
19307	MODIFIED RADICAL MASTECTOMY
19316	MASTOPEXY, REPAIR AND RECONSTRUCT
19318	REDUCTION MAMMAPLASTY
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL OF IMPLANT MATERIAL
19340	IMMED INSRT BREAST PROTHES FOLLOW MAST
19342	DELAYED INSERT BREAST IMPLANT AFTER MAST
19350	NIPPLE/AREOLA RECONSTRUCTION-
19355	CORRECTION OF INVERTED NIPPLE
19357	BREAST RECON TIS EXP INC SUBSEQ EXP
19361	BREAST RECON LATI DOR FLAP W/PROS IMPLA
19364	BREAST RECON W/FREE FLAP
19366	BREAST RECON W OTHER TECHNIQUE
19367	BREAST RECONS W/TRAV RECTUS ABDOM MYOCUT
19368	BREAST RECONS W/TRAM SING PEDI W/MICROVA
19369	BREAST RECONS W/TRAM DOUBLE PEDICLE INC
19370	SURGERY FOR BREAST CAPSULE
19371	REMOAL OF BREAST CAPSULE
19380	REVISION OF RECONSTR BREAST
21899	NECK/CHEST SURGERY
22600	NECK SPINE FUSION

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

Code	Description
22610	THORAX SPINE FUSION
22612	LUMBAR SPINE FUSION
22614	EXTRA SPINE FUSION
22630	LUMBAR SPINE FUSION
22800	FUSION OF SPINE
22802	FUSION OF SPINE
22804	FUSION OF SPINE
22808	FUSION OF SPINE
22810	FUSION OF SPINE
22812	FUSION OF SPINE
22830	EXPLORATION OF SPINAL
22840	INSERT SPINE FIXATION
22841	INSERT SPINE FIXATION
22842	INSERT SPINE FIXATION
22843	INSERT SPINE FIXATION
22844	INSERT SPINE FIXATION
22845	INSERT SPINE FIXATION
22846	INSERT SPINE FIXATION
22847	INSERT SPINE FIXATION
22848	INSERT PELV FIXATION
22849	REINSERT SPINAL FIXATION
22851	APPLY SPINE PROSTH
22899	SPINE SURGERY PROCEDURE
37788	PENILE REVAS ART W VEIN GRAFT
43644	LAP, SURG, GAST RESTRIC;W/BYPASS & ROUX-EN-Y
43645	LAP, SURG, GAST RESTRIC; BYPASS & SM INT REC
43770	LAP, SURG, GASTRIC RESTRC PROC, PLC ADJ BAND
43771	LAP, SURG, GASTRIC RESTRC PROC, REV ADJ BAND
43773	LAP, SURG, GASTRIC RESTRC PROC; REMV-REPL BND
43842	GASTRIC RESTRIC PROC, V-BAND GASTROPLASTY
43845	GASTROPLASTY, ANYMETHOD, MORBID OBESITY
43846	GASTRIC RESTRIC PROC W BYPASS-OBESITY

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

Code	Description
43847	GASTRIC RESTRIC PROC, SM INTES RECONSTRUC
43848	REVIS OF GASTRIC RESTRICTIVE PROC MORBID
43886	GASTRIC RESTRIC PROC, OPEN; REV SUBCU PORT
43887	GASTRIC RESTRC PROC, OPEN; REMV SUBCU PORT
43888	GASTRIC RESTRC PROC, OPEN; REMV-REPL SUBC PR
51925	CLOS VESICOUTERINE FISTULA W HYSTERECTOM
54235	INJECT CORPORA CAVRN W PHARM AGENTS(S)
54400	INSERT PENILE PROSTH NON-INFLAT (SEMI-RIG)
54401	INSERT PENILE PROSTH INFLAT SLF-CONT
54405	INSERT MULTI-COMPONEN, INFLAT PENILE PROS
54690	LAPAROCOPY SURGICAL ORCHIECTOMY
57291	CONSTRUCTION ARTIFICIAL VAGINA WITH GRAF
57292	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAF
57295	REV OF PROSTH VAG GRAFT, VAGINAL APPROACH
58150	TOTAL HYSTERECT ABDOMIN W/VO REMOVE TUBE
58152	TOTAL ABDOM HYSTER , W/VO REMOVE TUB & OVAR
58180	SUPRACERVICAL HYSTERECTOMY
58200	TOTAL HYST INC VAGINECTOMY LYMP
58210	RADICAL HYST W/BILAT TOTAL PELVIC LYMPHAD
58240	PELVIC EXTENERATION FOR BYN MALIGNANCY
58260	VAGINAL HYSTERECTOMY; UTERUS <=250 GRAMS
58262	VAGINAL HYSTER., REMOVE TUBES &/OR OVARYS
58263	VAG HYST, REMV TUB/OVAR&ENTEROCELE REPAIR
58267	VAG HYST W/URINARY REPAIR
58270	VAG HYST W/ENTEROCELE REPAIR
58275	VAG HYSTER, W/TOTAL-PARTIAL VAGINECTOMY
58280	VAG HYSTER W/COLPECT W/REPAIR OF ENTEROCE
58285	VAG HYSTER RADICAL SCHAUTA TYPE OPERAT
58290	VAGINAL HYSTERECTOMY, FOR UTERUS >250 GM
58291	VAG HYSTERECTMY,UTER>250 GM, REMV TUB&OVAR
58292	VAG HYSTEREC,REMV TUB&OVAR; REPR ENTEROCE
58293	VAG HYSTERECTMY, W/COLPO-URETHROCYSTOPEXY

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

Code	Description
58294	VAGINAL HYSTERECTOMY, REPAIR ENTEROCELE
58541	LAPAROSCOPY, SUPRACERV HYSTERECTOMY, 250G<
58542	LAP, SUPRACERV HYSTER, 250G<,REMO TUBE/OVA
58543	LAPAROSCOPY,SUPRACERV HYSTERECTMY,>250G
58544	LAP,SUPRACERV HYSTER, >250 G, REMO TUBE/OVA
58548	LAPROSCOPY, RADICAL HYSTERECTOMY
58550	LAPROSCOPY SURGICAL, W/VAGINAL HYSTERECTM
58552	LAPAROSCOPY, VAG HYSTERECTOMY/TUBES/OVARI
58553	LAPAROSCOPY VAG HYSTERECTOMY, COMPLEX
58554	LAP VAG HYSTERECTOMY, REMV TUB&OVA COMPLX
58565	HYSTEROSCOPI,SURG;W/BILAT FALLOP TUBE CAN
58570	LAP, SURG, W/TOTAL TLH, UTER<=250G HYSTEREC
58571	LAP, W/TOTAL HYST, UT<=250G HYST, TUBE REMV
58572	LAP, W/TOTAL HYSTERECTOMY, UTERUS > 250G
58573	LAP, W/TOT HYSTERECY, UT>250G; REM TUBE/OVA
58952	RESECT OVARI PERIT MALIGN/RADICA DISSECT
58953	BILAT SALP-OOPH, TAH & DISECT FOR DEBLKNG
58954	BILAT SALP-OOPH, TAH & DISECT; LYMPHDECTMY
58956	BIL SAL-OOPH W OMENT., ABD HYST F MALIGN
58957	RESECTION RECURRENT BYN MALIGNANCY
59525	SUBTOTAL HYSTERECT AFT C-SECT (S P)
61885	OMCOS & SUBCUT PLACEM CRANIAL NEUROSTIMULA
61886	CRANIAL NEUROSTUM PUL GEN REC INCIS SUBCT
63001	REMOVAL OF SPINAL LAMINA
63003	REMOVAL OF SPINAL LAMINA
63005	REMOVAL OF SPINAL LAMINA
63011	REMOVAL OF SPINAL LAMINA
63012	REMOVAL OF SPINAL LAMINA
63015	REMOVAL OF SPINAL LAMINA
63016	REMOVAL OF SPINAL LAMINA
63017	REMOVAL OF SPINAL LAMINA
63020	NECK SPINE DISK SURGERY

SECTION 4 BILLING CODES**CODES REQUIRING PRIOR AUTHORIZATION**

Code	Description
63030	LOW BACK DISK SURGERY
63035	SPINAL DISK SURGERY ADD ON
63040	SINGLE CERVIAL LAMINOTOMY
63042	SINGLE LUMBAR LAMINOTOMY
63045	REMOVAL OF SPINAL LAMINA
63046	REMOVAL OF SPINAL LAMINA
63047	REMOVAL OF SPINAL LAMINA
63050	CERVICAL LAMINOPLASTY
63051	C-LAMINOPLASTY WITH GRAPH/PLATE
63055	DECOMPRESS SPINAL CORD
63056	DECOMPRESS SPINAL CORD
63064	DECOMPRESS SPINAL CORD
63075	NECK SPINE DISK SURGERY
63077	THORAX SPINE DISK SURGERY
63081	REMOVAL OF VERTEBRAL BODY
63085	REMOVAL OF VERTEBRAL BODY
63087	REMOVAL OF VERTEBRAL BODY
63090	REMOVAL OF VERTEBRAL BODY
63170	INCISE SPINAL CORD TRACT(S)
63172	DRAINAGE OF SPINA CYST
63173	DRAINAGE OF SPINA CYST
63180	REVISE SPINAL CORD LIGAMENTS
63182	REVISE SPINAL CORD LIGAMENTS
63185	INCISE SPINAL COLUMN/NERVES
63190	INCISE SPINAL
63191	INCISE SPINAL
63194	INCISE SPINAL COLUMN &
63195	INCISE SPINAL COLUMN &
63196	INCISE SPINAL COLUMN &
63197	INCISE SPINAL COLUMN &
63198	INCISE SPINAL COLUMN &
63199	INCISE SPINAL COLUMN &

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

Code	Description
63200	INCISE SPINAL COLUMN &
63650	PERC IMPLANTATION NEUROSTIM ELECTRODES
63655	LAMINECTOMY IMPLANTATION NEUROSTIM ELECT
63660	REV OR REM SPINAL NEUROSTIM TRODS
63685	INCIS SUBCUTAN SPINAL NEUROSTIM GENERATO
63688	REV/REM SPINAL NEUROSTIM GEMERA/RECIEVER
69300	OTOPLASTY, PROTRUDING EAR; W/WO REDUCTION
69710	IMPLANT-REPLA BONE CONDUCT DEVICE TEMPOR
69714	IMPLANT, OSSEOINTEGRATE;W/O MASTOIDECTOMY
69715	IMPLANT, OSSEOINTEGRATE;W/MASTOIDECTOMY
69718	REPLACE, OSSEOINTEGR IMPL; W/MASTOIDECTO
69930	COCHLEAR DEVICE IMPLANT W/WO MASTOIDECTO

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

**QUALIS HEALTH ICD-9
PRIOR AUTHORIZATION
CODES**

The following ICD-9 codes require prior authorization from Qualis Health:

Code	Description
03.1	INTRASPIN NERVE ROOT DIV
03.02	INTRASPIN NERVE ROOT DIV
03.08	SPINAL CANAL EXPLOR NEC
03.09	SPINAL CANAL EXPLOR NEC
03.29	OTHER CHORDOTOMY
03.99	SPINE CANAL STRUC OP NEC
04.03	PERIPH NERVE DIV NEC
08.52	BLEPHARORRHAPHY
08.70	LID RECONSTRUCTION NOS
08.89	EYELID REPAIR NEC
10.99	CONJUNCTIVAL OP NEC
18.79	PLASTIC REP EXT EAR NEC
20.96	IMPLANT/REPLACE COCHLEAR DEVICE NOS
20.97	IMPLAN/REPLACE COCHLEAR DEVICE SING CHANN
20.98	IMPLAN/REPLACE COCHLEAR DEVIDE MULTI CHAN
21.99	NASAL OPERATION NEC
27.59	MOUTH PLASTIC MOUTH REPAIR NEC
44.31	HIGH GASTRIC BYPASS
44.95	LAPAROSCOPIC GASTRIC RESTRICTIVE PROCEDU
44.96	LAPROS REVISION/GASTRIC RESTRICTIVE PROC
44.98	ADJ SIZE OF ADJ GASTRIC RESTRICTIVE DEVI
64.94	FITTING OF EXTERNAL PROSTHESIS OF PENIS
64.95	INSERT/REPLACE OF INTERNAL PENILE PROST
64.97	INSERT/REPLACE INFLAT PENILE PROSTHESIS
64.98	PENILE OPERATION NEC
64.99	MALE GENITAL OP NEC
68.31	LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY
68.39	OTH&UNSPEC SUBTOTAL ABDOMINAL HYSTERECTMY

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

Code	Description
68.40	TOTAL ABD HYSTERECTOMY
68.41	LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOM
68.49	OTH&UNSPEC TOTAL ABDOMINAL HYSTERECTOMY
68.51	LAPAROSCOP ASSIST VAGINL HYSTERTMY(LAVH)
68.59	OTHER & UNSPECIFIED VAGINAL HYSTERECTOMY
68.60	RADICAL ABD HYSTERECTOMY
68.61	LAPAROSCOPIC RADICAL ABDOMINAL HYSTERECTOMY
68.69	OTH&UNSPEC RADICAL ABDOMINAL HYSTERECTOM
68.70	RADICAL VAG HYSTERECTOMY
68.71	LAPAROSCOPIC RADICAL VAGINAL HYSTERECTOM
68.79	OTH&UNSPEC RADICAL VAGINAL HYSTERECTOMY
68.80	PELVIC EVISCERATION
68.90	HYSTERECTOMY, OTHER AND UNSPECIFIED
71.9	OTHER FEMAL GENITAL OPS
78.41	OTH REPAIR PLASTIC OPS CHEST CAGE
78.49	OTH REPAIR/PLASTIC OPS ON BONE NOC
80.49	JT STRUCTUR DIVISION NEC
80.51	EXCIS INTERVERT DISC-CERV, THOR, LUMBAR
80.99	EXCISION OF JOINT NEC
81.01	ATLAS-AXIS FUSION
81.03	DORSAL SPINAL FUSION
81.04	DORSOLUMBAR FUSION W ROD
81.05	OTHER DORSOLUMBAR FUSION
81.06	LUMBAR SPINAL FUSION
81.08	LUMB LUMBAR SAC FUSION POSTERIOR
81.30	REFUSION OF SPINE, NOT OTHERWISE SPECIFIED
81.62	FUSION OR REFUSION OF 2-3 VERTEBRAE
84.51	INSERTN OF INTERBDY SPINAL FUSION DEVICE
85.21	LOCAL EXCIS BREAST LES
85.22	QUADRANT RESECT BREAST
85.31	UNILAT REDUCT MAMMOPLAST
85.32	BILAT REDUCT MAMMOPLASTY

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION

Code	Description
85.34	UNILAT SUBQ MAMMECT NEC
85.36	BILAT SUBQ MAMMECTOM NEC
85.41	UNILAT SIMPLE MASTECTOMY
85.43	UNILAT EXTEN SIMP MASTEC
85.45	UNILAT RADICAL MASTECTOMY
85.47	UNIL EXT RAD MASTECTOMY
85.53	UNILATERAL BREAST IMPLANT
85.54	BILATERAL BREAST IMPLANT
85.6	MASTOPEXY
85.70	TOTAL RECONSTRUCTION OF BREAST
85.71	LATISSIMUS DORSI MYOCUTANEOUS FLAP
85.72	TRANSVRS RECT ABDOMIN MYOCUT FLAP, PEDIC
85.73	TRANSVRS RECT ABDOMIN MYOCUT FLAP, FREE
85.74	DEEP INFER EPIGAS ARTRY PERFOR FLAP, FRE
85.75	SUPERFC INTERIOR EPIGAST ARTYR FLAP, FRE
85.76	GLUTEAL ARTERY PERFORATOR FLAP, FREE
85.79	OTHER TOTAL RECONSTRUCTION OF BREAST
85.87	NIPPLE REPAIR NEC
85.89	MAMMOPLASTY NEC
85.93	REVISION OF IMPLANT OF BREAST
85.94	BREAST IMPLANT REMOVAL
85.95	INSERTION BREAST TISSUE EXPANDER
85.96	REMOVAL OF BREAST TISSUE EXPANDER
85.99	BREAST OPERATION NEC
86.81	REPAIR FACIAL WEAKNESS
86.83	SIZE REDUCTION PLASTIC OPERATION
86.89	SKIN REPAIR & PLASTY NEC
86.93	INSERTION OF TISSUE EXPANDER

SECTION 4 BILLING CODES

PROCEDURE CODES REQUIRING SUPPORT DOCUMENTATION

SUPPORT

The following CPT codes require support documentation:

DOCUMENTATION CODES

Code	Description
36593	DECLOT THROMBOLYTIC AGNT OF VASCULAR DEV
55200	VASOTOMY CANNULI W/VO INCIS VAS UNI/BILA
55250	VASECTOMY UNI/BIL (SEP PRO) INC POSTOP SE
58600	TRANSECT FALLOPIAN TUBE UNIL & BILAT
58605	TRANSECT FALLOPIAN TUBE POSTPART
58611	LIGATION TRANSEC FALLOP TUBE W/C-SECTION
58615	OCCLUSION FALLOP TUBE(S) BY DEVICE VAG/SU
58660	LAP SURG LYSIS ADHESIONS SALPING OVARIO
58661	LAP SURG REMV AXL STR P/T OOPHOR SALPING
58670	LAP SURG FULGURATION OVIDCT W/WOUT TRANS
58671	LAP SURG OCCL OVIDUCTS DEV EG BND CP FR
58673	LAP SURG SALPINGOSTOMY (SALPINGONEOSTOMY)
58700	SALPINGECTOMY CPLTE PART UNIL BILAT
58720	SALPINGO-OOPHORECTOMY CPLTE PART UNIL BI
59135	SURGI ECTOPIC INTERSITIAL PG W/HYSTERECT
59840	INDUCED ABORTION PER D&C
59841	INDUCE ABORT, DILATION & EVAC
59850	INDUCE ABORT, BY INJECT INCLD HOSP ADM, DV
59851	INDUCE ABORT, D&C &/OR EVACUATION
59852	INDUCED AB BY AMNIO INJ W HYSTEROTOMY
59855	INDUCE ABORT BY VAG SUPPOSIT INC HOS ADM
59856	INDUCE ABORT VAG SUPPOS HOSP ADM W/D&C
59857	INDUCE ABORT VAG SUPPOS HOSP ADM W/HYST
67912	CX LAGOPHTHALMOS, UP EYELID LID LOAD IMPL

SECTION 4 BILLING CODES

CODES REQUIRING SUPPORT DOCUMENTATION

ICD-9 SURGICAL CODES REQUIRING SUPPORT DOCUMENTATION

The following ICD-9 surgical codes require support documentation:

Code	Description
05.9	OTHER NERVOUS SYSTEM OPS
08.59	ADJUST LID POSITION NEC
44.39	GASTROENTEROSTOMY NEC
63.99	CORD/EPID/VAS OPS NEC
66.97	BURY FIMBRIAE IN UTERUS
69.01	D&C FOR PREG TERMI
69.51	ASPIRAT CURET-PREG TERMI
69.93	INSERTION OF LAMINARIA
74.91	HYSTEROTOMY TO TERMIN PG
75.0	INTRA-AMNION INJ FOR AB
76.69	FACIAL BONE REPAIR NEC

ICD-9 DIAGNOSIS CODES REQUIRING SUPPORT DOCUMENTATION

The following ICD-9 diagnosis codes require support documentation:

Code	Description
701.4	KELOID SCAR
709.2	SCAR & FIBROSIS OF SKIN

SECTION 4 BILLING CODES

PROCEDURE CODES FOR FAMILY PLANNING

The following tables include the CPT and diagnosis codes for Family Planning, and the approved drug list and diagnosis codes for Sexually Transmitted Infections (STIs).

FAMILY PLANNING PROCEDURE CODES

<u>Code</u>	<u>Code</u>	<u>Code</u>	<u>Code</u>	<u>Code</u>	<u>Code</u>
00851	81025	87207	87622	99000	J1055
00952	84702	87209	87660	99071	J1056
11975	84703	87210	87797	99201	J7300
11976	84780	87220	87850	99202	J7302
11977	85007	87270	88108	99203	J7303
11981	85008	87480	88141	99204	J7304
11982	85009	87481	88142	99205	J7306
11983	85013	87482	88143	99211	J7307
36415	85014	87490	88147	99212	Q0091
36416	85018	87491	88148	99213	Q0111
57170	85025	87510	88150	99214	Q0112
58300	85027	87511	88152	99215	S3645
58301	85032	87512	88153	99238	S4981
58340	86255	87528	88154	99239	S4989
58565	86592	87529	88155	99241	S4993
58600	86593	87530	88160	99242	S9445
58615	86689	87531	88161	99243	S9446
58670	86694	87532	88162	99244	T1015
58671	86695	87533	88164	99245	T1023
71010	86696	87534	88165	99401	66.21
74740	86701	87535	88166	99402	66.22
80048	86702	87536	88167	A4261	66.29
81000	86703	87537	88172	A4266	66.31
81001	86781	87538	88173	A4267	66.32
81002	87081	87539	88174	A4268	66.39
81003	87110	87590	88175	A4269	
81005	87164	87591	88300	A4550	
81007	87177	87592	88302	J0550	
81015	87205	87620	88305	J0570	
81020	87206	87621	90772	J0696	

SECTION 4 BILLING CODES

PROCEDURE CODES FOR FAMILY PLANNING

FAMILY PLANNING DIAGNOSIS CODES

Code	Description
V25.01	Prescription – Oral Contraception
V25.02	Initiate Contraception NEC
V25.09	Family Planning Advice
V25.1	Insertion of IUD
V25.2	Sterilization
V25.40	Contraception Surveillance, NOS
V25.41	Contraception Pill Surveillance
V25.42	IUD Surveillance
V25.43	Implantable Subdermal Contraception
V25.49	Contraception Surveillance, Necessary
V 25.5	Family Planning Device
V25.8	Contraceptive Management, Necessary
V25.9	Contraceptive Management, NOS

APPROVED STI DRUG LIST

Drug Name	Dosage
Acyclovir	200 mg
Acyclovir	400 mg
Azithromycin	1 gm
Azithromycin	2 gm
Benzathine Penicillin G	2.4 million units
Butoconazole 2% cream	5 g intravaginally
Ceftriaxone	2 gm
Ceftriaxone	125 mg
Cefixime	400 mg
Ciprofloxin	500 mg
Clotrimazole 1% cream	5 g intravaginally
Clotrimazole	100 mg vaginal tablet
Doxycycline	100 mg

Drug Name	Dosage
Erythromycin Base	500 mg
Erythromycin ethylsuccinate	800 mg
Famcioclovir	250 mg
Fluconazole	150 mg
Levofloxacin	250 mg
Levofloxacin	500 mg
Metronidazole	2 g
Metronidazole	500 mg
Ofloxacin	300 mg
Ofloxacin	400 mg
Tetracycline	500 mg
Tinidazole	2 g
Valacyclovir	1 g

Applicable copayments for STI treatment medications are the responsibility of the patient.

SECTION 4 BILLING CODES

PROCEDURE CODES FOR FAMILY PLANNING

APPROVED SEXUALLY TRANSMITTED INFECTION (STI) DIAGNOSIS CODES

STI Diagnosis	ICD-9 Code
Syphilis	
Genital syphilis (primary)	091.0
Primary anal syphilis	091.1
Other primary syphilis	091.2
Early syphilis, latent, serological relapse after treatment	092.0
Early syphilis, latent, unspecified	092.9
Syphilitic cervicitis	095.8
Chlamydia	
Other specified diseases due to Chlamydiae	078.88
Chlamydia trachomatis	099.41
Lower genitourinary sites	099.53
Gonorrhea	
Acute, or lower GU tract	098.0
Gonococcal infection (acute) of upper GU tract, site unspecified	098.10
Gonococcal cystitis (acute)	098.11
Gonococcal cervicitis (acute)	098.15
Gonococcal endometritis (acute)	098.16
Gonococcal salpingitis, acute	098.17
Other	098.19
Chronic, of lower GU tract	098.2
Chronic, gonococcal infection of upper GU tract, site unspecified	098.30
Gonococcal cystitis, chronic	098.31
Gonococcal cervicitis, chronic	098.35
Gonococcal endometritis, chronic	098.36
Gonococcal salpingitis (chronic)	098.37
Other	098.39
Gonococcal infection of pharynx	098.6
Gonococcal infection of anus and rectum	098.7
Herpes	
Genital herpes	054.10
Herpetic vulvovaginitis	054.11
Herpetic ulceration of vulva	054.12
Candidiasis	
Of vulva and vagina	112.1
Of other urogenital sites	112.2
Trichomoniasis	
Urogenital trichomoniasis, unspecified	131.00

SECTION 4 BILLING CODES**PROCEDURE CODES FOR FAMILY PLANNING**

STI Diagnosis	ICD-9 Code
Trichomonal vulvovaginitis	131.01
Trichomonal urethritis	131.02
Other	131.09
Other specified sites	131.8
Trichomoniasis, unspecified	131.9

One course of STI (antibiotic treatment) from the approved list for each organism identified above is allowed per calendar year under the South Carolina Family Planning Waiver. These STIs must be diagnosed during an initial or annual family planning waiver office visit.

The physician must write the diagnosis code on the patient's prescription in order for the pharmacy to fill it. Any applicable copayments for the medications will be the responsibility of the recipient.