

SECTION 4

BILLING CODES

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SECTION 4 BILLING CODES

OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES

REIMBURSEMENT TYPE 1 — SURGICAL

UB-92 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. ***Reimbursement is based on the highest reimbursement level plus add-ons or the total S. C. Medicaid allowed amount, whichever is less.*** A listing of the HCPCS surgical codes and their reimbursement amounts can be found at www.dhhs.state.sc.us.

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. ***Reimbursement is based on the highest reimbursement level plus add-ons or the total S. C. Medicaid allowed amount, whichever is less.*** A listing of the diagnosis codes by outpatient reimbursement levels can be found at www.dhhs.state.sc.us.

Level 1-\$30.00
Level 2-\$54.00
Level 3-\$115.00

Revenue codes 510, 511, 512, 513, 514, 515, 516, 517, 519 or 761 pay an all-inclusive rate of \$30.00 based on Level 1 (Non-emergent) regardless of the diagnosis codes.

Revenue code 451 pays an all-inclusive rate of \$25.00 for an emergency room screening under the Federal EMTALA guidelines based on valid diagnosis codes.

The following are the **only** services paid in addition to the all-inclusive rate for reimbursement type 5:

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

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OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES

REIMBURSEMENT TYPE 4 – TREATMENT/THERAPY/TESTING

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

Revenue Codes That Require Procedure Codes		Revenue Codes That Do Not Require Procedure Codes with Fee Schedule Amounts	
300	342	170, 171 – Nursery	\$206.00
301	349	258 – IV Solutions*	\$ 26.00
302	350	260, 261 – IV Therapy*	\$ 25.00
304	351	331 – Chemotherapy – Inject*	\$209.00
305	352	332 – Chemotherapy – Oral*	\$ 69.00
306	359	335 – Chemotherapy – IV*	\$ 69.00
307	400	380,381,382, 383, 384, 385, 386, 387 – Blood*	\$ 26.00
309	401	390 – Blood Storage	\$ 34.00
310	402	391 – Blood Administration	\$ 22.00
311	403	410 – Respiratory Services	\$ 21.00
312	610	412 – Inhalation Services	\$ 23.00
314	611	413 – Hyperbaric Oxygen	\$ 76.00
319	612	420 – Physical Therapy*	\$ 21.00
320	615	424 – PT Evaluation*	\$ 21.00
321	616	430 – Occupational Therapy*	\$ 21.00
322	618	434 – OT Evaluation*	\$ 21.00
323	619	440 – Speech Therapy*	\$ 22.00
324	634	444 – Speech Evaluation*	\$ 33.00
329	635	459 – Other ER (PEP Triage)	\$ 25.00
330	636	460, 469 – Pulmonary Function	\$185.00
333	923	470, 472, 479 – Audiology	\$185.00
340	924	471 – Audiology/Diagnostic	\$206.00
341		480, 483, 489 – Cardiology	\$104.00
		481 – Cardiac Cath Lab	\$310.00
		482 – Cardiac Stress Test	\$ 62.00
		636 w/J1055 – Depo-Provera	\$ 43.29
		636 w/J7310 – Vitrasert	\$4500.00
		636 w/90378 – Synagis*	\$652.00
		730, 739 – EKG/ECG	\$ 51.00
		731 – Holter Monitor	\$185.00
		732 – Telemetry	\$109.00
		740, 749 – EEG	\$109.00
		750, 759 – Gastro Intestinal Svcs	\$185.00
		762 – Observation	\$104.00
		769 – Intensive Observation	\$155.00
		820, 821, 830, 831, 840, 841, 850, 851 – Dialysis Services*	\$124.00
		900 – Psychiatric Treatment*	\$ 36.00
		901 – Electroshock Therapy	\$ 95.00
		910 – Psychiatric Services*	\$ 38.00
		914 – Individual Therapy*	\$ 21.00
		915 – Group Therapy*	\$ 19.00
		916 – Family Therapy*	\$ 21.00
		918 – Psychiatric Testing	\$ 21.00
		920 – Other Diagnostic Services	\$ 62.00
		921 – Peripheral Vascular	\$193.00
		922 – Electromyelogram	\$ 37.00
		929 – Other Diagnostic Services*	\$ 69.00
		940 – Other Therapeutic Services	\$ 49.00
		943 – Cardiac Rehab Therapy*	\$ 23.00

*Pay rate for each unit of service

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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

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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

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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	NEWBOR-LEVE I	1	3
172	NURSERY LEVEL II	2	5
173	NEWBORN-LEVEL III	2	5
174	NEWBORN-LEVEL IV	2	5
175	NURSERY NEONATAL ICU	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

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REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
222	TECH SUPPORT CHARGE	0	0
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

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REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
272	STERILE SUPPLIES	1	0
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

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REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
322	DX X-RAY/ART	4	4
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
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
384	PLATELETS	1	2

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REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
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	0	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
443	SPEECH PATH/GROUP	0	0

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REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
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
520	FREESTAND CLINIC	3	2

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REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
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
581	VISIT-HOME HEALTH-VISIT	0	0

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Revenue Code	Description	Covered Service	Units/ Room
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
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 REQUIREING SPECIFIC IDENT	4	0
637	SELF ADMISTERING DRUGS	3	2
640	IV THERAPY SERVICES	0	0
641	NON RT NURSING-CENTRAL	0	0
642	IV SITE CARE-CENTRAL	0	0
643	IV STRT-CHNG-PERIPHAL	0	0

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Revenue Code	Description	Covered Service	Units/ Room
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
723	CIRCUMCISION	1	0
724	BIRTHING CENTER	1	0

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Revenue Code	Description	Covered Service	Units/ Room
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
816	OTHER HEART ACQUISITION	0	0
817	LIVER DONOR	0	0

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Revenue Code	Description	Covered Service	Units/ Room
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
870	RESERVED FOR NATNL ASSIGNMENT	0	0
880	MISCELLANEOUS DIALYSIS - GENERA	0	0

SECTION 4 BILLING CODES

REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
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
943	OTHER THERAPEUTIC SERV - CARDIA	1	2
944	OTHER THERAPEUTIC SERV - DRUG R	0	0

SECTION 4 BILLING CODES

REVENUE CODES

Revenue Code	Description	Covered Service	Units/ Room
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
992	LINEN	0	0
993	TELEPHONE	0	0

SECTION 4 BILLING CODES**REVENUE CODES**

Revenue Code	Description	Covered Service	Units/ Room
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, 2004

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

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
001	P	6.0004	Craniotomy Age >17 Except for Trauma	16.1	122	61,023
002	P	8.0285	Craniotomy for Trauma Age >17	27.5	173	72,536
003	P	2.3822	Craniotomy Age 0-17	7.0	48	27,931
004	P	3.9936	Spinal Procedures	13.4	97	41,727
005		2.8068	Extracranial Vascular Procedures	6.8	51	19,941
006	P	1.0970	Carpal Tunnel Release	4.0	14	10,000
007	P	5.5259	Periph & Cranial Nerve & Other Nerv Syst Proc w/ cc	21.3	212	85,359
008	P	1.2167	Periph & Cranial Nerve & Other Nerv Syst Proc w/o cc	3.2	16	13,401
009	P	2.7178	Spinal Disorders & Injuries	14.2	100	30,571
010	P	2.1260	Nervous System Neoplasms w/ cc	10.5	60	24,352
011	P	0.9792	Nervous System Neoplasms w/o cc	5.6	34	15,740
012	P	1.3472	Degenerative Nervous System Disorders	7.5	55	13,237
013	P	1.3573	Multiple Sclerosis & Cerebellar Ataxia	7.3	27	12,573
014	P	2.1293	Intracranial Hemorrhage or Cerebral Infarction	11.4	75	22,546
015		0.8995	Transient Ischemic Attack & Precerebral Occlusions	4.5	14	10,000
016	P	2.0802	Nonspecific Cerebrovascular Disorders w/ cc	9.7	61	27,121
017	P	0.9388	Nonspecific Cerebrovascular Disorders w/o cc	4.9	27	10,000
018	P	1.8477	Cranial & Peripheral Nerve Disorders w/ cc	8.8	51	24,809
019		0.9880	Cranial & Peripheral Nerve Disorders w/o cc	5.3	18	10,000
020		1.8091	Nervous System Infection Except Viral Meningitis	9.1	35	22,902
021		0.7733	Viral Meningitis	4.0	14	10,000
022		1.1050	Hypertensive Encephalopathy	5.3	35	16,101
023	P	1.2961	Nontraumatic Stupor & Coma	6.1	39	10,999
024	P	1.2913	Seizure & Headache Age >17 w/ cc	5.8	39	18,855

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
025		0.8673	Seizure & Headache Age >17 w/o cc	4.0	15	10,000
026		0.6498	Seizure & Headache Age 0-17	3.0	12	10,000
027	P	2.9586	Traumatic Stupor & Coma, Coma >1 hr	9.2	65	31,221
028	P	1.5850	Traumatic Stupor & Coma, Coma <1 hr Age >17 w/ cc	5.7	35	18,093
029	P	0.9946	Traumatic Stupor & Coma, Coma <1 hr Age >17 w/o cc	4.8	47	10,000
030	P	0.6487	Traumatic Stupor & Coma, Coma <1 hr Age 0-17	2.7	15	10,000
031	P	0.7910	Concussion Age >17 w/ cc	3.8	14	10,000
032	P	0.5181	Concussion Age >17 w/o cc	2.5	7	10,000
033	P	0.5464	Concussion Age 0-17	2.0	6	10,000
034	P	1.5492	Other Disorders of the Nervous System w/ cc	6.9	42	21,838
035	P	0.7776	Other Disorders of the Nervous System w/o cc	3.8	21	10,000
036		1.4146	Retinal Procedures	2.5	9	10,000
037		1.4575	Orbital Procedures	3.9	24	17,910
038		0.7511	Primary Iris Procedures	2.1	8	10,000
039		1.1496	Lens Procedures w/ or w/o Vitrectomy	2.2	10	10,000
040		1.2586	Extraocular Procedures Except Orbit Age >17	3.5	11	10,000
041		0.8045	Extraocular Procedures Except Orbit Age 0- 17	2.1	8	10,000
042		1.3058	Intraocular Procedures Except Retina, Iris & Lens	3.3	14	10,000
043	P	0.3853	HypHEMA	4.4	9	10,000
044		0.6077	Acute Major Eye Infections	4.0	12	10,000
045	P	1.0086	Neurological Eye Disorders	4.9	15	10,000
046	P	1.6647	Other Disorders of the Eye Age >17 w/ cc	8.1	39	22,558
047	P	0.4564	Other Disorders of the Eye Age >17 w/o cc	3.4	9	10,000
048	P	0.5215	Other Disorders of the Eye Age 0-17	3.2	8	10,000
049	P	4.3292	Major Head & Neck Procedures	11.8	42	31,388
050	P	1.2323	Sialoadenectomy	2.7	6	10,000
051	P	1.2805	Salivary Gland Procedures except Sialoadenectomy	4.0	12	10,000
052		1.1977	Cleft Lip & Palate Repair	2.6	7	10,000
053		1.2477	Sinus & Mastoid Procedures Age >17	3.0	16	11,158

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
054		1.1215	Sinus & Mastoid Procedures Age 0-17	3.1	14	10,000
055		1.2427	Miscellaneous Ear, Nose, Mouth & Throat Procedures	3.4	17	10,806
056	P	1.3107	Rhinoplasty	2.0	7	21,227
057		1.0103	T&A Proc, Except Tons &/or Adenoidectomy only, Age >17	3.2	15	10,000
058		0.8166	T&A Proc, Except Tons &/or Adenoidectomy only, Age 0-17	2.7	8	10,000
059		0.9774	Tonsillectomy &/or Adenoidectomy only, Age >17	2.8	9	10,000
060		0.7704	Tonsillectomy &/or Adenoidectomy only, Age 0-17	2.4	10	10,000
061	P	1.9638	Myringotomy w/ Tube Insertion Age >17	6.6	25	10,218
062	P	1.2566	Myringotomy w/ Tube Insertion Age 0-17	3.5	14	10,000
063		1.8124	Other Ear, Nose, Mouth & Throat O.R. Procedures	4.1	23	25,666
064	P	2.4443	Ear, Nose, Mouth & Throat Malignancy	11.1	81	30,281
065		0.7669	Dysequilibrium	3.6	13	10,000
066	P	0.8517	Epistaxis	4.5	14	10,000
067	P	1.1520	Epiglottitis	3.9	9	10,000
068		0.9657	Otitis Media & Uri Age >17 w/ cc	4.4	17	14,719
069		0.5936	Otitis Media & Uri Age >17 w/o cc	3.3	8	10,000
070		0.4959	Otitis Media & Uri Age 0-17	2.9	8	10,000
071		0.622	Laryngotracheitis	2.9	9	10,000
072	P	0.5377	Nasal Trauma & Deformity	2.5	9	10,000
073	P	1.0000	Other Ear, Nose, Mouth & Throat Diagnoses Age>17	4.7	13	10,000
074	P	0.5997	Other Ear, Nose, Mouth & Throat Diagnoses Age 0-17	2.9	13	10,000
075		5.0728	Major Chest Procedures	13.7	66	42,361
076	P	3.2077	Other Resp System O.R. Procedures w/ cc	13.1	48	27,122
077		1.8236	Other Resp System O.R. Procedures w/o cc	5.8	20	13,244
078		2.3541	Pulmonary Embolism	9.7	30	18,704
079		2.8562	Resp Infections & Inflammations Age >17 w/ cc	10.9	51	27,629
080	P	1.5470	Resp Infections & Inflammations Age >17 w/o cc	7.4	35	16,854
081	P	1.8186	Resp Infections & Inflammations Age 0-17	7.0	24	18,283
082	P	1.7468	Respiratory Neoplasms	7.9	44	17,196

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
083	P	1.2314	Major Chest Trauma w/ cc	5.7	16	11,628
084	P	0.6973	Major Chest Trauma w/o cc	3.1	8	10,000
085	P	1.8213	Pleural Effusion w/ cc	7.1	32	14,769
086	P	1.0567	Pleural Effusion w/o cc	4.5	12	10,000
087		2.5897	Pulmonary Edema & Respiratory Failure	7.6	40	29,773
088		1.4812	Chronic Obstructive Pulmonary Disease	5.7	20	11,313
089		1.7396	Simple Pneumonia & Pleurisy Age >17 w/ cc	7.3	31	16,131
090		1.1049	Simple Pneumonia & Pleurisy Age >17 w/o cc	5.2	15	10,000
091		0.7379	Simple Pneumonia & Pleurisy Age 0-17	3.8	11	10,000
092	P	1.4762	Interstitial Lung Disease w/ cc	6.9	43	17,638
093	P	1.0334	Interstitial Lung Disease w/o cc	5.6	15	10,000
094	P	1.9888	Pneumothorax w/ cc	8.1	47	21,432
095		0.8092	Pneumothorax w/o cc	4.3	12	10,000
096		1.2457	Bronchitis & Asthma Age >17 w/ cc	5.3	19	10,136
097		0.9179	Bronchitis & Asthma Age >17 w/o cc	4.0	11	10,000
098		0.7416	Bronchitis & Asthma Age 0-17	3.4	10	10,000
099	P	1.1822	Respiratory Signs & Symptoms w/ cc	4.8	34	17,493
100		0.6387	Respiratory Signs & Symptoms w/o cc	3.0	10	10,000
101	P	1.3264	Other Respiratory Systems Diagnoses w/ cc	5.0	27	14,620
102		0.7561	Other Respiratory Systems Diagnoses w/o cc	3.2	15	10,000
103	P	16.3112	Heart Transplant or Implant of Heart Assist System	17.2	32	46,355
104	P	13.8560	Cardiac Valve & Other Major Cardiothoracic Proc w/ Cardiac Cath	20.6	86	10,576
105		9.4802	Cardiac Valve & Other Major Cardiothoracic Proc w/o Cardiac Cath	12.8	50	74,341
106		10.0736	Coronary Bypass w/ PTCA	13.9	41	58,752
107		7.1143	Coronary Bypass w/ Cardiac Cath	10.0	29	37,887
108	P	7.9650	Other Cardiothoracic Procedures	13.1	119	71,666
109	P		Coronary Bypass w/o Cardiac Cath			
110		5.8331	Major Cardiovascular Procedures w/ cc	13.1	62	49,743
111		3.1121	Major Cardiovascular Procedures w/o cc	6.4	20	25,773
112		3.3631	Percutaneous Cardiovascular Procedures	5.7	23	20,913
113		3.5165	Amputation for Circ System Disorder Exc Upper Limb & Toe	14.9	77	34,775

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
114		2.4863	Upper Limb & Toe Amputation for Circ System Disorders	12.9	57	18,885
115	P	6.7597	Perm Cardiac Pacemaker Impl w/ AMI, Heart Failure or Shock or Aicd Lead or Generator Proc	13.7	36	43,037
116		4.4992	Other Perm Cardiac Pacemaker Impl or PTCA w/ Coronary Artery Stent Implant	6.6	29	22,990
117		2.0790	Cardiac Pacemaker Revision Expect Device Replacement	5.1	32	18,844
118		3.2291	Cardiac Pacemaker Device Replacement	5.3	19	16,604
119	P	1.6442	Vein Ligation & Stripping	7.0	42	14,086
120		3.0526	Other Circulatory System O.R. Procedures	11.9	50	33,082
121		2.5026	Circulatory Disorders w/ AMI & Major Comp, Disch Alive	9.4	84	25,595
122		1.9763	Circulatory Disorders w/ AMI w/o Major Comp, Disch Alive	6.9	22	12,805
123	P	2.5696	Circulatory Disorders w/ AMI, Expired	5.2	59	25,015
124		2.3174	Circulatory Disorders Exc AMI, w/ Card Cath & Complex Diag	6.2	25	17,383
125		1.5133	Circulatory Disorders Exc AMI, w/ Card Cath w/o Compl Diag	3.8	13	10,000
126	P	4.7075	Acute & Subacute Endocarditis	23.2	63	32,257
127		1.3548	Heart Failure & Shock	6.1	27	12,378
128		1.1248	Deep Vein Thrombophlebitis	7.3	20	10,000
129	P	1.9342	Cardiac Arrest, Unexplained	3.1	21	19,155
130		1.456	Peripheral Vascular Disorders w/ cc	8.1	46	15,084
131		1.0231	Peripheral Vascular Disorders w/o cc	6.3	27	10,000
132	P	1.4513	Atherosclerosis w/ cc	5.7	52	13,023
133		1.1062	Atherosclerosis w/o cc	5.0	13	10,000
134		0.9150	Hypertension	4.7	38	10,000
135	P	2.0119	Cardiac Congenital & Valvular Disorders Age >17 w/ cc	7.6	40	18,408
136	P	1.1747	Cardiac Congenital & Valvular Disorders Age >17 w/o cc	5.0	24	12,594
137	P	0.7094	Cardiac Congenital & Valvular Disorders Age 0-17	3.2	16	11,879
138		1.1837	Cardiac Arrhythmia & Conduction Disorders w/ cc	5.1	29	10,000
139		0.8541	Cardiac Arrhythmia & Conduction Disorders w/o cc	3.8	14	10,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
140		0.8939	Angina Pectoris	3.9	14	10,000
141		0.9493	Syncope & Collapse w/ cc	4.4	19	10,000
142		0.7685	Syncope & Collapse w/o cc	3.8	23	10,000
143		0.9141	Chest Pain	3.5	13	10,000
144		1.7590	Other Circulatory System Diagnoses w/ cc	6.7	28	17,580
145		1.0611	Other Circulatory System Diagnoses w/o cc	4.2	15	10,000
146	P	3.0845	Rectal Resection w/ cc	9.4	20	17,510
147	P	2.7130	Rectal Resection w/o cc	7.2	16	14,298
148		5.2665	Major Small & Large Bowel Procedures w/ cc	15.0	64	51,688
149		2.4405	Major Small & Large Bowel Procedures w/o cc	7.2	40	32,442
150		3.4389	Peritoneal Adhesiolysis w/ cc	11.2	38	25,766
151		1.8042	Peritoneal Adhesiolysis w/o cc	5.9	19	11,086
152	P	2.9324	Minor Small & Large Bowel Procedures w/ cc	10.9	35	18,416
153	P	1.8491	Minor Small & Large Bowel Procedures w/o cc	6.3	19	13,472
154	P	6.5100	Stomach, Esophageal & Duodenal Proc Age >17 w/ cc	16.3	67	70,744
155		2.5035	Stomach, Esophageal & Duodenal Proc Age >17 w/o cc	8.1	31	16,965
156	P	1.8318	Stomach, Esophageal & Duodenal Procedures Age 0-17	6.1	36	30,699
157		1.4157	Anal & Stomal Procedures w/ cc	5.2	40	15,356
158		0.9022	Anal & Stomal Procedures w/o cc	3.2	9	10,000
159		1.6208	Hernia Proc Except Inguinal & Femoral Age >17 w/ cc	5.1	18	10,963
160		1.1775	Hernia Proc Except Inguinal & Femoral Age >17 w/o cc	3.3	10	10,000
161		1.3916	Inguinal & Femoral Hernia Procedures Age >17 w/ cc	4.7	23	10,000
162		0.9304	Inguinal & Femoral Hernia Procedures Age >17 w/o cc	2.6	9	10,000
163		0.8180	Hernia Procedures Age 0-17	2.2	13	14,137
164		3.2522	Appendectomy w/ Complicated Principal Diag w/ cc	9.4	29	21,494
165		1.8752	Appendectomy w/ Complicated Principal Diag w/o cc	6.6	16	11,088

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
166		1.5429	Appendectomy w/o Complicated Principal Diag w/ cc	4.9	14	10,000
167		1.0630	Appendectomy w/o Complicated Principal Diag w/o cc	3.0	8	10,000
168	P	1.4182	Mouth Procedures w/ cc	4.6	21	12,914
169	P	1.1658	Mouth Procedures w/o cc	3.4	12	10,000
170	P	4.1360	Other Digestive System O.R. Procedures w/ cc	12.9	53	32,944
171	P	1.5942	Other Digestive System O.R. Procedures w/o cc	5.6	23	11,922
172	P	2.2880	Digestive Malignancy w/ cc	11.6	61	26,695
173	P	1.3226	Digestive Malignancy w/o cc	6.1	26	11,480
174		1.5159	G.I. Hemorrhage w/ cc	5.9	31	16,996
175		0.8612	G.I. Hemorrhage w/o cc	3.8	11	10,000
176	P	1.6897	Complicated Peptic Ulcer	7.0	25	19,830
177		0.9604	Uncomplicated Peptic Ulcer w/ cc	5.3	16	10,000
178		0.8396	Uncomplicated Peptic Ulcer w/o cc	4.5	12	10,000
179		1.2165	Inflammatory Bowel Disease	6.3	19	10,000
180		1.3050	G.I. Obstruction w/ cc	6.4	34	13,826
181		0.7268	G.I. Obstruction w/o cc	4.0	12	10,000
182		0.9793	Esophagitis, Gastroent & Misc Digest Dis Age >17 w/ cc	4.8	21	10,000
183		0.7200	Esophagitis, Gastroent & Misc Digest Dis Age >17 w/o cc	3.6	12	10,000
184		0.5081	Esophagitis, Gastroent & Misc Digest Dis Age 0-17	3.2	12	10,000
185		0.9628	Dental & Oral Dis Except Extractions & Restorations, Age>17	4.2	21	10,626
186		0.5498	Dental & Oral Dis Except Extractions & Restorations, Age 0-17	3.4	10	10,000
187		0.8670	Dental Extractions & Restorations	2.2	9	10,000
188		1.4477	Other Digestive System Diagnoses Age >17 w/ cc	6.4	36	15,305
189		0.7523	Other Digestive System Diagnoses Age >17 w/o cc	3.6	16	10,000
190		0.6938	Other Digestive System Diagnoses Age 0-17	3.2	19	10,000
191	P	7.2514	Pancreas, Liver & Shunt Procedures w/ cc	18.5	93	10,434
192	P	2.4746	Pancreas, Liver & Shunt Procedures w/o cc	6.1	14	10,360

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
193	P	4.6755	Biliary Tract Proc Except Only Chole w/ or w/o C.D.E. w/ cc	14.2	55	34,798
194	P	2.6567	Biliary Tract Proc Except Only Chole w/ or w/o C.D.E. w/o cc	8.4	21	12,955
195		3.0131	Cholecystectomy w/ C.D.E. w/ cc	9.0	28	26,160
196		1.9307	Cholecystectomy w/ C.D.E. w/o cc	5.9	12	10,016
197		2.3150	Cholecystectomy Except by Laparoscope w/o C.D.E. w/ cc	6.4	27	20,432
198		1.4561	Cholecystectomy Except by Laparoscope w/o C.D.E. w/o cc	3.6	11	10,000
199	P	3.3690	Hepatobiliary Diagnostic Procedure for Malignancy	12.8	37	22,089
200	P	5.1995	Hepatobiliary Diagnostic Procedure for Non-Malignancy	15.7	52	62,660
201	P	2.8600	Other Hepatobiliary or Pancreas O.R. Procedures	10.4	70	25,430
202		1.8496	Cirrhosis & Alcoholic Hepatitis	8.9	37	21,631
203		1.5803	Malignancy of Hepatobiliary System or Pancreas	8.3	48	17,695
204		1.4481	Disorders of Pancreas Except Malignancy	6.8	30	17,587
205		1.7344	Disorders of Liver Exp Malig, Cirr, Alc Hepa w/ cc	7.5	41	18,883
206		0.6955	Disorders of Liver Exp Malig, Cirr, Alc Hepa w/o cc	4.2	13	10,000
207		1.1227	Disorders of Biliary Tract w/ cc	5.1	23	10,216
208		0.8497	Disorders of Biliary Tract w/o cc	3.7	13	10,000
209		4.7415	Major Joint & Limb Reattachment Proc of Lower Extremity	11.3	60	28,302
210		3.4753	Hip & Femur Procedure Except Major Joint Age >17 w/ cc	13.8	83	28,029
211		2.3644	Hip & Femur Procedure Except Major Joint Age >17 w/o cc	8.2	29	14,440
212		1.9339	Hip & Femur Procedure Except Major Joint Age 0-17	5.7	32	12,409
213		1.8781	Amp for Musculoskeletal System & Conn Tissue Disorders	8.0	38	17,888
214			No Longer Valid			
215			No Longer Valid			
216	P	2.4275	Biopsies of Musculoskeletal System & Conn Tissue	10.7	51	28,136

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
217	P	3.9763	Wnd Debrid & Skin Graft Exp Hand, for Muscu & Con Tiss Dis	15.3	86	43,531
218	P	2.4208	Low Extr & Humer Proc Exp Hip, Ft, Femur Age >17 w/ cc	7.3	56	24,994
219		1.6643	Low Extr & Humer Proc Exp Hip, Ft, Femur Age >17 w/o cc	4.7	21	12,040
220		1.2341	Low Extr & Humer Proc Exp Hip, Foot, Femur Age 0-17	3.0	15	10,000
221			No Longer Valid			
222			No Longer Valid			
223		1.6615	Major Shoulder/Elbow Proc or Other Upper Extr Proc w/ cc	4.2	22	10,295
224		1.2214	Shoulder, Elbow or Forearm Proc, Exp Major Jt Proc w/o cc	2.6	9	10,000
225		1.3024	Foot Procedures	3.9	29	10,663
226	P	1.4517	Soft Tissue Procedures w/ cc	5.4	24	10,005
227		1.1859	Soft Tissue Procedures w/o cc	3.4	16	10,000
228	P	1.4424	Major Thumb or Jt Proc, or Other Hand or Wrist Proc w/ cc	4.1	19	10,000
229		0.9843	Hand or Wrist Proc, Exp Major Joint Proc, w/o cc	2.1	8	10,000
230	P	1.4691	Local Excision & Removal of Int Fix Devices of Hip & Femur	4.5	26	13,248
231	P	1.5262	Local Excision & Removal of Int Fix Devices Exp Hip & Femur	4.7	30	12,110
232	P	1.9912	Arthroscopy	8.4	28	11,323
233	P	3.7615	Other Musculoskeletal Sys & Conn Tiss O.R. Proc w/ cc	11.3	43	24,265
234	P	1.9017	Other Musculoskeletal Sys & Conn Tiss O.R. Proc w/o cc	5.0	23	16,347
235	P	1.2400	Fractures of Femur	9.7	53	11,982
236	P	1.4242	Fractures of Hip & Pelvis	8.6	45	13,406
237	P	0.8407	Sprains, Strains & Dislocations of Hip, Pelvis & Thigh	5.3	20	10,000
238	P	2.0756	Osteomyelitis	10.3	51	16,180
239	P	2.1517	Pathological Fractures & Musculoskeletal & Conn Tiss Malign	9.3	44	21,039
240		1.6629	Connective Tissue Disorders w/ cc	7.7	37	24,761
241		0.8932	Connective Tissue Disorders w/o cc	4.7	16	10,000
242	P	1.3007	Septic Arthritis	7.4	29	11,320

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
243		0.9525	Medical Back Problems	5.3	46	10,000
244	P	1.9911	Bone Diseases & Specific Arthropathies w/ cc	6.9	26	19,788
245	P	1.3083	Bone Diseases & Specific Arthropathies w/o cc	5.8	17	11,325
246	P	0.9060	Non-Specific Arthropathies	3.9	14	10,000
247	P	0.7552	Signs & Symptoms of Musculoskeletal System & Conn Tissue	4.0	16	10,000
248	P	0.8581	Tendonitis, Myositis & Bursitis	4.4	13	10,000
249	P	1.0442	Aftercare, Musculoskeletal System & Connective Tissue	6.2	31	10,000
250	P	0.7986	Fx, Sprn, Strn & Disl of Forearm, Hand, Foot Age >17 w/ cc	4.1	33	12,478
251	P	0.7072	Fx, Sprn, Strn & Disl of Forearm, Hand, Foot Age >17 w/o cc	3.2	17	10,000
252	P	0.5177	Fx, Sprn, Strn & Disl of Forearm, Hand, Foot Age 0-17	1.7	5	10,000
253	P	1.2511	Fx, Sprn, Strn & Disl of Uparm, Lowlg Ex Ft Age >17 w/ cc	7.2	45	11,992
254	P	0.6560	Fx, Sprn, Strn & Disl of Uparm, Lowlg Ex Ft Age >17 w/o cc	3.7	14	10,000
255	P	0.5538	Fx, Sprn, Strn & Disl of Uparm, Lowlg Ex Foot Age 0-17	2.8	20	10,000
256		0.8345	Other Musculoskeletal Sys & Connective Tissue Diagnoses	3.7	16	10,000
257		1.6575	Total Mastectomy for Malignancy w/ cc	5.3	18	10,040
258		1.4182	Total Mastectomy for Malignancy w/o cc	3.9	12	10,000
259	P	2.1685	Subtotal Mastectomy for Malignancy w/ cc	8.3	36	17,102
260	P	1.0962	Subtotal Mastectomy for Malignancy w/o cc	4.4	13	10,000
261		1.5115	Breast Proc for Non-Malignancy Exp Biopsy & Local Excision	2.6	7	10,000
262		1.2016	Breast Biopsy & Local Excision for Non-Malignancy	4.4	22	10,000
263	P	3.6934	Skin Graft &/or Debrid for Skin Ulcer or Cellulitis w/ cc	18.3	83	39,028
264		1.7644	Skin Graft &/or Debrid for Skin Ulcer or Cellulitis w/o cc	8.9	46	16,464
265	P	2.6895	Skin Graft &/or Debrid Exp for Skin Ulcer or Cellulitis w/ cc	10.6	70	51,100

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
266		1.6173	Skin Graft &/or Debrid Exp for Skin Ulcer or Cellulitis w/o cc	5.1	24	12,338
267	P	0.9613	Perianal & Pilonidal Procedures	2.9	19	10,000
268		1.2547	Skin, Subcutaneous Tissue & Breast Plastic Procedures	3.4	27	14,819
269	P	2.7306	Other Skin, Subcut Tiss & Breast Proc w/ cc	10.5	85	36,009
270		1.1897	Other Skin, Subcut Tiss & Breast Proc w/o cc	4.1	17	10,000
271		1.7507	Skin Ulcers	10.2	57	20,209
272	P	1.3277	Major Skin Disorders w/ cc	7.2	38	12,948
273	P	0.8386	Major Skin Disorders w/o cc	4.7	29	10,000
274	P	1.8201	Malignant Breast Disorders w/ cc	8.6	33	20,112
275	P	0.938	Malignant Breast Disorders w/o cc	7.6	50	27,133
276	P	0.7785	Non-Malignant Breast Disorders	3.6	13	10,000
277		1.3936	Cellulitis Age >17 w/ cc	7.1	42	13,215
278		0.9301	Cellulitis Age >17 w/o cc	5.3	17	10,000
279		0.6468	Cellulitis Age 0-17	3.8	11	10,000
280	P	1.0350	Trauma to Skin, Subcut Tiss & Breast Age >17 w/ cc	4.1	15	10,000
281		0.6751	Trauma to Skin, Subcut Tiss & Breast Age >17 w/o cc	2.9	13	10,000
282		0.5357	Trauma to Skin, Subcut Tiss & Breast Age 0-17	2.1	9	10,000
283	P	1.2323	Minor Skin Disorders w/ cc	5.8	26	16,129
284	P	0.6350	Minor Skin Disorders w/o cc	3.7	13	10,000
285	P	4.4494	Amputat of Lower Limb for Endocrine, Nutri & Metabol Dis	18.9	57	31,035
286	P	3.3698	Adrenal & Pituitary Procedures	7.3	21	18,842
287	P	3.3305	Skin Grafts & Wound Debrid for Endoc, Nutri & Metab Dis	16.5	76	26,792
288	P	2.6015	O.R. Procedures for Obesity	6.6	24	24,257
289	P	1.5905	Parathyroid Procedures	4.8	25	12,155
290		1.2952	Thyroid Procedures	3.4	36	10,000
291	P	1.1128	Thyroglossal Procedures	4.7	12	10,000
292	P	3.9589	Other Endocrine, Nutri & Metab O.R. Proc w/ cc	14.3	54	32,737
293	P	1.6123	Other Endocrine, Nutri & Metab O.R. Proc w/o cc	6.7	24	11,354

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
294		1.0864	Diabetes Age >35	6.1	28	12,375
295		0.9376	Diabetes Age 0-35	5.0	18	10,000
296		1.3394	Nutritional & Misc Metabolic Disorders Age >17 w/ cc	6.8	43	14,848
297		0.8250	Nutritional & Misc Metabolic Disorders Age >17 w/o cc	4.4	26	10,000
298		0.6030	Nutritional & Misc Metabolic Disorders Age 0-17	3.9	19	10,000
299	P	0.8705	Inborn Errors of Metabolism	4.5	33	10,000
300	P	1.3653	Endocrine Disorders w/ cc	6.7	28	12,423
301	P	0.9050	Endocrine Disorders w/o cc	4.2	17	12,993
302	P	10.4072	Kidney Transplant	15.0	43	53,736
303	P	4.1343	Kidney, Ureter & Major Bladder Procedures for Neoplasm	12.0	61	34,224
304		3.4273	Kidney, Ureter & Major Bladder Pro for Non-Neopl w/ cc	11.1	44	32,186
305		1.7959	Kidney, Ureter & Major Bladder Pro for Non-Neopl w/o cc	6.6	25	12,201
306	P	4.7292	Prostatectomy w/ cc	19.1	74	36,291
307	P	1.3382	Prostatectomy w/o cc	4.8	14	10,000
308	P	2.0778	Minor Bladder Procedures w/ cc	8.0	37	22,930
309	P	1.3692	Minor Bladder Procedures w/o cc	5.0	24	18,403
310		1.5609	Transurethral Procedures w/ cc	5.5	21	11,390
311		1.0946	Transurethral Procedures w/o cc	3.4	9	10,000
312	P	1.4287	Urethral Procedures, Age >17 w/ cc	4.6	12	10,000
313	P	1.2273	Urethral Procedures, Age >17 w/o cc	4.4	12	10,000
314	P	1.3859	Urethral Procedures, Age 0-17	4.5	25	14,764
315		3.7470	Other Kidney & Urinary Tract Procedures	12.8	86	41,052
316		1.6146	Renal Failure	7.3	37	19,194
317	P	1.1694	Admit for Renal Dialysis	5.4	18	10,000
318	P	2.1419	Kidney & Urinary Tract Neoplasms w/ cc	11.8	58	27,267
319	P	0.8096	Kidney & Urinary Tract Neoplasms w/o cc	3.5	8	10,000
320		1.2993	Kidney & Urinary Tract Infections Age >17 w/ cc	6.5	35	12,605
321		0.8362	Kidney & Urinary Tract Infections Age >17 w/o cc	4.2	14	10,000
322		0.7333	Kidney & Urinary Tract Infections Age 0-17	4.2	13	10,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
323	P	1.1171	Urinary Stones w/ cc, &/or ESW Lithotripsy	4.1	14	10,000
324	P	0.6990	Urinary Stones w/o cc	2.7	10	10,000
325	P	1.1193	Kidney & Urinary Tract Signs & Symptoms Age >17 w/ cc	5.3	15	10,000
326	P	0.7748	Kidney & Urinary Tract Signs & Symptoms Age >17 w/o cc	3.1	22	10,000
327	P	0.6203	Kidney & Urinary Tract Signs & Symptoms Age 0-17	3.4	16	10,000
328	P	0.8355	Urethral Stricture Age >17 w/ cc	3.0	5	10,000
329	P		Urethral Stricture Age >17 w/o cc			
330	P		Urethral Stricture Age 0-17			
331		1.2641	Other Kidney & Urinary Tract Diagnoses Age >17 w/ cc	6.3	40	13,345
332		0.9850	Other Kidney & Urinary Tract Diagnoses Age >17 w/o cc	5.2	26	10,000
333	P	0.9295	Other Kidney & Urinary Tract Diagnoses Age 0-17	4.0	19	10,000
334	P	3.2014	Major Male Pelvic Procedures w/ cc	11.1	46	23,631
335	P	1.5752	Major Male Pelvic Procedures w/o cc	5.0	14	10,000
336		1.4083	Transurethral Prostatectomy w/ cc	5.6	21	10,715
337		1.1485	Transurethral Prostatectomy w/o cc	4.1	13	10,000
338	P	1.3074	Testes Procedures, for Malignancy	4.4	19	10,000
339	P	1.0920	Testes Procedures, Non-Malignancy Age >17	3.4	16	10,000
340		0.7614	Testes Procedures, for Malignancy Age 0-17	1.9	6	10,000
341	P	1.1237	Penis Procedures	3.7	21	12,315
342	P		Circumcision Age >17			
343	P	0.3605	Circumcision Age 0-17	2.6	9	10,000
344	P	2.7525	Other Male Reproductive System O.R. Proc for Malignancy	7.1	21	11,647
345	P	7.3212	Other Male Reproductive System O.R. Pro Exp for Malignancy	27.0	161	80,864
346	P	2.1070	Malignancy, Male Reproductive System, w/ cc	8.8	28	17,174
347	P	0.8047	Malignancy, Male Reproductive System, w/o cc	3.5	6	10,000
348	P	1.4801	Benign Prostatic Hypertrophy w/ cc	4.5	9	10,000
349	P	0.4956	Benign Prostatic Hypertrophy w/o cc	1.0	8	10,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
350	P	0.9647	Inflammation of Male Reproductive System	4.6	14	10,000
351	P		Sterilization, Male			
352	P	0.4839	Other Male Reproductive System Diagnoses	2.1	9	10,000
353	P	2.9971	Pelvic Evisceration, Radical Hysterectomy & Rad Vulvectomy	9.3	20	17,906
354	P	2.1801	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malig w/ cc	6.2	30	20,143
355		1.2555	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malig w/o cc	3.6	14	10,000
356		1.2596	Female Reproductive System Reconstructive Procedures	4.5	13	10,000
357	P	2.7370	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy	8.1	26	20,385
358		1.7464	Uterine & Adnexa Proc for Non-Malignancy w/ cc	5.2	15	12,208
359		1.2959	Uterine & Adnexa Proc for Non-Malignancy w/o cc	3.8	8	10,000
360		1.1234	Vagina, Cervix & Vulva Procedures	3.6	41	10,000
361		1.2363	Laparoscopy & Incisional Tubal Interruption	3.7	11	10,000
362	P	0.9178	Endoscopic Tubal Interruption	2.1	11	10,000
363		1.0448	D & C, Conization & Radio-Implant, for Malignancy	2.9	17	11,486
364		0.9840	D & C, Conization Except for Malignancy	3.1	12	10,000
365	P	1.9134	Other Female Reproductive System O.R. Procedures	6.3	48	21,829
366	P	1.6585	Malignancy, Female Reproductive System w/ cc	8.4	45	16,612
367	P	0.9397	Malignancy, Female Reproductive System w/o cc	3.7	10	10,000
368		0.8590	Infections, Female Reproductive System	4.0	10	10,000
369		0.5756	Menstrual & Other Female Reproductive System Disorders	2.7	8	10,000
370		1.5230	Cesarean Section w/ cc	5.1	16	12,752
371		1.1582	Cesarean Section w/o cc	3.8	9	10,000
372		0.7677	Vaginal Delivery w/ Complicating Diagnoses	2.7	10	10,000
373		0.5668	Vaginal Delivery w/o Complicating Diagnoses	2.0	5	10,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
374		0.9639	Vaginal Delivery w/ Sterilization &/or D & C	2.3	6	10,000
375	P	0.9686	Vaginal Delivery w/ O.R. Procedure Exp Steril &/or D & C	2.6	8	10,000
376		0.5318	Postpartum & Post Abortion Diagnoses w/o O.R. Procedures	2.5	9	10,000
377		0.9227	Postpartum & Post Abortion Diagnoses w/ O.R. Procedures	2.7	12	10,020
378		1.2232	Ectopic Pregnancy	3.4	8	10,000
379		0.4745	Threatened Abortion	2.4	10	10,000
380		0.4996	Abortion w/o D & C	1.8	6	10,000
381		0.7096	Abortion w/ D & C, Aspiration Curettage or Hysterotomy	1.6	6	10,000
382		0.2304	False Labor	1.0	5	10,000
383		0.5459	Other Antepartum Diagnoses w/ Medical Complications	3.2	11	10,000
384		0.4424	Other Antepartum Diagnoses w/o Medical Complications	2.3	10	10,000
385	P	2.6584	Neonates, Died or Transferred to Another Acute Care Facility	6.4	76	64,688
386	P	10.3575	Extr Immaturity or Respiratory Distress Syndrome, Neonate	32.7	149	11,452
387	P	2.6865	Prematurity w/ Major Problems	13.3	71	45,046
388	P	0.4923	Prematurity w/o Major Problems	4.7	22	10,000
389	P	0.7175	Full Term Neonate w/ Major Problems	4.5	24	14,569
390		0.2920	Neonate w/ Other Significant Problems	2.9	11	10,000
391		0.1640	Normal Newborn	2.1	6	10,000
392	P	3.7587	Splenectomy Age >17	9.8	29	30,004
393	P	2.1593	Splenectomy Age 0-17	6.6	21	37,306
394	P	2.1061	Other O.R. Procedures of the Blood & Blood Forming Organs	7.3	28	19,485
395		1.2421	Red Blood Cell Disorders Age >17	6.1	27	12,078
396		0.7427	Red Blood Cell Disorders Age 0-17	4.1	13	10,000
397	P	1.5087	Coagulation Disorders	4.5	18	18,361
398	P	1.7998	Reticuloendothelial & Immunity Disorders w/ cc	6.7	31	24,458
399		1.0044	Reticuloendothelial & Immunity Disorders w/o cc	4.8	14	10,000
400	P	5.6221	Lymphoma & Leukemia w/ Major O.R. Procedure	14.5	71	79,870

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
401	P	5.1182	Lymphoma & Non-Acute Leukemia w/ Other O.R. Proc w/ cc	20.9	113	54,638
402	P	1.7852	Lymphoma & Non-Acute Leukemia w/ Other O.R. Proc w/o cc	5.1	20	10,828
403	P	3.5810	Lymphoma & Non-Acute Leukemia w/ cc	12.9	58	45,281
404	P	1.8185	Lymphoma & Non-Acute Leukemia w/o cc	6.9	36	16,802
405	P	2.5013	Acute Leukemia w/o Major O.R. Procedure Age 0-17	7.7	50	50,446
406	P	7.1661	Myeloprol Disord or Poorly Diff Neopl w/ Maj O.R. Proc w/ cc	20.6	75	59,592
407	P	1.8325	Myeloprol Disord or Poorly Diff Neop w/ Maj O.R. Proc w/o cc	5.8	13	14,195
408	P	2.6102	Myeloprolif Disord or Poorly Diff Neopl w/ Other O.R. Proc	7.8	45	30,763
409	P	1.7340	Radiotherapy	8.3	35	13,746
410		1.5814	Chemotherapy w/o Acute Leukemia as Secondary Diagnosis	4.3	29	16,797
411	P		History of Malignancy w/o Endoscopy			
412	P		History of Malignancy w/ Endoscopy			
413	P	2.2389	Other Myeloprolif Dis or Poorly Diff Neopl Diag w/ cc	10.9	62	31,267
414	P	1.0782	Other Myeloprolif Dis Oo Poorly Diff Neopl Diag w/o cc	4.8	20	10,000
415	P	4.7108	O.R. Procedure for Infectious & Parasitic Diseases	17.0	148	70,544
416		2.3286	Septicemia Age >17	8.7	42	24,538
417		0.9386	Septicemia Age 0-17	5.3	24	17,521
418		1.1863	Postoperative & Post-Traumatic Infections	5.6	28	12,144
419	P	1.3041	Fever of Unknown Origin Age >17 w/ cc	5.9	27	11,661
420	P	0.7246	Fever of Unknown Origin Age >17 w/o cc	3.6	14	10,000
421		0.7830	Viral Illness Age >17	4.0	24	10,000
422		0.5460	Viral Illness & Fever Unknown Origin Age 0-17	3.1	9	10,000
423	P	1.3880	Other Infectious & Parasitic Diseases Diagnoses	7.6	44	20,751
424		3.1654	O.R. Procedures w/ Principal Diagnoses of Mental Illness	19.0	66	25,603
425		1.0970	Acute Adjustment Reaction and Psychosocial Dysfunction	7.1	35	10,000
426		1.2297	Depressive Neuroses	9.4	51	10,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
427		1.5344	Neuroses Except Depressive	11.8	49	11,852
428		2.0316	Disorders of Personality & Impulse Control	15.1	82	23,663
429		1.7560	Organic Disturbances & Mental Retardation	12.3	59	15,953
430		1.5977	Psychoses	12.9	54	12,811
431		2.4665	Childhood Mental Disorders	16.8	79	14,338
432		1.7114	Other Mental Disorder Diagnoses	11.3	49	16,001
433		0.7649	Alcohol/Drug Abuse or Dependence, Left AMA	6.9	27	10,000
434		1.2899	Alc/Drug Abuse or Depend, Detox or Oth Symp Treat w/ cc	7.4	35	19,813
435		1.0940	Alc/Drug Abuse or Depend, Detox or Oth Symp Treat w/o cc	9.3	38	10,000
436		2.1692	Alc/Drug Dependence w/ Rehabilitation Therapy	22.1	46	10,000
437		2.1256	Alc/Drug Dependence, Combined Rehab & Detox Therapy	23.1	47	10,000
438			No Longer Valid			
439	P	1.6530	Skin Grafts for Injuries	8.3	33	19,657
440	P	2.4372	Wound Debridements for Injuries	10.3	55	24,398
441	P	1.6281	Hand Procedures for Injuries	4.1	12	10,000
442	P	3.3307	Other O.R. Procedures for Injuries w/ cc	9.5	71	54,467
443		1.3670	Other O.R. Procedures for Injuries w/o cc	4.0	20	10,615
444	P	1.3783	Traumatic Injury Age >17, w/ cc	6.9	36	15,999
445	P	0.7045	Traumatic Injury Age >17, w/o cc	2.9	15	10,000
446	P	0.6463	Traumatic Injury Age 0-17	2.9	9	10,000
447	P	0.6327	Allergic Reactions Age >17	2.6	10	10,000
448	P	0.4830	Allergic Reactions Age 0-17	2.9	13	10,000
449	P	1.1869	Poisoning & Toxic Effects of Drugs Age >17 w/ cc	5.4	66	20,542
450		0.6459	Poisoning & Toxic Effects of Drugs Age >17 w/o cc	2.8	14	10,000
451		0.5602	Poisoning & Toxic Effects of Drugs Age 0-17	2.5	12	10,000
452	P	1.4708	Complications of Treatment w/ cc	6.2	33	18,135
453	P	0.7216	Complications of Treatment w/o cc	3.9	19	10,000
454	P	1.1843	Other Injury, Poisoning & Toxic Effect Diagn w/ cc	4.5	44	13,652
455		0.4348	Other Injury, Poisoning & Toxic Effect Diagn w/o cc	1.6	5	10,000

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
456			No Longer Valid			
457			No Longer Valid			
458			No Longer Valid			
459			No Longer Valid			
460			No Longer Valid			
461	P	3.0345	O.R. Proc w/ Diagnoses of Other Contact w/ Health Services	12.3	97	77,027
462		3.5186	Rehabilitation	23.7	87	26,910
463	P	1.0876	Signs & Symptoms w/ cc	5.6	34	20,717
464	P	0.5571	Signs & Symptoms w/o cc	3.1	9	10,000
465	P		Aftercare w/ History of Malignancy as Secondary Diagnosis			
466	P	1.1525	Aftercare w/o History of Malignancy as Secondary Diagnosis	2.7	23	14,706
467		0.3342	Other Factors Influencing Health Status	2.2	7	10,000
468	P	3.8092	Extensive O.R. Procedure Unrelated to Principal Diagnosis	12.2	80	51,691
469	P		Principal Diagnosis Invalid as Discharge Diagnosis			
470	P		Ungroupable			
471	P	7.6632	Bilateral or Multiple Major Joint Procs of Lower Extremity	16.9	42	31,141
472			No Longer Valid	36.4	193	22,963
473	P	9.0058	Acute Leukemia w/o Major O.R. Procedure Age > 17	20.2	86	90,151
474			No Longer Valid			
475	P	6.6318	Respiratory System Diagnosis w/ Ventilator Support	11.8	48	50,243
476	P	3.1366	Prostatic O.R. Procedure Unrelated to Principal Diagnosis	15.8	42	21,032
477		1.7853	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis	7.4	47	22,609
478	P	3.4742	Other Vascular Procedures w/ cc	9.8	46	29,264
479		2.7435	Other Vascular Procedures w/o cc	6.1	21	16,926
480	P	31.3097	Liver Transplant and/or Intestinal Transplant	23.2	101	25,638
481	P	30.1940	Bone Marrow Transplant	43.5	99	14,986
482	P	6.6879	Tracheostomy for Face, Mouth & Neck Diagnoses	18.2	193	10,666

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
483			No Longer Valid			
484	P	17.5003	Craniotomy for Multiple Significant Trauma	60.6	315	12,681
485	P	8.8594	Limb Reattachment, Hip and Femur Proc for Multiple, Significant Trauma	24.1	96	64,876
486	P	7.9153	Other O.R. Procedures for Multiple Significant Trauma	19.3	127	74,108
487	P	3.4739	Other Multiple Significant Trauma	10.9	66	41,760
488	P	5.6604	HIV w/ Extensive O.R. Procedure	20.6	86	50,687
489	P	2.8038	HIV w/ Major Related Condition	11.4	55	27,005
490	P	1.8897	HIV w/ or w/o Other Related Condition	7.9	38	21,326
491		2.6839	Major Joint & Limb Reattachment Procs of Upper Extremity	6.4	14	10,148
492	P	1.0262	Chemotherapy w/ Acute Leukemia as Secondary Diagnosis	3.3	12	10,000
493	P		Laparoscopic Cholecystectomy w/o CDE w/ cc			
494	P		Laparoscopic Cholecystectomy w/o CDE w/o cc			
495	P		Lung Transplant			
496	P		Combined Anterior/Posterior Spinal Fusion			
497	P		Spinal Fusion w/ cc			
498	P		Spinal Fusion w/o cc			
499	P		Back & Neck Procs Except Spinal Fusion w/ cc			
500	P		Back & Neck Procs Except Spinal Fusion w/o cc			
501	P		Knee Proc w/ PDX of Infection w/ cc			
502	P		Knee Proc w/ PDX of Infection w/o cc			
503	P		Knee Procedures w/o PDX of Infection			
504	P		Extensive Burns or full thickness burns w MV 96+ hrs w skin graft			
505	P		Extensive Burns or full thickness burns w MV 96+ hrs w/o skin graft			
506	P		Full Thickness Burn w/ Skin Graft or Inhal Inj w/ cc or Sig Trauma			
507	P		Full Thickness Burn w/ Skin Graft or Inhal Inj w/o cc or Sig Trauma			
508	P		Full Thickness Burn w/o Skin Graft or Inhal Inj w/ cc or Sig Trauma			

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
509	P		Full Thickness Burn w/o Skin Graft or Inh Inj w/o cc or Sig Trauma			
510	P		Non-Extensive Burns w/ cc or Significant Trauma			
511	P		Non-Extensive Burns w/o cc or Significant Trauma			
512	P		Simultaneous Pancreas/Kidney Transplant			
513	P		Pancreas Transplant			
514	P		No longer valid			
515	P		Cardiac defibrillator implant w/o cardiac cath			
516	P		Percutaneous cardiovasc proc w/ ami			
517	P		Perc cardio proc w/ non-drug eluting stent w/o ami			
518	P		Perc cardio proc w/o coronary artery stent or ami			
519	P		Cervical spinal fusion w/ cc			
520	p		Cervical spinal fusion w/o cc			
521	P		Alcohol/Drug Abuse or Dependence w/ cc			
522	P		Alc/drug abuse or depend w/ rehab therapy w/o cc			
523	P		Alc/drug abuse or depend w/o rehab therapy w/o cc			
524	P		Transient ischemia			
525	P		Other Heart assist system implant			
526	P		Percutaneous cardiovasc proc w/ drug eluting stent w/ ami			
527	P		Percutaneous cardiovasc proc w/ drug eluting stent w/o ami			
528	P		Intracranial vascular proc w/ pdx hemorrhage			
529	P		Ventricular shunt procedures w/ cc			
530	P		Ventricular shunt procedures w/o cc			
531	P		Spinal procedures w/ cc			
532	P		Spinal procedures w/o cc			
533	P		Extracranial procedures w/ cc			
534	P		Extracranial procedures w/o cc			
535	P		Cardiac defib implant w/ cardiac cath w/ ami/hf/shock			

SECTION 4 BILLING CODES

INPATIENT PPS DRG RELATIVE WEIGHTS

DRG	Method of Reimb	Relative Weight	Description	Average Length of Stay	Outlier Threshold	
					Day	Cost
536	P		Cardiac defib implant w/ cardiac cath w/o ami/hf/shock			
537	P		Local excis & remov of int fix dev except hip & femur w/ cc			
538	P		Local excis & remov of int fix dev except hip & femur w/o cc			
539	P		Lymphoma & leukemia w/ major O.R. procedure w/ cc			
540	P		Lymphoma & leukemia w/ major O.R. procedure w/o cc			
541	P		Trach w MV 96+ hrs or PDX exc face, mouth & neck diag w major OR			
542	P		Trach w MV 96+ hrs or PDX exc face, mouth & neck diag w/o major OR			
543	P		Craniotomy w/ implant of chemo agent or acute complex CNS PDX			

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

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SECTION 4 BILLING CODES**PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION
AND SUPPORT DOCUMENTATION**

Please contact CMR for prior authorization for the following codes:

- 15831** Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
- 19140** Mastectomy for gynecomastia
- 19316** Mastopexy
- 19318** Reduction Mammoplasty
- 19340** Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19342** Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19355** Correction of inverted nipples
- 19357** Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
- 19361** Breast reconstruction, w/latissimus dorsi flap, w/ or w/o prosthetic implant
- 19364** Breast reconstruction, w/ free flap
- 19366** Breast reconstruction, w/ other technique
- 19367** Breast reconstruction, w/TRAM flap, single pedicle, including closure of donor site
- 19368** Breast reconstruction, w/TRAM flap, single pedicle, w/ microvascular anastomosis (super-charging)
- 19369** Breast reconstruction, w/ TRAM flap, double pedicle, including closure of donor site
- 37788** Penile revascularization, artery, with or without vein graft
- 43644** Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
- 43645** Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
- 43842** Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- 43845** Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)

SECTION 4 BILLING CODES

CODES REQUIRING PRIOR AUTHORIZATION AND SUPPORT DOCUMENTATION

- 43846** Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
- 43847** Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
- 43848** Revision of gastric restrictive procedure for morbid obesity (separate procedure)
- 54400** Insertion of penile prosthesis; non-inflatable (semi-rigid)
- 54401** Insertion of penile prosthesis; inflatable (self-contained)
- 54405** Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
- 69930** Cochlear device implantation, with or without mastoidectomy
- 90733** Meningococcal vaccine

The following ICD-9 codes require prior authorization from CMR:

- 20.96** Implantation or replacement of cochlear prosthetic device, NOS
- 20.97** Implantation or replacement of cochlear prosthetic device, single channel
- 20.98** Implantation or replacement of cochlear prosthetic device, multiple channel
- 44.31** High gastric bypass
- 64.94** Fitting of external prosthesis of penis
- 64.95** Insertion or replacement of non-inflatable penile prosthesis
- 64.97** Insertion or replacement of inflatable penile prosthesis
- 85.31** Unilateral reduction mammoplasty
- 85.32** Bilateral reduction mammoplasty
- 85.34** Other unilateral subcutaneous mastectomy
- 85.36** Other bilateral subcutaneous mastectomy
- 85.7** Total reconstruction of breast
- 85.89** Other mammoplasty
- 86.83** Size reduction plastic operation

The following codes require support documentation from CMR:

- 11960** Insertion of tissue expanders
- 11970** Replace tissue expander with permanent prosthetic
- 11971** Remove tissue expander(s) w/o insertion of prosthetic

SECTION 4 BILLING CODES**CODES REQUIRING PRIOR AUTHORIZATION AND SUPPORT DOCUMENTATION**

- 15823** Blepharoplasty, up lid skin wt down lid
- 19328** Removal intact mammary implant
- 19330** Removal mammary implant material unilateral
- 19355** Correction of inverted nipple
- 19370** Open periprosthetic capsulotomy — breast
- 19380** Revision of reconstructed breast
- 29901** Arthscopy metcarpphalang surg w/debride
- 29902** Arthscopy metcarpphalang surg w/reduct
- 31766** Carinal reconstruction
- 32997** Total lung lavage (Unilateral)
- 36550** Declot thromb agt imp vascu dev or cathr
- 42509** Parotid duct diver bilat excise 2 glands
- 44955** Appendectomy w/oth surg for indicat purpose
- 54235** Inject corpora cavern w pharm agent(s)
- 54240** Penile plethysmography
- 54250** Nocturn penile tumescence and/or rig tes
- 54690** Laparoscopy surgical orchiectomy
- 55200** Vasotomy cannuli w/wo incis vas uni/bila
- 57291** Construction artificial vagina with graft
- 57292** Construction artificial vagina w/o graft
- 61885** Incis & subcut placem cranial neurostimula
- 61886** Cranial neurostm pul gen rec incis subct
- 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/receiver
- 64590** Inc & subcut placement perip neurost gen
- 78459** Myocardial imag (PET) metabolic evaluation
- 92589** Central auditory function test(s) specif

SECTION 4 BILLING CODES**CODES REQUIRING PRIOR AUTHORIZATION AND SUPPORT DOCUMENTATION**

The following ICD-9 codes require support documentation from CMR:

- 03.99** Spine canal structure OP nec
- 05.9** Other nervous system OPS
- 06.94** Thyroid reimplantation
- 07.45** Adrenal reimplantation
- 08.31** Ptosis rep-fron mus sut
- 08.32** Ptosis rep-fron mus slung
- 08.33** Ptosis rep-levat mus adv
- 08.34** Ptosis rep-levat mus NEC
- 08.35** Ptosis rep-tarsal techniq
- 08.36** Blepharoptos repair nec
- 08.37** Reduc overcorrect Ptosis
- 08.52** Blepharorrhaphy
- 08.59** Adjust lid position NEC
- 08.70** Lid reconstruction NOS
- 08.89** Eyelid repair NEC
- 10.99** Conjunctival OP NEC
- 21.99** Nasal operation NEC
- 27.59** Mouth plastic repair NEC
- 47.99** Appendiceal OPS NEC
- 63.53** Transplant spermat cord
- 63.99** Cord/epid/vas/ OPS NEC
- 64.99** Male genital OP NEC
- 66.97** Bury Fimbriae in uterus
- 71.9** Other female genital OPS
- 76.69** Facial bone repair NEC
- 85.87** Nipple repair nec
- 85.95** Insertion breast tissue expander
- 85.99** Breast operation NEC
- 86.81** Repair facial weakness
- 86.84** Relaxation of scar
- 86.89** Skin repair & plasty nec