

Medicare Severity Grouper with Medicare Code Editor  
Software

Installation and User's Manual ICD-10 Pilot  
Version  
For personal computers

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Software version 31.0 October 2013

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# CMS Statement

CMS is providing the public with ICD-10 MS-DRGs v31.0 (FY 2014) software which will be distributed through NTIS. We believe this software will allow the public to more easily review and provide feedback on updates to the ICD-10 MS-DRGs. Based on the feedback we receive, we will continue to make annual updates to the MS-DRGs. Please note that the FY 2015 ICD-10 MS-DRGs will be developed through the FY 2015 rulemaking process.



# ICD-10 Pilot

## Version 31.0

This Medicare Severity (MS) Grouper with Medicare Code Editor (MCE) ICD-10 Pilot software contains ICD-9-CM codes effective October 2013 and ICD-10 codes published in 2013. This software is intended to give users the opportunity to group and edit claims using both ICD-9-CM codes, ICD-10-CM and ICD-10 PCS codes based on discharge date. This software is not intended to be used to process claims.

This piloted version contains all versions of ICD-9 ([see "Program versions" on page 11](#)) and the ICD-10 version 31.0 of the MS Grouper with MCE software. No grouping or editing will occur for claims prior to the valid date range for this component. If the discharge date is out of range for this component, ICD-10 version 31.0 will be used.



# About this document

## **Purpose of the manual**

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

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

## **Information in the manual**

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

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

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



# Chapter 1: Introduction

The Medical Severity Grouper with Medicare Code Editor (MSG/MCE) software edits medical record data to help identify coding errors and inconsistencies between clinical data and coding.

The software:

- Assigns the medical record to a Major Diagnostic Category (MDC) and a Diagnosis Related Group (DRG).
- Displays clinical edits that identify inconsistencies after evaluating a patient's principal diagnosis, any secondary diagnoses, surgical procedures, age, length of stay, sex, and discharge status for possible errors.

Note: If some of these data items are missing inaccurate results may occur.

- Displays the cost weight associated with the assigned DRG for each patient record.
- Processes medical record data either from a MS-DOS batch file or interactively in a Windows environment.

## Program versions

This release of MS grouper with MCE software for Windows-based personal computers supports the versions shown in the following table.

**Table 1. Grouper versions in the program**

<b>MS grouper version</b>	<b>MCE version</b>	<b>Effective date range</b>
31.0 I-10	31.0 I-10	10/01/2013–09/30/2014 I-10
30.0	30.0	10/01/2012–09/30/2013
29.0	28.0	10/01/2011–09/30/2012
28.0	27.0	10/01/2010–09/30/2011
27.0	26.0	10/01/2009–09/30/2010
26.0	25.0	10/01/2008–09/30/2009
25.1	24.1	04/01/2008–09/30/2008
25.0	24.0	10/01/2007–03/31/2008
24.0	23.0	10/01/2006–09/30/2007
23.0	22.0	10/01/2005–09/30/2006
22.0	21.0	10/01/2004–09/30/2005
21.0	20.0	10/01/2003–09/30/2004

## Introduction

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<b>MS grouper version</b>	<b>MCE version</b>	<b>Effective date range</b>
20.0	19.0	10/01/2002–09/30/2003
19.0	18.0	10/01/2001–09/30/2002
18.0	17.0	10/01/2000–09/30/2001
17.0	16.0	10/01/1999–09/30/2000
16.0	15.1*	07/01/1999–09/30/1999
16.0	15.0	10/01/1998–06/30/1999

There are specific rules for the discharge date field as it relates to the discharge status and the version of software used to process a claim. See the "Data entry fields" table (page [27](#)) for details.

# Chapter 2: Installing the software

**Note:** Pilot version users do not need to uninstall previous MSG MCE software. This Pilot version will work in parallel with other MSG MCE versions.

The Medicare Severity Grouper with Medicare Code Editor (MSG/MCE) software is completely self-installable on a stand-alone personal computer (PC). The installation must be performed by a person with Microsoft® Windows® administrative status. The software is not designed for networked systems.

## Hardware and system requirements

The hardware and system requirements for the software are shown in the following table.

**Table 2. Hardware requirements**

Component	Requirement
Operating system	Windows 2003 Windows Vista (32 bit & 64 bit) Windows 7 (32 bit & 64 bit)
RAM	512 MB
Required disk space	220 MB
Monitor	Super VGA color (1024x768 resolution)
Windows permissions	Administrative status

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

The following are system requirements for accessibility:

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

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

## Installing the current software product

To install the current version of MS grouper with MCE software, follow the steps below. The installation automatically checks for the appropriate operating system, screen resolution, free disk space, administrator status, and previously installed MSG/MCE software versions. If any

requirement is not met, you will see a message stating the nature of the problem during the installation. Correct the problem and begin the installation again. At any time, you can click Cancel to end the installation process.

1. With your computer turned on, close all unnecessary applications running on your computer.
2. Download the MSGMCE PC zip file to your desktop or a local drive.
3. Unzip the file that was downloaded.
4. Select the MSGMCE PC folder from the unzipped file.
5. Double-click on MSGMCEInstaller.exe to start the software installation.

**Note:** For Windows 7 and Vista users if you see a warning message for "unknown publisher" click Yes to continue with the install.

For the Pilot version only, the following CMS statement appears as a pop-up window.

*CMS is providing the public with ICD-10 MS-DRGs v31.0 (FY 2014) software which will be distributed through NTIS. We believe this software will allow the public to more easily review and provide feedback on updates to the ICD-10 MS-DRGs. Based on the feedback we receive, we will continue to make annual updates to the MS-DRGs. Please note that the FY 2015 ICD-10 MS-DRGs will be developed through the FY 2015 rulemaking process.*

- a. Click OK to continue with the installation.
6. On the Introduction screen, read the introductory information, then click Next to continue.  
If a previous version of the software is detected on your system, you may see a message instructing you to uninstall the previous version before proceeding with the new installation.
  7. On the Choose Install Folder screen, specify the folder where you want to install the product.  
The default folder is C:\Program Files\MSGMCE SOFTWARE PILOT.
    - To choose a different folder, click Choose and browse to the folder you want to use.
    - If you want to restore the default folder after making a change, click Restore Default Folder
  8. After choosing an install folder, click Next.
  9. Review the information on the Pre-Installation Summary screen.  
If you need to make any changes, click Previous and make the necessary changes, then click Next to return to the Pre-Installation Summary screen.
  10. When you are satisfied with the pre-installation summary information, click Install.  
While the installation process runs, you see the Installing screen. If errors occur, you see a message directing you to the installation log for more information.
  11. On the Install Complete screen, click Done.

**Note:** Some PCs may display a Program Incompatibility Assistant screen to verify if the program installed correctly, you may close this screen.

## Description files

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

**Table 3. Description files**

<b>File name</b>	<b>Contains descriptions for...</b>
icd9dx.vxxx	ICD-9-CM diagnosis codes
icd9sg.vxxx	ICD-9-CM procedure codes
icd10dx.vxxx	ICD-10-CM diagnosis codes
icd10sg.vxxx	ICD-10-PCS procedure codes
msdrg3.vxxx	3-digit DRGs
msdrg4.vxxx	4-digit DRGs
msmdc.vxxx	MDCs

## Installed program functions

The installation places the three functions, shown in the following table, in the MS Grouper with Medicare Code Editor Software Pilot folder of Programs in the Start menu on your PC.

**Table 4. Installed program functions**

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

### *Accessing the functions*

To access any of the functions in the following table:

1. Go to the Start menu.
2. Select Programs > MS Grouper with Medicare Code Editor Software Pilot.
3. Select the appropriate function.
  - For information on interactive claims processing, go to "Interactive data processing" (page [19](#)).
  - or
  - For information on batch processing, see "Batch processing" (page [43](#)).

## Uninstalling this grouper

The following instructions explain how to uninstall this grouper.

1. Launch the uninstall process from the Windows Control Panel or from the product directory.
  - To launch the uninstall process from the Control Panel,
    - a. Click the Start menu and select Settings > Control Panel > Add or Remove Programs. (Windows 7 users, click Start > Control Panel > Programs and Features.)
    - b. From the list of installed products, select MS Grouper with Medicare Code Editor Software Pilot.
    - c. Click Change/Remove (Windows 7 users, right-click, then click Uninstall/Change).
  - To launch the uninstall process from the product directory,
    - a. Locate the product directory. The default directory is C:\Program Files\MSG MCE Software Pilot.
    - b. Open the folder named Uninstall\_MS Grouper with Medicare Code Editor Software Pilot, then select Change MS Grouper with Medicare Code Editor Software Pilot.exe.

**Note:** For Windows 7 and Vista users if you see a warning message for "unknown publisher" click Yes to continue with the uninstall.

2. On the Uninstall MS Grouper with Medicare Code Editor Software Pilot screen, read the message summarizing the uninstall process, then click Next.
3. On the Uninstall Options screen, select Complete Uninstall to uninstall the software.
4. Click Next
5. On the Uninstall MS Grouper with Medicare Code Editor Software Pilot screen, click Uninstall.

6. On the Uninstall Complete screen, click Done.



# Chapter 3: Interactive data processing

The Medicare Severity Grouper with Medicare Code Editor (MSG/MCE) software processes medical record data by two methods:

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

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

Sections in this chapter give you information on:

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

## Data entry

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

## Grouper selection

As you enter data, the program automatically selects the appropriate grouper for processing using the discharge date entered from the patient's medical record. If the discharge date is 10/01/2013 or later, MS grouper 31.0 is used.

If the discharge date of the patient is not within an effective date range for any installed grouper, or if the discharge date is missing, the program defaults to the most current version installed, version 31.0. In that case, this message is displayed on the output report:

```
Grouper version [current #] USED BY DEFAULT.
```

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

## Steps for entering data

Follow these steps for interactive data entry:

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

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

The data entry window is organized into three sections:

- Patient Information
- Patient Stay Information
- Codes

The cursor will be positioned at the first field. To enter data, you can tab to move through fields. Use Shift+Tab to move back to the previous field. When in the codes table, text will appear below the code tables displaying the location of the cursor.

Figure 1: Data entry window

2. Enter data into the appropriate fields.

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

**Table 5. Help for interactive data entry**

<b>What do you want to do?</b>	<b>Help</b>
Find specific data entry field information	See the "Data entry fields" table (page <a href="#">27</a> ).
Work with text on the window	Use standard Windows options (e.g., cut, copy, paste).
Make a menu selection	See the "Data entry menu items" table (page <a href="#">28</a> ).
Correct an entry in the patient information or patient stay information section	Simply highlight and overwrite the entry with the correct information.
Delete a code entry row in the codes section	For the Admit Dx, highlight the code and press the Delete key. For other codes, highlight the row, then press the Delete key.  For more information, see the Diagnoses and Procedures field descriptions in the "Data entry fields" table (page <a href="#">27</a> ); also see the "Data entry menu item" table (page <a href="#">28</a> ) and the "Data entry command button" table (page <a href="#">29</a> ) for additional information on the Delete and Clear functions.
View a long field description or edit message associated with a code	Use the scroll bar.
Eliminate an error message	Select OK to close the dialog box and correct the problem. See the "Interactive error messages" table (page <a href="#">29</a> ) for a list of error messages that can occur with their descriptions.

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

You can select Report by clicking on it or by tabbing to the it and then pressing Enter. Pressing Alt+R also opens the report.

"Viewing interactive output" (page [33](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [31](#)).

## Data entry fields

The following tables describe the fields on the data entry window. An asterisk (\*) indicates a required field.

**Table 6. Data entry fields - patient information**

Field name	Length	Description
Name	31	Name of the patient. Alphanumeric. First and last names can be entered in any order.
Medical record number	13	Patient's medical record number. Alphanumeric.
Birth date	10	<p>Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmdyyy, or mmdyy.</p> <p>A dash (-), slash (/), or a period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1890 cannot be entered.</p> <p>The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age.</p>
Age in years*	3	Age of the patient. Valid values: 0–124 years. Age can be an entered or a calculated value. <i>For more information, see the Birth date field description.</i>
Sex*	1	<p>Patient gender. Select a value from the drop-down list:</p> <p>0, u, U = Unknown            1, m, M = Male            2, f, F = Female</p>

**Table 7. Data entry fields - patient stay information**

<b>Field name</b>	<b>Length</b>	<b>Description</b>
Account number	17	Patient account number. Alphanumeric.
Primary payer	2	<p>Primary payer for the service provided. Select a value from the drop-down list:</p> <ul style="list-style-type: none"> <li>01 Medicare (default)</li> <li>02 Medicaid</li> <li>03 Title V</li> <li>04 Other Govt</li> <li>05 Work Comp</li> <li>06 Blue Cross</li> <li>07 Insur Co</li> <li>08 Self Pay</li> <li>09 Other</li> <li>10 No Charge</li> </ul>
Admit date	10	<p>Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy.</p> <p>A dash (-), slash (/), or a period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display.</p> <p>The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age. <i>For more information, see the Birth date field description.</i> The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS.</p>

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

Field name	Length	Description
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (<i>see also Discharge date, above</i>). An error message (page <a href="#">29</a>) is displayed when a discharge status is selected first and is invalid for a discharge date entered afterward.</p> <p>All available discharge status codes are listed below.</p> <p>01 = Home or self-care  02 = Disch/trans to another short term hosp  03 = Disch/trans to SNF  04 = Custodial/supportive care (revised 10/01/09)  05 = Disch/trans to a designated cancer center or children's hospital (revised 04/01/08)  06 = Care of home health service  07 = Left against medical advice  20 = Died  21 = Disch/trans to court/law enforcement  30 = Still a patient  43 = Fed hospital (added 10/01/03)  50 = Hospice-home  51 = Hospice-medical facility  61 = Swing Bed (added 10/01/2001)  62 = Rehab fac/unit (added 10/01/2001)  63 = LTC hospital (added 10/01/2001)  64 = Nursing facility–Medicaid certified (added 10/01/02)  65 = Psych hosp/unit (added 10/01/03)  66 = Critical access hospital (added 10/01/05)  69 = Designated Disaster Alternative Care Site (added 10/01/13)  70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08)  81 = Home-Self care w Planned Readmission (added 10/01/13)  82 = Short Term Hospital w Planned Readmission (added 10/01/13)  83 = SNF w Planned Readmission (added 10/01/13)</p>

Field name	Length	Description
		84 = Cust/supp care w Planned Readmission (added 10/01/13) 85 = Canc/child hosp w Planned Readmission (added 10/01/13) 86 = Home Health Service w Planned Readmission (added 10/01/13) 87 = Court/law enfrc w Planned Readmission (added 10/01/13) 88 = Federal Hospital w Planned Readmission (added 10/01/13) 89 = Swing Bed w Planned Readmission (added 10/01/13) 90 = Rehab Facility/ Unit w Planned Readmission (added 10/01/13) 91 = LTCH w Planned Readmission (added 10/01/13) 92 = Nursg Fac-Medicaid Cert w Planned Readmiss (added 10/01/13) 93 = Psych Hosp/Unit w Planned Readmission (added 10/01/13) 94 = Crit Acc Hosp w Planned Readmission (added 10/01/13) 95 = Oth Institution w Planned Readmission (added 10/01/13)
LOS (length of stay)	5	Number of days the patient was in the facility. Valid entries: 00000–45291.  LOS can be user-entered, or calculated when admit and discharge dates have been entered. <i>For more information, see the Admit date field description.</i>
Optional information	72	Comments or other user-specified information. Alphanumeric.

**Table 8. Data entry fields - codes**

Field name	Length	Description
Admit Dx*	5	<p>Enter a diagnosis code without decimals. Lower case is automatically converted to upper case. The code description is displayed as you type the code. If the code is not valid, the word "invalid" displays in the description field.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to <b>five</b> digits for ICD–9 processing and <b>seven</b> digits for ICD–10 processing.</p>
Apply HAC (hospital-acquired condition) logic	1	The checked box indicates that HAC logic will be applied. By default, this box will always be checked.
Diagnoses: PDX (principal diagnosis)* Diagnoses 2–25	7	<p>Enter diagnosis codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank diagnosis code field moves focus to the first blank procedure code field.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" (page <a href="#">38</a>) for a list of code edits.</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to <b>five</b> digits for ICD–9 processing and <b>seven</b> digits for ICD–10 processing.</p>
Present on Admission Indicators	1	<p>Enter one of the following Present on Admission Indicators, required for a diagnosis other than the admit diagnosis:</p> <p>Y = Yes, present at the time of inpatient admission</p> <p>N = No, not present at the time of inpatient admission</p> <p>U = Insufficient documentation to determine if present on admission</p> <p>W = Clinically unable to determine if present at time of admission</p> <p>1 = Exempt from reporting</p> <p>Blank = exempt from reporting</p>

Field name	Length	Description
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter procedure codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank procedure code field moves focus to the Report button.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" (page <a href="#">40</a>) for a list of code edits.</p> <p>If you enter a secondary procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal procedure.</p> <p><b>Note:</b> The interactive program accepts only procedure codes of up to <b>four</b> digits for ICD–9 processing and <b>seven</b> digits for ICD–10 processing.</p>

## Data entry menu options

The following table describes the menu options on the data entry window. Refer to the Function column to locate the task you want to perform. Accelerator keys allow you to bypass a menu and activate a function more quickly.

**Table 9. Data entry menu items**

Menu	Item	Function	Accelerator key
Patient (Alt + P)	New (N)	Displays the demographics tab cleared of all previously entered information.	Ctrl+N
Patient (Alt + P)	Exit (X)	Exits the program.	Alt+F4
Edit (Alt + E)	Cut (T)	Removes the selected text and copies it to the clipboard.	Ctrl+X
Edit (Alt + E)	Copy (C)	Copies the selected text to the clipboard.	Ctrl+C
Edit (Alt + E)	Paste (P)	Inserts contents of the clipboard at the insertion point.	Ctrl+V

Menu	Item	Function	Accelerator key
Edit (Alt + E)	Delete (D)	Deletes the selected text, or the selected row in the Codes section.	Delete
Help (Alt + H)	About (A)	Displays the About box with current version information.	n/a

## Data entry command buttons

The following table describes the command buttons on the data entry window. Use the Function column to locate the task you want to perform.

**Table 10. Data entry command buttons**

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits. You must click Clear to activate its function; tabbing to the button and pressing Enter will not work. Alt+C also clears fields.
Report	Displays a pre-formatted output report that can be printed or saved. Alt+R also displays reports.  An error message displays in place of the report when any required fields are missing or invalid; correct the error, then tab to Report or press Alt+R to open the report again.  Data output is discussed in "Program output" (page <a href="#">31</a> ).

## Interactive error messages

The following table is an alphabetical list of the error messages that can occur during data entry. The messages help prevent invalid or incorrect entries.

**Table 11. Interactive error messages**

<b>Message</b>	<b>Description</b>
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be in this format: mm/dd/yyyy or mm/dd/yy.	The value entered for the month, day or year is outside the valid range. See the "Data entry fields" table (page <a href="#">23</a> ) for more information on date fields.
The following required fields are missing and/or invalid: Admit Dx.	The program does not process a record with a blank required field.
Age is invalid. Calculated age must be between 0 and 124 years.	The valid range for age in years is 0–124.
Birth date cannot be after Admit date.	The program checks for logical sequencing of dates.
Birth date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Birth date cannot be after current date	The program checks for logical sequencing of dates.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.
Length of stay (LOS) is invalid. Calculated length of stay must be between 00000 and 45291 days.	The entered or calculated LOS exceeds the upper limit allowed for the field.

Message	Description
<p>The following required fields are missing and/or invalid:</p> <p>Age in years Sex Discharge status Admit Dx PDX</p>	<p>You cannot produce an output report when a required field contains invalid data or is blank. The program sets the focus to the first invalid or blank required field.</p>

## Program output

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

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

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

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

- To display the output report, select Report on the data entry window or press Alt+R. *See the figure in "Steps for entering data" (page [20](#)) for details.*

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

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

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

## Interactive data processing

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

```
Title line ----- MS-DRG Assignment with Medicare Code Editor Pilot V31.0

Patient Information ----- Patient name: Jane Smith Medical rec #: 1054879

                               Admit date: 10/01/2013  Discharge date: 10/06/2013  Birth date: 09/09/1943
                               Optional information:

                               Patient acct #: 458799
                               Age in years: 69      Sex: Female
                               Discharge status: 01 Home or self-care

Grouping Information ----- MDC: 10 ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS
                               Final
                               DRG: 639 Diabetes w/o CC/MCC
                               Cost weight: 00.5558
                               MS-DRG Grouper version 31.0 (October 1, 2013) used.
                               HAC Status: One or more HAC criteria met, Final DRG changes.

Clinical Information ----- Admitting Diagnosis:
                               E109  Type 1 diabetes mellitus without complications

                               Principal Diagnosis:
                               E109  Type 1 diabetes mellitus without complications (DRG)
                               POA: Yes, present at the time of inpatient admission

                               Secondary Diagnoses:
                               E109  Type 1 diabetes mellitus without complications
                               POA: Yes, present at the time of inpatient admission
                               Edit: Duplicate of principal diagnosis (MCE)

Edit ----- T8351XA Infect/inflm reaction due to indwell urinary catheter, init (DRG) (HAC)
                               POA: No, not present at the time of inpatient admission
                               N390  Urinary tract infection, site not specified (DRG) (HAC)
                               POA: No, not present at the time of inpatient admission

POA Indicator ----- I10  Essential (primary) hypertension
                               POA: Yes, present at the time of inpatient admission
                               N469  Male infertility, unspecified
                               POA: Yes, present at the time of inpatient admission
                               Edit: Sex conflict (MCE)

                               No procedures performed

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

                               Actual LOS: 5

                               Patient Summary Edits:
                               MCE pre-payment errors only
```

Figure 2: Sample output report

## Viewing interactive output

Output report fields are described in the "Interactive output report fields" table (page [33](#)).

Use the menu options described in the "Output report menu items" table (page [36](#)):

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

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

## Exiting the report window

With the output report displayed on your screen:

- Select Close (Alt+C) at the bottom of the report window.

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

- Edit the data for the current record shown.  
or
- Select Patient > New (Ctrl+N) to begin data entry for a new record.

## Output report fields

The following table describes the fields on the output report.

**Table 12. Interactive output report fields**

Name	Description
Patient name Medical record number Admit date Discharge date Optional information Patient account number Age in years Sex Discharge status Length of stay	These output fields carry over the data entry information.  <i>See the "Data entry fields" tables (page <a href="#">22</a>) for information on these fields.</i>

Name	Description
<p>Grouping information (MDC, final DRG, final cost weight, grouper version used)</p>	<p>The Major Diagnostic Category (MDC) and Final Diagnosis Related Group (DRG) assigned to the record based on the age, sex, discharge status, Hospital Acquired Conditions (HAC), Present on Admission (POA) indicators, and codes entered from the record. The MS-designated DRG cost weight shows under the DRG line. <i>For a list of DRGs and associated cost weights in the current version of the MS grouper see "<a href="#">Current MDCs and DRGs</a>" on page <a href="#">95</a>.</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) may not have an assigned valid MDC. In this case, no MDC number or description is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> <li>▪ Invalid principal diagnosis</li> <li>▪ Invalid age (&lt;0 or &gt;124)</li> <li>▪ Invalid discharge date</li> <li>▪ Invalid sex (not 1 or 2)</li> <li>▪ Invalid discharge status (batch only)</li> <li>▪ Record does not meet criteria for any DRG</li> <li>▪ Illogical principal diagnosis (not applicable for ICD-10)</li> <li>▪ Diagnosis code cannot be used as principal diagnosis</li> <li>▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only</li> <li>▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only</li> <li>▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only</li> <li>▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only</li> </ul> <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing, the output states USED BY DEFAULT. See the "<a href="#">Data entry fields</a>" table (page <a href="#">23</a>) for discharge date information.</p>

Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <p><b>DRG:</b> Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p><b>HAC:</b> Indicates a code flagged as a Hospital Acquired Condition.</p> <p><b>MCC:</b> Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p><b>CC:</b> Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p><b>OR:</b> Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p><b>MCC excluded:</b> Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p><b>CC excluded:</b> Indicates a diagnosis is a CC but not considered due to PDX/SDX exclusion.</p>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. <i>See the "Program edits" table (page 91) for a description of each edit and why they occur.</i>
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.
Primary payer LOS	These output fields carry over the data entry information. <i>See the "Data entry fields" table (page 23) for information on these fields.</i>

Name	Description
Patient summary edits	<p>This section is where clinical edits and data entry error messages not pertaining to a specific code are displayed. The Invalid sex edit is currently the only edit that could display in this section.</p> <p>Edits are flagged as pre-payment or post-payment errors, noted as one of the following:</p> <ul style="list-style-type: none"> <li>MCE pre-payment errors only</li> <li>MCE post-payment errors only</li> <li>MCE pre- and post-payment errors</li> <li>No MCE pre- or post-payment errors</li> </ul> <p>For this flag, edits are categorized as follows:</p> <p><u>Pre-payment</u></p> <ul style="list-style-type: none"> <li>Age conflict</li> <li>Duplicate of principal diagnosis</li> <li>E-code as principal diagnosis (ICD-9)</li> <li>V, W, X or Y codes as principal diagnosis (ICD-10)</li> <li>Invalid ICD-9-CM code or invalid ICD-10 code</li> <li>Manifestation code as principal diagnosis</li> <li>Non-covered procedure</li> <li>Questionable admission</li> <li>Sex conflict</li> <li>Unacceptable principal diagnosis/Requires secondary diagnosis</li> <li>Invalid age</li> <li>Invalid sex</li> <li>Invalid discharge status</li> <li>Limited coverage</li> <li>Wrong procedure performed</li> <li>Procedure inconsistent with LOS</li> </ul> <p><u>Post-payment</u></p> <ul style="list-style-type: none"> <li>Open biopsy check</li> <li>Non-specific diagnosis</li> <li>Non-specific procedure</li> <li>Bilateral procedure</li> <li>MSP Alert</li> </ul>

## Output report menu options

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

**Table 13. Output report menu items**

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

## Output report command button

The following table describes the command button on the output report window. Refer to the Function column to locate the task you want to perform.

**Table 14. Output report command button**

Button	Function
Close (Alt+C)	Closes the output report and re-displays the data entry window.

## Program edits

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

**Table 15. Program edits - diagnosis codes**

Message	Description
Age conflict	Some diagnoses are unlikely for specific ages (e.g., a 5-year old with prostatic hypertrophy). Codes can be assigned to four age categories: Newborn - age of 0 years Pediatric - age 0–17 years inclusive Maternity - age 12–55 years inclusive Adult - age 15–124 years inclusive
Duplicate of principal diagnosis	When the same code is entered as the principal and a secondary diagnosis, this edit appears after the secondary diagnosis code. If the code happens to be on the CC list, the DRG assignment could be affected.
V, W, X or Y code as principal diagnosis	V, W, X or Y codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis (applicable in ICD-10).

Message	Description
Invalid ICD-9-CM code or ICD-10 code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.
Questionable admission	Some diagnoses are not usually considered sufficient justification for admission to an acute care facility (e.g., benign hypertension).
Sex conflict	Some codes are specific to gender. The edit indicates when such a code indicates a diagnosis (e.g., maternity) inconsistent with the gender of the patient (male).
Unacceptable principal diagnosis  Requires secondary diagnosis	Selected codes describe a circumstance that influences an individual's health status but is not the current injury or illness. These codes should not be used as a principal diagnosis.  However, a code otherwise considered as unacceptable is accepted if any secondary diagnosis is present (e.g., a code for specified aftercare, Z5189, requires a secondary diagnosis). If no secondary diagnosis is present for this code, the Requires secondary diagnosis message will appear.
Wrong procedure performed	Certain codes indicate that the wrong procedure was performed. This edit indicates that one of these codes is present.
E-code as principal diagnosis	E-codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis (applicable in ICD-9).
Secondary payer alert (MSP alert)	Certain trauma-related codes may indicate that another type of liability insurance should be the primary payer rather than Medicare.  Note: This edit was discontinued on 10/01/2001 and will be displayed in MSG/MCE software versions 16.0–18.0 only.

Message	Description
Non-specific principal diagnosis	<p>Some codes, especially "not otherwise specified" (NOS) codes, are valid but are not suitably specific for a principal diagnosis. This edit applies only if the patient is discharged alive since a more complete diagnostic work-up might not have been possible for a patient who has died.</p> <p>Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.</p>

**Table 16. Program edits - procedure codes**

Message	Description
Bilateral procedure	<p>Codes may not accurately reflect procedures performed on two or more different bilateral joints of the lower extremities during the same admission. The software indicates that the coded bilateral procedure may actually have been two procedures done on a single joint (e.g., a total hip replacement with a partial hip replacement will generate the edit while two total hip replacements will not). (ICD-9 only)</p>
Invalid ICD-9-CM code or ICD-10 code	<p>The code is not in the list of valid codes and is assumed to be invalid or have a missing digit.</p>

Message	Description
Limited coverage	<p>For certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost. The limited coverage edit is generated on claims containing any of the procedures listed below.</p> <ul style="list-style-type: none"> <li>Lung transplant</li> <li>Heart transplant</li> <li>Implantable heart assist system</li> <li>Intest/multi-visceral transplant</li> <li>Liver transplant</li> <li>Kidney transplant</li> <li>Pancreas transplant</li> <li>Artificial heart transplant</li> <li>Lung volume reduction surgery (LVRS) (ICD-9 only)</li> <li>Combination heart/lung transplant (ICD-9 only)</li> </ul> <p>The edit message indicates the type of limited coverage (e.g., Heart transplant-Limited coverage, Lung transplant-Limited coverage, etc.)</p>
Non-covered procedure	Some procedures are not covered by Medicare payment.
Non-specific O.R. procedure	<p>Some codes, especially NOS (not otherwise specified) codes, are valid but are not suitably specific. This edit applies only if all coded O.R. procedures are considered non-specific.</p> <p>Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.</p>
Open biopsy check (If not open biopsy, code XXXX)	<p>Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy.</p> <p>Note: This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.</p>
Procedure inconsistent with LOS	Alert that a certain procedure code should only be coded on claims with a length of stay of four days or greater.

Message	Description
Sex conflict	Some codes are specific to gender. The edit indicates when a procedure code (e.g., prostatectomy) is inconsistent with the gender of the patient (female).

**Table 17. Program edits - invalid**

Message	Description
Invalid age <sup>a</sup>	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex <sup>a</sup>	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status <sup>a</sup>	A patient's discharge status is sometimes necessary for appropriate DRG determination. Discharge status must be coded according to the UB-04 conventions. For a list of valid entries, see the "Data entry fields" table (page <a href="#">23</a> ).

a. For batch, all three invalid edits will be shown in the Patient Summary Edit section on the output report.

# Chapter 4: Batch processing

The Medicare Severity Grouper with Medicare Code Editor (MSG/MCE) software processes medical record data by two methods:

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

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

Sections in this chapter give you information on:

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

## Steps in batch processing

The following figure is a flow chart that shows the steps in processing records in batch using the MSG/MCE software.

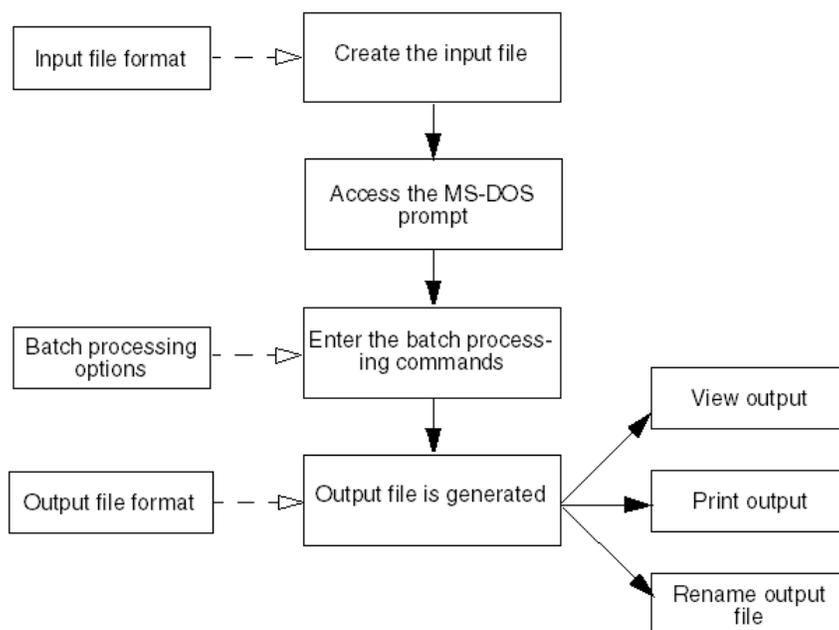


Figure 3: Batch processing overview

Follow these procedural steps to perform batch processing:

1. Create the input file.

See "Input file format" (page [45](#)) for detailed information on formatting the input field information.

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

A window with the MS-DOS prompt is displayed.

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

The command line must contain:

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

See "Command line processing options" (page 50) for information on processing options and command lines, including examples.

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

See "Batch processing error messages" (page 66) for information on error messages that can occur with their descriptions.

5. View and/or print the output file.

See "Working with batch output" (page 65) for more information, if necessary.

## Input file format

The batch input file is a single-line, fixed format consisting of sequential 835 character input records. The following table defines the record layout for this format.

**Table 18. Input file record layout**

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

Field name	Position	Length	Occurrences	Description
Discharge status	82	2	1	<p>UB-04 discharge status. Right-justified, zero-filled. Valid values:</p> <p>01 = Home or self-care</p> <p>02 = Disch/trans to another short term hosp</p> <p>03 = Disch/trans to SNF</p> <p>04 = Custodial/supportive care (revised 10/01/09)</p> <p>05 = Canc/child hosp (revised 04/01/08)</p> <p>06 = Care of home health service</p> <p>07 = Left against medical advice</p> <p>20 = Died</p> <p>21 = Disch/trans to court/law enforcement</p> <p>30 = Still a patient</p> <p>43 = Fed hospital (added 10/01/03)</p> <p>50 = Hospice-home</p> <p>51 = Hospice-medical facility</p> <p>61 = Swing Bed (added 10/01/2001)</p> <p>62 = Rehab fac/unit (added 10/01/2001)</p> <p>63 = LTC hospital (added 10/01/2001)</p> <p>64 = Nursing facility–Medicaid certified (added 10/01/02)</p> <p>65 = Psych hosp/unit (added 10/01/03)</p> <p>66 = Critical access hospital (added 10/01/05)</p> <p>69 = Designated Disaster Alternative Care Site (added 10/01/13)</p> <p>70 = Oth institution (added 04/01/08)</p> <p>71 = OP services-other facility (Invalid 10/01/2003)</p> <p>72 = OP services-this facility (Invalid 10/01/2003)</p> <p>81 = Home-Self care w Planned Readmission (added 10/01/13)</p> <p>82 = Short Term Hospital w Planned Readmission (added 10/01/13)</p>

Field name	Position	Length	Occurrences	Description
				<p>83 = SNF w Planned Readmission (added 10/01/13)</p> <p>84 = Cust/supp care w Planned Readmission (added 10/01/13)</p> <p>85 = Canc/child hosp w Planned Readmission (added 10/01/13)</p> <p>86 = Home Health Service w Planned Readmission (added 10/01/13)</p> <p>87 = Court/law enfrc w Planned Readmission (added 10/01/13)</p> <p>88 = Federal Hospital w Planned Readmission (added 10/01/13)</p> <p>89 = Swing Bed w Planned Readmission (added 10/01/13)</p> <p>90 = Rehab Facility/ Unit w Planned Readmission (added 10/01/13)</p> <p>91 = LTCH w Planned Readmission (added 10/01/13)</p> <p>92 = Nursg Fac-Medicaid Cert w Planned Readmiss (added 10/01/13)</p> <p>93 = Psych Hosp/Unit w Planned (added 10/01/13) Readmission</p> <p>94 = Crit Acc Hosp w Planned Readmission (added 10/01/13)</p> <p>95 = Oth Institution w Planned Readmission (added 10/01/13)</p>
Primary payer	84	2	1	<p>Primary pay source. Right-justified, zero-filled.</p> <p>Valid values:</p> <p>01 = Medicare</p> <p>02 = Medicaid</p> <p>03 = Title V</p> <p>04 = Other Govt</p> <p>05 = Work Comp</p> <p>06 = Blue Cross</p> <p>07 = Insur Co</p> <p>08 = Self Pay</p> <p>09 = Other</p> <p>10 = No Charge</p>

Batch processing

Field name	Position	Length	Occurrences	Description
LOS	86	5	1	Length of stay. Right-justified, zero-filled. All blanks if no value is entered. Calculated LOS overrides entered LOS. Valid values=00000 through 45291
Birth date	91	10	1	Birth date. mm/dd/yyyy format. All blanks if no value is entered. Used in age calculation.
Age	101	3	1	Age. Right-justified, zero-filled. All blanks if no value is entered. Valid values: 0–124 years. Calculated age overrides entered age.
Sex	104	1	1	Sex. Numeric. Valid values: 0 = Unknown 1 = Male 2 = Female
Admit diagnosis	105	7	1	Admit diagnosis. Left-justified, blank-filled. Diagnosis code without decimal. All blanks if no value is entered.  <b>Note:</b> Only diagnosis codes of up to <b>five</b> digits are currently recognized as valid for ICD-9 and <b>seven</b> digits for ICD-10. When a code longer than five digits is entered for ICD-9, it will be blank filled through the seventh position.
Principal diagnosis	112	8	1	Principal diagnosis. First 7 bytes left-justified, blank filled without decimals. Eighth byte represents POA indicator. Valid values:  Y = present at the time of inpatient admission  N = not present at the time of inpatient admission  U = the documentation is insufficient to determine if the condition was present at the time of inpatient admission  W = the provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not  1 = Unreported/Not used - Exempt from POA reporting  Blank = Exempt from POA reporting

Field name	Position	Length	Occurrences	Description
Secondary diagnoses	120	8	24	<p>Diagnoses. First 7 bytes left-justified, blank filled. Eighth byte represents POA indicator. Up to 24 diagnosis codes without decimals. Valid values:</p> <p>Blank = Exempt from POA reporting</p> <p>Y = present at the time of inpatient admission</p> <p>N = not present at the time of inpatient admission</p> <p>W = the provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not</p> <p>U = the documentation is insufficient to determine if the condition was present at the time of inpatient admission</p> <p>1 = Unreported/Not used - Exempt from POA reporting</p>
Principal Procedure	312	7	1	<p>Procedure codes. Seven left-justified characters, blank-filled.</p> <p><b>Note:</b> Only procedure codes of up to <b>four</b> digits are currently recognized as valid for ICD-9 and <b>seven</b> digits for ICD-10. When a code longer than four digits is entered for ICD-9, it will be blank filled through the seventh position.</p>
Secondary Procedures	319	7	24	<p>Procedure codes. Seven left-justified characters, blank-filled. Up to 25 procedure codes without decimals.</p> <p><i>See the note in the Principal Procedure field above.</i></p>
Procedure date	487	10	25	<p><b>For future use.</b> Procedure dates. The format is mm/dd/yyyy (for future use with POA logic.) All blanks if no value is entered. Up to 25 procedure dates accepted.</p>
Apply HAC logic	737	1	1	<p>Values X or Z to be captured for use with HAC logic. These values reflect whether a hospital requires POA reporting.</p> <p>X = Exempt from POA indicator reporting</p> <p>Z = Requires POA indicator reporting</p>

Field name	Position	Length	Occurrences	Description
UNUSED	738	1	1	UNUSED
Optional information	739	72	1	Optional field. Left-justified, blank-filled. All blanks if no value is entered.
Filler	811	25	1	Not used. Blank-filled.

## Command line processing options

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

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

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

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

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

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

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

**Table 19. Batch processing options**

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

## Command line examples

Examples of batch processing commands are given below.

### Example 1

```
mce -i <input filename> -o <output filename>
```

#### Result

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

### Example 2

```
mce -i <input filename> -u <upload filename>
```

#### Result

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

**Example 3**

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

**Result**

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

## Output file formats

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

**Table 20. Batch processing output**

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

### Formatted output (-o option)

The file of formatted output reports generated with the -o option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSGMCE SOFTWARE PILOT. The "Program output" section (page [31](#)) includes an example of an output report. Note that optional information is displayed in the Optional information field on the output report.

If you name the output file the same for every batch run, the file will be overwritten during each run. To save an output file, rename it after a batch run or specify a different name on the command line. "Renaming a file" (page [66](#)) contains instructions, if you need them.

### Upload file (-u option)

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

If you name the upload file the same for every batch run, the file will be overwritten during each run. To save an upload file, rename it after a batch run or specify a different name on the command line. "Renaming a file" (page [66](#)) contains instructions, if you need them.

The upload file consists of fixed-format, sequential 1906 character output records. The table below defines the upload file record layout.

**Table 21. Upload file record layout**

Field name	Position	Length	Occurrences	Description
n/a	001	835	1	Input record
MSG/MCE version used	836	3	1	Version of the software used to process the claim. Right-justified, blank-filled. Stored without decimal point. Valid value: 310 300 290 280 270 260 251 250 240 230 220 210 200 190 180 170 160  If the discharge date field is blank, invalid, or out of range of versions loaded, the grouper defaults to the most current version of the grouper installed, version 31.0, and the term "used by default" is displayed on output.
Initial DRG	839	3	1	Initial diagnosis related group. Right-justified, zero-filled.
Initial M/S indicator	842	1	1	Initial medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG
Final MDC	843	2	1	Major diagnostic category. Right-justified, zero-filled.
Final DRG	845	3	1	Final diagnosis related group. Right-justified, zero-filled.

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Field name	Position	Length	Occurrences	Description
Final M/S indicator	848	1	1	Final medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG
DRG return code	849	2	1	Numeric. Right-justified, zero-filled. Valid values: 0 = OK, DRG assigned 1 = Diagnosis code cannot be used as PDX 2 = Record does not meet criteria for any DRG 3 = Invalid age 4 = Invalid sex 5 = Invalid discharge status 10 = Illogical PDX (not applicable for ICD-10) 11 = Invalid PDX 12 = POA logic nonexempt - HAC-POA(s) invalid or missing or 1 (batch only) 13 = POA logic invalid/missing - HAC-POA(s) are N, U (batch only) 14 = POA logic invalid/missing - HAC-POA(s) invalid/missing or 1 (batch only) 18 = POA logic invld/mssng - multiple distinct HAC-POAs not Y,W (batch only)

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Field name	Position	Length	Occurrences	Description
MSG/MCE edit return code	851	4	1	Right-justified, zero-filled. Valid values: 0000 = MCE – No errors found 0001 = MCE – Pre-payment error 0002 = MCE – Post-payment error 0003 = MCE – Pre and post-payment errors 0004 = MCE – Invalid discharge date (grouped defaults to current grouper if date out of range for versions in product)  <i>See the "Output report fields" table (page <a href="#">33</a>)            for information on which edits are classified            as pre- and post-payment errors.</i>
Diagnosis code count	855	2	1	Number of diagnosis codes processed. Right-justified, zero-filled. This field does not include the admit diagnosis.
Procedure code count	857	2	1	Number of procedure codes processed. Right-justified, zero-filled.

Field name	Position	Length	Occurrences	Description
Principal diagnosis edit return flag	859	8	1	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. Valid values:</p> <p>00 = Diagnosis not used to assign DRG</p> <p>01 = Invalid diagnosis code</p> <p>02 = Sex conflict</p> <p>03 = Not applicable for principal diagnosis</p> <p>04 = Age conflict</p> <p>05 = V, W, X or Y code as principal diagnosis (I-10) E code as principal diagnosis (I-9)</p> <p>06 = Non-specific principal diagnosis (MCE versions 15.0 – 23.0 only)</p> <p>07 = Manifestation code as principal diagnosis</p> <p>08 = Questionable admission</p> <p>09 = Unacceptable principal diagnosis</p> <p>10 = Secondary diagnosis required</p> <p>11 = Principal diagnosis is its own CC</p> <p>12 = Diagnosis affected both initial and final DRG</p> <p>13 = MSP alert (MCE versions 15.0–17.0 only)</p> <p>14 = Principal diagnosis is its own MCC</p> <p>15 = Diagnosis affected the final DRG only</p> <p>16 = Diagnosis affected the initial DRG only</p> <p>17 = Diagnosis is a MCC for initial DRG and a Non-CC for final DRG</p> <p>18 = Diagnosis is a CC for initial DRG and a Non-CC for final DRG</p> <p>19 = Wrong Procedure Performed</p> <p>20 = Diagnosis is a MCC but not considered due to PDX/SDX exclusion</p> <p>21 = Diagnosis is a CC but not considered due to PDX/SDX exclusion</p>

Field name	Position	Length	Occurrences	Description
				99 = Principal diagnosis part of HAC assignment criteria
Principal diagnosis Hospital Acquired Condition assignment criteria #1	867	2	1	Hospital Acquired Condition (HAC) assignment criteria #1 00 = Criteria to be assigned as an HAC not met 11 = Infection after bariatric surgery Blank = Dx was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #2	869	2	1	Hospital Acquired Condition (HAC) assignment criteria #2 00 = Criteria to be assigned as an HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #3	871	2	1	Hospital Acquired Condition (HAC) assignment criteria #3 00 = Criteria to be assigned as an HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #4	873	2	1	Hospital Acquired Condition (HAC) assignment criteria #4 00 = Criteria to be assigned as an HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #5	875	2	1	Hospital Acquired Condition (HAC) assignment criteria #5 00 = Criteria to be assigned as an HAC not met 11 = Infection after bariatric surgery

Field name	Position	Length	Occurrences	Description
Principal diagnosis Hospital Acquired Condition usage #1	877	1	1	Hospital Acquired Condition (HAC) usage #1 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #2	878	1	1	Hospital Acquired Condition (HAC) usage #2 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #3	879	1	1	Hospital Acquired Condition (HAC) usage #3 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Principal diagnosis Hospital Acquired Condition usage #4	880	1	1	Hospital Acquired Condition (HAC) usage #4 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #5	881	1	1	Hospital Acquired Condition (HAC) usage #5 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Secondary diagnosis return flags	882	8	24	<p>Secondary diagnosis edit return flags, right-justified, zero-filled.</p> <p>These 2-byte flags are a combination of information concerning every diagnosis from the DRG assignment and the editor. Note: A maximum of four flags can be returned per diagnosis code. Always display the edit number before the zeros. Valid values:</p> <p>00 = Diagnosis not used to assign DRG            01 = Invalid diagnosis code            02 = Sex conflict            03 = Duplicate of principal diagnosis            04 = Age conflict            11 = Secondary diagnosis is a CC            12 = Diagnosis affected both initial and final DRG assignment            13 = MSP alert (discontinued 10/01/01)            14 = Secondary diagnosis is an MCC            15 = Diagnosis affected the final DRG only            16 = Diagnosis affected the initial DRG only            17 = Diagnosis is a MCC for initial DRG and a Non-CC for final DRG            18 = Diagnosis is a CC for initial DRG and a Non-CC for final DRG            19 = Wrong procedure performed            20 = Diagnosis is a MCC but not considered due to PDX/SDX exclusion            21 = Diagnosis is a CC but not considered due to PDX/SDX exclusion            99 = Secondary diagnosis is a HAC</p>

Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition assignment criteria #1 through #5	1074	10	24	<p>Hospital Acquired Condition (HAC) assignment criteria #1 through #5</p> <p>00 = Criteria to be assigned as an HAC not met</p> <p>01 = Foreign object retained after surgery</p> <p>02 = Air embolism</p> <p>03 = Blood incompatibility</p> <p>04 = Pressure ulcers</p> <p>05 = Falls and trauma</p> <p>06 = Catheter associated UTI</p> <p>07 = Vascular catheter-associated infection</p> <p>08 = Infection after CABG</p> <p>09 = Manifestations of poor glycemic control</p> <p>10 = DVT/PE after knee or hip replacement</p> <p>11 = Infection after bariatric surgery</p> <p>12 = Infection after certain orthopedic procedures of spine, shoulder and elbow</p> <p>13 = Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures</p> <p>14 = Iatrogenic Pneumothorax w/ Venous Catheterization</p> <p>Blank = Diagnosis was not considered by grouper</p>

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Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition usage #1 through #5	1314	5	24	Hospital Acquired Condition (HAC) usage #1 through #5  0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met  3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion  4 = HAC not applicable, hospital is exempt from POA reporting  Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Procedure edit return flags	1434	8	25	<p>Procedure edit return flags, right-justified, zero-filled.</p> <p>These 2-byte flags are a combination of information concerning every procedure from the DRG assignment and the editor. Note: a maximum of four flags can be returned per procedure code. Always display the edit number before the zeros. Valid values:</p> <p>00 = Procedure did not affect DRG assignment</p> <p>01 = Invalid procedure code</p> <p>02 = Sex conflict</p> <p>12 = Procedure affected both initial and final DRG assignment</p> <p>15 = Procedure affected the final DRG assignment only</p> <p>16 = Procedure affected the initial DRG assignment only</p> <p>20 = Procedure is an OR procedure</p> <p>21 = Non-specific OR procedure (MCE versions 15.0 – 23.0 only)</p> <p>22 = Open biopsy check (MCE versions 2.0 – 27.0 only)</p> <p>23 = Non-covered procedure</p> <p>24 = Bilateral procedure (not applicable for I-10)</p> <p>30 = LVRS-Limited Coverage (not applicable for I-10)</p> <p>31 = Lung transplant - limited coverage</p> <p>32 = Combo heart/lung transplant - limited coverage (not valid in I-10)</p> <p>33 = Heart transplant - limited coverage</p> <p>34 = Implantable hrt assist - limited coverage</p> <p>35 = Intest/multi-visceral transplant - limited coverage</p> <p>36 = Liver transplant - limited coverage</p>

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Field name	Position	Length	Occurrences	Description
				37 = Kidney transplant - limited coverage 38 = Pancreas transplant - limited coverage 39 = Artificial Heart Transplant-Limit Coverage 40 = Procedure inconsistent with LOS 99 = Procedure part of HAC assignment criteria
Procedure Hospital Acquired Condition assigned assignment criteria # 1 through #5	1634	10	25	Hospital Acquired Condition (HAC) assignment criteria #1 through #5 00 = Criteria to be assigned as an HAC not met 08 = Infection after CABG 10 = DVT/PE after knee or hip replacement 11 = Infection after bariatric surgery 12 = Infection after certain orthopedic procedures of spine, shoulder and elbow 13 = Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures 14 = Iatrogenic Pneumothorax w/ Venous Catheterization Blank = Procedure not considered by grouper
Initial 4-digit DRG	1884	4	1	Initial 4-digit DRG. Right-justified, zero-filled.
Final 4-digit DRG	1888	4	1	Final 4-digit DRG. Right-justified, zero-filled.
Final DRG CC/MCC usage	1892	1	1	0 = DRG assigned is not based on the presence of CC or MCC 1 = DRG assigned is based on presence of MCC 2 = DRG assigned is based on presence of CC.

Field name	Position	Length	Occurrences	Description
Initial DRG CC/MCC Usage	1893	1	1	0 = DRG assigned is not based on the presence of a CC or MCC 1 = DRG assigned is based on presence of MCC 2 = DRG assigned is based on presence of CC
Number of Unique Hospital Acquired Conditions Met	1894	2	1	The number of Unique Hospital Acquired Conditions that have been met.
Hospital Acquired Condition Status	1896	1	1	HAC Status 0 – HAC Status: Not Applicable 1 – HAC Status: One or more HAC criteria met; Final DRG does not change 2 – HAC Status: One or more HAC criteria met; Final DRG changes 3 – HAC Status: One or more HAC criteria met; Final DRG changes to ungroupable
Cost Weight	1897	7	1	The DRG cost weight. This 7-byte field is displayed as 2 digits, followed by a decimal point, followed by 4 digits.
newline	1904	2	1	End of record (carriage return/line feed). Not included on last record.

## Working with batch output

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

### Viewing output

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

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

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

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

### Printing output

To print the contents of the output file:

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

```
print <filename>
```

### Renaming a file (I10 ONLY)

**To rename an output file**

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

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

## Batch processing error messages

The following table is an alphabetical list of the error messages that can occur during batch processing, and their outcomes.

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

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

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

**Table 22. Batch processing error messages**

Message	Why it's generated	What happens
Admit date cannot be after discharge date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Admit date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
An input file (-i) must be specified	The required -i option is missing.	The message is displayed on the screen and the program ends.
An output file (-o) or upload file (-u) must be specified	At least one of the -o and -u options must be specified.	The message is displayed on the screen and the program ends.
Birth date cannot be after admit date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Birth date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
Could not initialize run-time environment	n/a	The message is displayed on the screen and in the log file, and the program ends.
Discharge date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
Discharge status is invalid	The discharge status field entry is invalid. <i>For a list of valid discharge status values, see <a href="#">"Input file format"</a> on page 45.</i>	The input record is processed and an error message is written in the log file.
Error opening input file: <filename>	The specified input file could not be opened or is missing.	The message is displayed on the screen and in the log file, and the program ends.
Error opening output file: <filename>	The specified output file could not be opened.	The message is displayed on the screen and the program ends.
Error reading input file: <filename>	The specified input file could not be read.	The message is displayed on the screen and in the log file, and the program ends.

<b>Message</b>	<b>Why it's generated</b>	<b>What happens</b>
Input filename must be different than the output filename	The same name is used for the input and output files located in the same directory.	The message is displayed on the screen and the program ends.
Invalid age	The age field entry is invalid.	The input record is processed and an error message is written in the log file.
Invalid option or its value: <entered value>	An argument was entered without a processing option or a processing option without an argument.	The message is displayed on the screen and the program ends.
Invalid length of stay	The entered or calculated LOS exceeds the upper limit allowed for the field (45291 days).	The input record is processed and an error message is written in the log file.
Invalid processing option: <entered value>	An option entered on the command line is not valid.	The message is displayed on the screen and the program ends.
Invalid sex	The sex field entry is invalid.	The input record is processed and an error message is written in the log file.
Output filename must be different than the upload filename	The same name is used for the output and upload files located in the same directory.	The message is displayed on the screen and the program ends.
Record number <value>: Invalid line length; record not processed.	A single-line format input record length cannot be more or less than 835 characters.	It skips the record and continues processing and an error message is written in the log file.
The processing option <entered value> should only be entered once.	Only one occurrence of each processing option is allowed.	The message is displayed on the screen and the program ends.
You have too many applications open. Close any unnecessary applications that are open.	The system does not have enough memory to run the MSG/MCE application.	The message is displayed on the screen and the program ends.

## Log files

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

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

- A title line with the name and version number of the product
- Input filename
- Output filename (if specified)
- Upload filename (if specified)
- Run start time
- Patient ID: <value> followed by error

This line is repeated for however error messages occur for the same patient record.

- Run end time

An example log file is shown in the following figure. In this illustration, no upload filename was specified.

```
MS Grouper with Medicare Code Editor Pilot v31.0
Input file: test.in
Report file: test.out
Upload file:

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

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

End Time: 10/26/09 10:15:34
```

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

## Viewing the file

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

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

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

## Printing the file

To print the contents of the log file:

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

```
print <filename>
```

## Renaming the file

To rename a log file:

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

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

# Chapter 5: Accessibility Features

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

Interactive processing enables you to correct invalid data or codes at the time a record is processed. This method uses a Microsoft® Windows® environment to enter data and view the output.

Sections in this chapter give you information on:

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

## System requirements

The following are system requirements for accessibility:

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

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

## Data entry

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

## Grouper selection

As you enter data, the program automatically selects the appropriate grouper for processing using the discharge date entered from the patient's medical record. If the discharge date is October 2013 or later, MS grouper 31.0 is used.

If the discharge date of the patient is not within an effective date range for any installed grouper, or if the discharge date is missing, the program defaults to the most current version installed, version 31.0. In that case, this message is displayed on the output report:

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

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

### Steps for entering data

Follow these steps for interactive data entry:

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

The About box window appears briefly followed by the data entry (or input) window titled, MS Grouper with Medicare Code Editor Software Pilot.

The data entry window is organized into three sections:

- Patient Information
- Patient Stay Information
- Codes

The cursor will be positioned at the first field. To enter data, tab to move through fields. Use Shift+Tab to move back to the previous field.

2. Enter data into the appropriate fields.

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

**Table 23. Help for interactive data entry**

<b>What do you want to do?</b>	<b>Help</b>
Find specific data entry field information	Go to the "Data entry fields" tables (page <a href="#">74</a> ).
Work with text on the window	Use standard Windows options (e.g., cut, copy, paste).
Make a menu selection	Go to the "Data entry menu items" table (page <a href="#">81</a> ).
Correct an entry in the patient information or patient stay information section	Tab to the field and use backspace key to delete the content, then enter the correct information.
Delete a code entry row in the codes section	For the Admit Dx, tab to the field and use the backspace key to delete the content. For other codes, tab to the field (or use the up/down error key), then press Delete to remove the entry.  <i>For more information, see the Diagnoses and Procedures field descriptions in the "Data entry fields" table (page <a href="#">79</a>); also refer to the "Data entry menu items" table (page <a href="#">81</a>) and "Data entry command buttons" table (page <a href="#">81</a>) for additional information on the Delete and Clear functions.</i>
Eliminate an error message	Select OK to close the dialog box, and correct the problem. See the "Interactive error messages" table (page <a href="#">82</a> ) for a list of error messages that can occur with their descriptions.

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

You can select Report by pressing Alt+R, or by tabbing to the Report button and then pressing Enter.

"Viewing interactive output" (page [85](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [83](#)).

## Data entry fields

The following tables describe the fields on the data entry window. An asterisk indicates a required field.

**Table 24. Data entry fields - patient information**

Field name	Length	Description
Name	31	Name of the patient. Alphanumeric. First and last names can be entered in any order.
Medical record number	13	Patient's medical record number. Alphanumeric.
Birth date	10	<p>Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy.</p> <p>A dash (-), slash (/), or a period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1890 cannot be entered.</p> <p>The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age.</p>
Age in years*	3	Age of the patient. Valid values: 0–124 years. Age can be an entered or a calculated value. For more information, see the Birth date field description.
Sex*:	1	<p>Patient gender. Select a value from the drop-down list:</p> <p>0, u, U = Unknown                      1, m, M = Male                      2, f, F = Female</p>

**Table 25. Data entry fields - patient stay information**

<b>Field name</b>	<b>Length</b>	<b>Description</b>
Account number	17	Patient account number. Alphanumeric.
Primary payer	2	<p>Primary payer for the service provided. Select a value from the drop-down list:</p> <p>01: Medicare (default)            02: Medicaid            03: Title V            04: Other Govt            05: Work Comp            06: Blue Cross            07: Insur Co            08: Self Pay            09: Other            10: No Charge</p>
Admit date	10	<p>Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy.</p> <p>A dash (-), slash (/), or a period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display.</p> <p>The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age. <i>For more information, see the Birth date field description.</i> The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS.</p>

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

Field name	Length	Description
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (see also Discharge date, above). An error message (page <a href="#">82</a>) is displayed when a discharge status is selected first and is invalid for a discharge date entered afterward.</p> <p>All available discharge status codes are listed below.</p> <p>01 = Home or self-care</p> <p>02 = Disch/trans to another short term hosp</p> <p>03 = Disch/trans to SNF</p> <p>04 = Custodial/supportive care (revised 10/01/09)</p> <p>05 = Disch/trans to a designated cancer center or children's hospital (revised 04/01/08)</p> <p>06 = Care of home health service</p> <p>07 = Left against medical advice</p> <p>20 = Died</p> <p>21 = Disch/trans to court/law enforcement</p> <p>30 = Still a patient</p> <p>43 = Fed hospital (added 10/01/03)</p> <p>50 = Hospice-home</p> <p>51 = Hospice-medical facility</p> <p>61 = Swing Bed (added 10/01/2001)</p> <p>62 = Rehab fac/unit (added 10/01/2001)</p> <p>63 = LTC hospital (added 10/01/2001)</p> <p>64 = Nursing facility–Medicaid certified (added 10/01/02)</p> <p>65 = Psych hosp/unit (added 10/01/03)</p> <p>66 = Critical access hospital (added 10/01/05)</p> <p>69 = Designated Disaster Alternative Care Site (added 10/01/13)</p> <p>70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08)</p> <p>81 = Home-Self care w Planned Readmission (added 10/01/13)</p> <p>82 = Short Term Hospital w Planned Readmission (added 10/01/13)</p>

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Field name	Length	Description
		<p>83 = SNF w Planned Readmission (added 10/01/13)</p> <p>84 = Cust/supp care w Planned Readmission (added 10/01/13)</p> <p>85 = Canc/child hosp w Planned Readmission (added 10/01/13)</p> <p>86 = Home Health Service w Planned Readmission (added 10/01/13)</p> <p>87 = Court/law enfrc w Planned Readmission (added 10/01/13)</p> <p>88 = Federal Hospital w Planned Readmission (added 10/01/13)</p> <p>89 = Swing Bed w Planned Readmission (added 10/01/13)</p> <p>90 = Rehab Facility/ Unit w Planned Readmission (added 10/01/13)</p> <p>91 = LTCH w Planned Readmission (added 10/01/13)</p> <p>92 = Nursg Fac-Medicaid Cert w Planned Readmiss (added 10/01/13)</p> <p>93 = Psych Hosp/Unit w Planned Readmission (added 10/01/13)</p> <p>94 = Crit Acc Hosp w Planned Readmission (added 10/01/13)</p> <p>95 = Oth Institution w Planned Readmission (added 10/01/13)</p>
LOS (length of stay)	5	<p>Number of days the patient was in the facility. Valid entries: 00000–45291.</p> <p>LOS can be user-entered, or calculated when admit and discharge dates have been entered. For more information, see the Admit date field description.</p>
Optional information	72	<p>Comments or other user-specified information. Alphanumeric.</p>

**Table 26. Data entry fields - codes**

Field name	Length	Description
Admit Dx*	5	<p>Enter a diagnosis code without decimals. Lower case is automatically converted to upper case. The code description is displayed as you type the code. If the code is not valid, the word "invalid" displays in the description field.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to <b>five</b> digits for ICD-9 processing and <b>seven</b> digits for ICD-10 processing.</p>
Apply HAC (hospital-acquired condition) logic	1	<p>The checked box indicates that HAC logic will be applied. By default, this box will always be checked.</p>
Diagnoses: PDX (principal diagnosis)* Diagnoses 2–25	7	<p>Enter diagnosis codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank diagnosis code field moves focus to the first blank procedure code field.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed (see "<a href="#">Program edits</a>" on page 91).</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to <b>five</b> digits for ICD-9 processing and <b>seven</b> digits for ICD-10 processing.</p>

Field name	Length	Description
Present on Admission Indicators	1	<p>Enter one of the following Present on Admission Indicators, required for a diagnosis other than the admit diagnosis:</p> <p>Y= Yes, present at the time of inpatient admission</p> <p>N = No, not present at the time of inpatient admission</p> <p>U = Insufficient documentation to determine if present on admission</p> <p>W= Clinically unable to determine if present at time of admission</p> <p>1= Exempt from reporting</p> <p>Blank = Exempt from reporting</p>
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter procedure codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank procedure code field moves focus to the Report button.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" (page <a href="#">91</a>) for a list of code edits.</p> <p>If you enter a secondary procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal procedure.</p> <p><b>Note:</b> The interactive program accepts only procedure codes of up to <b>four</b> digits for ICD-9 processing and <b>seven</b> digits for ICD-10 processing.</p>

## Data entry menu options

The following table describes the menu options on the data entry window. Refer to the Function column to locate the task you want to perform. Accelerator keys allow you to bypass a menu and activate a function more quickly.

**Table 27. Data entry menu items**

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

## Data entry command buttons

The following table describes the command buttons on the data entry window. Refer to the Function column to locate the task you want to perform.

**Table 28. Data entry command buttons**

<b>Button</b>	<b>Function</b>
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits. You must press Alt+C to activate its function; tabbing to the button and pressing Enter will not work.
Report	Displays a pre-formatted output report that can be printed or saved.  An error message displays in place of the report when any required fields are missing or invalid; correct the error, then do one of the following to open the report: tab to the Report button and press Enter or press Alt+R.  Data output is discussed in "Program output" (page <a href="#">83</a> ).

## Interactive error messages

The following table is an alphabetical list of the error messages that can occur during data entry. The messages help prevent invalid or incorrect entries.

**Table 29. Interactive error messages**

<b>Message</b>	<b>Description</b>
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be in this format: mm/dd/yyyy or mm/dd/yy.	The value entered for the month, day or year is outside the valid range. <i>See the "Data entry fields" table (page <a href="#">75</a>) for more information on date fields.</i>
The following required fields are missing and/or invalid: Admit Dx.	The program does not process a record with a blank required field.

<b>Message</b>	<b>Description</b>
Age is invalid. Calculated age must be between 0 and 124 years.	The valid range for age in years is 0–124.
Birth date cannot be after Admit date.	The program checks for logical sequencing of dates.
Birth date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Birth date cannot be after current date	The program checks for logical sequencing of dates.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.
Length of stay (LOS) is invalid. Calculated length of stay must be between 00000 and 45291 days.	The entered or calculated LOS exceeds the upper limit allowed for the field.
The following required fields are missing and/or invalid: Age in years Sex Discharge status Admit Dx PDX	You cannot produce an output report when a required field contains invalid data or is blank. The program sets the focus to the first invalid or blank required field.

## Program output

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

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

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

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

- ❑ To display the output report, press Alt+R or tab to Report and then press Enter.

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

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

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

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

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**Title line** — MS-DRG Assignment with Medicare Code Editor Pilot V31.0

**Patient Information** — Patient name: Jane Smith Medical rec #: 1054879

Admit date: 10/01/2013 Discharge date: 10/06/2013 Birth date: 09/09/1943  
Optional information:

Patient acct #: 458799  
Age in years: 69 Sex: Female  
Discharge status: 01 Home or self-care

**Grouping Information** — MDC: 10 ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS  
Final  
DRG: 639 Diabetes w/o CC/MCC  
Cost weight: 00.5558  
MS-DRG Grouper version 31.0 (October 1, 2013) used.  
HAC Status: One or more HAC criteria met, Final DRG changes.

**Clinical Information** — Admitting Diagnosis:  
E109 Type 1 diabetes mellitus without complications

Principal Diagnosis:  
E109 Type 1 diabetes mellitus without complications (DRG)  
POA: Yes, present at the time of inpatient admission

Secondary Diagnoses:  
E109 Type 1 diabetes mellitus without complications  
POA: Yes, present at the time of inpatient admission

**Edit** — Edit: Duplicate of principal diagnosis (MCE)

T8351XA Infect/inflm reaction due to indwell urinary catheter, init (DRG) (HAC)  
POA: No, not present at the time of inpatient admission

N390 Urinary tract infection, site not specified (DRG) (HAC)  
POA: No, not present at the time of inpatient admission

**POA Indicator** — I10 Essential (primary) hypertension  
POA: Yes, present at the time of inpatient admission

N469 Male infertility, unspecified  
POA: Yes, present at the time of inpatient admission  
Edit: Sex conflict (MCE)

No procedures performed

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

Actual LOS: 5

Patient Summary Edits:  
MCE pre-payment errors only

Figure 4: Sample output report

### Viewing interactive output

Output report fields are described in the "Interactive output report fields" table (page [86](#)).

Use the menu options described in "Output report menu options" table (page [90](#)):

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

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

## Exiting the report window

With the output report displayed on your screen:

- Select Close (Alt+C) at the bottom of the report window.

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

- Edit the data for the current record shown.
- or
- Select Patient > New (Ctrl+N) to begin data entry for a new record.

## Output report fields

The following table describes the fields on the output report.

**Table 30. Interactive output report fields**

Name	Description
Patient name Medical record number Admit date Discharge date Optional information Patient account number Age in years Sex Discharge status Length of stay Birth date	These output fields carry over the data entry information.  <i>See the "Data entry fields" tables (page <a href="#">74</a>) for information on these fields.</i>

Name	Description
<p>Grouping information (MDC, final DRG, final cost weight, grouper version used)</p>	<p>The Major Diagnostic Category (MDC) and Final Diagnosis Related Group (DRG) assigned to the record based on the age, sex, discharge status, Hospital Acquired Conditions (HAC), Present on Admission (POA) indicators, and codes entered from the record. The MS-designated DRG cost weight shows under the DRG line. <i>For a list of DRGs and associated cost weights in the current version of the MS grouper, see "<a href="#">Current MDCs and DRGs</a>" on page <a href="#">95</a>.</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) may not have an assigned valid MDC. In this case, no MDC number or description is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> <li>▪ Invalid principal diagnosis</li> <li>▪ Invalid age (&lt;0 or &gt;124)</li> <li>▪ Invalid discharge date</li> <li>▪ Invalid sex (not 1 or 2)</li> <li>▪ Invalid discharge status (batch only)</li> <li>▪ Record does not meet criteria for any DRG</li> <li>▪ Illogical principal diagnosis (not applicable for ICD-10)</li> <li>▪ Diagnosis code cannot be used as principal diagnosis</li> <li>▪ Invalid principal diagnosis</li> <li>▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only</li> <li>▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only</li> <li>▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only</li> <li>▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only</li> </ul> <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing (page <a href="#">75</a>) the output states USED BY DEFAULT.</p>

Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <ul style="list-style-type: none"> <li>▪ DRG: Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</li> <li>▪ HAC: Indicates a code flagged as a Hospital Acquired Condition.</li> <li>▪ MCC: Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</li> <li>▪ CC: Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</li> <li>▪ OR: Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</li> <li>▪ MCC excluded: Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</li> <li>▪ CC excluded: Indicates a diagnosis is a CC but not considered due to PDX/SDX exclusion.</li> </ul>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. <i>See the "Program edits" table (page 91) for a description of each edit and why they occur.</i>
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.
Primary payer	<i>See the "Data entry fields" table (page 75) for information on these fields.</i>
LOS	These output fields carry over the data entry information.

Name	Description
Patient summary edits	<p>This section is where clinical edits and data entry error messages not pertaining to a specific code are displayed. The Invalid sex edit is currently the only edit that could display in this section.</p> <p>Edits are flagged as pre-payment, noted as one of the following:</p> <ul style="list-style-type: none"> <li>MCE pre-payment errors only</li> <li>No MCE pre- or post-payment errors</li> </ul> <p>For this flag, edits are categorized as follows:</p> <p><u>Pre-payment</u></p> <ul style="list-style-type: none"> <li>Age conflict</li> <li>Duplicate of principal diagnosis</li> <li>E-code as principal diagnosis (ICD-9)</li> <li>V, W, X or Y codes as principal diagnosis (ICD-10)</li> <li>Invalid ICD-9-CM code or invalid ICD-10 code</li> <li>Manifestation code as principal diagnosis</li> <li>Non-covered procedure</li> <li>Questionable admission</li> <li>Sex conflict</li> <li>Unacceptable principal diagnosis/Requires secondary diagnosis</li> <li>Invalid age</li> <li>Invalid sex</li> <li>Invalid discharge status</li> <li>Limited coverage</li> <li>Wrong procedure performed</li> <li>Procedure inconsistent with length of stay</li> </ul> <p><u>Post-payment</u></p> <ul style="list-style-type: none"> <li>Open biopsy check</li> <li>Non-specific diagnosis</li> <li>Non-specific procedure</li> <li>Bilateral procedure</li> <li>MSP Alert</li> </ul>

## Output report menu options

The following table describes the menu options on the output report window. Refer to the Function column to locate the task you want to perform. Accelerator keys allow you to bypass a menu and activate a function more quickly.

**Table 31. Output report menu items**

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

## Output report command button

The following table describes the command button on the output report window. Refer to the Function column to locate the task you want to perform.

**Table 32. Output report command button**

Button	Function
Close (Alt+C)	Closes the output report and re-displays the data entry window.

## Program edits

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

**Table 33. Program edits - diagnosis codes**

Message	Description
Diagnosis codes	n/a
Age conflict	Some diagnoses are unlikely for specific ages (e.g., a 5-year old with prostatic hypertrophy). Codes can be assigned to four age categories:  Newborn - age of 0 years Pediatric - age 0–17 years inclusive Maternity - age 12–55 years inclusive Adult - age 15–124 years inclusive
Duplicate of principal diagnosis	When the same code is entered as the principal and a secondary diagnosis, this edit appears after the secondary diagnosis code. If the code happens to be on the CC list, the DRG assignment could be affected.
V, W, X or Y codes as principal diagnosis	V, W, X or Y codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis (applicable in ICD-10).
Invalid ICD-9-CM code or ICD-10 code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.

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<b>Message</b>	<b>Description</b>
Questionable admission	Some diagnoses are not usually considered sufficient justification for admission to an acute care facility (e.g., benign hypertension).
Sex conflict	Some codes are specific to gender. The edit indicates when such a code indicates a diagnosis (e.g., maternity) inconsistent with the gender of the patient (male).
Unacceptable principal diagnosis  Requires secondary diagnosis	Selected codes describe a circumstance that influences an individual's health status but is not the current injury or illness. These codes should not be used as a principal diagnosis.  However, a code otherwise considered as unacceptable is accepted if any secondary diagnosis is present (e.g., a code for specified aftercare, Z5189, requires a secondary diagnosis). If no secondary diagnosis is present for this code, the Requires secondary diagnosis message will appear.
Wrong procedure performed	Certain codes indicate that the wrong procedure was performed. This edit indicates that one of these codes is present.
E-code as principal diagnosis	E-codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis (applicable in ICD-9).
Secondary payer alert (MSP alert)	Certain trauma-related codes may indicate that another type of liability insurance should be the primary payer rather than Medicare.  Note: This edit was discontinued on 10/01/2001 and will be displayed in MSG/MCE software versions 16.0–18.0 only.
Non-specific principal diagnosis	Some codes, especially "not otherwise specified" (NOS) codes, are valid but are not suitably specific for a principal diagnosis. This edit applies only if the patient is discharged alive since a more complete diagnostic work-up might not have been possible for a patient who has died.  Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.

**Table 34. Program edits - procedure codes**

<b>Message</b>	<b>Description</b>
Bilateral procedure	Codes may not accurately reflect procedures performed on two or more different bilateral joints of the lower extremities during the same admission. The software indicates that the coded bilateral procedure may actually have been two procedures done on a single joint (e.g., a total hip replacement with a partial hip replacement will generate the edit while two total hip replacements will not). (ICD-9 only)
Invalid ICD-9-CM code or ICD-10 code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit.
Limited coverage	<p>For certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost. The limited coverage edit is generated on claims containing any of the procedures listed below.</p> <ul style="list-style-type: none"> <li>Lung transplant</li> <li>Heart transplant</li> <li>Implantable heart assist system</li> <li>Intest/multi-visceral transplant</li> <li>Liver transplant</li> <li>Kidney transplant</li> <li>Pancreas transplant</li> <li>Artificial heart transplant</li> <li>Lung volume reduction surgery (LVRS) (ICD-9 only)</li> <li>Combination heart/lung transplant (ICD-9 only)</li> </ul> <p>The edit message indicates the type of limited coverage (e.g., Heart transplant-Limited coverage, Lung transplant-Limited coverage, etc.)</p>
Non-covered procedure	Some procedures are not covered by Medicare payment.
Non-specific O.R. procedure	<p>Some codes, especially NOS (not otherwise specified) codes, are valid but are not suitably specific. This edit applies only if all coded O.R. procedures are considered non-specific.</p> <p>Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.</p>
Open biopsy check (If not open biopsy, code XXXX)	<p>Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy.</p> <p>Note: This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.</p>

<b>Message</b>	<b>Description</b>
Procedure inconsistent with LOS	Alert that a certain procedure code should only be coded on claims with a length of stay of four days or greater.
Sex conflict	Some codes are specific to gender. The edit indicates when a procedure code (e.g., prostatectomy) is inconsistent with the gender of the patient (female).

**Table 35. Program edits - invalid**

<b>Message</b>	<b>Description</b>
Invalid age <sup>a</sup>	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex <sup>a</sup>	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status <sup>a</sup>	A patient's discharge status is sometimes necessary for appropriate DRG determination. Discharge status must be coded according to the UB-04 conventions. For a list of valid entries, see the "Data entry fields" table (page <a href="#">75</a> ).

a. For batch, all three invalid edits will be shown in the Patient Summary Edit section on the output report.

# Appendix A. Current MDCs and DRGs

The following table lists the Major Diagnostic Categories (MDCs) for version 31.0 of the Medicare Severity (MS) grouper. The second table lists the Diagnosis Related Groups (DRGs) for version 31.0 of the grouper and their CMS-designated cost weights. The DRG cost weight is shown on the software output report (page [31](#)).

**Table 36. List of MDCs**

<b>MDC</b>	<b>Description</b>
01	Diseases & Disorders of the Nervous System
02	Diseases & Disorders of the Eye
03	Diseases & Disorders of the Ear, Nose, Mouth & Throat
04	Diseases & Disorders of the Respiratory System
05	Diseases & Disorders of the Circulatory System
06	Diseases & Disorders of the Digestive System
07	Diseases & Disorders of the Hepatobiliary System & Pancreas
08	Diseases & Disorders of the Musculoskeletal System & Conn Tissue
09	Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders of the Kidney & Urinary Tract
12	Diseases & Disorders of the Male Reproductive System
13	Diseases & Disorders of the Female Reproductive System
14	Pregnancy, Childbirth & the Puerperium
15	Newborns & Other Neonates With Condt'n Orig In Perinatal Period
16	Diseases & Disorders of Blood, Blood Forming Organs, Immunolog Disord
17	Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasm
18	Infectious & Parasitic Diseases, Systemic or Unspecified Sites
19	Mental Diseases & Disorders
20	Alcohol/drug Use & Alcohol/drug Induced Organic Mental Disorders
21	Injuries, Poisonings & Toxic Effects Of Drugs
22	Burns
23	Factors Influencing Hlth Stat & Othr Contacts With Hlth Servcs
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infections

**Table 37. List of DRGs with cost weights**

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
001,MDC P,Heart transplant or implant of heart assist system w MCC	25.3518
002,MDC P,Heart transplant or implant of heart assist system w/o MCC	15.2738
003,MDC P,ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	17.6369
004,MDC P,Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	10.9288
005,MDC P,Liver transplant w MCC or intestinal transplant	10.4214
006,MDC P,Liver transplant w/o MCC	4.7639
007,MDC P,Lung transplant	9.1929
008,MDC P,Simultaneous pancreas/kidney transplant	5.1527
010,MDC P,Pancreas transplant	4.1554
011,MDC P,Tracheostomy for face,mouth & neck diagnoses w MCC	4.7246
012,MDC P,Tracheostomy for face,mouth & neck diagnoses w CC	3.2291
013,MDC P,Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	2.1647
014,MDC P,Allogeneic bone marrow transplant	10.6157
016,MDC P,Autologous bone marrow transplant w CC/MCC	6.0304
017,MDC P,Autologous bone marrow transplant w/o CC/MCC	4.2906
020,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w MCC	9.3897
021,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w CC	6.4458
022,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.7113
023,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	5.1587
024,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w/o MCC	3.7121
025,MDC 01P,Craniotomy & endovascular intracranial procedures w MCC	4.4422
026,MDC 01P,Craniotomy & endovascular intracranial procedures w CC	2.9842
027,MDC 01P,Craniotomy & endovascular intracranial procedures w/o CC/MCC	2.2505
028,MDC 01P,Spinal procedures w MCC	5.4339
029,MDC 01P,Spinal procedures w CC or spinal neurostimulators	3.0782
030,MDC 01P,Spinal procedures w/o CC/MCC	1.8091

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
031,MDC 01P,Ventricular shunt procedures w MCC	3.9460
032,MDC 01P,Ventricular shunt procedures w CC	1.9780
033,MDC 01P,Ventricular shunt procedures w/o CC/MCC	1.5226
034,MDC 01P,Carotid artery stent procedure w MCC	3.4145
035,MDC 01P,Carotid artery stent procedure w CC	2.1781
036,MDC 01P,Carotid artery stent procedure w/o CC/MCC	1.7224
037,MDC 01P,Extracranial procedures w MCC	3.0641
038,MDC 01P,Extracranial procedures w CC	1.5958
039,MDC 01P,Extracranial procedures w/o CC/MCC	1.0452
040,MDC 01P,Periph/cranial nerve & other nerv syst proc w MCC	3.7851
041,MDC 01P,Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	2.1731
042,MDC 01P,Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.8616
052,MDC 01M,Spinal disorders & injuries w CC/MCC	1.4102
053,MDC 01M,Spinal disorders & injuries w/o CC/MCC	0.8746
054,MDC 01M,Nervous system neoplasms w MCC	1.3195
055,MDC 01M,Nervous system neoplasms w/o MCC	1.0100
056,MDC 01M,Degenerative nervous system disorders w MCC	1.7368
057,MDC 01M,Degenerative nervous system disorders w/o MCC	0.9841
058,MDC 01M,Multiple sclerosis & cerebellar ataxia w MCC	1.6027
059,MDC 01M,Multiple sclerosis & cerebellar ataxia w CC	1.0399
060,MDC 01M,Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.7899
061,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w MCC	2.7316
062,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w CC	1.8561
063,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	1.4685
064,MDC 01M,Intracranial hemorrhage or cerebral infarction w MCC	1.7417
065,MDC 01M,Intracranial hemorrhage or cerebral infarction w CC or tPA in 24 hrs	1.0776
066,MDC 01M,Intracranial hemorrhage or cerebral infarction w/o CC/MCC	0.7566
067,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w MCC	1.4172
068,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	0.8582
069,MDC 01M,Transient ischemia	0.6948

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
070,MDC 01M,Nonspecific cerebrovascular disorders w MCC	1.6593
071,MDC 01M,Nonspecific cerebrovascular disorders w CC	0.9796
072,MDC 01M,Nonspecific cerebrovascular disorders w/o CC/MCC	0.6919
073,MDC 01M,Cranial & peripheral nerve disorders w MCC	1.3014
074,MDC 01M,Cranial & peripheral nerve disorders w/o MCC	0.8786
075,MDC 01M,Viral meningitis w CC/MCC	1.5918
076,MDC 01M,Viral meningitis w/o CC/MCC	0.8425
077,MDC 01M,Hypertensive encephalopathy w MCC	1.6290
078,MDC 01M,Hypertensive encephalopathy w CC	0.9467
079,MDC 01M,Hypertensive encephalopathy w/o CC/MCC	0.7118
080,MDC 01M,Nontraumatic stupor & coma w MCC	1.2252
081,MDC 01M,Nontraumatic stupor & coma w/o MCC	0.7455
082,MDC 01M,Traumatic stupor & coma, coma >1 hr w MCC	1.9463
083,MDC 01M,Traumatic stupor & coma, coma >1 hr w CC	1.2643
084,MDC 01M,Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.8491
085,MDC 01M,Traumatic stupor & coma, coma <1 hr w MCC	1.9733
086,MDC 01M,Traumatic stupor & coma, coma <1 hr w CC	1.1105
087,MDC 01M,Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.7345
088,MDC 01M,Concussion w MCC	1.5029
089,MDC 01M,Concussion w CC	0.9406
090,MDC 01M,Concussion w/o CC/MCC	0.7140
091,MDC 01M,Other disorders of nervous system w MCC	1.5851
092,MDC 01M,Other disorders of nervous system w CC	0.8918
093,MDC 01M,Other disorders of nervous system w/o CC/MCC	0.6614
094,MDC 01M,Bacterial & tuberculous infections of nervous system w MCC	3.4974
095,MDC 01M,Bacterial & tuberculous infections of nervous system w CC	2.2787
096,MDC 01M,Bacterial & tuberculous infections of nervous system w/o CC/MCC	1.9694
097,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.1963
098,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w CC	1.7657
099,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.1835

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
100,MDC 01M,Seizures w MCC	1.5185
101,MDC 01M,Seizures w/o MCC	0.7569
102,MDC 01M,Headaches w MCC	1.0430
103,MDC 01M,Headaches w/o MCC	0.6663
113,MDC 02P,Orbital procedures w CC/MCC	1.8998
114,MDC 02P,Orbital procedures w/o CC/MCC	1.0216
115,MDC 02P,Extraocular procedures except orbit	1.2543
116,MDC 02P,Intraocular procedures w CC/MCC	1.4806
117,MDC 02P,Intraocular procedures w/o CC/MCC	0.8211
121,MDC 02M,Acute major eye infections w CC/MCC	1.0215
122,MDC 02M,Acute major eye infections w/o CC/MCC	0.6147
123,MDC 02M,Neurological eye disorders	0.6963
124,MDC 02M,Other disorders of the eye w MCC	1.1990
125,MDC 02M,Other disorders of the eye w/o MCC	0.6812
129,MDC 03P,Major head & neck procedures w CC/MCC or major device	2.1925
130,MDC 03P,Major head & neck procedures w/o CC/MCC	1.2687
131,MDC 03P,Cranial/facial procedures w CC/MCC	2.2038
132,MDC 03P,Cranial/facial procedures w/o CC/MCC	1.2855
133,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w CC/MCC	1.7824
134,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	0.9584
135,MDC 03P,Sinus & mastoid procedures w CC/MCC	2.0110
136,MDC 03P,Sinus & mastoid procedures w/o CC/MCC	0.9709
137,MDC 03P,Mouth procedures w CC/MCC	1.3477
138,MDC 03P,Mouth procedures w/o CC/MCC	0.8304
139,MDC 03P,Salivary gland procedures	0.9169
146,MDC 03M,Ear, nose, mouth & throat malignancy w MCC	2.0402
147,MDC 03M,Ear, nose, mouth & throat malignancy w CC	1.2317
148,MDC 03M,Ear, nose, mouth & throat malignancy w/o CC/MCC	0.7688
149,MDC 03M,Dysequilibrium	0.6184
150,MDC 03M,Epistaxis w MCC	1.3298

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
151,MDC 03M,Epistaxis w/o MCC	0.6557
152,MDC 03M,Otitis media & URI w MCC	1.0042
153,MDC 03M,Otitis media & URI w/o MCC	0.6439
154,MDC 03M,Other ear, nose, mouth & throat diagnoses w MCC	1.3785
155,MDC 03M,Other ear, nose, mouth & throat diagnoses w CC	0.8610
156,MDC 03M,Other ear, nose, mouth & throat diagnoses w/o CC/MCC	0.6160
157,MDC 03M,Dental & Oral Diseases w MCC	1.5380
158,MDC 03M,Dental & Oral Diseases w CC	0.8525
159,MDC 03M,Dental & Oral Diseases w/o CC/MCC	0.6100
163,MDC 04P,Major chest procedures w MCC	5.0952
164,MDC 04P,Major chest procedures w CC	2.6086
165,MDC 04P,Major chest procedures w/o CC/MCC	1.7943
166,MDC 04P,Other resp system O.R. procedures w MCC	3.6741
167,MDC 04P,Other resp system O.R. procedures w CC	1.9860
168,MDC 04P,Other resp system O.R. procedures w/o CC/MCC	1.3101
175,MDC 04M,Pulmonary embolism w MCC	1.5346
176,MDC 04M,Pulmonary embolism w/o MCC	0.9891
177,MDC 04M,Respiratory infections & inflammations w MCC	1.9934
178,MDC 04M,Respiratory infections & inflammations w CC	1.3955
179,MDC 04M,Respiratory infections & inflammations w/o CC/MCC	0.9741
180,MDC 04M,Respiratory neoplasms w MCC	1.7026
181,MDC 04M,Respiratory neoplasms w CC	1.1725
182,MDC 04M,Respiratory neoplasms w/o CC/MCC	0.7905
183,MDC 04M,Major chest trauma w MCC	1.4649
184,MDC 04M,Major chest trauma w CC	0.9832
185,MDC 04M,Major chest trauma w/o CC/MCC	0.6907
186,MDC 04M,Pleural effusion w MCC	1.5727
187,MDC 04M,Pleural effusion w CC	1.0808
188,MDC 04M,Pleural effusion w/o CC/MCC	0.7468
189,MDC 04M,Pulmonary edema & respiratory failure	1.2184

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
190,MDC 04M,Chronic obstructive pulmonary disease w MCC	1.1708
191,MDC 04M,Chronic obstructive pulmonary disease w CC	0.9343
192,MDC 04M,Chronic obstructive pulmonary disease w/o CC/MCC	0.7120
193,MDC 04M,Simple pneumonia & pleurisy w MCC	1.4550
194,MDC 04M,Simple pneumonia & pleurisy w CC	0.9771
195,MDC 04M,Simple pneumonia & pleurisy w/o CC/MCC	0.6997
196,MDC 04M,Interstitial lung disease w MCC	1.6686
197,MDC 04M,Interstitial lung disease w CC	1.0627
198,MDC 04M,Interstitial lung disease w/o CC/MCC	0.7958
199,MDC 04M,Pneumothorax w MCC	1.8127
200,MDC 04M,Pneumothorax w CC	0.9692
201,MDC 04M,Pneumothorax w/o CC/MCC	0.7053
202,MDC 04M,Bronchitis & asthma w CC/MCC	0.8678
203,MDC 04M,Bronchitis & asthma w/o CC/MCC	0.6391
204,MDC 04M,Respiratory signs & symptoms	0.6780
205,MDC 04M,Other respiratory system diagnoses w MCC	1.3935
206,MDC 04M,Other respiratory system diagnoses w/o MCC	0.7911
207,MDC 04M,Respiratory system diagnosis w ventilator support 96+ hours	5.2556
208,MDC 04M,Respiratory system diagnosis w ventilator support <96 hours	2.2871
215,MDC 05P,Other heart assist system implant	14.7790
216,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	9.4801
217,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w CC	6.2835
218,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	5.4262
219,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	7.9191
220,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.2917
221,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.6424
222,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.8167
223,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.4257
224,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	7.7224
225,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	5.9206

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
226,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w MCC	7.0099
227,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w/o MCC	5.5397
228,MDC 05P,Other cardiothoracic procedures w MCC	6.8682
229,MDC 05P,Other cardiothoracic procedures w CC	4.4413
230,MDC 05P,Other cardiothoracic procedures w/o CC/MCC	3.6669
231,MDC 05P,Coronary bypass w PTCA w MCC	7.8158
232,MDC 05P,Coronary bypass w PTCA w/o MCC	5.6145
233,MDC 05P,Coronary bypass w cardiac cath w MCC	7.3887
234,MDC 05P,Coronary bypass w cardiac cath w/o MCC	4.8270
235,MDC 05P,Coronary bypass w/o cardiac cath w MCC	5.8478
236,MDC 05P,Coronary bypass w/o cardiac cath w/o MCC	3.8011
237,MDC 05P,Major cardiovasc procedures w MCC	5.0962
238,MDC 05P,Major cardiovasc procedures w/o MCC	3.3576
239,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w MCC	4.8601
240,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w CC	2.6789
241,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.4226
242,MDC 05P,Permanent cardiac pacemaker implant w MCC	3.7491
243,MDC 05P,Permanent cardiac pacemaker implant w CC	2.6716
244,MDC 05P,Permanent cardiac pacemaker implant w/o CC/MCC	2.1608
245,MDC 05P,AICD generator procedures	4.7022
246,MDC 05P,Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	3.1830
247,MDC 05P,Perc cardiovasc proc w drug-eluting stent w/o MCC	2.0408
248,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	2.9479
249,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w/o MCC	1.8245
250,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w MCC	2.9881
251,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w/o MCC	1.9737
252,MDC 05P,Other vascular procedures w MCC	3.1477
253,MDC 05P,Other vascular procedures w CC	2.5172
254,MDC 05P,Other vascular procedures w/o CC/MCC	1.7012
255,MDC 05P,Upper limb & toe amputation for circ system disorders w MCC	2.6404

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
256,MDC 05P,Upper limb & toe amputation for circ system disorders w CC	1.5973
257,MDC 05P,Upper limb & toe amputation for circ system disorders w/o CC/MCC	0.9017
258,MDC 05P,Cardiac pacemaker device replacement w MCC	2.7229
259,MDC 05P,Cardiac pacemaker device replacement w/o MCC	1.9462
260,MDC 05P,Cardiac pacemaker revision except device replacement w MCC	3.7238
261,MDC 05P,Cardiac pacemaker revision except device replacement w CC	1.7284
262,MDC 05P,Cardiac pacemaker revision except device replacement w/o CC/MCC	1.3866
263,MDC 05P,Vein ligation & stripping	1.8888
264,MDC 05P,Other circulatory system O.R. procedures	2.7138
265,MDC 05P,AICD lead procedures	2.6890
280,MDC 05M,Acute myocardial infarction, discharged alive w MCC	1.7431
281,MDC 05M,Acute myocardial infarction, discharged alive w CC	1.0568
282,MDC 05M,Acute myocardial infarction, discharged alive w/o CC/MCC	0.7551
283,MDC 05M,Acute myocardial infarction, expired w MCC	1.6885
284,MDC 05M,Acute myocardial infarction, expired w CC	0.7614
285,MDC 05M,Acute myocardial infarction, expired w/o CC/MCC	0.5227
286,MDC 05M,Circulatory disorders except AMI, w card cath w MCC	2.1058
287,MDC 05M,Circulatory disorders except AMI, w card cath w/o MCC	1.0866
288,MDC 05M,Acute & subacute endocarditis w MCC	2.7956
289,MDC 05M,Acute & subacute endocarditis w CC	1.7891
290,MDC 05M,Acute & subacute endocarditis w/o CC/MCC	1.2359
291,MDC 05M,Heart failure & shock w MCC	1.5031
292,MDC 05M,Heart failure & shock w CC	0.9938
293,MDC 05M,Heart failure & shock w/o CC/MCC	0.6723
294,MDC 05M,Deep vein thrombophlebitis w CC/MCC	0.9439
295,MDC 05M,Deep vein thrombophlebitis w/o CC/MCC	0.6287
296,MDC 05M,Cardiac arrest, unexplained w MCC	1.3013
297,MDC 05M,Cardiac arrest, unexplained w CC	0.6063
298,MDC 05M,Cardiac arrest, unexplained w/o CC/MCC	0.4260
299,MDC 05M,Peripheral vascular disorders w MCC	1.3647

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
300,MDC 05M,Peripheral vascular disorders w CC	0.9666
301,MDC 05M,Peripheral vascular disorders w/o CC/MCC	0.6681
302,MDC 05M,Atherosclerosis w MCC	1.0287
303,MDC 05M,Atherosclerosis w/o MCC	0.6034
304,MDC 05M,Hypertension w MCC	1.0268
305,MDC 05M,Hypertension w/o MCC	0.6176
306,MDC 05M,Cardiac congenital & valvular disorders w MCC	1.3659
307,MDC 05M,Cardiac congenital & valvular disorders w/o MCC	0.7917
308,MDC 05M,Cardiac arrhythmia & conduction disorders w MCC	1.2088
309,MDC 05M,Cardiac arrhythmia & conduction disorders w CC	0.7867
310,MDC 05M,Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5512
311,MDC 05M,Angina pectoris	0.5649
312,MDC 05M,Syncope & collapse	0.7228
313,MDC 05M,Chest pain	0.5992
314,MDC 05M,Other circulatory system diagnoses w MCC	1.8941
315,MDC 05M,Other circulatory system diagnoses w CC	0.9534
316,MDC 05M,Other circulatory system diagnoses w/o CC/MCC	0.6358
326,MDC 06P,Stomach, esophageal & duodenal proc w MCC	5.6013
327,MDC 06P,Stomach, esophageal & duodenal proc w CC	2.6598
328,MDC 06P,Stomach, esophageal & duodenal proc w/o CC/MCC	1.4765
329,MDC 06P,Major small & large bowel procedures w MCC	5.1272
330,MDC 06P,Major small & large bowel procedures w CC	2.5609
331,MDC 06P,Major small & large bowel procedures w/o CC/MCC	1.6380
332,MDC 06P,Rectal resection w MCC	4.7072
333,MDC 06P,Rectal resection w CC	2.4466
334,MDC 06P,Rectal resection w/o CC/MCC	1.5849
335,MDC 06P,Peritoneal adhesiolysis w MCC	4.1615
336,MDC 06P,Peritoneal adhesiolysis w CC	2.3513
337,MDC 06P,Peritoneal adhesiolysis w/o CC/MCC	1.5742
338,MDC 06P,Appendectomy w complicated principal diag w MCC	3.1217

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
339,MDC 06P,Appendectomy w complicated principal diag w CC	1.7117
340,MDC 06P,Appendectomy w complicated principal diag w/o CC/MCC	1.1741
341,MDC 06P,Appendectomy w/o complicated principal diag w MCC	2.1821
342,MDC 06P,Appendectomy w/o complicated principal diag w CC	1.2968
343,MDC 06P,Appendectomy w/o complicated principal diag w/o CC/MCC	0.9358
344,MDC 06P,Minor small & large bowel procedures w MCC	3.5966
345,MDC 06P,Minor small & large bowel procedures w CC	1.6865
346,MDC 06P,Minor small & large bowel procedures w/o CC/MCC	1.2174
347,MDC 06P,Anal & stomal procedures w MCC	2.5182
348,MDC 06P,Anal & stomal procedures w CC	1.3585
349,MDC 06P,Anal & stomal procedures w/o CC/MCC	0.8834
350,MDC 06P,Inguinal & femoral hernia procedures w MCC	2.4598
351,MDC 06P,Inguinal & femoral hernia procedures w CC	1.3761
352,MDC 06P,Inguinal & femoral hernia procedures w/o CC/MCC	0.9239
353,MDC 06P,Hernia procedures except inguinal & femoral w MCC	2.7885
354,MDC 06P,Hernia procedures except inguinal & femoral w CC	1.6401
355,MDC 06P,Hernia procedures except inguinal & femoral w/o CC/MCC	1.1783
356,MDC 06P,Other digestive system O.R. procedures w MCC	3.8388
357,MDC 06P,Other digestive system O.R. procedures w CC	2.1448
358,MDC 06P,Other digestive system O.R. procedures w/o CC/MCC	1.3942
368,MDC 06M,Major esophageal disorders w MCC	1.8779
369,MDC 06M,Major esophageal disorders w CC	1.0660
370,MDC 06M,Major esophageal disorders w/o CC/MCC	0.7486
371,MDC 06M,Major gastrointestinal disorders & peritoneal infections w MCC	1.9027
372,MDC 06M,Major gastrointestinal disorders & peritoneal infections w CC	1.1733
373,MDC 06M,Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.8103
374,MDC 06M,Digestive malignancy w MCC	2.1051
375,MDC 06M,Digestive malignancy w CC	1.2561
376,MDC 06M,Digestive malignancy w/o CC/MCC	0.8738
377,MDC 06M,G.I. hemorrhage w MCC	1.7629

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
378,MDC 06M,G.I. hemorrhage w CC	1.0029
379,MDC 06M,G.I. hemorrhage w/o CC/MCC	0.6937
380,MDC 06M,Complicated peptic ulcer w MCC	1.9223
381,MDC 06M,Complicated peptic ulcer w CC	1.1199
382,MDC 06M,Complicated peptic ulcer w/o CC/MCC	0.7784
383,MDC 06M,Uncomplicated peptic ulcer w MCC	1.3850
384,MDC 06M,Uncomplicated peptic ulcer w/o MCC	0.8501
385,MDC 06M,Inflammatory bowel disease w MCC	1.7973
386,MDC 06M,Inflammatory bowel disease w CC	1.0097
387,MDC 06M,Inflammatory bowel disease w/o CC/MCC	0.7533
388,MDC 06M,G.I. obstruction w MCC	1.6170
389,MDC 06M,G.I. obstruction w CC	0.8853
390,MDC 06M,G.I. obstruction w/o CC/MCC	0.6046
391,MDC 06M,Esophagitis, gastroent & misc digest disorders w MCC	1.1903
392,MDC 06M,Esophagitis, gastroent & misc digest disorders w/o MCC	0.7395
393,MDC 06M,Other digestive system diagnoses w MCC	1.6563
394,MDC 06M,Other digestive system diagnoses w CC	0.9653
395,MDC 06M,Other digestive system diagnoses w/o CC/MCC	0.6669
405,MDC 07P,Pancreas, liver & shunt procedures w MCC	5.4333
406,MDC 07P,Pancreas, liver & shunt procedures w CC	2.7667
407,MDC 07P,Pancreas, liver & shunt procedures w/o CC/MCC	1.9139
408,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	4.1182
409,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.4337
410,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.5123
411,MDC 07P,Cholecystectomy w c.d.e. w MCC	3.5968
412,MDC 07P,Cholecystectomy w c.d.e. w CC	2.3659
413,MDC 07P,Cholecystectomy w c.d.e. w/o CC/MCC	1.7220
414,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.6208
415,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w CC	2.0173
416,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.3268

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
417,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.4784
418,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w CC	1.6536
419,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.2239
420,MDC 07P,Hepatobiliary diagnostic procedures w MCC	3.6786
421,MDC 07P,Hepatobiliary diagnostic procedures w CC	1.7714
422,MDC 07P,Hepatobiliary diagnostic procedures w/o CC/MCC	1.2175
423,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w MCC	4.2183
424,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w CC	2.3149
425,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.6396
432,MDC 07M,Cirrhosis & alcoholic hepatitis w MCC	1.7150
433,MDC 07M,Cirrhosis & alcoholic hepatitis w CC	0.9249
434,MDC 07M,Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.6156
435,MDC 07M,Malignancy of hepatobiliary system or pancreas w MCC	1.7356
436,MDC 07M,Malignancy of hepatobiliary system or pancreas w CC	1.1548
437,MDC 07M,Malignancy of hepatobiliary system or pancreas w/o CC/MCC	0.9282
438,MDC 07M,Disorders of pancreas except malignancy w MCC	1.7210
439,MDC 07M,Disorders of pancreas except malignancy w CC	0.9162
440,MDC 07M,Disorders of pancreas except malignancy w/o CC/MCC	0.6452
441,MDC 07M,Disorders of liver except malig,cirr,alc hepa w MCC	1.8534
442,MDC 07M,Disorders of liver except malig,cirr,alc hepa w CC	0.9280
443,MDC 07M,Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	0.6418
444,MDC 07M,Disorders of the biliary tract w MCC	1.6060
445,MDC 07M,Disorders of the biliary tract w CC	1.0476
446,MDC 07M,Disorders of the biliary tract w/o CC/MCC	0.7499
453,MDC 08P,Combined anterior/posterior spinal fusion w MCC	11.7453
454,MDC 08P,Combined anterior/posterior spinal fusion w CC	8.0200
455,MDC 08P,Combined anterior/posterior spinal fusion w/o CC/MCC	6.2882
456,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w MCC	9.5871
457,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w CC	6.8188
458,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w/o CC/MCC	5.1378

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
459,MDC 08P,Spinal fusion except cervical w MCC	6.8163
460,MDC 08P,Spinal fusion except cervical w/o MCC	4.0221
461,MDC 08P,Bilateral or multiple major joint procs of lower extremity w MCC	5.0254
462,MDC 08P,Bilateral or multiple major joint procs of lower extremity w/o MCC	3.5190
463,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	5.1152
464,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	3.0243
465,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	1.9199
466,MDC 08P,Revision of hip or knee replacement w MCC	5.2748
467,MDC 08P,Revision of hip or knee replacement w CC	3.4140
468,MDC 08P,Revision of hip or knee replacement w/o CC/MCC	2.7624
469,MDC 08P,Major joint replacement or reattachment of lower extremity w MCC	3.4377
470,MDC 08P,Major joint replacement or reattachment of lower extremity w/o MCC	2.1463
471,MDC 08P,Cervical spinal fusion w MCC	4.9444
472,MDC 08P,Cervical spinal fusion w CC	2.9288
473,MDC 08P,Cervical spinal fusion w/o CC/MCC	2.2458
474,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w MCC	3.6884
475,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w CC	2.0488
476,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.0717
477,MDC 08P,Biopsies of musculoskeletal system & connective tissue w MCC	3.2827
478,MDC 08P,Biopsies of musculoskeletal system & connective tissue w CC	2.2115
479,MDC 08P,Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.7340
480,MDC 08P,Hip & femur procedures except major joint w MCC	3.0694
481,MDC 08P,Hip & femur procedures except major joint w CC	1.9721
482,MDC 08P,Hip & femur procedures except major joint w/o CC/MCC	1.6305
483,MDC 08P,Major joint & limb reattachment proc of upper extremity w CC/MCC	2.6488
484,MDC 08P,Major joint & limb reattachment proc of upper extremity w/o CC/MCC	2.2298
485,MDC 08P,Knee procedures w pdx of infection w MCC	3.2719
486,MDC 08P,Knee procedures w pdx of infection w CC	2.0199
487,MDC 08P,Knee procedures w pdx of infection w/o CC/MCC	1.5215
488,MDC 08P,Knee procedures w/o pdx of infection w CC/MCC	1.7379

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
489,MDC 08P,Knee procedures w/o pdx of infection w/o CC/MCC	1.2799
490,MDC 08P,Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim	1.8845
491,MDC 08P,Back & neck proc exc spinal fusion w/o CC/MCC	1.0893
492,MDC 08P,Lower extrem & humer proc except hip,foot,femur w MCC	3.1831
493,MDC 08P,Lower extrem & humer proc except hip,foot,femur w CC	1.9971
494,MDC 08P,Lower extrem & humer proc except hip,foot,femur w/o CC/MCC	1.5073
495,MDC 08P,Local excision & removal int fix devices exc hip & femur w MCC	2.9110
496,MDC 08P,Local excision & removal int fix devices exc hip & femur w CC	1.7290
497,MDC 08P,Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.1731
498,MDC 08P,Local excision & removal int fix devices of hip & femur w CC/MCC	2.1924
499,MDC 08P,Local excision & removal int fix devices of hip & femur w/o CC/MCC	0.9577
500,MDC 08P,Soft tissue procedures w MCC	3.0116
501,MDC 08P,Soft tissue procedures w CC	1.5804
502,MDC 08P,Soft tissue procedures w/o CC/MCC	1.1277
503,MDC 08P,Foot procedures w MCC	2.2584
504,MDC 08P,Foot procedures w CC	1.6133
505,MDC 08P,Foot procedures w/o CC/MCC	1.2072
506,MDC 08P,Major thumb or joint procedures	1.2041
507,MDC 08P,Major shoulder or elbow joint procedures w CC/MCC	1.9667
508,MDC 08P,Major shoulder or elbow joint procedures w/o CC/MCC	1.3190
509,MDC 08P,Arthroscopy	1.3245
510,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w MCC	2.2717
511,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w CC	1.5894
512,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	1.2266
513,MDC 08P,Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.4122
514,MDC 08P,Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.8781
515,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w MCC	3.3340
516,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w CC	2.0160
517,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.6777
533,MDC 08M,Fractures of femur w MCC	1.3759

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
534,MDC 08M,Fractures of femur w/o MCC	0.7364
535,MDC 08M,Fractures of hip & pelvis w MCC	1.3085
536,MDC 08M,Fractures of hip & pelvis w/o MCC	0.7091
537,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.8604
538,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.6870
539,MDC 08M,Osteomyelitis w MCC	1.8631
540,MDC 08M,Osteomyelitis w CC	1.3063
541,MDC 08M,Osteomyelitis w/o CC/MCC	0.9743
542,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w MCC	1.9451
543,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w CC	1.1267
544,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.7736
545,MDC 08M,Connective tissue disorders w MCC	2.4445
546,MDC 08M,Connective tissue disorders w CC	1.1711
547,MDC 08M,Connective tissue disorders w/o CC/MCC	0.8061
548,MDC 08M,Septic arthritis w MCC	1.7811
549,MDC 08M,Septic arthritis w CC	1.1101
550,MDC 08M,Septic arthritis w/o CC/MCC	0.8149
551,MDC 08M,Medical back problems w MCC	1.6317
552,MDC 08M,Medical back problems w/o MCC	0.8467
553,MDC 08M,Bone diseases & arthropathies w MCC	1.2370
554,MDC 08M,Bone diseases & arthropathies w/o MCC	0.7181
555,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w MCC	1.1974
556,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.7066
557,MDC 08M,Tendonitis, myositis & bursitis w MCC	1.4756
558,MDC 08M,Tendonitis, myositis & bursitis w/o MCC	0.8337
559,MDC 08M,Aftercare, musculoskeletal system & connective tissue w MCC	1.8639
560,MDC 08M,Aftercare, musculoskeletal system & connective tissue w CC	1.0260
561,MDC 08M,Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.6408
562,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	1.3528
563,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	0.7535

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
564,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w MCC	1.4855
565,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w CC	0.9281
566,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.6642
570,MDC 09P,Skin debridement w MCC	2.4154
571,MDC 09P,Skin debridement w CC	1.4906
572,MDC 09P,Skin debridement w/o CC/MCC	1.0077
573,MDC 09P,Skin graft for skin ulcer or cellulitis w MCC	3.4623
574,MDC 09P,Skin graft for skin ulcer or cellulitis w CC	2.6883
575,MDC 09P,Skin graft for skin ulcer or cellulitis w/o CC/MCC	1.4376
576,MDC 09P,Skin graft exc for skin ulcer or cellulitis w MCC	4.2927
577,MDC 09P,Skin graft exc for skin ulcer or cellulitis w CC	2.0212
578,MDC 09P,Skin graft exc for skin ulcer or cellulitis w/o CC/MCC	1.2617
579,MDC 09P,Other skin, subcut tiss & breast proc w MCC	2.6106
580,MDC 09P,Other skin, subcut tiss & breast proc w CC	1.5398
581,MDC 09P,Other skin, subcut tiss & breast proc w/o CC/MCC	1.0605
582,MDC 09P,Mastectomy for malignancy w CC/MCC	1.1913
583,MDC 09P,Mastectomy for malignancy w/o CC/MCC	0.9711
584,MDC 09P,Breast biopsy, local excision & other breast procedures w CC/MCC	1.6998
585,MDC 09P,Breast biopsy, local excision & other breast procedures w/o CC/MCC	1.3162
592,MDC 09M,Skin ulcers w MCC	1.4131
593,MDC 09M,Skin ulcers w CC	1.0094
594,MDC 09M,Skin ulcers w/o CC/MCC	0.6814
595,MDC 09M,Major skin disorders w MCC	1.9464
596,MDC 09M,Major skin disorders w/o MCC	0.9284
597,MDC 09M,Malignant breast disorders w MCC	1.7064
598,MDC 09M,Malignant breast disorders w CC	1.0817
599,MDC 09M,Malignant breast disorders w/o CC/MCC	0.6547
600,MDC 09M,Non-malignant breast disorders w CC/MCC	0.9963
601,MDC 09M,Non-malignant breast disorders w/o CC/MCC	0.6445
602,MDC 09M,Cellulitis w MCC	1.4607

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
603,MDC 09M,Cellulitis w/o MCC	0.8402
604,MDC 09M,Trauma to the skin, subcut tiss & breast w MCC	1.3223
605,MDC 09M,Trauma to the skin, subcut tiss & breast w/o MCC	0.7372
606,MDC 09M,Minor skin disorders w MCC	1.3594
607,MDC 09M,Minor skin disorders w/o MCC	0.7043
614,MDC 10P,Adrenal & pituitary procedures w CC/MCC	2.5455
615,MDC 10P,Adrenal & pituitary procedures w/o CC/MCC	1.4579
616,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	4.0773
617,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	2.0071
618,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	1.2489
619,MDC 10P,O.R. procedures for obesity w MCC	3.6200
620,MDC 10P,O.R. procedures for obesity w CC	1.9399
621,MDC 10P,O.R. procedures for obesity w/o CC/MCC	1.5772
622,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.3505
623,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.8239
624,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	0.9635
625,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w MCC	2.4009
626,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w CC	1.2459
627,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0.8458
628,MDC 10P,Other endocrine, nutrit & metab O.R. proc w MCC	3.3515
629,MDC 10P,Other endocrine, nutrit & metab O.R. proc w CC	2.1292
630,MDC 10P,Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.3444
637,MDC 10M,Diabetes w MCC	1.3888
638,MDC 10M,Diabetes w CC	0.8252
639,MDC 10M,Diabetes w/o CC/MCC	0.5708
640,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w MCC	1.1111
641,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w/o MCC	0.6992
642,MDC 10M,Inborn and other disorders of metabolism	1.0674
643,MDC 10M,Endocrine disorders w MCC	1.6693
644,MDC 10M,Endocrine disorders w CC	1.0194

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
645,MDC 10M,Endocrine disorders w/o CC/MCC	0.7041
652,MDC 11P,Kidney transplant	3.1530
653,MDC 11P,Major bladder procedures w MCC	5.9558
654,MDC 11P,Major bladder procedures w CC	3.0944
655,MDC 11P,Major bladder procedures w/o CC/MCC	2.1671
656,MDC 11P,Kidney & ureter procedures for neoplasm w MCC	3.5221
657,MDC 11P,Kidney & ureter procedures for neoplasm w CC	2.0261
658,MDC 11P,Kidney & ureter procedures for neoplasm w/o CC/MCC	1.5074
659,MDC 11P,Kidney & ureter procedures for non-neoplasm w MCC	3.4051
660,MDC 11P,Kidney & ureter procedures for non-neoplasm w CC	1.8827
661,MDC 11P,Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.3435
662,MDC 11P,Minor bladder procedures w MCC	2.9801
663,MDC 11P,Minor bladder procedures w CC	1.5666
664,MDC 11P,Minor bladder procedures w/o CC/MCC	1.2208
665,MDC 11P,Prostatectomy w MCC	3.1414
666,MDC 11P,Prostatectomy w CC	1.7042
667,MDC 11P,Prostatectomy w/o CC/MCC	0.8949
668,MDC 11P,Transurethral procedures w MCC	2.5573
669,MDC 11P,Transurethral procedures w CC	1.2693
670,MDC 11P,Transurethral procedures w/o CC/MCC	0.8354
671,MDC 11P,Urethral procedures w CC/MCC	1.5887
672,MDC 11P,Urethral procedures w/o CC/MCC	0.8835
673,MDC 11P,Other kidney & urinary tract procedures w MCC	3.1150
674,MDC 11P,Other kidney & urinary tract procedures w CC	2.2378
675,MDC 11P,Other kidney & urinary tract procedures w/o CC/MCC	1.3807
682,MDC 11M,Renal failure w MCC	1.5401
683,MDC 11M,Renal failure w CC	0.9655
684,MDC 11M,Renal failure w/o CC/MCC	0.6213
685,MDC 11M,Admit for renal dialysis	0.9282
686,MDC 11M,Kidney & urinary tract neoplasms w MCC	1.7237

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
687,MDC 11M,Kidney & urinary tract neoplasms w CC	1.0441
688,MDC 11M,Kidney & urinary tract neoplasms w/o CC/MCC	0.6867
689,MDC 11M,Kidney & urinary tract infections w MCC	1.1300
690,MDC 11M,Kidney & urinary tract infections w/o MCC	0.7693
691,MDC 11M,Urinary stones w esw lithotripsy w CC/MCC	1.5454
692,MDC 11M,Urinary stones w esw lithotripsy w/o CC/MCC	1.0690
693,MDC 11M,Urinary stones w/o esw lithotripsy w MCC	1.4186
694,MDC 11M,Urinary stones w/o esw lithotripsy w/o MCC	0.6879
695,MDC 11M,Kidney & urinary tract signs & symptoms w MCC	1.2773
696,MDC 11M,Kidney & urinary tract signs & symptoms w/o MCC	0.6615
697,MDC 11M,Urethral stricture	0.8225
698,MDC 11M,Other kidney & urinary tract diagnoses w MCC	1.5681
699,MDC 11M,Other kidney & urinary tract diagnoses w CC	0.9890
700,MDC 11M,Other kidney & urinary tract diagnoses w/o CC/MCC	0.7026
707,MDC 12P,Major male pelvic procedures w CC/MCC	1.8265
708,MDC 12P,Major male pelvic procedures w/o CC/MCC	1.2928
709,MDC 12P,Penis procedures w CC/MCC	2.1038
710,MDC 12P,Penis procedures w/o CC/MCC	1.3429
711,MDC 12P,Testes procedures w CC/MCC	2.0316
712,MDC 12P,Testes procedures w/o CC/MCC	0.9580
713,MDC 12P,Transurethral prostatectomy w CC/MCC	1.3814
714,MDC 12P,Transurethral prostatectomy w/o CC/MCC	0.7402
715,MDC 12P,Other male reproductive system O.R. proc for malignancy w CC/MCC	2.2268
716,MDC 12P,Other male reproductive system O.R. proc for malignancy w/o CC/MCC	0.9629
717,MDC 12P,Other male reproductive system O.R. proc exc malignancy w CC/MCC	1.7495
718,MDC 12P,Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	0.8786
722,MDC 12M,Malignancy, male reproductive system w MCC	1.6031
723,MDC 12M,Malignancy, male reproductive system w CC	1.0532
724,MDC 12M,Malignancy, male reproductive system w/o CC/MCC	0.5501
725,MDC 12M,Benign prostatic hypertrophy w MCC	1.2644

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
726,MDC 12M,Benign prostatic hypertrophy w/o MCC	0.7159
727,MDC 12M,Inflammation of the male reproductive system w MCC	1.4106
728,MDC 12M,Inflammation of the male reproductive system w/o MCC	0.7821
729,MDC 12M,Other male reproductive system diagnoses w CC/MCC	1.1196
730,MDC 12M,Other male reproductive system diagnoses w/o CC/MCC	0.6266
734,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.5547
735,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.1910
736,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.2211
737,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w CC	2.0310
738,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.2602
739,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	3.1647
740,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w CC	1.5819
741,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	1.1470
742,MDC 13P,Uterine & adnexa proc for non-malignancy w CC/MCC	1.4972
743,MDC 13P,Uterine & adnexa proc for non-malignancy w/o CC/MCC	0.9903
744,MDC 13P,D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.5084
745,MDC 13P,D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	0.8514
746,MDC 13P,Vagina, cervix & vulva procedures w CC/MCC	1.3694
747,MDC 13P,Vagina, cervix & vulva procedures w/o CC/MCC	0.8814
748,MDC 13P,Female reproductive system reconstructive procedures	1.0096
749,MDC 13P,Other female reproductive system O.R. procedures w CC/MCC	2.6239
750,MDC 13P,Other female reproductive system O.R. procedures w/o CC/MCC	1.0854
754,MDC 13M,Malignancy, female reproductive system w MCC	1.9784
755,MDC 13M,Malignancy, female reproductive system w CC	1.0880
756,MDC 13M,Malignancy, female reproductive system w/o CC/MCC	0.6334
757,MDC 13M,Infections, female reproductive system w MCC	1.5292
758,MDC 13M,Infections, female reproductive system w CC	1.0452
759,MDC 13M,Infections, female reproductive system w/o CC/MCC	0.6995
760,MDC 13M,Menstrual & other female reproductive system disorders w CC/MCC	0.8063
761,MDC 13M,Menstrual & other female reproductive system disorders w/o CC/MCC	0.4904

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
765,MDC 14P,Cesarean section w CC/MCC	1.1125
766,MDC 14P,Cesarean section w/o CC/MCC	0.7766
767,MDC 14P,Vaginal delivery w sterilization &/or D&C	0.9235
768,MDC 14P,Vaginal delivery w O.R. proc except steril &/or D&C	1.0976
769,MDC 14P,Postpartum & post abortion diagnoses w O.R. procedure	2.1785
770,MDC 14P,Abortion w D&C, aspiration curettage or hysterotomy	0.7070
774,MDC 14M,Vaginal delivery w complicating diagnoses	0.7137
775,MDC 14M,Vaginal delivery w/o complicating diagnoses	0.5625
776,MDC 14M,Postpartum & post abortion diagnoses w/o O.R. procedure	0.7075
777,MDC 14M,Ectopic pregnancy	0.9550
778,MDC 14M,Threatened abortion	0.5247
779,MDC 14M,Abortion w/o D&C	0.4843
780,MDC 14M,False labor	0.2515
781,MDC 14M,Other antepartum diagnoses w medical complications	0.7568
782,MDC 14M,Other antepartum diagnoses w/o medical complications	0.4463
789,MDC 15M,Neonates, died or transferred to another acute care facility	1.5258
790,MDC 15M,Extreme immaturity or respiratory distress syndrome, neonate	5.0315
791,MDC 15M,Prematurity w major problems	3.4363
792,MDC 15M,Prematurity w/o major problems	2.0734
793,MDC 15M,Full term neonate w major problems	3.5299
794,MDC 15M,Neonate w other significant problems	1.2494
795,MDC 15M,Normal newborn	0.1692
799,MDC 16P,Splenectomy w MCC	5.0639
800,MDC 16P,Splenectomy w CC	2.5234
801,MDC 16P,Splenectomy w/o CC/MCC	1.5980
802,MDC 16P,Other O.R. proc of the blood & blood forming organs w MCC	3.1642
803,MDC 16P,Other O.R. proc of the blood & blood forming organs w CC	1.8831
804,MDC 16P,Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.1558
808,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w MCC	2.2217
809,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w CC	1.1901

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
810,MDC 16M,Major hemato/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.8226
811,MDC 16M,Red blood cell disorders w MCC	1.2488
812,MDC 16M,Red blood cell disorders w/o MCC	0.7985
813,MDC 16M,Coagulation disorders	1.6433
814,MDC 16M,Reticuloendothelial & immunity disorders w MCC	1.6910
815,MDC 16M,Reticuloendothelial & immunity disorders w CC	0.9844
816,MDC 16M,Reticuloendothelial & immunity disorders w/o CC/MCC	0.6655
820,MDC 17P,Lymphoma & leukemia w major O.R. procedure w MCC	5.8779
821,MDC 17P,Lymphoma & leukemia w major O.R. procedure w CC	2.4025
822,MDC 17P,Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.2336
823,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w MCC	4.4850
824,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w CC	2.1684
825,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	1.2935
826,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	4.9280
827,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.2746
828,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.3642
829,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	3.1769
830,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	1.2781
834,MDC 17M,Acute leukemia w/o major O.R. procedure w MCC	5.3828
835,MDC 17M,Acute leukemia w/o major O.R. procedure w CC	2.1606
836,MDC 17M,Acute leukemia w/o major O.R. procedure w/o CC/MCC	1.2240
837,MDC 17M,Chemo w acute leukemia as sdX or w high dose chemo agent w MCC	6.0485
838,MDC 17M,Chemo w acute leukemia as sdX w CC or high dose chemo agent	2.8181
839,MDC 17M,Chemo w acute leukemia as sdX w/o CC/MCC	1.3175
840,MDC 17M,Lymphoma & non-acute leukemia w MCC	3.0843
841,MDC 17M,Lymphoma & non-acute leukemia w CC	1.6167
842,MDC 17M,Lymphoma & non-acute leukemia w/o CC/MCC	1.0830
843,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w MCC	1.7768
844,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w CC	1.1701
845,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.7830

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
846,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.4337
847,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w CC	1.1062
848,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0.8635
849,MDC 17M,Radiotherapy	1.4239
853,MDC 18P,Infectious & parasitic diseases w O.R. procedure w MCC	5.3491
854,MDC 18P,Infectious & parasitic diseases w O.R. procedure w CC	2.4891
855,MDC 18P,Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.5849
856,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w MCC	4.7874
857,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w CC	2.0412
858,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.3115
862,MDC 18M,Postoperative & post-traumatic infections w MCC	1.8903
863,MDC 18M,Postoperative & post-traumatic infections w/o MCC	0.9845
864,MDC 18M,Fever	0.8441
865,MDC 18M,Viral illness w MCC	1.7351
866,MDC 18M,Viral illness w/o MCC	0.7855
867,MDC 18M,Other infectious & parasitic diseases diagnoses w MCC	2.6139
868,MDC 18M,Other infectious & parasitic diseases diagnoses w CC	1.0775
869,MDC 18M,Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.7406
870,MDC 18M,Septicemia or severe sepsis w MV 96+ hours	5.9187
871,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w MCC	1.8527
872,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	1.0687
876,MDC 19P,O.R. procedure w principal diagnoses of mental illness	2.8172
880,MDC 19M,Acute adjustment reaction & psychosocial dysfunction	0.6388
881,MDC 19M,Depressive neuroses	0.6541
882,MDC 19M,Neuroses except depressive	0.6953
883,MDC 19M,Disorders of personality & impulse control	1.2682
884,MDC 19M,Organic disturbances & mental retardation	1.0060
885,MDC 19M,Psychoses	1.0048
886,MDC 19M,Behavioral & developmental disorders	0.9173
887,MDC 19M,Other mental disorder diagnoses	0.9795

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
894,MDC 20M,Alcohol/drug abuse or dependence, left ama	0.4509
895,MDC 20M,Alcohol/drug abuse or dependence w rehabilitation therapy	1.1939
896,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.5146
897,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.6824
901,MDC 21P,Wound debridements for injuries w MCC	4.0316
902,MDC 21P,Wound debridements for injuries w CC	1.7077
903,MDC 21P,Wound debridements for injuries w/o CC/MCC	1.0527
904,MDC 21P,Skin grafts for injuries w CC/MCC	3.1738
905,MDC 21P,Skin grafts for injuries w/o CC/MCC	1.2475
906,MDC 21P,Hand procedures for injuries	1.2228
907,MDC 21P,Other O.R. procedures for injuries w MCC	3.9235
908,MDC 21P,Other O.R. procedures for injuries w CC	1.9485
909,MDC 21P,Other O.R. procedures for injuries w/o CC/MCC	1.2150
913,MDC 21M,Traumatic injury w MCC	1.1683
914,MDC 21M,Traumatic injury w/o MCC	0.7110
915,MDC 21M,Allergic reactions w MCC	1.4721
916,MDC 21M,Allergic reactions w/o MCC	0.5139
917,MDC 21M,Poisoning & toxic effects of drugs w MCC	1.4093
918,MDC 21M,Poisoning & toxic effects of drugs w/o MCC	0.6346
919,MDC 21M,Complications of treatment w MCC	1.7206
920,MDC 21M,Complications of treatment w CC	0.9779
921,MDC 21M,Complications of treatment w/o CC/MCC	0.6522
922,MDC 21M,Other injury, poisoning & toxic effect diag w MCC	1.5088
923,MDC 21M,Other injury, poisoning & toxic effect diag w/o MCC	0.6620
927,MDC 22P,Extensive burns or full thickness burns w MV 96+ hrs w skin graft	16.4534
928,MDC 22P,Full thickness burn w skin graft or inhal inj w CC/MCC	5.7744
929,MDC 22P,Full thickness burn w skin graft or inhal inj w/o CC/MCC	2.2090
933,MDC 22M,Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	3.2785
934,MDC 22M,Full thickness burn w/o skin grft or inhal inj	1.6045
935,MDC 22M,Non-extensive burns	1.3909

Current MDCs and DRGs

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
939,MDC 23P,O.R. proc w diagnoses of other contact w health services w MCC	3.1182
940,MDC 23P,O.R. proc w diagnoses of other contact w health services w CC	1.7675
941,MDC 23P,O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.3403
945,MDC 23M,Rehabilitation w CC/MCC	1.3804
946,MDC 23M,Rehabilitation w/o CC/MCC	1.2037
947,MDC 23M,Signs & symptoms w MCC	1.1324
948,MDC 23M,Signs & symptoms w/o MCC	0.6897
949,MDC 23M,Aftercare w CC/MCC	1.0038
950,MDC 23M,Aftercare w/o CC/MCC	0.6005
951,MDC 23M,Other factors influencing health status	0.8578
955,MDC 24P,Craniotomy for multiple significant trauma	5.4056
956,MDC 24P,Limb reattachment, hip & femur proc for multiple significant trauma	3.8321
957,MDC 24P,Other O.R. procedures for multiple significant trauma w MCC	6.7306
958,MDC 24P,Other O.R. procedures for multiple significant trauma w CC	3.8734
959,MDC 24P,Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.5391
963,MDC 24M,Other multiple significant trauma w MCC	2.6733
964,MDC 24M,Other multiple significant trauma w CC	1.3904
965,MDC 24M,Other multiple significant trauma w/o CC/MCC	0.9824
969,MDC 25P,HIV w extensive O.R. procedure w MCC	5.4896
970,MDC 25P,HIV w extensive O.R. procedure w/o MCC	2.2785
974,MDC 25M,HIV w major related condition w MCC	2.6335
975,MDC 25M,HIV w major related condition w CC	1.3383
976,MDC 25M,HIV w major related condition w/o CC/MCC	0.8627
977,MDC 25M,HIV w or w/o other related condition	1.1194
981,MDC SURG ,Extensive O.R. procedure unrelated to principal diagnosis w MCC	10.1000
982,MDC SURG ,Extensive O.R. procedure unrelated to principal diagnosis w CC	5.9000
983,MDC SURG ,Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	2.8000
984,MDC SURG ,Prostatic O.R. procedure unrelated to principal diagnosis w MCC	9.3000
985,MDC SURG ,Prostatic O.R. procedure unrelated to principal diagnosis w CC	5.1000

Current MDCs and DRGs

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<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
986,MDC SURG ,Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	2.1000
987,MDC SURG ,Non-extensive O.R. proc unrelated to principal diagnosis w MCC	8.4000
988,MDC SURG ,Non-extensive O.R. proc unrelated to principal diagnosis w CC	4.8000
989,MDC SURG ,Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	2.3000
998,MDC **,Principal diagnosis invalid as discharge diagnosis	0.0000
999,MDC **,Ungroupable	0.0000



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