

Medicare Severity Grouper with Medicare Code Editor
Software
Installation and User's Manual ICD-10 Pilot
Version

For personal computers
Software version 32.0 October 2014

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CMS Statement

CMS is providing the public with ICD-10 MS-DRGs v32.0 (FY 2015) 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 2016 ICD-10 MS-DRGs will be developed through the FY 2016 rulemaking process.

ICD-10 Pilot

Version 32.0

This Medicare Severity (MS) Grouper with Medicare Code Editor (MCE) ICD-10 Pilot software contains ICD-9-CM codes effective October 2014 and ICD-10 codes published in 2014. 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 32.0 of the MS Grouper with MCE software. If the discharge date is out of range for this component, ICD-10 version 32.0 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 the visually impaired 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 Medicare Severity Grouper with Medicare Code Editor (MSG/MCE) software edits medical record data to help identify coding errors and inconsistencies between clinical data and coding.

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 Microsoft® 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.

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

Table 1. Grouper versions in the program

MS grouper version	MCE version	Effective date range
32.0 (ICD-10)	32.0 (ICD-10)	10/01/2014–09/30/2015
31.0	31.0	10/01/2013–09/30/2014
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

Introduction

MS grouper version	MCE version	Effective date range
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
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 [26](#)) for details.

Chapter 2: Installing the software

The Medicare Severity Grouper with Medicare Code Editor (MSG/MCE) software is completely self-installable on a stand-alone personal computer (PC). The installation must be performed by a person with Microsoft® Windows® administrative status.

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	Microsoft® Windows® 2003 Microsoft Windows Vista (32 bit or 64 bit) Microsoft Windows 7 (32 bit or 64 bit)
RAM	1 GB
Available disk space	220 MB
Monitor	Super VGA color (1024x768) resolution)
Windows permissions	Administrative status

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

Pre-installation note

I10 Pilot version users do not need to uninstall previous MSG MCE software. This Pilot version will work in parallel with other MSG MCE versions.

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. Close all unnecessary applications running on your computer.
2. Use one of the following options to launch the install program:

Option 1.

Installation from CD:

- Insert the product CD into the CD-ROM drive.

The installation procedure will start automatically unless your auto-run feature is turned off.

If the setup does not start in a few seconds, browse to your CD drive and select the following executable:

MSGMCEInstaller.exe

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

Option 2.

Installation from downloaded executable:

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

The installation process begins and you see the Introduction screen.

Note: For Windows 7 and Vista users, if you see a warning message for "unknown publisher," select Yes (Alt + Y) 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 v32.0 (FY 2015) 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 2016 ICD-10 MS-DRGs will be developed through the FY 2016 rulemaking process.

3. Click OK to continue with the installation.
4. On the Introduction screen, read the introductory information, then click Next to continue.
5. On the Choose Install Folder screen, specify the folder where you want to install the product.

The default folder is C:\Program Files\MSG MCE SOFTWARE 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

6. After choosing an install folder, click Next.
7. 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.

8. 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.

9. 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

File name	Contains descriptions for...
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

Note: Effective with v26.0, the titles for the DRG and MDC files were renamed to msdrg3.vXXX, msdrg4.vXXX and msmdc.vXXX. The “ms” prefix replaced the “hf” prefix.

Installed program functions

The installation places the three functions, shown in 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

Function	When to select the function
MSGMCE 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. Note: If the MS-DOS prompt window does not appear when you select this function, verify that the environment path includes C:\WINDOWS\system32. If necessary, add it to the path.
Readme	Select to read product-specific information for the current release.

Accessing the functions

To access any of the functions in the previous 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, go to "Batch processing" (page [45](#)).

Uninstalling grouper versions

The following instructions explain how to uninstall this software.

1. Launch the uninstall process from the Windows Control Panel or from the product directory.
 - a. To launch the uninstall process from the Control Panel,
 1. Click the Start menu and select Settings > Control Panel > Add or Remove Programs (Windows 7 users, click Start > Control Panel > Programs and Features).
 2. From the list of installed products, select MS Grouper with Medicare Code Editor Software Pilot.
 3. Click Change/Remove (Windows 7 users, right-click, then click Uninstall/Change).
 - b. To launch the uninstall process from the product directory,
 1. Locate the product directory. The default directory is C:\Program Files\MSG MCE SOFTWARE PILOT.
 2. Open the folder named Uninstall_MS Grouper with Medicare Code Editor Software Pilot, then select Change MS Grouper with Medicare Code Editor Software Pilot Installation.exe.
Note: For Windows 7 and Vista users, you may 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 Uninstall.
3. 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 Microsoft® Windows® environment to enter data and view the output.

Sections in this chapter give you information on:

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

Data entry

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

Grouper selection

As you enter data, the program automatically selects the appropriate grouper for processing using the discharge date entered from the patient's medical record. For example, a discharge date of 11/14/2010 will call MS grouper 28 with an effective date range of 10/01/2010–09/30/2011 to process the claim.

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

```
MS-DRG Grouper version xx.xx (October 1, 201x) USED BY DEFAULT.
```

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 > MSGMCE Interactive.

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

The screenshot shows the 'MS Grouper with Medicare Code Editor Software Vxx.x' window. It features a title bar, a menu bar with 'Patient', 'Edit', and 'Help', and three main sections: 'Patient Information', 'Patient Stay Information', and 'Codes'. The 'Patient Information' section includes fields for Name, Birth date, Age in years, Sex, and Medical record number. The 'Patient Stay Information' section includes fields for Account number, Admit date, Discharge date, Discharge status, LOS, Primary payer (set to 01 Medicare), and Optional information. The 'Codes' section includes an Admit Dx field, a checkbox for 'Apply Hospital Acquired Condition (HAC) Logic', and two tables: 'Diagnoses' and 'Procedures'. Both tables have columns for Code, POA, Description, and Edits. The Diagnoses table has rows numbered 2 through 9. The Procedures table has rows numbered 2 through 6. At the bottom right, there are 'Report' and 'Clear' buttons. Annotations on the left side of the image point to the Title bar, Menus, Sections, and Command buttons.

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

What do you want to do?	Help
Find specific data entry field information	See the "Data entry fields" table.
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 28).
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, 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 arrow key), then press Delete to remove the entry. For more information, see the Diagnoses and Procedures field descriptions in the "Data entry fields" table; also see the "Data entry menu items" table (page 28) and the "Data entry command buttons" table (page 29) for additional information on the Delete and Clear functions.
View a long field description or edit message associated with a code	Column can be re-sized.
Eliminate an error message	Select OK to close the dialog box and correct the problem. See the "Interactive error messages" table (page 30) 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 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	Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy. A dash (-), slash (/), or 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. The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age.
Age in years*	3	Age of the patient. Valid values: 0–124 years. Age can be an entered or a calculated value. Calculated age (admit date minus birth date) takes precedence over entered age. For more information, see the Birth date field description.
Sex*	1	Patient gender. Select a value from the drop-down list: 0, u, U = Unknown 1, m, M = Male 2, f, F = Female

Table 7. Data entry fields - patient stay information

Field name	Length	Description
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 period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. An admit 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; for more information, see the Birth date field description. The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS. Calculated LOS must be in the range of 00000 to 45291 days.</p>
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 period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. A discharge date prior to 01/01/1890 cannot be entered.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available and the output report includes a USED BY DEFAULT notation (<i>see also Discharge status, below</i>).</p> <p>The discharge and admit dates are used to calculate LOS; for more information, see the Admit date field description.</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 <i>Discharge date, above</i>). When a discharge status is selected first, and is invalid for a discharge date entered, the Discharge Status selection is cleared.</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 = Disch/trans to ICF (valid until 09/30/09)</p> <p>04 = Custodial/supportive care (revised 10/01/09)</p> <p>05 = Disch/trans to another type of facility (valid until 03/31/08)</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>08 = Home IV service (valid until 09/30/2005)</p> <p>20 = Died</p> <p>21 = Disch/trans to court/law enforcement (added 10/01/09)</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>

Field name	Length	Description
		<p>70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08)</p> <p>71 = OP services-other facility (10/01/01–09/30/03 only)</p> <p>72 = OP services-this facility (10/01/01–09/30/03 only)</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> <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	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. For more information, see the Admit date field description.
Optional information	72	Comments or other user-specified information. Alphanumeric.

Table 8. Data entry fields - codes

Field name	Length	Description
Admit Dx*	7	<p>Enter diagnosis codes 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, "Description not found" displays in the description field.</p> <p>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven 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" 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>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven 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>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p>

Field name	Length	Description
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter procedure codes without decimals. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank procedure code field moves focus to the Report button.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" table (page 41) for a list of code edits.</p> <p>If you enter a procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row.</p> <p>Note: The interactive program accepts procedure codes of up to four digits for ICD-9 processing and seven 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

Function	Description	Accelerator keys	Menu-based keystrokes
New	Displays the demographics tab cleared of all previously entered information.	Ctrl+N	On Patient menu (Alt + P), select New (key = N)
Exit	Exits the program.	Alt+F4	On Patient menu (Alt + P), select Exit (key = X)
Cut	Removes the selected text and copies it to the clipboard.	Ctrl+X	On Edit menu (Alt + E), select Cut (key = T)
Copy	Copies the selected text to the clipboard.	Ctrl+C	On Edit menu (Alt + E), select Copy (key = C)
Paste	Inserts contents of the clipboard at the insertion point.	Ctrl+V	On Edit menu (Alt + E), select Paste (key = P)
Delete	Deletes the selected text, or the selected row in the Codes section.	Delete	On Edit menu (Alt + E), select Delete (key = D)
About	Displays the About box with current version information.	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. 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.
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 31)".

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

Message	Description
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be entered in this format: mm/dd/yyyy, mm/dd/yy, mmddyyyy, mmddy, mm.dd.yyyy, mm.dd.yy, 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 23) for more information on date fields.
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Admit date cannot precede 01/01/1890.	A valid date is on or after 01/01/1890.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.
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 current 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 precede 01/01/1890.	A valid date is on or after 01/01/1890.
Discharge date cannot precede 01/01/1890.	A valid date is on or after 01/01/1890.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.
Discharge status invalid for discharge date entered.	When the discharge status is entered before the discharge date, and the discharge status is invalid for the entered discharge date, this message is displayed. To avoid this message, enter the discharge date before selecting a discharge status.
Length of stay (LOS) is invalid. Calculated length of stay must be between 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.

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.

```

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 2: A V31.0 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 options" table (page [37](#)):

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

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 Birth date Optional information Patient account number Age in years Sex Discharge status Primary payer Length of stay (LOS)	These output fields carry over the data entry information. <i>See the "Data entry fields" table (page 22) 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 "Current MDCs and DRGs" on page 103.</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) will not have an assigned valid MDC. In these cases, "MDC: No MDC Assigned" is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> ▪ Invalid principal diagnosis ▪ Invalid age (<0 or >124) ▪ Invalid discharge date ▪ Invalid sex (not 1 or 2) ▪ Invalid discharge status (batch only) ▪ Record does not meet criteria for any DRG ▪ Illogical principal diagnosis (not applicable for ICD-10) ▪ Diagnosis code cannot be used as principal diagnosis ▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only ▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing, see the "Data entry fields" table (page 23) 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>DRG: Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p>HAC: Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC: Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p>CC: Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p>OR: Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p>MCC excluded: Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p>CC excluded: 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 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.

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.</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"> MCE pre-payment errors only MCE post-payment errors only MCE pre- and post-payment errors No MCE pre- or post-payment errors <p>For this flag, edits are categorized as follows:</p> <p><u>Pre-payment</u></p> <ul style="list-style-type: none"> Age conflict Duplicate of principal diagnosis E-code as principal diagnosis (ICD-9) V, W, X, or Y codes as principal diagnosis (ICD-10) Invalid ICD-9-CM code or invalid ICD-10 code Manifestation code as principal diagnosis Non-covered procedure Questionable admission Sex conflict Unacceptable principal diagnosis/Requires secondary diagnosis Invalid age Invalid sex Invalid discharge status Limited coverage Wrong procedure performed Procedure inconsistent with LOS <p><u>Post-payment</u></p> <ul style="list-style-type: none"> Open biopsy check Non-specific diagnosis Non-specific procedure Bilateral procedure MSP Alert

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

Function	Description	Accelerator key	Menu-based keystrokes
Print	Prints the output report	Ctrl+P	On File menu, (Alt + F), select Print (key = P)
Save As	<p>Opens a Save As dialog box to save the currently displayed output report as a text file. Unless you specified otherwise, the filename will be report.txt and the file will be saved under My Documents folder. 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 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.
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).
Invalid ICD-9-CM code or Invalid ICD-10-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable. Note: Diagnoses presented as all blank or all zeros are ignored (i.e. are not marked as invalid) except for the principal diagnosis.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.
Secondary payer alert (MSP alert)	Certain trauma-related codes may indicate that another type of liability insurance should be the primary payer rather than Medicare. Note: This edit was discontinued on 10/01/2001 and will be displayed in MSG/MCE software versions 16.0–18.0 only.
Non-specific principal diagnosis	Some codes, especially "not otherwise specified" (NOS) codes, are valid but are not suitably specific for a principal diagnosis. This edit applies only if the patient is discharged alive since a more complete diagnostic work-up might not have been possible for a patient who has died. Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.
Questionable admission	Some diagnoses are not usually considered sufficient justification for admission to an acute care facility (e.g., benign hypertension).

Message	Description
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, some codes otherwise considered as unacceptable are accepted if any secondary diagnosis is present. If no secondary diagnosis is present for these codes, the Requires secondary diagnosis message will appear.
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).
Wrong procedure performed	Certain E-codes indicate that the wrong procedure was performed. This edit indicates that one of these E-codes is present.

Table 16. Program edits - procedure codes

Message	Description
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 Invalid ICD-10-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. Note: Procedures presented as all blank or all zeros are ignored (i.e. are not marked as invalid).
Limited coverage	For certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost. The limited coverage edit is generated on claims containing any of the procedures listed below. Lung volume reduction surgery (LVRS) Lung transplant Combination heart/lung transplant Heart transplant Implantable heart assist system Intest/multi-visceral transplant Liver transplant Kidney transplant Pancreas transplant Artificial heart transplant The edit message indicates the type of limited coverage (e.g., Heart transplant-Limited coverage, Lung transplant-Limited coverage, etc.)
Non-covered procedure	Some procedures are not covered by Medicare payment.
Non-specific O.R. procedure	Some codes, especially NOS (not otherwise specified) codes, are valid but are not suitably specific. This edit applies only if all coded O.R. procedures are considered non-specific. Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.
Open biopsy check (If not open biopsy, code XXXX)	Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy. Note: This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.

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).
Procedure inconsistent with length of stay	The code should only be coded on claims with a length of stay of four days or greater.

Table 17. Program edits - invalid

Message	Description
Invalid age ^a	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex ^a	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status ^a	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 23).

a. All three invalid edits will be shown as a DRG return code in the batch .up (upload) file.

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.

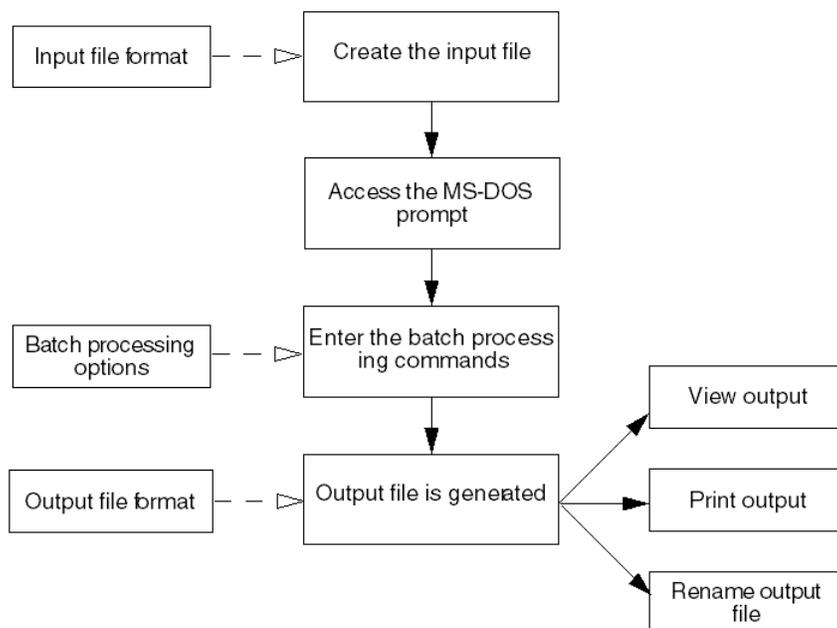


Figure 3: Batch processing overview

Follow these procedural steps to perform batch processing

1. Create the input file.
See "Input file format" 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.

Note: For Microsoft® Windows® 7 and Vista® users, if you see a message similar to the one below, click Yes to proceed to the MS-DOS prompt with Windows administrator status.



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

The command line must contain:

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

For batch processing performance information, see the following table.

See "Command line processing options" (page 55) 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 71) 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 [70](#)) for more information, if necessary.

Table 18. Batch processing performance information

Number of records	File size - Input (bytes)	File size - Upload (bytes)	File size - Report (bytes)	Processing time - (Upload & Report) (hh:mm:ss)	Processing time - (Upload only) (hh:mm:ss)
50,000	41,852,928	95,252,480	114,143,232	00:01:14	00:00:24
500,000	426,057,728	969,695,232	1,165,602,816	00:11:28	00:04:03
5,000,000	4,260,540,416	9,696,927,744	11,655,991,296	01:51:44	00:35:12

This performance information is based on a computer with the following configuration:

- CPU: Intel® Core™ i7-3720QM CPU @2.60 Ghz
- Memory: 4.00 GB RAM
- System type: 64-bit Operating System
- OS: Microsoft® Windows® 7 Professional SP 1

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 19. Input file record layout

Field name	Position	Length	Occurrences	Description
Patient name	1	31	1	Patient name. Alphanumeric. Left-justified, blank-filled. All blanks if no value is entered.
Medical record number	32	13	1	Medical record number. Alphanumeric. Left-justified, blank-filled. All blanks if no value is entered.
Account number	45	17	1	Account number. Alphanumeric. Left-justified, blank-filled. All blanks if no value is entered.
Admit date	62	10	1	Admit date. mm/dd/yyyy format. All blanks if no value is entered. Used in age and LOS calculations.
Discharge date	72	10	1	Discharge date. mm/dd/yyyy format. All blanks if no value is entered. Used in LOS calculation.
Discharge status	82	2	1	UB-04 discharge status. Right-justified, zero-filled. Valid values: 01 = Home or self-care 02 = Disch/trans to another short term hosp 03 = Disch/trans to SNF 04 = Disch/trans to ICF (valid until 09/30/09) 04 = Custodial/supportive care (revised 10/01/09) 05 = Disch/trans to another type of facility (valid until 03/31/08) 05 = Canc/child hosp (revised 04/01/08) 06 = Care of home health service 07 = Left against medical advice 08 = Home IV service (valid until 09/30/05) 20 = Died

Batch processing

Field name	Position	Length	Occurrences	Description
				21 = Disch/trans to court/law enforcement (added 10/01/09) 30 = Still a patient 43 = Fed hospital (added 10/01/03) 50 = Hospice-home 51 = Hospice-medical facility 61 = Swing Bed (added 10/01/2001) 62 = Rehab fac/unit (added 10/01/2001) 63 = LTC hospital (added 10/01/2001) 64 = Nursing facility–Medicaid certified (added 10/01/02) 65 = Psych hosp/unit (added 10/01/03) 66 = Critical access hospital (added 10/01/05) 69 = Designated Disaster Alternative Care Site 70 = Oth institution (added 04/01/08)

Field name	Position	Length	Occurrences	Description
				71 = OP services-other facility (10/01/01–09/30/03 only)
				72 = OP services-this facility (10/01/01–09/30/03 only)
				81 = Home-Self care w Planned Readmission
				82 = Short Term Hospital w Planned Readmission
				83 = SNF w Planned Readmission
				84 = Cust/supp care w Planned Readmission
				85 = Canc/child hosp w Planned Readmission
				86 = Home Health Service w Planned Readmission
				87 = Court/law enfrc w Planned Readmission
				88 = Federal Hospital w Planned Readmission
				89 = Swing Bed w Planned Readmission
				90 = Rehab Facility/ Unit w Planned Readmission
				91 = LTCH w Planned Readmission
				92 = Nursg Fac-Medicaid Cert w Planned Readmiss
				93 = Psych Hosp/Unit w Planned Readmission
				94 = Crit Acc Hosp w Planned Readmission
				95 = Oth Institution w Planned Readmission

Field name	Position	Length	Occurrences	Description
Primary payer	84	2	1	Primary pay source. Right-justified, zero-filled. Valid values: 01 = Medicare 02 = Medicaid 03 = Title V 04 = Other Govt 05 = Work Comp 06 = Blue Cross 07 = Insur Co 08 = Self Pay 09 = Other 10 = No Charge
LOS	86	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 (admit date minus birth date) takes precedence over 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. Note: Only diagnosis codes of up to five digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank filled through the seventh position.

Field name	Position	Length	Occurrences	Description
Principal diagnosis	112	8	1	<p>Principal diagnosis. First 7 bytes left-justified, blank-filled without decimals. Eighth byte represents POA indicator.</p> <p>Valid values:</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>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p> <p>Note: Only diagnosis codes of up to five digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.</p>

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>Y = Yes, present at the time of inpatient admission</p> <p>N = No, not present at the time of inpatient admission</p> <p>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p> <p>Note: Only diagnosis codes of up to five digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.</p>
Principal Procedure	312	7	1	<p>Procedure codes. Seven left-justified characters, blank-filled.</p> <p>Note: Only procedure codes of up to four digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, 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 24 procedure codes without decimal.</p> <p>Note: Only procedure codes of up to four digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank filled through the seventh position.</p>

Field name	Position	Length	Occurrences	Description
Procedure date	487	10	25	For future use. Procedure dates. The format is mm/dd/yyyy (for future use with POA logic.) All blanks if no value is entered. Up to 25 procedure dates accepted.
Apply HAC logic	737	1	1	Values X or Z to be captured for use with HAC logic. These values reflect whether a hospital requires POA reporting. X = Exempt from POA indicator reporting Z = Requires POA indicator reporting Note: If value not X or Z an error code may result.
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 20. Batch processing options

Option	Description
-i	Use with the input filename. Required 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 21. Batch processing output

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

Formatted output (-o option)

The file of formatted output reports generated with the -o option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE SOFTWARE PILOT. See the "Program output" section (page [31](#)) for 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 [71](#)) contains instructions, if you need them.

Upload file (-u option)

The file of records generated with the -u option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE SOFTWARE 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 [71](#)) contains instructions, if you need them.

The upload file consists of fixed-format, sequential 1905 character output records. The following table defines the upload file record layout.

Note: In previous versions of the software some unused fields had zeros as placeholders. Starting with v26.0, please refer to the manual for field information, as a zero may have a different meaning.

Table 22. 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 values: 320, 310, 300, 290, 280, 270, 260, 251, 250, 240, 230, 220, 210, 200, 190, 180, 170, 160.
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.
Final M/S indicator	848	1	1	Final medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG

Batch processing

Field name	Position	Length	Occurrences	Description
DRG return code	849	2	1	<p>Numeric. Right-justified, zero-filled. Valid values:</p> <p>0 = OK, DRG assigned</p> <p>1 = Diagnosis code cannot be used as PDX</p> <p>2 = Record does not meet criteria for any DRG</p> <p>3 = Invalid age</p> <p>4 = Invalid sex</p> <p>5 = Invalid discharge status</p> <p>10 = Illogical PDX (not applicable for ICD-10)</p> <p>11 = Invalid PDX</p> <p>12 = POA logic nonexempt - HAC-POA(s) invalid, missing, or 1 (batch only)</p> <p>13 = POA logic invalid/missing - HAC-POA(s) are N, U (batch only)</p> <p>14 = POA logic invalid/missing - HAC-POA(s) invalid/missing or 1 (batch only)</p> <p>18 = POA logic invld/mssng - multiple distinct HAC-POAs not Y,W (batch only)</p> <p>Note: If return code 50- 54, 57 is returned, output blank value.</p>
MSG/MCE edit return code	851	4	1	<p>Four-character return code, right-justified, zero-filled. Valid values:</p> <p>0000 = MCE - No errors found</p> <p>0001 = MCE - Pre-payment error</p> <p>0002 = MCE - Post-payment error</p> <p>0003 = MCE - Pre- and post-payment errors</p> <p>0004 = MCE - Invalid discharge date (grouper defaults to current grouper if date out of range for versions in product)</p> <p>See the "Output report fields" table (page 33) for information on which edits are classified as pre- and post-payment errors.</p>
Diagnosis code count	855	2	1	<p>Number of diagnosis codes processed. Right-justified, zero-filled. This field does not include the admit diagnosis.</p>

Field name	Position	Length	Occurrences	Description
Procedure code count	857	2	1	Number of procedure codes processed. Right-justified, zero-filled.
Principal diagnosis edit return flag	859	8	1	Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. Valid values: 00 = Diagnosis not used to assign DRG 01 = Invalid diagnosis code 02 = Sex conflict 03 = Not applicable for principal diagnosis 04 = Age conflict 05 = V, W, X, or Y code as principal diagnosis (ICD-10) E-code as principal diagnosis (ICD-9) 06 = Non-specific principal diagnosis (MCE versions 15.0–23.0 only) 07 = Manifestation code as principal diagnosis 08 = Questionable admission 09 = Unacceptable principal diagnosis 10 = Secondary diagnosis required 11 = Principal diagnosis is its own CC 12 = Diagnosis affected both initial and final DRG assignment 13 = MSP alert (MCE versions 15.0–17.0 only) 14 = Principal diagnosis is its own MCC 15 = Diagnosis affected the final DRG only

Field name	Position	Length	Occurrences	Description
				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 21 = Diagnosis is a CC but not considered due to PDX/SDX exclusion 23 = Diagnosis is a MCC but not considered due to PDX/SDX exclusion 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 a HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis 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 a 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 a HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Principal diagnosis Hospital Acquired Condition assignment criteria #4	873	2	1	Hospital Acquired Condition (HAC) assignment criteria #4 00= Criteria to be assigned as a 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 a HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
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

Field name	Position	Length	Occurrences	Description
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
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 flag	882	8	24	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. These 2-byte flags are a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p>Note: A maximum of four flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>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 = Duplicate of principal diagnosis</p> <p>04 = Age conflict</p> <p>05-10 = Not applicable for secondary diagnoses</p> <p>11 = Secondary diagnosis is a CC</p> <p>12 = Diagnosis affected both initial and final DRG assignment</p> <p>13 = MSP alert (MCE versions 15.0-17.0 only)</p> <p>14 = Secondary diagnosis is an 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>21 = Diagnosis is a CC but not considered due to PDX/SDX exclusion</p> <p>23 = Diagnosis is a MCC but not considered due to PDX/SDX exclusion</p> <p>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) assigned #1-5. These 2-byte flags are a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p>Note: A maximum of five flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>00 = Criteria to be assigned as a 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>

Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition usage #1 through 5	1314	5	24	<p>Hospital Acquired Condition (HAC) usage #1-5. This 1-byte flag is a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p>Note: A maximum of five flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>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</p>
Procedure edit return flag*	1434	8	25	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each procedure code.</p> <p>These 2-byte flags are a combination of information concerning every procedure from the DRG assignment and the editor.</p> <p>Note: A maximum of four flags can be returned per procedure code. Always display the edit number before the zeros.</p> <p>Valid values: 00 = Procedure did not affect DRG assignment 01 = Invalid procedure code 02 = Sex conflict 12* = Procedure affected both initial and final DRG assignment</p>

Field name	Position	Length	Occurrences	Description
				<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 (ICD-9 only)</p> <p>30 = Lung volume reduction surgery (LVRS) - limited coverage (ICD-9 only)</p> <p>31 = Lung transplant - limited coverage</p> <p>32 = Combo heart/lung transplant - limited coverage (ICD-9 only)</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>

Field name	Position	Length	Occurrences	Description
				<p>36 = Liver transplant - limited coverage 37 = Kidney transplant - limited coverage 38 = Pancreas transplant - limited coverage 39 = Artificial Heart Transplant-Limit Coverage 40 = Procedure inconsistent with LOS 99 = Procedure part of HAC assignment criteria</p> <p>* When there are two or more procedures on the record that could impact either the initial, final or both DRG assignments:</p> <ul style="list-style-type: none"> ▪ If one of these procedures is in the first procedure position, that procedure will be flagged as 12,15 or 16 as appropriate in the "Procedure edit return" field with the following exceptions: <ol style="list-style-type: none"> a. If a single procedure designating a complete system is tied with a combination pair that also designated a complete system, the single procedure will be flagged regardless of position. b. If multiple combinations of lead/device pairs are tied then only one pair will be flagged regardless of position. c. If the two procedures tied are an OR and non-OR, the OR will be flagged regardless of position. ▪ If none of the tied procedures is in the first procedure position, then the procedure with the lowest ascii/index value will be flagged.

Field name	Position	Length	Occurrences	Description
Procedure Hospital Acquired Condition assignment criteria # 1 through 5	1634	10	25	<p>Hospital Acquired Condition (HAC) assignment criteria #1-5. These 2-byte flags are a combination of information concerning every procedure from the DRG assignment and the editor.</p> <p>Note: A maximum of five flags can be returned per procedure code. Always display the edit number before the zeros.</p> <p>00 = Criteria to be assigned as a HAC not met</p> <p>08 = Infection after CABG</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 = Procedure not considered by grouper</p>
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	<p>0 = DRG assigned is not based on the presence of CC or MCC</p> <p>1 = DRG assigned is based on presence of MCC</p> <p>2 = DRG assigned is based on presence of CC.</p>
Initial DRG CC/MCC Usage	1893	1	1	<p>0 = DRG assigned is not based on the presence of a CC or MCC</p> <p>1 = DRG assigned is based on presence of MCC</p> <p>2 = DRG assigned is based on presence of CC</p>

Field name	Position	Length	Occurrences	Description
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

To rename an output file

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

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

Note: Please see the "Batch processing performance information" table.

Batch processing error messages

The following table is 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 23. 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 cannot precede 01/01/1890	Occurs when the admit date precedes 01/01/1890.	A valid date is on or after 01/01/1890.

Batch processing

Message	Why it's generated	What happens
Admit date cannot precede Birth 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 cannot be after current 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 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.
Birth date cannot precede 01/01/1890	Occurs when the birth date precedes 01/01/1890.	A valid date is on or after 01/01/1890.
Birth date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
Could not initialize run-time environment	Issue with installation.	The message is displayed on the screen and in the log file, and the program ends.
Discharge date cannot precede 01/01/1890	Occurs when the discharge date precedes 01/01/1890.	A valid date is on or after 01/01/1890.
Discharge date cannot precede 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.
Discharge date cannot precede Birth date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
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.

Batch processing

Message	Why it's generated	What happens
Discharge status is invalid	The discharge status field entry is invalid. For a list of valid discharge status values, see the manual.	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.
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 entered or calculated age is less than 0 or greater than 124.	The input record is processed and an error message is written in the log file.
Invalid length of stay	The entered or calculated LOS is less than 0 or greater than 45291.	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 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.

Message	Why it's generated	What happens
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.

By default, the log file is named msgmce.log, and will be located in the <Product install directory>\msgmce folder, 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
Date format = mm/dd/yyyy (e.g., 03/18/2014)
- Patient ID: <value> followed by error
This line is repeated for however many error messages occur for the same patient record.
- Run end time

A sample log file is shown in the following figure.

```

MS Grouper with Medicare Code Editor Software Pilot vxx.x
Input file: test.in
Output file: test.out
Upload file: test.up
Start time: 05/29/2014 11:28:34
Patient ID 1      : Age is invalid. Calculated age must be between 0 and 124 years.
Patient ID 2      : Birth date cannot be after Discharge date.
Patient ID 2      : Discharge date cannot precede Birth date.
Patient ID 3      : LOS is invalid. Calculated LOS must be between 0 and 45291 days.
Patient ID 4      : Admit date is invalid.
End time: 05/29/2014 11:28:40
    
```

The log file can be viewed on your computer screen, saved, or printed as hard copy.

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.

User should have adequate training to use the MSG MCE product. The tab, arrow keys, and enter keys should be utilized to move within the product and when making selections. Prior knowledge of JAWS functionality is required.

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.

Effective with MSG MCE version 31, accessibility users must enable JAVA access bridge as follows:

To enable the JAVA Access Bridge on Windows Vista, Windows 7 do the following:

Note: These steps assume you have already downloaded and installed MSG MCE.

1. Press **WINDOWS Key+R** to open the run dialog box.
2. Type "cmd" and press **ENTER**.
3. Type the following command and press **ENTER** (assuming you have installed MSGMCE to the default location):

```
cd C:\Program Files\MSG MCE SOFTWARE\PILOT\jre\bin
```

4. Type "jabswitch -enable" and press **ENTER**.

A message will be displayed on the next line that tells you that the JAVA Access Bridge is enabled.

5. Type "exit" and press **ENTER** to return to the desktop.
6. Quit and restart JAWS. JAVA applications can now be used with JAWS.

Data entry

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

Grouper selection

As you enter data, the program automatically selects the appropriate grouper for processing using the discharge date entered from the patient's medical record. For example, a discharge date of 11/14/2010 will call MS grouper 28 with an effective date range of 10/01/2010–09/30/2011 to process the claim.

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

```
MS-DRG Grouper version xx.xx (October 1, 201x) USED BY DEFAULT.
```

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 > MSG MCE Interactive.

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

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 24. Help for interactive data entry

What do you want to do?	Help
Find specific data entry field information	See the "Data entry fields" table (page 80).
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 87).
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 arrow key), then press Delete to remove the entry. For more information, see the Diagnoses and Procedures field descriptions in the "Data entry fields" table; also see the "Data entry menu items" table (page 87) and the "Data entry command buttons" table (page 88) for additional information on the Delete and Clear functions.
Eliminate an error message	Select OK to close the dialog box, and correct the problem. See the "Interactive error messages" table (page 89) 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 pressing Alt+R, or by tabbing to the Report button and then pressing Enter.

"Viewing interactive output" (page [92](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [90](#)).

Data entry fields

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

Table 25. 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 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. Calculated age (admit date minus birth date) takes precedence over entered age. 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 26. Data entry fields - patient stay information

Field name	Length	Description
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 period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. An admit 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; <i>for more information, see the Birth date field description</i>. The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS. Calculated LOS must be in the range 00000 to 45291 days.</p>
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 period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. A discharge date prior to 01/01/1890 cannot be entered.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available and the output report includes a USED BY DEFAULT notation (<i>see also Discharge status</i>).</p> <p>The discharge and admit dates are used to calculate LOS; <i>for more information, see the Admit date field description</i>.</p>

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 <i>Discharge date, above</i>). An error message (page 89) 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 = Disch/trans to ICF (valid until 09/30/09) 04 = Custodial/supportive care (revised 10/01/09) 05 = Disch/trans to another type of facility (valid until 03/31/08) 05 = Disch/trans to a designated cancer center or children’s hospital (revised 04/01/08) 06 = Care of home health service 07 = Left against medical advice 08 = Home IV service (valid until 09/30/2005) 20 = Died 21 = Disch/trans to court/law enforcement (added 10/01/09) 30 = Still a patient 43 = Fed hospital (added 10/01/03) 50 = Hospice-home 51 = Hospice-medical facility 61 = Swing Bed (added 10/01/2001) 62 = Rehab fac/unit (added 10/01/2001) 63 = LTC hospital (added 10/01/2001) 64 = Nursing facility–Medicaid certified (added 10/01/02) 65 = Psych hosp/unit (added 10/01/03) 66 = Critical access hospital (added 10/01/05) 69 = Designated Disaster Alternative Care Site (added 10/01/13)</p>

Field name	Length	Description
		<p>70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08)</p> <p>71 = OP services-other facility (10/01/01–09/30/03 only)</p> <p>72 = OP services-this facility (10/01/01–09/30/03 only)</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> <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. <i>For more information, see the Admit date field description.</i></p>

Accessibility Features

Field name	Length	Description
Optional information	72	Comments or other user-specified information. Alphanumeric.

Table 27. Data entry fields - codes

Field name	Length	Description
Admit Dx*	5	<p>Enter diagnosis codes 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, "Description not found" displays in the description field.</p> <p>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven 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. The code description and any applicable edits can be accessed using the right arrow. 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 the "Program edits table" (page 98) 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>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven 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>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p> <p>Note: With JAWS running, if a user enters a secondary diagnosis code and tabs to the POA field and it is blank, if a value has been entered in a previous POA cell, that previous POA value may be read.</p>
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter procedure codes without decimals. The code description and any applicable edits can be accessed using the right arrow. 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 98) for a list of code edits.</p> <p>If you enter a procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row.</p> <p>Note: The interactive program accepts procedure codes of up to four digits for ICD-9 processing and seven 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 28. Data entry menu items

Function	Description	Accelerator keys	Menu-based keystrokes
New	Displays the demographics tab cleared of all previously entered information.	Ctrl+N	On Patient menu (Alt + P), select New (key = N)
Exit	Exits the program.	Alt+F4	On Patient menu (Alt + P), select Exit (key = X)
Cut	Removes the selected text and copies it to the clipboard.	Ctrl+X	On Edit menu (Alt + E), select Cut (key = T)
Copy	Copies the selected text to the clipboard.	Ctrl+C	On Edit menu (Alt + E), select Copy (key = C)
Paste	Inserts contents of the clipboard at the insertion point.	Ctrl+V	On Edit menu (Alt + E), select Paste (key = P)
Delete	Deletes the selected text, or the selected row in the Codes section.	Delete	On Edit menu (Alt + E), select Delete (key = D)
About	Displays the About box with current version information.	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 29. Data entry command buttons

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits.
Report	<p>Displays a pre-formatted output report that can be printed or saved.</p> <p>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.</p> <p>Data output is discussed in "Program output" (page 90).</p>

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 30. Interactive error messages

Message	Description
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be entered in this format: mm/dd/yyyy, mm/dd/yy, mmddyyyy, mmddy, mm.dd.yyyy, mm.dd.yy, 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 80) for more information on date fields.
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Admit date cannot precede 01/01/1890.	A valid date is on or after 01/01/1890.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.
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 current 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 precede 01/01/1890.	A valid date is on or after 01/01/1890.
Discharge date cannot precede 01/01/1890.	A valid date is on or after 01/01/1890.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.
Discharge status invalid for discharge date entered.	When the discharge status is entered before the discharge date, and the discharge status is invalid for the entered discharge date, this message is displayed. To avoid this message, enter the discharge date before selecting a discharge status.
Length of stay (LOS) is invalid. Calculated length of stay must be between 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, 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.

Accessibility Features

- Initial 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 4: A V31.0 Sample output report

Viewing interactive output

Output report fields are described in the "Interactive output report fields" table.

Use the menu options described in "Output report menu options" table (page [96](#)):

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

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 31. Interactive output report fields

Name	Description
Patient name Medical record number Admit date Discharge date Birth date Optional information Patient account number Age in years Sex Discharge status Primary payer Length of stay (LOS)	These output fields carry over the data entry information. <i>See the "Data entry fields" table (page 80) 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 "Current MDCs and DRGs" on page 103.</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) will not have an assigned valid MDC. In these cases, "MDC: No MDC Assigned" is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> ▪ Invalid principal diagnosis ▪ Invalid age (<0 or >124) ▪ Invalid discharge date ▪ Invalid sex (not 1 or 2) ▪ Invalid discharge status (batch only) ▪ Record does not meet criteria for any DRG ▪ Illogical principal diagnosis (not applicable for ICD-10) ▪ Diagnosis code cannot be used as principal diagnosis ▪ Invalid principal diagnosis ▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only ▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing (page 81), 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> <p>DRG: Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p>HAC: Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC: Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p>CC: Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p>OR: Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p>MCC excluded: Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p>CC excluded: 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 98) 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.

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.</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"> MCE pre-payment errors only MCE post-payment errors only MCE pre- and post-payment errors No MCE pre- or post-payment errors <p>For this flag, edits are categorized as follows:</p> <p><u>Pre-payment</u></p> <ul style="list-style-type: none"> Age conflict Duplicate of principal diagnosis E-code as principal diagnosis (ICD-9) V, W, X, or Y codes as principal diagnosis (ICD-10) Invalid ICD-9-CM code or invalid ICD-10 code Manifestation code as principal diagnosis Non-covered procedure Questionable admission Sex conflict Unacceptable principal diagnosis/Requires secondary diagnosis Invalid age Invalid sex Invalid discharge status Limited coverage Wrong procedure performed Procedure inconsistent with LOS <p><u>Post-payment</u></p> <ul style="list-style-type: none"> Open biopsy check Non-specific diagnosis Non-specific procedure Bilateral procedure MSP Alert

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 32. Output report menu items

Function	Description	Accelerator key	Menu-based keystrokes
Print	Prints the output report	Ctrl+P	On File menu, (Alt + F), select Print (key = P)
Save As	Opens a Save As dialog box to save the currently displayed output report as a text file. Unless you specified otherwise, the filename will be report.txt and the file will be saved under My Documents folder. 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	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 33. 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 34. 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.
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).
Invalid ICD-9-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.
Secondary payer alert (MSP alert)	Certain trauma-related codes may indicate that another type of liability insurance should be the primary payer rather than Medicare. Note: This edit was discontinued on 10/01/2001 and will be displayed in MSG/MCE software versions 16.0–18.0 only.
Non-specific principal diagnosis	Some codes, especially "not otherwise specified" (NOS) codes, are valid but are not suitably specific for a principal diagnosis. This edit applies only if the patient is discharged alive since a more complete diagnostic work-up might not have been possible for a patient who has died. Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.

Accessibility Features

Message	Description
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, some codes otherwise considered as unacceptable are accepted if any secondary diagnosis is present. If no secondary diagnosis is present for these codes, the Requires secondary diagnosis message will appear.
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).
Wrong procedure performed	Certain E-codes indicate that the wrong procedure was performed. This edit indicates that one of these E-codes is present.

Table 35. Program edits - procedure codes

Message	Description
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	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"> Lung volume reduction surgery (LVRS) Lung transplant Combination heart/lung transplant Heart transplant Implantable heart assist system Intest/multi-visceral transplant Liver transplant Kidney transplant Pancreas transplant Artificial heart transplant <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>

Accessibility Features

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).
Procedure inconsistent with length of stay	The code should only be coded on claims with a length of stay of four days or greater.

Table 36. Program edits - invalid

Message	Description
Invalid age ^a	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex ^a	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status ^a	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 81).

a. All three invalid edits will be shown as a DRG return code in the batch .up (upload) file.

Appendix A. Current MDCs and DRGs

The following table lists the Major Diagnostic Categories (MDCs) for version 32.0 of the Medicare Severity (MS) grouper. The following tables list the Diagnosis Related Groups (DRGs) for version 32.0 of the grouper and their CMS-designated cost weights. The DRG cost weight is shown on the software output report.

Table 37. List of MDCs

MDC	Description
01	Diseases & Disorders of the Nervous System
02	Diseases & Disorders of the Eye
03	Diseases & Disorders of the Ear, Nose, Mouth & Throat
04	Diseases & Disorders of the Respiratory System
05	Diseases & Disorders of the Circulatory System
06	Diseases & Disorders of the Digestive System
07	Diseases & Disorders of the Hepatobiliary System & Pancreas
08	Diseases & Disorders of the Musculoskeletal System & Conn Tissue
09	Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders of the Kidney & Urinary Tract
12	Diseases & Disorders of the Male Reproductive System
13	Diseases & Disorders of the Female Reproductive System
14	Pregnancy, Childbirth & the Puerperium
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

List of DRGs with cost weights

Table 38. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
001,MDC P,Heart transplant or implant of heart assist system w MCC	25.3920
002,MDC P,Heart transplant or implant of heart assist system w/o MCC	15.6820
003,MDC P,ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	17.6399
004,MDC P,Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	10.8533
005,MDC P,Liver transplant w MCC or intestinal transplant	10.4973
006,MDC P,Liver transplant w/o MCC	4.7461
007,MDC P,Lung transplant	9.2986
008,MDC P,Simultaneous pancreas/kidney transplant	5.3302
010,MDC P,Pancreas transplant	4.0849
011,MDC P,Tracheostomy for face,mouth & neck diagnoses w MCC	4.7380
012,MDC P,Tracheostomy for face,mouth & neck diagnoses w CC	3.3293
013,MDC P,Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	2.1357
014,MDC P,Allogeneic bone marrow transplant	10.9883
016,MDC P,Autologous bone marrow transplant w CC/MCC	5.8780
017,MDC P,Autologous bone marrow transplant w/o CC/MCC	4.1603
020,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w MCC	9.4423
021,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w CC	7.1555
022,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.4934
023,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	5.2939
024,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w/o MCC	3.7461
025,MDC 01P,Craniotomy & endovascular intracranial procedures w MCC	4.3374
026,MDC 01P,Craniotomy & endovascular intracranial procedures w CC	3.0011
027,MDC 01P,Craniotomy & endovascular intracranial procedures w/o CC/MCC	2.2824
028,MDC 01P,Spinal procedures w MCC	5.3968

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
029,MDC 01P,Spinal procedures w CC or spinal neurostimulators	3.1573
030,MDC 01P,Spinal procedures w/o CC/MCC	1.7835
031,MDC 01P,Ventricular shunt procedures w MCC	4.1493
032,MDC 01P,Ventricular shunt procedures w CC	2.0325
033,MDC 01P,Ventricular shunt procedures w/o CC/MCC	1.5602
034,MDC 01P,Carotid artery stent procedure w MCC	3.7008
035,MDC 01P,Carotid artery stent procedure w CC	2.2109
036,MDC 01P,Carotid artery stent procedure w/o CC/MCC	1.7313
037,MDC 01P,Extracranial procedures w MCC	3.1459
038,MDC 01P,Extracranial procedures w CC	1.5870
039,MDC 01P,Extracranial procedures w/o CC/MCC	1.0582
040,MDC 01P,Periph/cranial nerve & other nerv syst proc w MCC	3.7960
041,MDC 01P,Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	2.1267
042,MDC 01P,Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.8586
052,MDC 01M,Spinal disorders & injuries w CC/MCC	1.5813
053,MDC 01M,Spinal disorders & injuries w/o CC/MCC	0.9294
054,MDC 01M,Nervous system neoplasms w MCC	1.3048
055,MDC 01M,Nervous system neoplasms w/o MCC	1.0191
056,MDC 01M,Degenerative nervous system disorders w MCC	1.7615
057,MDC 01M,Degenerative nervous system disorders w/o MCC	1.0099
058,MDC 01M,Multiple sclerosis & cerebellar ataxia w MCC	1.6336
059,MDC 01M,Multiple sclerosis & cerebellar ataxia w CC	1.0290
060,MDC 01M,Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.7867
061,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w MCC	2.7571
062,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w CC	1.8555
063,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	1.5098
064,MDC 01M,Intracranial hemorrhage or cerebral infarction w MCC	1.7381
065,MDC 01M,Intracranial hemorrhage or cerebral infarction w CC or tPA in 24 hrs	1.0643
066,MDC 01M,Intracranial hemorrhage or cerebral infarction w/o CC/MCC	0.7530
067,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w MCC	1.4527

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
068,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	0.8395
069,MDC 01M,Transient ischemia	0.6985
070,MDC 01M,Nonspecific cerebrovascular disorders w MCC	1.6438
071,MDC 01M,Nonspecific cerebrovascular disorders w CC	0.9748
072,MDC 01M,Nonspecific cerebrovascular disorders w/o CC/MCC	0.6947
073,MDC 01M,Cranial & peripheral nerve disorders w MCC	1.3290
074,MDC 01M,Cranial & peripheral nerve disorders w/o MCC	0.8847
075,MDC 01M,Viral meningitis w CC/MCC	1.6595
076,MDC 01M,Viral meningitis w/o CC/MCC	0.8629
077,MDC 01M,Hypertensive encephalopathy w MCC	1.6245
078,MDC 01M,Hypertensive encephalopathy w CC	0.9361
079,MDC 01M,Hypertensive encephalopathy w/o CC/MCC	0.6677
080,MDC 01M,Nontraumatic stupor & coma w MCC	1.2790
081,MDC 01M,Nontraumatic stupor & coma w/o MCC	0.7850
082,MDC 01M,Traumatic stupor & coma, coma >1 hr w MCC	1.9142
083,MDC 01M,Traumatic stupor & coma, coma >1 hr w CC	1.2401
084,MDC 01M,Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.8592
085,MDC 01M,Traumatic stupor & coma, coma <1 hr w MCC	1.9770
086,MDC 01M,Traumatic stupor & coma, coma <1 hr w CC	1.1181
087,MDC 01M,Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.7460
088,MDC 01M,Concussion w MCC	1.5708
089,MDC 01M,Concussion w CC	0.9588
090,MDC 01M,Concussion w/o CC/MCC	0.7353
091,MDC 01M,Other disorders of nervous system w MCC	1.5978
092,MDC 01M,Other disorders of nervous system w CC	0.8989
093,MDC 01M,Other disorders of nervous system w/o CC/MCC	0.6783
094,MDC 01M,Bacterial & tuberculous infections of nervous system w MCC	3.3357
095,MDC 01M,Bacterial & tuberculous infections of nervous system w CC	2.3844
096,MDC 01M,Bacterial & tuberculous infections of nervous system w/o CC/MCC	2.0726
097,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.1625

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
098,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w CC	1.7189
099,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.1609
100,MDC 01M,Seizures w MCC	1.5304
101,MDC 01M,Seizures w/o MCC	0.7567
102,MDC 01M,Headaches w MCC	1.0073
103,MDC 01M,Headaches w/o MCC	0.6915
113,MDC 02P,Orbital procedures w CC/MCC	1.8611
114,MDC 02P,Orbital procedures w/o CC/MCC	1.1568
115,MDC 02P,Extraocular procedures except orbit	1.2780
116,MDC 02P,Intraocular procedures w CC/MCC	1.4005
117,MDC 02P,Intraocular procedures w/o CC/MCC	0.8239
121,MDC 02M,Acute major eye infections w CC/MCC	1.0635
122,MDC 02M,Acute major eye infections w/o CC/MCC	0.6352
123,MDC 02M,Neurological eye disorders	0.6732
124,MDC 02M,Other disorders of the eye w MCC	1.1432
125,MDC 02M,Other disorders of the eye w/o MCC	0.6852
129,MDC 03P,Major head & neck procedures w CC/MCC or major device	2.3284
130,MDC 03P,Major head & neck procedures w/o CC/MCC	1.2599
131,MDC 03P,Cranial/facial procedures w CC/MCC	2.3703
132,MDC 03P,Cranial/facial procedures w/o CC/MCC	1.4248
133,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w CC/MCC	1.8644
134,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	1.0083
135,MDC 03P,Sinus & mastoid procedures w CC/MCC	1.9150
136,MDC 03P,Sinus & mastoid procedures w/o CC/MCC	1.0509
137,MDC 03P,Mouth procedures w CC/MCC	1.3735
138,MDC 03P,Mouth procedures w/o CC/MCC	0.7888
139,MDC 03P,Salivary gland procedures	0.9856
146,MDC 03M,Ear, nose, mouth & throat malignancy w MCC	1.9749
147,MDC 03M,Ear, nose, mouth & throat malignancy w CC	1.2869
148,MDC 03M,Ear, nose, mouth & throat malignancy w/o CC/MCC	0.8205

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
149,MDC 03M,Dysequilibrium	0.6342
150,MDC 03M,Epistaxis w MCC	1.2943
151,MDC 03M,Epistaxis w/o MCC	0.6690
152,MDC 03M,Otitis media & URI w MCC	1.0162
153,MDC 03M,Otitis media & URI w/o MCC	0.6884
154,MDC 03M,Other ear, nose, mouth & throat diagnoses w MCC	1.3703
155,MDC 03M,Other ear, nose, mouth & throat diagnoses w CC	0.8848
156,MDC 03M,Other ear, nose, mouth & throat diagnoses w/o CC/MCC	0.6516
157,MDC 03M,Dental & Oral Diseases w MCC	1.5814
158,MDC 03M,Dental & Oral Diseases w CC	0.8519
159,MDC 03M,Dental & Oral Diseases w/o CC/MCC	0.5935
163,MDC 04P,Major chest procedures w MCC	5.0332
164,MDC 04P,Major chest procedures w CC	2.6010
165,MDC 04P,Major chest procedures w/o CC/MCC	1.8220
166,MDC 04P,Other resp system O.R. procedures w MCC	3.6610
167,MDC 04P,Other resp system O.R. procedures w CC	1.9818
168,MDC 04P,Other resp system O.R. procedures w/o CC/MCC	1.3291
175,MDC 04M,Pulmonary embolism w MCC	1.5271
176,MDC 04M,Pulmonary embolism w/o MCC	0.9670
177,MDC 04M,Respiratory infections & inflammations w MCC	1.9492
178,MDC 04M,Respiratory infections & inflammations w CC	1.3909
179,MDC 04M,Respiratory infections & inflammations w/o CC/MCC	0.9693
180,MDC 04M,Respiratory neoplasms w MCC	1.6869
181,MDC 04M,Respiratory neoplasms w CC	1.1582
182,MDC 04M,Respiratory neoplasms w/o CC/MCC	0.8088
183,MDC 04M,Major chest trauma w MCC	1.5101
184,MDC 04M,Major chest trauma w CC	0.9889
185,MDC 04M,Major chest trauma w/o CC/MCC	0.6628
186,MDC 04M,Pleural effusion w MCC	1.5452
187,MDC 04M,Pleural effusion w CC	1.0691

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
188,MDC 04M,Pleural effusion w/o CC/MCC	0.7609
189,MDC 04M,Pulmonary edema & respiratory failure	1.2136
190,MDC 04M,Chronic obstructive pulmonary disease w MCC	1.1743
191,MDC 04M,Chronic obstructive pulmonary disease w CC	0.9370
192,MDC 04M,Chronic obstructive pulmonary disease w/o CC/MCC	0.7190
193,MDC 04M,Simple pneumonia & pleurisy w MCC	1.4491
194,MDC 04M,Simple pneumonia & pleurisy w CC	0.9688
195,MDC 04M,Simple pneumonia & pleurisy w/o CC/MCC	0.7044
196,MDC 04M,Interstitial lung disease w MCC	1.6635
197,MDC 04M,Interstitial lung disease w CC	1.0615
198,MDC 04M,Interstitial lung disease w/o CC/MCC	0.8054
199,MDC 04M,Pneumothorax w MCC	1.8345
200,MDC 04M,Pneumothorax w CC	1.0084
201,MDC 04M,Pneumothorax w/o CC/MCC	0.7096
202,MDC 04M,Bronchitis & asthma w CC/MCC	0.8775
203,MDC 04M,Bronchitis & asthma w/o CC/MCC	0.6535
204,MDC 04M,Respiratory signs & symptoms	0.7041
205,MDC 04M,Other respiratory system diagnoses w MCC	1.3999
206,MDC 04M,Other respiratory system diagnoses w/o MCC	0.7942
207,MDC 04M,Respiratory system diagnosis w ventilator support 96+ hours	5.3425
208,MDC 04M,Respiratory system diagnosis w ventilator support <96 hours	2.2969
215,MDC 05P,Other heart assist system implant	15.4348
216,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	9.5238
217,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w CC	6.3291
218,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	5.5693
219,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	7.7067
220,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.2056
221,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.6347
222,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.6570
223,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.2924

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
224,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	7.6733
225,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	5.8610
226,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w MCC	6.9573
227,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w/o MCC	5.4493
228,MDC 05P,Other cardiothoracic procedures w MCC	7.3113
229,MDC 05P,Other cardiothoracic procedures w CC	4.4606
230,MDC 05P,Other cardiothoracic procedures w/o CC/MCC	4.0755
231,MDC 05P,Coronary bypass w PTCA w MCC	7.7247
232,MDC 05P,Coronary bypass w PTCA w/o MCC	5.5976
233,MDC 05P,Coronary bypass w cardiac cath w MCC	7.3493
234,MDC 05P,Coronary bypass w cardiac cath w/o MCC	4.8816
235,MDC 05P,Coronary bypass w/o cardiac cath w MCC	5.7089
236,MDC 05P,Coronary bypass w/o cardiac cath w/o MCC	3.7952
237,MDC 05P,Major cardiovasc procedures w MCC	5.0843
238,MDC 05P,Major cardiovasc procedures w/o MCC	3.4241
239,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w MCC	4.7590
240,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w CC	2.7594
241,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.4111
242,MDC 05P,Permanent cardiac pacemaker implant w MCC	3.7242
243,MDC 05P,Permanent cardiac pacemaker implant w CC	2.6695
244,MDC 05P,Permanent cardiac pacemaker implant w/o CC/MCC	2.1555
245,MDC 05P,AICD generator procedures	4.6485
246,MDC 05P,Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	3.2368
247,MDC 05P,Perc cardiovasc proc w drug-eluting stent w/o MCC	2.0586
248,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	3.0411
249,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w/o MCC	1.8808
250,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w MCC	2.9885
251,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w/o MCC	2.0399
252,MDC 05P,Other vascular procedures w MCC	3.2646
253,MDC 05P,Other vascular procedures w CC	2.5532

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
254,MDC 05P,Other vascular procedures w/o CC/MCC	1.7304
255,MDC 05P,Upper limb & toe amputation for circ system disorders w MCC	2.6051
256,MDC 05P,Upper limb & toe amputation for circ system disorders w CC	1.6986
257,MDC 05P,Upper limb & toe amputation for circ system disorders w/o CC/MCC	1.0558
258,MDC 05P,Cardiac pacemaker device replacement w MCC	2.7613
259,MDC 05P,Cardiac pacemaker device replacement w/o MCC	1.9924
260,MDC 05P,Cardiac pacemaker revision except device replacement w MCC	3.7456
261,MDC 05P,Cardiac pacemaker revision except device replacement w CC	1.8552
262,MDC 05P,Cardiac pacemaker revision except device replacement w/o CC/MCC	1.3978
263,MDC 05P,Vein ligation & stripping	1.8664
264,MDC 05P,Other circulatory system O.R. procedures	2.8292
265,MDC 05P,AICD lead procedures	2.8641
266,MDC 05P,Endovascular cardiac valve replacement w MCC	8.9920
267,MDC 05P,Endovascular cardiac valve replacement w/o MCC	6.7517
280,MDC 05M,Acute myocardial infarction, discharged alive w MCC	1.7289
281,MDC 05M,Acute myocardial infarction, discharged alive w CC	1.0247
282,MDC 05M,Acute myocardial infarction, discharged alive w/o CC/MCC	0.7562
283,MDC 05M,Acute myocardial infarction, expired w MCC	1.6753
284,MDC 05M,Acute myocardial infarction, expired w CC	0.7703
285,MDC 05M,Acute myocardial infarction, expired w/o CC/MCC	0.5065
286,MDC 05M,Circulatory disorders except AMI, w card cath w MCC	2.1240
287,MDC 05M,Circulatory disorders except AMI, w card cath w/o MCC	1.1290
288,MDC 05M,Acute & subacute endocarditis w MCC	2.7138
289,MDC 05M,Acute & subacute endocarditis w CC	1.6991
290,MDC 05M,Acute & subacute endocarditis w/o CC/MCC	1.2476
291,MDC 05M,Heart failure & shock w MCC	1.5097
292,MDC 05M,Heart failure & shock w CC	0.9824
293,MDC 05M,Heart failure & shock w/o CC/MCC	0.6762
294,MDC 05M,Deep vein thrombophlebitis w CC/MCC	1.0480
295,MDC 05M,Deep vein thrombophlebitis w/o CC/MCC	0.6926

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
296,MDC 05M,Cardiac arrest, unexplained w MCC	1.2347
297,MDC 05M,Cardiac arrest, unexplained w CC	0.6475
298,MDC 05M,Cardiac arrest, unexplained w/o CC/MCC	0.4227
299,MDC 05M,Peripheral vascular disorders w MCC	1.4094
300,MDC 05M,Peripheral vascular disorders w CC	0.9770
301,MDC 05M,Peripheral vascular disorders w/o CC/MCC	0.6776
302,MDC 05M,Atherosclerosis w MCC	1.0311
303,MDC 05M,Atherosclerosis w/o MCC	0.6101
304,MDC 05M,Hypertension w MCC	1.0016
305,MDC 05M,Hypertension w/o MCC	0.6272
306,MDC 05M,Cardiac congenital & valvular disorders w MCC	1.3687
307,MDC 05M,Cardiac congenital & valvular disorders w/o MCC	0.7698
308,MDC 05M,Cardiac arrhythmia & conduction disorders w MCC	1.2107
309,MDC 05M,Cardiac arrhythmia & conduction disorders w CC	0.7865
310,MDC 05M,Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5493
311,MDC 05M,Angina pectoris	0.5662
312,MDC 05M,Syncope & collapse	0.7423
313,MDC 05M,Chest pain	0.6138
314,MDC 05M,Other circulatory system diagnoses w MCC	1.9195
315,MDC 05M,Other circulatory system diagnoses w CC	0.9613
316,MDC 05M,Other circulatory system diagnoses w/o CC/MCC	0.6210
326,MDC 06P,Stomach, esophageal & duodenal proc w MCC	5.3847
327,MDC 06P,Stomach, esophageal & duodenal proc w CC	2.6532
328,MDC 06P,Stomach, esophageal & duodenal proc w/o CC/MCC	1.4949
329,MDC 06P,Major small & large bowel procedures w MCC	5.0776
330,MDC 06P,Major small & large bowel procedures w CC	2.5491
331,MDC 06P,Major small & large bowel procedures w/o CC/MCC	1.6580
332,MDC 06P,Rectal resection w MCC	4.7048
333,MDC 06P,Rectal resection w CC	2.4728
334,MDC 06P,Rectal resection w/o CC/MCC	1.6032

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
335,MDC 06P,Peritoneal adhesiolysis w MCC	4.2881
336,MDC 06P,Peritoneal adhesiolysis w CC	2.3539
337,MDC 06P,Peritoneal adhesiolysis w/o CC/MCC	1.5596
338,MDC 06P,Appendectomy w complicated principal diag w MCC	3.0701
339,MDC 06P,Appendectomy w complicated principal diag w CC	1.7340
340,MDC 06P,Appendectomy w complicated principal diag w/o CC/MCC	1.2137
341,MDC 06P,Appendectomy w/o complicated principal diag w MCC	2.2862
342,MDC 06P,Appendectomy w/o complicated principal diag w CC	1.3112
343,MDC 06P,Appendectomy w/o complicated principal diag w/o CC/MCC	0.9404
344,MDC 06P,Minor small & large bowel procedures w MCC	3.3079
345,MDC 06P,Minor small & large bowel procedures w CC	1.7107
346,MDC 06P,Minor small & large bowel procedures w/o CC/MCC	1.1991
347,MDC 06P,Anal & stomal procedures w MCC	2.6226
348,MDC 06P,Anal & stomal procedures w CC	1.3825
349,MDC 06P,Anal & stomal procedures w/o CC/MCC	0.9078
350,MDC 06P,Inguinal & femoral hernia procedures w MCC	2.4665
351,MDC 06P,Inguinal & femoral hernia procedures w CC	1.4024
352,MDC 06P,Inguinal & femoral hernia procedures w/o CC/MCC	0.9288
353,MDC 06P,Hernia procedures except inguinal & femoral w MCC	2.9077
354,MDC 06P,Hernia procedures except inguinal & femoral w CC	1.6915
355,MDC 06P,Hernia procedures except inguinal & femoral w/o CC/MCC	1.2521
356,MDC 06P,Other digestive system O.R. procedures w MCC	3.8573
357,MDC 06P,Other digestive system O.R. procedures w CC	2.1072
358,MDC 06P,Other digestive system O.R. procedures w/o CC/MCC	1.3737
368,MDC 06M,Major esophageal disorders w MCC	1.8641
369,MDC 06M,Major esophageal disorders w CC	1.0703
370,MDC 06M,Major esophageal disorders w/o CC/MCC	0.7390
371,MDC 06M,Major gastrointestinal disorders & peritoneal infections w MCC	1.8633
372,MDC 06M,Major gastrointestinal disorders & peritoneal infections w CC	1.1343
373,MDC 06M,Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.8013

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
374,MDC 06M,Digestive malignancy w MCC	2.0182
375,MDC 06M,Digestive malignancy w CC	1.2429
376,MDC 06M,Digestive malignancy w/o CC/MCC	0.9021
377,MDC 06M,G.I. hemorrhage w MCC	1.7775
378,MDC 06M,G.I. hemorrhage w CC	1.0021
379,MDC 06M,G.I. hemorrhage w/o CC/MCC	0.6776
380,MDC 06M,Complicated peptic ulcer w MCC	1.9265
381,MDC 06M,Complicated peptic ulcer w CC	1.0875
382,MDC 06M,Complicated peptic ulcer w/o CC/MCC	0.7591
383,MDC 06M,Uncomplicated peptic ulcer w MCC	1.3215
384,MDC 06M,Uncomplicated peptic ulcer w/o MCC	0.8510
385,MDC 06M,Inflammatory bowel disease w MCC	1.7649
386,MDC 06M,Inflammatory bowel disease w CC	1.0040
387,MDC 06M,Inflammatory bowel disease w/o CC/MCC	0.7449
388,MDC 06M,G.I. obstruction w MCC	1.6100
389,MDC 06M,G.I. obstruction w CC	0.8717
390,MDC 06M,G.I. obstruction w/o CC/MCC	0.6034
391,MDC 06M,Esophagitis, gastroent & misc digest disorders w MCC	1.1976
392,MDC 06M,Esophagitis, gastroent & misc digest disorders w/o MCC	0.7388
393,MDC 06M,Other digestive system diagnoses w MCC	1.6893
394,MDC 06M,Other digestive system diagnoses w CC	0.9448
395,MDC 06M,Other digestive system diagnoses w/o CC/MCC	0.6574
405,MDC 07P,Pancreas, liver & shunt procedures w MCC	5.5387
406,MDC 07P,Pancreas, liver & shunt procedures w CC	2.8067
407,MDC 07P,Pancreas, liver & shunt procedures w/o CC/MCC	1.9472
408,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	3.8967
409,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.2218
410,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.6206
411,MDC 07P,Cholecystectomy w c.d.e. w MCC	3.6261
412,MDC 07P,Cholecystectomy w c.d.e. w CC	2.4166

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
413,MDC 07P,Cholecystectomy w c.d.e. w/o CC/MCC	1.7708
414,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.5545
415,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w CC	2.0267
416,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.3465
417,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.4353
418,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w CC	1.6600
419,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.2316
420,MDC 07P,Hepatobiliary diagnostic procedures w MCC	3.4621
421,MDC 07P,Hepatobiliary diagnostic procedures w CC	1.7699
422,MDC 07P,Hepatobiliary diagnostic procedures w/o CC/MCC	1.2352
423,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w MCC	4.1961
424,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w CC	2.2993
425,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.3793
432,MDC 07M,Cirrhosis & alcoholic hepatitis w MCC	1.6710
433,MDC 07M,Cirrhosis & alcoholic hepatitis w CC	0.9173
434,MDC 07M,Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.6229
435,MDC 07M,Malignancy of hepatobiliary system or pancreas w MCC	1.7524
436,MDC 07M,Malignancy of hepatobiliary system or pancreas w CC	1.1640
437,MDC 07M,Malignancy of hepatobiliary system or pancreas w/o CC/MCC	0.8971
438,MDC 07M,Disorders of pancreas except malignancy w MCC	1.7023
439,MDC 07M,Disorders of pancreas except malignancy w CC	0.9071
440,MDC 07M,Disorders of pancreas except malignancy w/o CC/MCC	0.6423
441,MDC 07M,Disorders of liver except malig,cirr,alc hepa w MCC	1.8835
442,MDC 07M,Disorders of liver except malig,cirr,alc hepa w CC	0.9266
443,MDC 07M,Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	0.6512
444,MDC 07M,Disorders of the biliary tract w MCC	1.6212
445,MDC 07M,Disorders of the biliary tract w CC	1.0654
446,MDC 07M,Disorders of the biliary tract w/o CC/MCC	0.7569
453,MDC 08P,Combined anterior/posterior spinal fusion w MCC	11.1637
454,MDC 08P,Combined anterior/posterior spinal fusion w CC	8.0184

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
455,MDC 08P,Combined anterior/posterior spinal fusion w/o CC/MCC	6.2503
456,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w MCC	9.4039
457,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w CC	6.9074
458,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w/o CC/MCC	5.2637
459,MDC 08P,Spinal fusion except cervical w MCC	6.6686
460,MDC 08P,Spinal fusion except cervical w/o MCC	3.9998
461,MDC 08P,Bilateral or multiple major joint procs of lower extremity w MCC	5.0202
462,MDC 08P,Bilateral or multiple major joint procs of lower extremity w/o MCC	3.4905
463,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	5.3345
464,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	3.0085
465,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	1.9463
466,MDC 08P,Revision of hip or knee replacement w MCC	5.1513
467,MDC 08P,Revision of hip or knee replacement w CC	3.4231
468,MDC 08P,Revision of hip or knee replacement w/o CC/MCC	2.7652
469,MDC 08P,Major joint replacement or reattachment of lower extremity w MCC	3.3905
470,MDC 08P,Major joint replacement or reattachment of lower extremity w/o MCC	2.1137
471,MDC 08P,Cervical spinal fusion w MCC	4.8737
472,MDC 08P,Cervical spinal fusion w CC	2.9166
473,MDC 08P,Cervical spinal fusion w/o CC/MCC	2.2655
474,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w MCC	3.5943
475,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w CC	2.0504
476,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.1187
477,MDC 08P,Biopsies of musculoskeletal system & connective tissue w MCC	3.1638
478,MDC 08P,Biopsies of musculoskeletal system & connective tissue w CC	2.2441
479,MDC 08P,Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.7312
480,MDC 08P,Hip & femur procedures except major joint w MCC	3.0052
481,MDC 08P,Hip & femur procedures except major joint w CC	1.9776
482,MDC 08P,Hip & femur procedures except major joint w/o CC/MCC	1.6243
483,MDC 08P,Major joint/limb reattachment procedure of upper extremities	2.4205
485,MDC 08P,Knee procedures w pdx of infection w MCC	3.0949

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
486,MDC 08P,Knee procedures w pdx of infection w CC	2.0656
487,MDC 08P,Knee procedures w pdx of infection w/o CC/MCC	1.5630
488,MDC 08P,Knee procedures w/o pdx of infection w CC/MCC	1.7225
489,MDC 08P,Knee procedures w/o pdx of infection w/o CC/MCC	1.3186
492,MDC 08P,Lower extrem & humer proc except hip,foot,femur w MCC	3.1873
493,MDC 08P,Lower extrem & humer proc except hip,foot,femur w CC	2.0354
494,MDC 08P,Lower extrem & humer proc except hip,foot,femur w/o CC/MCC	1.5397
495,MDC 08P,Local excision & removal int fix devices exc hip & femur w MCC	3.0476
496,MDC 08P,Local excision & removal int fix devices exc hip & femur w CC	1.7289
497,MDC 08P,Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.2230
498,MDC 08P,Local excision & removal int fix devices of hip & femur w CC/MCC	2.1416
499,MDC 08P,Local excision & removal int fix devices of hip & femur w/o CC/MCC	1.0753
500,MDC 08P,Soft tissue procedures w MCC	3.2420
501,MDC 08P,Soft tissue procedures w CC	1.6474
502,MDC 08P,Soft tissue procedures w/o CC/MCC	1.1597
503,MDC 08P,Foot procedures w MCC	2.3338
504,MDC 08P,Foot procedures w CC	1.5691
505,MDC 08P,Foot procedures w/o CC/MCC	1.2474
506,MDC 08P,Major thumb or joint procedures	1.2881
507,MDC 08P,Major shoulder or elbow joint procedures w CC/MCC	1.9154
508,MDC 08P,Major shoulder or elbow joint procedures w/o CC/MCC	1.5198
509,MDC 08P,Arthroscopy	1.5494
510,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w MCC	2.2857
511,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w CC	1.6509
512,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	1.2963
513,MDC 08P,Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.4462
514,MDC 08P,Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.8996
515,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w MCC	3.2235
516,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w CC	2.0434
517,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.7251

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
518,MDC 08P,Back & neck proc exc spinal fusion w MCC or disc device/neurostim	3.0628
519,MDC 08P,Back & neck proc exc spinal fusion w CC	1.6468
520,MDC 08P,Back & neck proc exc spinal fusion w/o CC/MCC	1.1396
533,MDC 08M,Fractures of femur w MCC	1.4495
534,MDC 08M,Fractures of femur w/o MCC	0.7594
535,MDC 08M,Fractures of hip & pelvis w MCC	1.2410
536,MDC 08M,Fractures of hip & pelvis w/o MCC	0.7201
537,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.8975
538,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.6917
539,MDC 08M,Osteomyelitis w MCC	1.8276
540,MDC 08M,Osteomyelitis w CC	1.2967
541,MDC 08M,Osteomyelitis w/o CC/MCC	0.9218
542,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w MCC	1.9472
543,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w CC	1.1227
544,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.7936
545,MDC 08M,Connective tissue disorders w MCC	2.5341
546,MDC 08M,Connective tissue disorders w CC	1.1711
547,MDC 08M,Connective tissue disorders w/o CC/MCC	0.7985
548,MDC 08M,Septic arthritis w MCC	1.9123
549,MDC 08M,Septic arthritis w CC	1.1514
550,MDC 08M,Septic arthritis w/o CC/MCC	0.8390
551,MDC 08M,Medical back problems w MCC	1.5556
552,MDC 08M,Medical back problems w/o MCC	0.8698
553,MDC 08M,Bone diseases & arthropathies w MCC	1.2187
554,MDC 08M,Bone diseases & arthropathies w/o MCC	0.7274
555,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w MCC	1.2636
556,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.7183
557,MDC 08M,Tendonitis, myositis & bursitis w MCC	1.4269
558,MDC 08M,Tendonitis, myositis & bursitis w/o MCC	0.8522
559,MDC 08M,Aftercare, musculoskeletal system & connective tissue w MCC	1.8555

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
560,MDC 08M,Aftercare, musculoskeletal system & connective tissue w CC	1.0756
561,MDC 08M,Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.6688
562,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	1.3706
563,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	0.7756
564,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w MCC	1.5036
565,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w CC	0.9398
566,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.6871
570,MDC 09P,Skin debridement w MCC	2.3952
571,MDC 09P,Skin debridement w CC	1.4664
572,MDC 09P,Skin debridement w/o CC/MCC	0.9919
573,MDC 09P,Skin graft for skin ulcer or cellulitis w MCC	3.7074
574,MDC 09P,Skin graft for skin ulcer or cellulitis w CC	2.6298
575,MDC 09P,Skin graft for skin ulcer or cellulitis w/o CC/MCC	1.4926
576,MDC 09P,Skin graft exc for skin ulcer or cellulitis w MCC	4.1423
577,MDC 09P,Skin graft exc for skin ulcer or cellulitis w CC	1.9812
578,MDC 09P,Skin graft exc for skin ulcer or cellulitis w/o CC/MCC	1.3162
579,MDC 09P,Other skin, subcut tiss & breast proc w MCC	2.7263
580,MDC 09P,Other skin, subcut tiss & breast proc w CC	1.5727
581,MDC 09P,Other skin, subcut tiss & breast proc w/o CC/MCC	1.1338
582,MDC 09P,Mastectomy for malignancy w CC/MCC	1.3003
583,MDC 09P,Mastectomy for malignancy w/o CC/MCC	1.0932
584,MDC 09P,Breast biopsy, local excision & other breast procedures w CC/MCC	1.7682
585,MDC 09P,Breast biopsy, local excision & other breast procedures w/o CC/MCC	1.3752
592,MDC 09M,Skin ulcers w MCC	1.4249
593,MDC 09M,Skin ulcers w CC	1.0196
594,MDC 09M,Skin ulcers w/o CC/MCC	0.7124
595,MDC 09M,Major skin disorders w MCC	1.9629
596,MDC 09M,Major skin disorders w/o MCC	0.9527
597,MDC 09M,Malignant breast disorders w MCC	1.6758
598,MDC 09M,Malignant breast disorders w CC	1.1235

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
599,MDC 09M,Malignant breast disorders w/o CC/MCC	0.7259
600,MDC 09M,Non-malignant breast disorders w CC/MCC	0.9803
601,MDC 09M,Non-malignant breast disorders w/o CC/MCC	0.6314
602,MDC 09M,Cellulitis w MCC	1.4557
603,MDC 09M,Cellulitis w/o MCC	0.8447
604,MDC 09M,Trauma to the skin, subcut tiss & breast w MCC	1.2624
605,MDC 09M,Trauma to the skin, subcut tiss & breast w/o MCC	0.7664
606,MDC 09M,Minor skin disorders w MCC	1.3664
607,MDC 09M,Minor skin disorders w/o MCC	0.7296
614,MDC 10P,Adrenal & pituitary procedures w CC/MCC	2.4642
615,MDC 10P,Adrenal & pituitary procedures w/o CC/MCC	1.4243
616,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	4.1611
617,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	1.9956
618,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	1.3512
619,MDC 10P,O.R. procedures for obesity w MCC	3.2890
620,MDC 10P,O.R. procedures for obesity w CC	1.8470
621,MDC 10P,O.R. procedures for obesity w/o CC/MCC	1.5434
622,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.8047
623,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.8308
624,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	1.1314
625,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w MCC	2.4896
626,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w CC	1.3080
627,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0.8663
628,MDC 10P,Other endocrine, nutrit & metab O.R. proc w MCC	3.2935
629,MDC 10P,Other endocrine, nutrit & metab O.R. proc w CC	2.2471
630,MDC 10P,Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.4305
637,MDC 10M,Diabetes w MCC	1.3944
638,MDC 10M,Diabetes w CC	0.8261
639,MDC 10M,Diabetes w/o CC/MCC	0.6068
640,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w MCC	1.1044

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
641,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w/o MCC	0.7051
642,MDC 10M,Inborn and other disorders of metabolism	1.1429
643,MDC 10M,Endocrine disorders w MCC	1.6460
644,MDC 10M,Endocrine disorders w CC	1.0199
645,MDC 10M,Endocrine disorders w/o CC/MCC	0.7180
652,MDC 11P,Kidney transplant	3.1502
653,MDC 11P,Major bladder procedures w MCC	5.7958
654,MDC 11P,Major bladder procedures w CC	3.0973
655,MDC 11P,Major bladder procedures w/o CC/MCC	2.2590
656,MDC 11P,Kidney & ureter procedures for neoplasm w MCC	3.4517
657,MDC 11P,Kidney & ureter procedures for neoplasm w CC	2.0111
658,MDC 11P,Kidney & ureter procedures for neoplasm w/o CC/MCC	1.5299
659,MDC 11P,Kidney & ureter procedures for non-neoplasm w MCC	3.3813
660,MDC 11P,Kidney & ureter procedures for non-neoplasm w CC	1.8888
661,MDC 11P,Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.3494
662,MDC 11P,Minor bladder procedures w MCC	3.0042
663,MDC 11P,Minor bladder procedures w CC	1.5285
664,MDC 11P,Minor bladder procedures w/o CC/MCC	1.2406
665,MDC 11P,Prostatectomy w MCC	3.1585
666,MDC 11P,Prostatectomy w CC	1.7512
667,MDC 11P,Prostatectomy w/o CC/MCC	0.9690
668,MDC 11P,Transurethral procedures w MCC	2.4989
669,MDC 11P,Transurethral procedures w CC	1.2662
670,MDC 11P,Transurethral procedures w/o CC/MCC	0.8957
671,MDC 11P,Urethral procedures w CC/MCC	1.6170
672,MDC 11P,Urethral procedures w/o CC/MCC	0.8496
673,MDC 11P,Other kidney & urinary tract procedures w MCC	3.5023
674,MDC 11P,Other kidney & urinary tract procedures w CC	2.2600
675,MDC 11P,Other kidney & urinary tract procedures w/o CC/MCC	1.4443
682,MDC 11M,Renal failure w MCC	1.5194

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
683,MDC 11M,Renal failure w CC	0.9512
684,MDC 11M,Renal failure w/o CC/MCC	0.6085
685,MDC 11M,Admit for renal dialysis	1.0025
686,MDC 11M,Kidney & urinary tract neoplasms w MCC	1.7637
687,MDC 11M,Kidney & urinary tract neoplasms w CC	1.0054
688,MDC 11M,Kidney & urinary tract neoplasms w/o CC/MCC	0.6911
689,MDC 11M,Kidney & urinary tract infections w MCC	1.1172
690,MDC 11M,Kidney & urinary tract infections w/o MCC	0.7794
691,MDC 11M,Urinary stones w esw lithotripsy w CC/MCC	1.6238
692,MDC 11M,Urinary stones w esw lithotripsy w/o CC/MCC	1.1286
693,MDC 11M,Urinary stones w/o esw lithotripsy w MCC	1.3433
694,MDC 11M,Urinary stones w/o esw lithotripsy w/o MCC	0.6859
695,MDC 11M,Kidney & urinary tract signs & symptoms w MCC	1.2450
696,MDC 11M,Kidney & urinary tract signs & symptoms w/o MCC	0.6619
697,MDC 11M,Urethral stricture	0.9229
698,MDC 11M,Other kidney & urinary tract diagnoses w MCC	1.5625
699,MDC 11M,Other kidney & urinary tract diagnoses w CC	1.0170
700,MDC 11M,Other kidney & urinary tract diagnoses w/o CC/MCC	0.7110
707,MDC 12P,Major male pelvic procedures w CC/MCC	1.8155
708,MDC 12P,Major male pelvic procedures w/o CC/MCC	1.3262
709,MDC 12P,Penis procedures w CC/MCC	2.1341
710,MDC 12P,Penis procedures w/o CC/MCC	1.2949
711,MDC 12P,Testes procedures w CC/MCC	2.2547
712,MDC 12P,Testes procedures w/o CC/MCC	1.0632
713,MDC 12P,Transurethral prostatectomy w CC/MCC	1.4828
714,MDC 12P,Transurethral prostatectomy w/o CC/MCC	0.7933
715,MDC 12P,Other male reproductive system O.R. proc for malignancy w CC/MCC	2.0051
716,MDC 12P,Other male reproductive system O.R. proc for malignancy w/o CC/MCC	1.1857
717,MDC 12P,Other male reproductive system O.R. proc exc malignancy w CC/MCC	1.7717
718,MDC 12P,Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	1.0099

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
722,MDC 12M,Malignancy, male reproductive system w MCC	1.7569
723,MDC 12M,Malignancy, male reproductive system w CC	1.0635
724,MDC 12M,Malignancy, male reproductive system w/o CC/MCC	0.6412
725,MDC 12M,Benign prostatic hypertrophy w MCC	1.1790
726,MDC 12M,Benign prostatic hypertrophy w/o MCC	0.7029
727,MDC 12M,Inflammation of the male reproductive system w MCC	1.4195
728,MDC 12M,Inflammation of the male reproductive system w/o MCC	0.8006
729,MDC 12M,Other male reproductive system diagnoses w CC/MCC	1.0390
730,MDC 12M,Other male reproductive system diagnoses w/o CC/MCC	0.6660
734,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.5704
735,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.2265
736,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.4341
737,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w CC	2.0198
738,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.2746
739,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	3.3133
740,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w CC	1.6069
741,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	1.1846
742,MDC 13P,Uterine & adnexa proc for non-malignancy w CC/MCC	1.5436
743,MDC 13P,Uterine & adnexa proc for non-malignancy w/o CC/MCC	0.9954
744,MDC 13P,D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.7484
745,MDC 13P,D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	0.9553
746,MDC 13P,Vagina, cervix & vulva procedures w CC/MCC	1.4219
747,MDC 13P,Vagina, cervix & vulva procedures w/o CC/MCC	0.8892
748,MDC 13P,Female reproductive system reconstructive procedures	1.0845
749,MDC 13P,Other female reproductive system O.R. procedures w CC/MCC	2.5541
750,MDC 13P,Other female reproductive system O.R. procedures w/o CC/MCC	1.1904
754,MDC 13M,Malignancy, female reproductive system w MCC	1.9626
755,MDC 13M,Malignancy, female reproductive system w CC	1.1066
756,MDC 13M,Malignancy, female reproductive system w/o CC/MCC	0.6652
757,MDC 13M,Infections, female reproductive system w MCC	1.5397

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
758,MDC 13M,Infections, female reproductive system w CC	1.0518
759,MDC 13M,Infections, female reproductive system w/o CC/MCC	0.6931
760,MDC 13M,Menstrual & other female reproductive system disorders w CC/MCC	0.8399
761,MDC 13M,Menstrual & other female reproductive system disorders w/o CC/MCC	0.4988
765,MDC 14P,Cesarean section w CC/MCC	1.0924
766,MDC 14P,Cesarean section w/o CC/MCC	0.7562
767,MDC 14P,Vaginal delivery w sterilization &/or D&C	0.8513
768,MDC 14P,Vaginal delivery w O.R. proc except steril &/or D&C	1.1184
769,MDC 14P,Postpartum & post abortion diagnoses w O.R. procedure	1.8930
770,MDC 14P,Abortion w D&C, aspiration curettage or hysterotomy	0.8029
774,MDC 14M,Vaginal delivery w complicating diagnoses	0.7168
775,MDC 14M,Vaginal delivery w/o complicating diagnoses	0.5643
776,MDC 14M,Postpartum & post abortion diagnoses w/o O.R. procedure	0.8117
777,MDC 14M,Ectopic pregnancy	1.0145
778,MDC 14M,Threatened abortion	0.5638
779,MDC 14M,Abortion w/o D&C	0.6389
780,MDC 14M,False labor	0.2880
781,MDC 14M,Other antepartum diagnoses w medical complications	0.7546
782,MDC 14M,Other antepartum diagnoses w/o medical complications	0.4057
789,MDC 15M,Neonates, died or transferred to another acute care facility	1.5547
790,MDC 15M,Extreme immaturity or respiratory distress syndrome, neonate	5.1268
791,MDC 15M,Prematurity w major problems	3.5015
792,MDC 15M,Prematurity w/o major problems	2.1127
793,MDC 15M,Full term neonate w major problems	3.5968
794,MDC 15M,Neonate w other significant problems	1.2731
795,MDC 15M,Normal newborn	0.1724
799,MDC 16P,Splenectomy w MCC	5.0131
800,MDC 16P,Splenectomy w CC	2.6403
801,MDC 16P,Splenectomy w/o CC/MCC	1.5477
802,MDC 16P,Other O.R. proc of the blood & blood forming organs w MCC	3.3601

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
803,MDC 16P,Other O.R. proc of the blood & blood forming organs w CC	1.8440
804,MDC 16P,Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.2265
808,MDC 16M,Major hemato/immun diag exc sickle cell crisis & coagul w MCC	2.2260
809,MDC 16M,Major hemato/immun diag exc sickle cell crisis & coagul w CC	1.2037
810,MDC 16M,Major hemato/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.8409
811,MDC 16M,Red blood cell disorders w MCC	1.2829
812,MDC 16M,Red blood cell disorders w/o MCC	0.8162
813,MDC 16M,Coagulation disorders	1.6534
814,MDC 16M,Reticuloendothelial & immunity disorders w MCC	1.7048
815,MDC 16M,Reticuloendothelial & immunity disorders w CC	0.9948
816,MDC 16M,Reticuloendothelial & immunity disorders w/o CC/MCC	0.6882
820,MDC 17P,Lymphoma & leukemia w major O.R. procedure w MCC	5.5226
821,MDC 17P,Lymphoma & leukemia w major O.R. procedure w CC	2.3064
822,MDC 17P,Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.2805
823,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w MCC	4.4622
824,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w CC	2.2951
825,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	1.3803
826,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	5.0900
827,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.3214
828,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.5321
829,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	3.4231
830,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	1.2523
834,MDC 17M,Acute leukemia w/o major O.R. procedure w MCC	5.2735
835,MDC 17M,Acute leukemia w/o major O.R. procedure w CC	2.1042
836,MDC 17M,Acute leukemia w/o major O.R. procedure w/o CC/MCC	1.1693
837,MDC 17M,Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	6.4631
838,MDC 17M,Chemo w acute leukemia as sdx w CC or high dose chemo agent	2.7923
839,MDC 17M,Chemo w acute leukemia as sdx w/o CC/MCC	1.2525
840,MDC 17M,Lymphoma & non-acute leukemia w MCC	3.1058
841,MDC 17M,Lymphoma & non-acute leukemia w CC	1.6226

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
842,MDC 17M,Lymphoma & non-acute leukemia w/o CC/MCC	1.0777
843,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w MCC	1.7902
844,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w CC	1.2058
845,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.8551
846,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.3264
847,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w CC	1.1569
848,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0.8454
849,MDC 17M,Radiotherapy	1.4657
853,MDC 18P,Infectious & parasitic diseases w O.R. procedure w MCC	5.2068
854,MDC 18P,Infectious & parasitic diseases w O.R. procedure w CC	2.3877
855,MDC 18P,Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.7057
856,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w MCC	4.8177
857,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w CC	2.0500
858,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.3390
862,MDC 18M,Postoperative & post-traumatic infections w MCC	1.8506
863,MDC 18M,Postoperative & post-traumatic infections w/o MCC	0.9836
864,MDC 18M,Fever	0.8419
865,MDC 18M,Viral illness w MCC	1.5131
866,MDC 18M,Viral illness w/o MCC	0.7425
867,MDC 18M,Other infectious & parasitic diseases diagnoses w MCC	2.7245
868,MDC 18M,Other infectious & parasitic diseases diagnoses w CC	1.0897
869,MDC 18M,Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.6877
870,MDC 18M,Septicemia or severe sepsis w MV 96+ hours	5.8698
871,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w MCC	1.8072
872,MDC 18M,Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	1.0528
876,MDC 19P,O.R. procedure w principal diagnoses of mental illness	3.3533
880,MDC 19M,Acute adjustment reaction & psychosocial dysfunction	0.6704
881,MDC 19M,Depressive neuroses	0.6464
882,MDC 19M,Neuroses except depressive	0.6935
883,MDC 19M,Disorders of personality & impulse control	1.3062

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
884,MDC 19M,Organic disturbances & mental retardation	1.0783
885,MDC 19M,Psychoses	1.0217
886,MDC 19M,Behavioral & developmental disorders	0.8288
887,MDC 19M,Other mental disorder diagnoses	0.9329
894,MDC 20M,Alcohol/drug abuse or dependence, left ama	0.4450
895,MDC 20M,Alcohol/drug abuse or dependence w rehabilitation therapy	1.2152
896,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.5244
897,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.6905
901,MDC 21P,Wound debridements for injuries w MCC	3.9929
902,MDC 21P,Wound debridements for injuries w CC	1.7433
903,MDC 21P,Wound debridements for injuries w/o CC/MCC	1.1280
904,MDC 21P,Skin grafts for injuries w CC/MCC	3.3637
905,MDC 21P,Skin grafts for injuries w/o CC/MCC	1.3889
906,MDC 21P,Hand procedures for injuries	1.1789
907,MDC 21P,Other O.R. procedures for injuries w MCC	3.7873
908,MDC 21P,Other O.R. procedures for injuries w CC	1.9575
909,MDC 21P,Other O.R. procedures for injuries w/o CC/MCC	1.2556
913,MDC 21M,Traumatic injury w MCC	1.1410
914,MDC 21M,Traumatic injury w/o MCC	0.7009
915,MDC 21M,Allergic reactions w MCC	1.5381
916,MDC 21M,Allergic reactions w/o MCC	0.5137
917,MDC 21M,Poisoning & toxic effects of drugs w MCC	1.4051
918,MDC 21M,Poisoning & toxic effects of drugs w/o MCC	0.6412
919,MDC 21M,Complications of treatment w MCC	1.6750
920,MDC 21M,Complications of treatment w CC	0.9850
921,MDC 21M,Complications of treatment w/o CC/MCC	0.6602
922,MDC 21M,Other injury, poisoning & toxic effect diag w MCC	1.4953
923,MDC 21M,Other injury, poisoning & toxic effect diag w/o MCC	0.7348
927,MDC 22P,Extensive burns or full thickness burns w MV 96+ hrs w skin graft	15.5499
928,MDC 22P,Full thickness burn w skin graft or inhal inj w CC/MCC	5.3820

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
929,MDC 22P,Full thickness burn w skin graft or inhal inj w/o CC/MCC	2.3344
933,MDC 22M,Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	2.7557
934,MDC 22M,Full thickness burn w/o skin grft or inhal inj	1.5748
935,MDC 22M,Non-extensive burns	1.4717
939,MDC 23P,O.R. proc w diagnoses of other contact w health services w MCC	2.7647
940,MDC 23P,O.R. proc w diagnoses of other contact w health services w CC	1.8274
941,MDC 23P,O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.3531
945,MDC 23M,Rehabilitation w CC/MCC	1.2709
946,MDC 23M,Rehabilitation w/o CC/MCC	1.0662
947,MDC 23M,Signs & symptoms w MCC	1.1368
948,MDC 23M,Signs & symptoms w/o MCC	0.7131
949,MDC 23M,Aftercare w CC/MCC	1.0525
950,MDC 23M,Aftercare w/o CC/MCC	0.5508
951,MDC 23M,Other factors influencing health status	0.9188
955,MDC 24P,Craniotomy for multiple significant trauma	5.5727
956,MDC 24P,Limb reattachment, hip & femur proc for multiple significant trauma	3.6692
957,MDC 24P,Other O.R. procedures for multiple significant trauma w MCC	6.8453
958,MDC 24P,Other O.R. procedures for multiple significant trauma w CC	3.8602
959,MDC 24P,Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.5447
963,MDC 24M,Other multiple significant trauma w MCC	2.7071
964,MDC 24M,Other multiple significant trauma w CC	1.4769
965,MDC 24M,Other multiple significant trauma w/o CC/MCC	0.9418
969,MDC 25P,HIV w extensive O.R. procedure w MCC	6.0815
970,MDC 25P,HIV w extensive O.R. procedure w/o MCC	2.2085
974,MDC 25M,HIV w major related condition w MCC	2.6849
975,MDC 25M,HIV w major related condition w CC	1.3047
976,MDC 25M,HIV w major related condition w/o CC/MCC	0.8774
977,MDC 25M,HIV w or w/o other related condition	1.1305
981,MDC SURG,Extensive O.R. procedure unrelated to principal diagnosis w MCC	4.9968
982,MDC SURG,Extensive O.R. procedure unrelated to principal diagnosis w CC	2.8150

Current MDCs and DRGs

DRG, MDC, and DRG description	DRG cost weight
983,MDC SURG,Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.8039
984,MDC SURG,Prostatic O.R. procedure unrelated to principal diagnosis w MCC	3.4344
985,MDC SURG,Prostatic O.R. procedure unrelated to principal diagnosis w CC	1.8509
986,MDC SURG,Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.0453
987,MDC SURG,Non-extensive O.R. proc unrelated to principal diagnosis w MCC	3.3008
988,MDC SURG,Non-extensive O.R. proc unrelated to principal diagnosis w CC	1.7643
989,MDC SURG,Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	1.0454
998,MDC **,Principal diagnosis invalid as discharge diagnosis	0.0000
999,MDC **,Ungroupable	0.0000

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