RESOURCE GUIDE

About this Guide

This Resource Guide is intended to help Medicare+Choice organizations, providers, physicians, and third party submitters locate information specific to risk adjustment.

The purpose of this Resource Guide is to identify and supply resources that will simplify and clarify both the terminology and the processes employed in the submission of risk adjustment data. An emphasis is given to recent, policy-relevant material.

This Resource Guide is a helpful tool for those who need a quick reference for technical concepts, or for those who need to provide employees with an introductory presentation to the risk adjustment data process. Where possible and appropriate, "screen shots" of important resources on the Internet have been included. These pages may also be utilized as a suitable visual aid for risk adjustment data instructors to enhance their presentation.

The information listed in the Resource Guide is arranged in seven sections:

- RISK ADJUSTMENT ACRONYMS AND TERMS
- CODING RESOURCES
- CMS WEB RESOURCES
- CMS REFERENCE DOCUMENTS
- CSSC WEB RESOURCES
- CSSC REFERENCE DOCUMENTS
- RISK ADJUSTMENT PROCESSING SYSTEM CROSSWALKS
- MEDICARE BENEFICIARY DATABASE USER'S MANUAL AND APPLICATION FOR ACCESS

GENERAL CONTACT INFORMATION

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) - http://cms.hhs.gov

CMS Contacts for Technical Issues
Jeff Grant: jgrant1@cms.hhs.gov
Bobbie Knickman: bknickman@cms.hhs.gov
Jan Keys: jkeys@cms.hhs.gov
Cynthia Tudor: ctudor@cms.hhs.gov
Henry Thomas: hthomas@cms.hhs.gov

CUSTOMER SERVICE AND SUPPORT CENTER (CSSC) – http://www.mcoservice.com
The CSSC website provides "one-stop shopping" for M+C organizations regarding risk adjustment data submission needs. Visit mcoservice.com to register for email updates from the CSSC. The updates will serve as notification that new or updated information has been added to the website.

CSSC Contact Information
877-534-2772 (toll-free)
mcoservice@palmettogba.com

ASPEN SYSTEMS CORPORATION

For general questions about training and Risk Adjustment User Groups, please email Aspen Systems Corporation at the encounterdata@aspensys.com.

TABLE OF CONTENTS

RISK ADJUSTMENT ACRONYMS AND TERMS 1
CODING RESOURCES 4
V and E Codes ..... 5 B
Neoplasm Guidelines 9
CMS WEB RESOURCES 10
CMS REFERENCE DOCUMENTS 12
Accessing HPMS 13
Instructions for Risk Adjustment Implementation 14
CSSC WEB RESOURCES 25
CSSC REFERENCE DOCUMENTS 34
CSSC EDI Letter 35
CMS EDI Agreement 37
Risk Adjustment Data Submitter Application 40
NDM – RAPS Application 41
RISK ADJUSTMENT PROCESSING SYSTEM CROSSWALKS 44
TRAINING RESOURCES 50
How to Calculate Demographic and CMS-HCC Risk Adjusted Payments 51
Risk Adjustment and the CMS-HCC Model – Attachments A, B, and C 53
Using the Reduced Set of ICD-9-CM Codes in the CMS-HCC Model 55
FINAL ICD-9 Codes and HCCs ..... 57 B
Diagnosis Cluster Benchmarks ..... 136 B
Risk Adjustment Output Report Available for 2004 – Letter ..... 138 B
Model Output Beneficiary RAF File Layout ..... 140 B
Risk Adjustment Model Output Report – Example ..... 155 B
Coding Workshop – Index for Fracture Example ..... 156 B
MEDICARE BENEFICIARY DATABASE USER'S MANUAL AND APPLICATION FOR ACCESS ..... 158 B

RISK ADJUSTMENT
ACRONYMS AND TERMS

RISK ADJUSTMENT ACRONYMS AND TERMS

ACRONYM	TERM
ADS	Alternative Data Sources
AGNS	AT&T Global Network Services
AMA	American Medical Association
ANSI	American National Standards Institute
ANSI X12 837	Variable Length File Format for Electronic Submission of Encounter Data
ASC	Ambulatory Surgical Center
ASPEN	Aspen Systems Corporation
BBA	Balanced Budget Act of 1997
BBRA	Balanced Budget Refinement Act 1999
BIPA	Benefits Improvement and Protection Act of 2000
CHF	Congestive Heart Failure
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CMS-HCC	CMS Refined Hierarchical Condition Category Risk Adjustment Model
CPT	Current Procedural Terminology
CSSC	Customer Service and Support Center
CWF	Common Working File
DCP	Data Collection Period
DDE	Direct Data Entry
DHHS	Department of Health & Human Services
DOB	Date of Birth
DoD	Department of Defense
DOS	Dates of Service
DRG	Diagnosis Related Group
DX	Diagnosis
EDI	Electronic Data Interchange
FERAS	Front-End Risk Adjustment System
FFS	Fee for Service
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
GHP	Group Health Plan Payment System
H#	M+C Organization CMS Contract Number
HCC	Hierarchical Condition Category
HCFA 1500	Medicare Part B Claim Filing Form
HEDIS	Health Plan Employer Data Information Set
HIC#	Health Insurance Claim Number (Beneficiary Medicare ID#)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HPMS	Health Plan Management System
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICN	Internal Claim Number
IP	Internet Protocol
JCAHO	Joint Commission on Accreditation of Health Care Organizations
MBD	Medicare Beneficiary Database
M+C Organization	Medicare+Choice Organization
MDCN	Medicare Data Communications Network
MMCS	Medicare Managed Care System
MMR	Monthly Membership Report

MSG	Message
MSHO	Minnesota Senior Health Options
NCH	National Claims History
NCQA	National Committee for Quality Assurance
NDM	Network Data Mover
NMUD	National Medicare Utilization Database
NSF	National Standard Format
OIG	Office of Inspector General
Palmetto GBA	Palmetto Government Benefits Administrators
PACE	Program of All-Inclusive Care for the Elderly
PCN	Patient Control Number
PIP-DCG	Principal Inpatient Diagnostic Cost Group
QIO	Quality Improvement Organization
RAPS	Risk Adjustment Processing System
RAPS Database	Risk Adjustment Processing System Database
RAS	Risk Adjustment System
RC	Reason Code
RHC	Rural Health Clinic
RPT	Report
RT	Record Type
SH#	Submitter CMS Contract Number
S/HMO	Social Health Maintenance Organizations
SNF	Skilled Nursing Facility
SUB ID	Submitter ID
TOB	Type of Bill
UB-92	Uniform Billing Form 92
VA	Veterans Administration
WPP	Wisconsin Partnership Program

CODING RESOURCES

V CODES

ICD-9-CM CODE	SHORT DESCRIPTION OF ICD-9 CODE	DISEASE GROUP
V08	ASYMP HIV INFECTN STATUS	1
V421	HEART TRANSPLANT STATUS	174
V426	LUNG TRANSPLANT STATUS	174
V427	LIVER TRANSPLANT STATUS	174
V4281	TRNSPL STATUS-BNE MARROW	174
V4282	TRSPL STS-PERIP STM CELL	174
V4283	TRNSPL STATUS-PANCREAS	174
V4284	TRNSPL STATUS-INTESTINES	174
V432	HEART REPLACEMENT NEC	174
V4321	HEART ASSIST DEV REPLACE	174
V4322	ARTFICIAL HEART REPLACE	174
V44	ARTIFICIAL OPNING STATUS	176
V440	TRACHEOSTOMY STATUS	77
V441	GASTROSTOMY STATUS	176
V442	ILEOSTOMY STATUS	176
V443	COLOSTOMY STATUS	176
V444	ENTEROSTOMY STATUS NEC	176
V445	CYSTOSTOMY STATUS	176
V4450	CYSTOSTOMY STATUS NOS	176
V4451	CUTANEOUS-VESICOS STATUS	176
V4452	APPENDICO-VESICOS STATUS	176
V4459	CYSTOSTOMY STATUS NEC	176
V446	URINOSTOMY STATUS NEC	176
V448	ARTIF OPEN STATUS NEC	176
V449	ARTIF OPEN STATUS NOS	176
V451	RENAL DIALYSIS STATUS	130
V461	DEPENDENCE ON RESPIRATOR	77
V497	STATUS AMPUT	177
V4970	STATUS AMPUT LWR LMB NOS	177
V4971	STATUS AMPUT GREAT TOE	177
V4972	STATUS AMPUT OTHR TOE(S)	177
V4973	STATUS AMPUT FOOT	177
V4974	STATUS AMPUT ANKLE	177
V4975	STATUS AMPUT BELOW KNEE	177
V4976	STATUS AMPUT ABOVE KNEE	177
V4977	STATUS AMPUT HIP	177
V521	FITTING ARTIFICIAL LEG	177

V CODES (CONTINUED)

ICD-9-CM CODE	SHORT DESCRIPTION OF ICD-9 CODE	DISEASE GROUP
V55	ATTEN TO ARTIFICIAL OPEN	176
V550	ATTEN TO TRACHEOSTOMY	77
V551	ATTEN TO GASTROSTOMY	176
V552	ATTEN TO ILEOSTOMY	176
V553	ATTEN TO COLOSTOMY	176
V554	ATTEN TO ENTEROSTOMY NEC	176
V555	ATTEN TO CYSTOSTOMY	176
V556	ATTEN TO URINOSTOMY NEC	176
V558	ATTN TO ARTIF OPEN NEC	176
V559	ATTN TO ARTIF OPEN NOS	176
V56	DIALYSIS ENCOUNTER	130
V560	RENAL DIALYSIS ENCOUNTER	130
V561	FT/ADJ XTRCORP DIAL CATH	130
V562	FIT/ADJ PERIT DIAL CATH	130
V563	DIALYSIS	130
V5631	HEMODIALYSIS TESTING	130
V5632	PERITONEAL DIALYSIS TEST	130
V568	DIALYSIS ENCOUNTER, NEC	130

E CODES

ICD-9-CM CODE	SHORT DESCRIPTION OF ICD-9 CODE	DISEASE GROUP
E95	POISON	55
E950	SUIC/SELF-POIS W SOL/LIQ	55
E9500	POISON-ANALGESICS	55
E9501	POISON-BARBITURATES	55
E9502	POISON-SEDAT/HYPNOTIC	55
E9503	POISON-PSYCHOTROPIC AGT	55
E9504	POISON-DRUG/MEDICIN NEC	55
E9505	POISON-DRUG/MEDICIN NOS	55
E9506	POISON-AGRICULT AGENT	55
E9507	POISON-CORROSIV/CAUSTIC	55
E9508	POISON-ARSENIC	55
E9509	POISON-SOLID/LIQUID NEC	55
E951	POISON-UTILITY GAS	55
E9510	POISON-PIPED GAS	55
E9511	POISON-GAS IN CONTAINER	55
E9518	POISON-UTILITY GAS NEC	55
E952	POISON-GAS/VAPOR NEC	55
E9520	POISON-EXHAUST GAS	55
E9521	POISON-CO NEC	55
E9528	POISON-GAS/VAPOR NEC	55
E9529	POISON-GAS/VAPOR NOS	55
E953	INJURY-STRANGUL/SUFFOC	55
E9530	INJURY-HANGING	55
E9531	INJURY-SUFF W PLAS BAG	55
E9538	INJURY-STRANG/SUFF NEC	55
E9539	INJURY-STRANG/SUFF NOS	55
E954	INJURY-SUBMERSION	55
E955	INJURY-FIREARM/EXPLOSIV	55
E9550	INJURY-HANDGUN	55
E9551	INJURY-SHOTGUN	55
E9552	INJURY-HUNTING RIFLE	55
E9553	INJURY-MILITARY FIREARM	55
E9554	INJURY-FIREARM NEC	55
E9555	INJURY-EXPLOSIVES	55
E9556	SELF INFLICT ACC-AIR GUN	55
E9557	SELF INJ-PAINTBALL GUN	55
E9559	INJURY-FIREARM/EXPL NOS	55
E956	INJURY-CUT INSTRUMENT	55

E CODES (CONTINUED)

ICD-9-CM CODE	SHORT DESCRIPTION OF ICD-9 CODE	DISEASE GROUP
E957	INJU-JUMP FROM HI PLACE	55
E9570	INJURY-JUMP FM RESIDENCE	55
E9571	INJURY-JUMP FM STRUC NEC	55
E9572	INJURY-JUMP FM NATUR SIT	55
E9579	INJURY-JUMP NEC	55
E958	INJURY/SELF-INJ NEC/NOS	55
E9580	INJURY-MOVING OBJECT	55
E9581	INJURY-BURN, FIRE	55
E9582	INJURY-SCALD	55
E9583	INJURY-EXTREME COLD	55
E9584	INJURY-ELECTROCUTION	55
E9585	INJURY-MOTOR VEH CRASH	55
E9586	INJURY-AIRCRAFT CRASH	55
E9587	INJURY-CAUSTIC SUBSTANCE	55
E9588	INJURY-NEC	55
E9589	INJURY-NOS	55
E959	LATE EFF OF SELF-INJURY	55

NEOPLASM GUIDELINES

A. If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.
B. When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.
C. Coding and sequencing of complications associated with the malignant neoplasm or with the therapy thereof are subject to the following guidelines:
    1. When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the anemia is designated at the principal diagnosis and is followed by the appropriate code(s) for the malignancy.
    2. When the admission/encounter is for management of an anemia associated with chemotherapy or radiotherapy and the only treatment is for the anemia; the anemia is sequenced first followed by the appropriate code(s) for the malignancy.
    3. When the admission/encounter is for management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated (intravenous rehydration), the dehydration is sequenced first, followed by the code(s) for the malignancy.
    4. When the admission/encounter is for treatment of a complication resulting from a surgical procedure performed for the treatment of an intestinal malignancy, designate the complication as the principal or first-listed diagnosis if treatment is directed at resolving the complication.
D. When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category V10, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed with the V10 code used as a secondary code.
E. Admissions/Encounters involving chemotherapy and radiation therapy.
    1. When an episode of care involves the surgical removal of a neoplasm, primary or secondary site, followed by chemotherapy or radiation treatment, the neoplasm code should be assigned as principal or first-listed diagnosis. When an episode of inpatient care involves surgical removal of a primary site or secondary site malignancy followed by adjunct chemotherapy or radiotherapy, code the malignancy as the principal or first-listed diagnosis, using codes in the 140-198 series or where appropriate in the 200-203 series.
    2. If a patient admission/encounter is solely for the administration of chemotherapy or radiation therapy code V58.0, Encounter for radiation therapy, or V58.1, Encounter for chemotherapy, should be the first-listed or principal diagnosis. If a patient receives both chemotherapy and radiation therapy both codes should be listed, in either order of sequence.
    3. When a patient is admitted for the purpose of radiotherapy or chemotherapy and develops complications such as uncontrolled nausea and vomiting or dehydration, the principal or first-listed diagnosis is V58.0, Encounter for radiotherapy, or V58.1, Encounter for chemotherapy.
F. When the reason for admission/encounter is to determine the extent of the malignancy, or for a procedure such as paracentesis or thoracentesis, the primary malignancy or appropriate metastatic site is designated as the principal or first-listed diagnosis, even though chemotherapy or radiotherapy is administered.
G. Symptoms, signs, and ill-defined conditions listed in Chapter 16 characteristic of, or associated with, an existing primary or secondary site malignancy cannot be used to replace the malignancy as principal or first-listed diagnosis, regardless of the number of admissions or encounters for treatment and care of the neoplasm.

CMS WEB RESOURCES

CMS Main Page

http://www.cms.hhs.gov

Advance Notice of Methodological Changes for Calendar Year (CY) 2004 (45-Day Notice)

http://cms.hhs.gov/healthplans/rates/2004/45day.pdf

Announcement of Calendar Year (CY) 2004 Medicare+Choice Payment Rates (May 12, 2003)

http://cms.hhs.gov/healthplans/rates/

Rate Book Information

http://cms.hhs.gov/healthplans/rates/

Healthplans Page

http://www.cms.hhs.gov/healthplans/

Risk Adjustment Page

http://www.cms.hhs.gov/healthplans/riskadj

Health Insurance Portability and Accountability Act (HIPAA) Page

http://www.cms.hhs.gov/hipaa/

Quarterly Provider Updates

http://www.cms.hhs.gov/providerupdate/main.asp

Medicare Managed Care Manual

http://cms.hhs.gov/manuals/116_mmc/mc86toc.asp

Operational Policy Letters

http://cms.hhs.gov/healthplans/opl/

Official Meeting Notices

http://cms.hhs.gov/providerupdate/notices.asp

CMS REFERENCE DOCUMENTS

Health Plan Management System (HPMS)

HPMS is a CMS information system created specifically for the Medicare+Choice program that provides M+C organization level information.

Accessing HPMS

- Access to HPMS is accomplished via the Medicare Data Communications Network (MDCN).
- A User ID is required for HPMS access. If you do not currently have access, complete the "Access to CMS Computer Systems" form available at http://cms.hhs.gov/mdcn/hdcidform.asp.
- If M+C organizations experience difficulty logging into HPMS, please contact Don Freeburger (dfreeburger@cms.hhs.gov) 410-786-4586 or Neetu Balani (nbalani@cms.hhs.gov) 410-786-2548.

FINAL INSTRUCTIONS AS THEY APPEAR IN THE RENEWAL AND NONRENEWAL INSTRUCTIONS FOR THE 2003 CONTRACT YEAR FOR MEDICARE+CHOICE ORGANIZATIONS (dated 05/03/02) (http://www.cms.hhs.gov/healthplans/letters/default.asp)

Instructions for Risk Adjustment Implementation

Background
The Balanced Budget Act of 1997 gave the Secretary of Health and Human Services the authority to collect inpatient hospital data for discharges on or after July 1, 1997. CMS implemented the Principal Inpatient - Diagnostic Cost Group (PIP-DCG) risk adjustment method based on the principal inpatient hospital discharge diagnosis. The encounter data collection was expanded in 2000-2001 to include physician and hospital outpatient data. In May 2001, the Secretary announced a suspension of the requirements for filing physician and hospital outpatient encounter data collection pending a review of the administrative burden that was associated with that effort. As a direct result of that review, including consultation with M+C organizations, these instructions implement a streamlined process for M+C organizations to collect and submit data for risk adjustment, balancing burden reduction with improved payment accuracy.

Effective Dates
These instructions are effective for all risk adjustment data submitted for dates of service on or after July 1, 2002. Data from that date forward must be submitted for relevant diagnoses noted during hospital inpatient stays and hospital outpatient and physician visits. M+C organizations may begin submitting data on October 1, 2002 and must meet their first quarterly submission requirement by December 31, 2002. In addition, these instructions provide the guidelines for submitting 2003 reconciliation data for the PIP-DCG model after October 1, 2002.

Reporting
The requirements as described herein shall apply to all M+C organizations, the Program of All-Inclusive Care for the Elderly (PACE) and all active capitated demonstrations except United Mine Workers Association (UMWA) and the Department of Defense (DOD) Tricare. Additional data requirements may be required for demonstrations at the time of their renewal, typically under the "Special Terms and Conditions" section of their waiver.

Provider Type Definitions
The following sections define the provider types from which M+C organizations may submit diagnoses. Any diagnoses received from the provider types as defined may be submitted. For information on the minimum requirements for diagnosis submission, see the data submission instructions below. The provider types and their respective codes are hospital inpatient, which is further subdivided into principal hospital inpatient (01) and other hospital inpatient (02); hospital outpatient (10); and physician (20).

Hospital Inpatient Data
Inpatient hospital data should be differentiated based on whether it is received from within or outside of the M+C organization's provider network. Because the Code of Federal Regulations (CFR) requires that all M+C organization network hospitals have a Medicare provider agreement (see 42CFR422.204(a)3(i)), by extension, a network provider should have a Medicare provider billing number for a hospital inpatient facility. If a facility does not have a hospital inpatient Medicare provider number, the M+C organization

shall not submit diagnoses from that facility as hospital inpatient data. Table 1, at the end of these instructions, gives the list of valid provider number ranges for hospital inpatient facilities. Please note that it is not necessary for M+C organizations to receive the Medicare provider number from the hospital on incoming transactions, i.e., the M+C organization may utilize its own provider identifications system. Regardless of how M+C organizations identify their facilities, M+C organizations must be able to distinguish diagnoses submitted by facilities that qualify as Medicare hospital inpatient facilities from diagnoses submitted by non-qualifying facilities.

For diagnoses received from non-network facilities, the M+C organization should first check whether the hospital is a Medicare-certified hospital inpatient facility. If the provider is a Medicare-certified hospital inpatient facility, the M+C organization should submit the diagnoses from this facility. If the hospital is not Medicare certified but is a Department of Veterans Affairs (VA) or DOD facility, the M+C organization must verify that it is a legitimate inpatient facility by contacting the Customer Service and Support Center (CSSC) prior to submitting data from that facility. If the hospital is not Medicare certified or VA/DOD, the M+C organization should contact CMS to verify that the facility qualifies as a hospital inpatient facility prior to submitting any diagnoses from that facility.

To aid in determining whether or not a provider is a Medicare-certified hospital inpatient facility, the M+C organization may refer to the Medicare provider number. The Medicare provider number has a two-digit state code followed by four digits that identify the type of provider and the specific provider number. Table 1 outlines the number ranges for all facility types that CMS considers to be Medicare hospital inpatient facilities. The XX in the first two positions of every number represents the state code. If the facility's Medicare provider number is unknown, the M+C organization may verify the provider number with the facility's billing department.

Some hospitals also operate Skilled Nursing Facilities (SNFs) as separate components within the hospital or have components with "swing beds" that can be used for either hospital inpatient or SNF stays. M+C organizations shall not submit any diagnoses for stays in the SNF component of a hospital or from swing bed stays when the swing beds were utilized as SNF beds. Stays in both of these circumstances qualify as SNF stays and do not qualify as hospital inpatient stays. If the Medicare provider number is on the incoming transaction from the facility, the M+C organization may distinguish the SNF or SNF swing-bed stays by the presence of a U, W, Y or Z in the third position of the Medicare provider number (e.g., 11U001).

Principal Hospital Inpatient and Other Hospital Inpatient Diagnoses

M+C organizations must differentiate between the principal hospital inpatient diagnosis and all other hospital inpatient diagnoses when coding the provider type on the new risk adjustment transaction. According to the Official ICD-9 CM Guidelines for Coding and Reporting, the principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care". The principal diagnosis as reported by the hospital shall be coded as Provider Type 01, Principal Hospital Inpatient. CMS strongly recommends that M+C organizations continue to collect electronic encounter data or claims from hospital inpatient stays to ensure the proper identification of the principal diagnosis.

The remaining diagnoses from a hospital inpatient stay shall be coded as Provider Type 02, Other Hospital Inpatient. The guidance for coding other conditions appears in Official ICD-9 CM Guidelines for Coding and Reporting, as well as in the section of these instructions titled Coexisting Conditions.

Outpatient Hospital Data

Hospital outpatient data includes any diagnoses from a hospital outpatient department, excluding diagnoses that are derived only from claims or encounters for laboratory services, ambulance, or durable medical equipment, prosthetics, orthotics, and supplies. Hospital outpatient departments include all provider types listed on Table 2 at the end of these instructions. Along with the provider types in the table, Table 2 also lists the valid Medicare provider number ranges for those provider types. The XX in the first two positions of every range represents the state code component of the Medicare provider number.

Because Medicare has multiple number ranges for many provider types, and continuous number ranges feature multiple provider types, a simplified list with the continuous valid Medicare provider number ranges for hospital outpatient facilities is provided in Table 3. CMS has included Federally Qualified Health Centers, Community Mental Health Centers, and Rural Health clinics in the list of outpatient facilities to ensure M+C organizations are allowed to submit complete physician data. These three facility

types utilize a composite bill that covers both the physician and the facility component of the services, and services rendered in these facilities do not result in an independent physician claim.

M+C organizations should determine which providers qualify as hospital outpatient facilities in a similar manner as they determine which providers qualify as hospital inpatient facilities. As with hospital inpatient data, diagnoses collected from network providers are differentiated from diagnoses collected from non-network providers. Because all M+C organization network hospitals must have a provider agreement, all network hospital outpatient facilities must have a Medicare provider number within the range of valid hospital outpatient provider numbers (see Table 3 below). If a facility does not have a hospital outpatient Medicare provider number, the M+C organization shall not submit diagnoses from that facility as hospital outpatient data. It is not necessary that M+C organizations receive the Medicare provider number on incoming risk adjustment transactions, even if the transactions are electronic encounters or claims. However, M+C organizations must be able to distinguish diagnoses submitted by providers that qualify as hospital outpatient facilities from diagnoses submitted by non-qualifying providers.

For diagnoses received from non-network facilities, the M+C organization should first check whether the hospital is a Medicare-certified hospital outpatient facility. If the provider is a Medicare-certified hospital outpatient facility, the M+C organization should submit the diagnoses from this facility. If the hospital is not Medicare certified but is a VA or DOD facility, the M+C organization must verify that it is a legitimate outpatient facility by contacting the CSSC prior to submitting data from that facility. If the hospital is not Medicare certified or VA/DOD, the M+C organization should contact CMS to verify that the facility qualifies as a hospital outpatient facility prior to submitting any diagnoses from that facility.

As with hospital inpatient facilities, if the facility's Medicare provider number is unknown, the M+C organization may verify the provider number by contacting facility's billing department.

Physician Data

For purposes of risk adjustment data, physicians are defined by the specialty list in Table 4. This list includes certain non-physician practitioners, who for purposes of risk adjustment data will be covered under the broad definition of physicians. This list also includes multi-specialty groups and clinics. This inclusion is solely intended to allow M+C organizations to submit data based on claims received from groups and clinics that bill M+C organizations on behalf of individual practitioners covered on the specialty list.

Physician risk adjustment data is defined as diagnoses that are noted as a result of a face-to-face visit by a patient to a physician (as defined above) for medical services. Pathology and radiology services represent the only allowable exceptions to the face-to-face visit requirement, since pathologists do not routinely see patients and radiologists are not required to see patients to perform their services. Medicare fee-for-service coverage and payment rules do not apply to risk adjustment data; therefore, M+C organizations may submit diagnoses noted by a physician even when the services rendered on the visit are not Medicare-covered services. The diagnoses should be coded in accordance with the diagnosis coding guidelines in these instructions.

Data Collection

M+C organizations have several options for collecting data to support the risk adjustment submission. When M+C organizations collect data from providers, they may choose to utilize: 1) the standard claim or encounter formats, 2) a superbill, or 3) the minimum data set, i.e., the format used to report risk adjustment data to CMS.

Standard claim and encounter formats currently include the UB-92, the National Standard Format (NSF), and ANSI X12 837. All M+C organizations that collect electronic fee-for-service claim or no-pay encounters from their provider networks shall utilize the data from these transactions to prepare their risk adjustment data submissions. M+C organizations with capitated or mixed networks may also choose to use an electronic claim or encounter format to collect risk adjustment data from their capitated providers.

When Health Insurance Portability and Accountability Act (HIPAA) transaction standards become mandatory, all electronic claims or encounters sent from providers (physicians and hospitals) to health plans (M+C organizations) will constitute HIPAA-covered transactions. Any M+C organization that utilizes an electronic claim or encounter format for their risk adjustment data collection will need to convert to ANSI X12 837 version 40.10 when HIPAA standards become mandatory.

M+C organizations may elect to utilize a superbill or the minimum data set (HIC, diagnosis, "from date," "through date," and provider type) to collect risk adjustment data. Use of a superbill or the minimum data set to collect diagnoses does not violate HIPAA transaction standards, since neither of these data collection methods constitutes a covered transaction, i.e., these transactions are not claims or encounters. However, any M+C organization that utilizes an electronic claim or encounter to collect diagnoses from their providers shall submit the diagnoses collected on those claims and encounters. M+C organizations shall not utilize a superbill or the minimum risk adjustment data set to obtain diagnoses from providers who submit electronic claims or encounters, except when correcting erroneous diagnoses or supplementing incomplete diagnoses.

Regardless of the method(s) that the M+C organization utilizes to collect data from providers, any M+C organization may utilize any submission method accepted by CMS (UB-92, NSF, ANSI, risk adjustment data format, or direct data entry).

Diagnostic Coding
Medicare utilizes ICD-9-CM as the official diagnosis code set for all lines of business. In accordance with this policy, CMS will utilize ICD-9 diagnosis codes in the determination of risk adjustment factors. M+C organizations must submit for each beneficiary all relevant ICD-9 codes that are utilized in the risk adjustment model. M+C organizations must submit each relevant diagnosis at least once during a risk adjustment data reporting period, with the first period being July 1, 2002 – June 30, 2003. Future risk adjustment data reporting periods will be announced January 15, 2003.

At a minimum, the submitted ICD-9 codes must be sufficiently specific to allow appropriate grouping of the diagnoses in the risk adjustment model. CMS has provided a list of the minimal ICD-9 codes required to group diagnoses for risk adjustment. In all cases, coding to the highest degree of specificity provides the most accurate coding and ensures appropriate grouping in the risk adjustment model. For the complete list of diagnoses used in the risk adjustment model, as well as the list of diagnoses with the minimum specificity required to group for the model, see web links at the end of these instructions.

M+C organizations must apply the following guidelines when collecting data from their provider networks. If the M+C organization utilizes an abbreviated method of collecting diagnoses, such as a superbill, the diagnoses may be coded to the highest level of specificity or to the level of specificity necessary to group the diagnosis appropriately for risk adjusted payments. If the M+C organization collects data using an encounter or claim format, the codes should already be at the highest level of specificity. CMS encourages M+C organizations to utilize the full level of specificity in submitting risk adjustment data. Regardless of the level of specificity of submitted diagnoses, a medical record must substantiate all diagnostic information provided to CMS.

The Official ICD-9 CM Guidelines for Coding and Reporting (see web links at end of instructions) provides guidance on diagnosis coding. This document provides guidelines for hospital inpatient, hospital outpatient and physician services.

ICD-9-CM codes are updated on an annual basis. Physicians and providers must begin using the ICD-9-CM codes as updated in October 2001 for risk adjustment data submitted on or after July 1, 2002. It is very important that physicians and providers use the most recent version of the ICD-9-CM coding book. Failure to use the proper codes will result in diagnoses being rejected in the Risk Adjustment Processing System. Information regarding ICD-9-CM codes is available on the Internet at http://cms.hhs.gov.

Coexisting Conditions
Physicians and providers should use the Official ICD –9-CM Guidelines for Coding and Reporting and Medicare fee-for-service rules when submitting risk adjustment data to M+C organizations. The official guidelines that govern those coexisting conditions that may be coded and reported by hospital inpatient, hospital outpatient and physician providers are summarized below. The guidelines for inpatient hospital stays are as follows:

"…all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded."

The guidelines for coexisting conditions that should be coded for hospital outpatient and physician services are as follows:

"Code all documented conditions that coexist at time of the encounter/visit, and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes (V10-V19) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment."

Physicians and hospital outpatient departments shall not code diagnoses documented as "probable", "suspected", "questionable", "rule out", or "working" diagnosis. Rather, physicians and hospital outpatient departments shall code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

Alternative Data Sources (ADS)
Alternative data sources include diagnostic data from sources other than inpatient hospital, outpatient hospital, and physician services. M+C organizations may use ADS as a check to ensure that all required diagnoses have been submitted to CMS for risk adjustment purposes. Two examples of ADS include pharmacy records and information provided to national or state cancer registries.

Note that M+C organizations may not utilize ADS as an alternative to diagnoses from a provider. If M+C organizations elect to utilize one or more ADS, they must ensure that the diagnosis reported to CMS is recorded in the beneficiary's medical record for the data collection period or that the medical record documents the clinical evidence of that specific diagnosis for the data collection period.

For example, prescription of an ACE inhibitor, alone, would not be considered as sufficient the sole data source of "clinical evidence" of CHF; instead the medical record would need to document an appropriate clinician's diagnosis of congestive heart failure during the data collection period (e.g., where an "appropriate clinician" is a physician/nurse practitioner/physician assistant). A laboratory test showing one reading of high blood sugar would also not be considered to be sufficient "clinical evidence" of diabetes--the medical record would need to document a clinician's diagnosis of diabetes during the data collection period.

Diagnosis Submission
For each enrolled beneficiary, M+C organizations shall submit each relevant diagnosis at least once during a data collection period. A relevant diagnosis is one that meets three criteria:

1) the diagnosis is utilized in the model;
2) the diagnosis was received from one of the three provider types covered by the risk adjustment requirements; and
3) the diagnosis was collected according to the risk adjustment data collection instructions.

M+C organizations may elect to submit a diagnosis more than once during a data collection period for any given beneficiary, as long as that diagnosis was recorded based on a visit to one of the three provider types covered by the risk adjustment data collection requirements. The first data collection period will cover all diagnoses submitted for dates of service from July 1, 2002 through June 30, 2003.

CMS will utilize the ""through date"" of a particular diagnosis when determining the "date of service" for purposes of risk adjustment; i.e., all diagnoses that have a "through date" that falls within the data collection year will be utilized in the risk adjustment model. For hospital inpatient diagnoses, the "through date" should be the date of discharge. All hospital inpatient diagnoses shall have a "through date". For physician and hospital outpatient diagnoses, the "through date" should represent either the

exact date of a patient visit or the last visit date for a series of services. For outpatient and physician diagnoses that correspond to a single date of service, M+C organizations have the option of submitting only the "from date", leaving the "through date" blank. When a M+C organization submits a "from date" and no "through date", the Risk Adjustment Processing System (RAPS) will automatically copy the "from date" into the "through date" field. The returned file, provided to the M+C organization, will contain both a "from date" and "through date" for every diagnosis.

Date Span
Date span is the number of days between the "from date" and "through date" on a diagnosis. For inpatient diagnoses, the "from date" and "through date" should always represent the admission and discharge dates respectively. Therefore, the date span should never be greater than the length of the inpatient stay. For physician and hospital outpatient data, the date span shall not exceed 30 days.

Submission Frequency
M+C organizations shall submit at least once per calendar quarter. Each quarter's submission should represent approximately one quarter of the data that the M+C organization will submit over the course of the year. The amount of records and diagnoses to which this corresponds depends upon the type of submission a M+C organization selects. If a M+C organization elects to use a claim or encounter submission, the ratio of records and diagnoses to enrollees will be much higher than if a M+C organization elects to use a quarterly summary transaction.

CMS will monitor submissions to ensure that all M+C organizations meet the quarterly submission requirements. For M+C organizations that do not receive a regular submission of superbills, claims, or encounter data from their providers, CMS strongly recommends that these organizations request new diagnoses from all network providers on a quarterly basis at a minimum to ensure accurate, complete and timely data submission.

Submission Methods
Data submission to CMS may be accomplished through any of the following methods:

1) full or abbreviated UB-92 Version 6.0;
2) full or abbreviated National Standard Format (NSF) Version 3.1;
3) ANSI X12 837 Version 30.51 (only for those submitters currently utilizing this version);
4) ANSI X12 837 Version 40.10;
5) the new RAPS format; and
6) on-line direct data entry (DDE) available through Palmetto Government Benefits Administrators.

Regardless of the method of submission that a M+C organization selects, all transactions will be subject to the same edits. The Front-End Risk Adjustment System (FERAS) will automatically format all DDE transactions in the RAPS format. Transactions that are submitted in claim or encounter formats will be converted to the RAPS format prior to going through any editing. The mapping from each claim or encounter transaction to the RAPS format is on the CSSC web site at www.mcoservice.com.

Each M+C organization should select the most efficient method for data submission, taking into account the unique nature of its data systems. M+C organizations may elect to utilize more than one submission method. All transactions will be submitted using the same network connectivity that M+C organizations currently utilize for encounter data submission. For assistance in utilizing any of the submission methods, please contact the Customer Service and Support Center (CSSC) at 1-877-534-2772.

Deleting Diagnoses
The RAPS will not perform adjustment processing. In place of the current adjustment process, there will be a diagnosis delete function available that will serve the same purpose. Each diagnosis cluster (diagnosis code, from and "through date"s, and provider type) will be stored separately as a unique cluster associated with a person's HIC number. If a diagnosis was submitted in error and needs to be corrected, the original diagnosis cluster must be resubmitted with a delete indicator in the appropriate field. The correct diagnosis may be sent as a normal transaction. Delete transactions may only be submitted using the RAPS format or the DDE function. When a delete record is received, CMS will maintain the original diagnosis cluster on file and add to it a delete indicator and the date of the deletion.

2003 Hospital Inpatient Data
M+C organizations should submit as much 2003 data as possible through the existing encounter data processing system. 2003 data is defined as hospital inpatient data for dates of discharge from July 1, 2001 though June 30, 2002. Any data submitted on or before September 27, 2002 will be processed through the existing systems and will be reported back to the M+C organizations in the existing report formats. This includes all data that is submitted in September 2002 and finalized in October 2002. Please note that the deadline for submitting data for 2003 risk adjustment is September 6, 2002, and the 2002 reconciliation data submission deadline will be September 27, 2002.

M+C organizations may submit reconciliation data for 2003 after the October 1, 2002 implementation of RAPS. Reconciliation data will be run through the PIP-DCG model. All reconciliation data must be submitted utilizing a full UB-92, the encounter version of the UB-92, or the ANSI X12 837 to ensure the accuracy of the PIP-DCG model. M+C organizations should submit only the 111 or 11Z bill types. The data will be converted at the FERAS into the RAPS format and sent through the normal RAPS processing. The returned report will be in the RAPS format, rather than the encounter data report formats. The transaction will be stored as one set of diagnosis clusters to maintain the integrity of the original transaction.

M+C organizations shall not submit adjustment transactions for 2003 reconciliation data after October 1, 2002. Any data submitted after that date should be submitted as a 111 or 11Z bill type. When M+C organizations need to correct a previously submitted transaction, M+C organizations shall send a new 111 or 11Z with the corrected information. In the same manner as CMS handled the original abbreviated hospital inpatient encounter data, CMS will check the from and "through dates" to identify duplicate inpatient transactions, determine which of the duplicate transactions was submitted most recently, and utilize the most recent transaction for calculating the risk adjustment factor.

Electronic Data Interchange (EDI) Agreements
All M+C organizations should have EDI agreements on file at Palmetto GBA, the front-end recipient of all encounter data. The language in encounter data EDI agreements has been updated to reflect the change from encounter data submission to risk adjustment data submission. All M+C organizations must complete a new EDI agreement prior to submitting to the new system. This change does not in any way change the network connectivity M+C organizations currently utilize, but merely aligns the language in the agreement with the new data rules.

Use of Third Party Submitters
M+C organizations may continue to utilize third-party vendors to submit risk adjustment data. Regardless who submits the data; CMS holds the M+C organization accountable for the content of the submission.

Data Validation
A sample of risk adjustment data used for making payments may be validated against hospital inpatient, hospital outpatient, and physician medical records to ensure the accuracy of medical information. Risk adjustment data will be validated to the extent that the diagnostic information justifies appropriate payment under the risk adjustment model. M+C organizations will be provided with additional information as the process for these reviews is developed.

M+C organizations must submit risk adjustment data that are substantiated by the physician or provider's full medical record. M+C organizations must maintain sufficient information to trace the submitted diagnosis back to the hospital or physician that originally reported the diagnosis. Since M+C organizations may submit summary level transactions without a link to a specific encounter or claim, establishing an appropriate audit trail to the original source of the data requires diligent information management on the part of the M+C organization.

Web Links
The following web links contain information cited within these instructions.

RAPS format, mapping, and edits
www.mcoservice.com

ICD-9-CM Public Use Files
http://cms.hhs.gov/paymentsystems/icd9/default.asp

ICD-9-CM Coding Guidelines
http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm

Diagnosis Codes for Risk Adjustment
http://cms.hhs.gov/healthplans/riskadj/

Table 1: Hospital Inpatient Facility Types Acceptable for Risk Adjustment Data Submission and Associated Valid Medicare Provider Number Ranges

Type of Inpatient Hospital Facility	Number Range
Short-term (General and Specialty) Hospitals	XX0001-XX0899 XXS001-XXS899 XXT001-XXT899
Medical Assistance Facilities/Critical Access Hospitals	XX1225-XX1399
Religious Non-Medical Health Care Institutions (formerly Christian Science Sanatoria)	XX1990-XX1999
Long-term Hospitals	XX2000-XX2299
Rehabilitation Hospitals	XX3025-XX3099
Children's Hospitals	XX3300-XX3399
Psychiatric Hospitals	XX4000-XX4499

Table 2: Facility Types Acceptable for Hospital Outpatient Risk Adjustment Data Submission and Associated Valid Medicare Provider Number Ranges

Type of Outpatient Hospital Facility	Number Range
Short-term (General and Specialty) Hospitals	XX0001-XX0899 XXS001-XXS899 XXT001-XXT899
Medical Assistance Facilities/Critical Access Hospitals	XX1225-XX1399
Community Mental Health Centers	XX1400-XX1499 XX4600-XX4799 XX4900-XX4999
Federally Qualified Health Centers/Religious Non-Medical Health Care Institutions (formerly Christian Science Sanatoria)	XX1800-XX1999
Long-term Hospitals/	XX2000-XX2299
Rehabilitation Hospitals	XX3025-XX3099
Children's Hospitals	XX3300-XX3399
Rural Health Clinic, Freestanding and Provider-Based	XX3400-XX3499 XX3800-XX3999 XX8500-XX8999
Psychiatric Hospitals	XX4000-XX4499

Table 3: Continuous Valid Medicare Provider Number Ranges For Hospital Outpatient Facilities

XX0001-XX0899 (also includes XXS001-XXS899 and XXT001-XXT899)
XX1225-XX1499
XX1800-XX2299
XX3025-XX3099
XX3300-XX3499
XX3800-XX3999
XX4000-XX4499
XX4600-XX4799
XX4900-XX4999
XX8500-XX8999

Table 4: Specialties Acceptable for Physician Risk Adjustment Data Submission and Associated Medicare Specialty Numbers

01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
10	Gastroenterology
11	Internal medicine
12	Osteopathic manipulative therapy
13	Neurology
14	Neurosurgery
16	Obstetrics/gynecology
18	Ophthalmology
19	Oral Surgery (Dentists only)
20	Orthopedic surgery
22	Pathology
24	Plastic and reconstructive surgery
25	Physical medicine and rehabilitation
26	Psychiatry
28	Colorectal surgery
29	Pulmonary disease
30	Diagnostic radiology
33	Thoracic surgery
34	Urology
35	Chiropractic
36	Nuclear medicine
37	Pediatric medicine
38	Geriatric medicine
39	Nephrology
40	Hand surgery
41	Optometry (specifically means optometrist)
42	Certified Nurse Midwife
43	Certified Registered Nurse Anesthetist
44	Infectious disease
46	Endocrinology
48	Podiatry
50	Nurse practitioner
62	Psychologist
64	Audiologist
65	Physical therapist
66	Rheumatology
67	Occupational therapist
68	Clinical psychologist
70	Multispecialty clinic or group practice
76	Peripheral vascular disease
77	Vascular surgery
78	Cardiac surgery
79	Addiction medicine
80	Licensed clinical social worker
81	Critical care (intensivists)
82	Hematology
83	Hematology/oncology
84	Preventative medicine
85	Maxillofacial surgery
86	Neuropsychiatry
89	Certified clinical nurse specialist
90	Medical oncology
91	Surgical oncology
92	Radiation oncology
93	Emergency medicine
94	Interventional radiology
97	Physician assistant
98	Gynecologist/oncologist
99	Unknown physician specialty

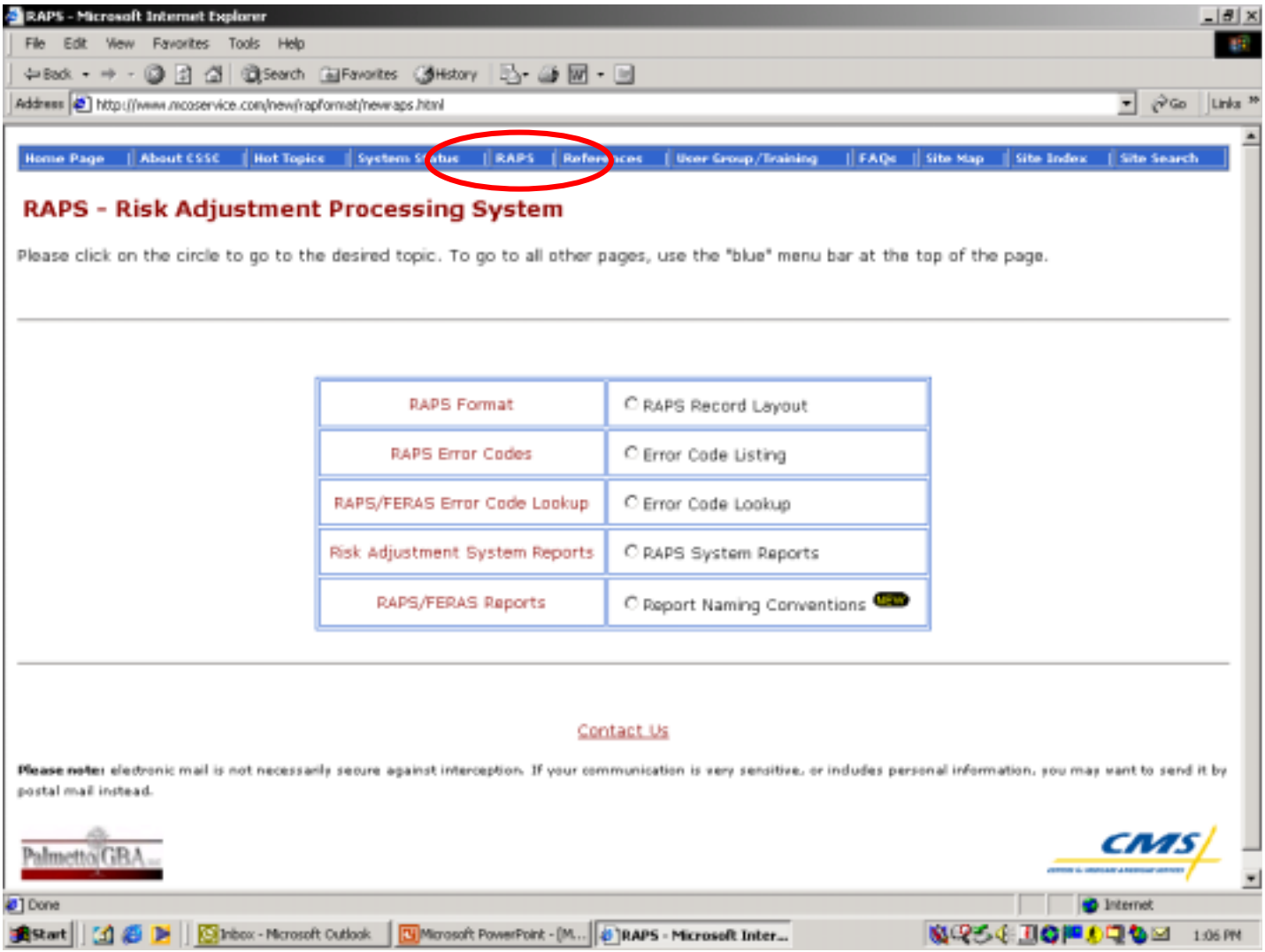
CSSC WEB RESOURCES

WWW.MCOSERVICE.COM

http://www.mcoservice.com

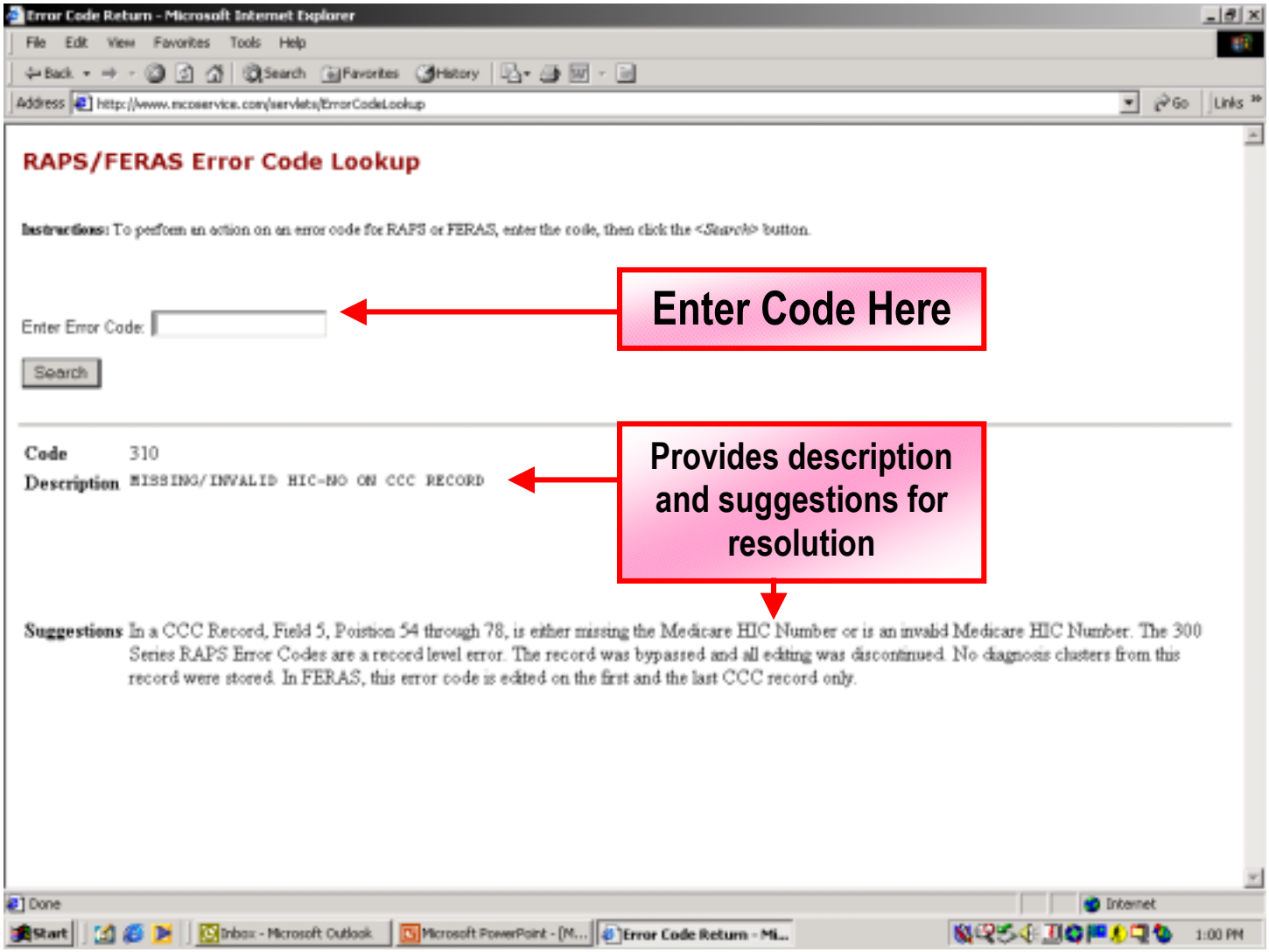
RAPS Resources

http://mcoservice.com/new/rapformat/newraps.html



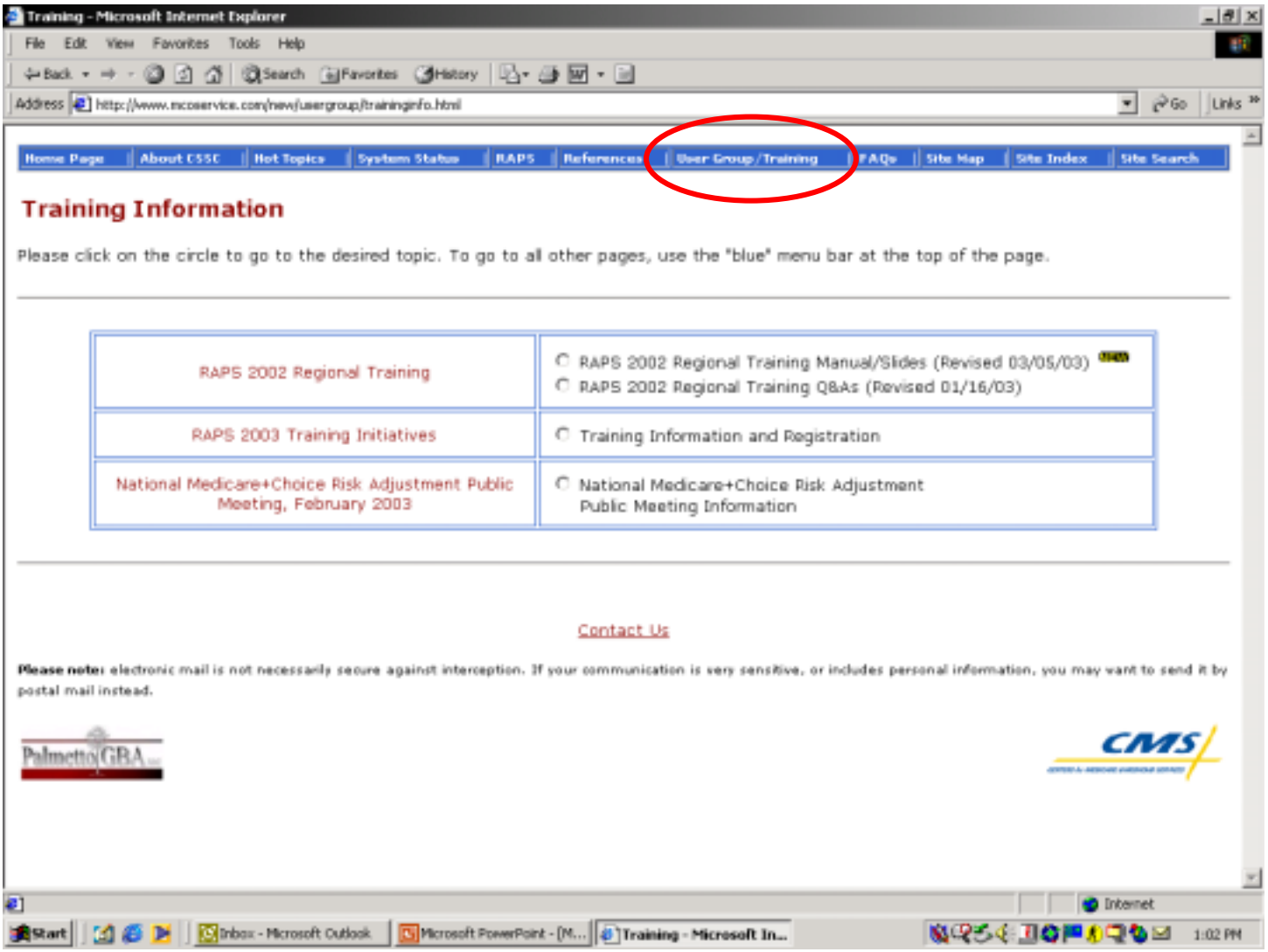
RAPS/FERAS Error Code Lookup

http://www.mcoservice.com/servlets/ErrorCodeLookup



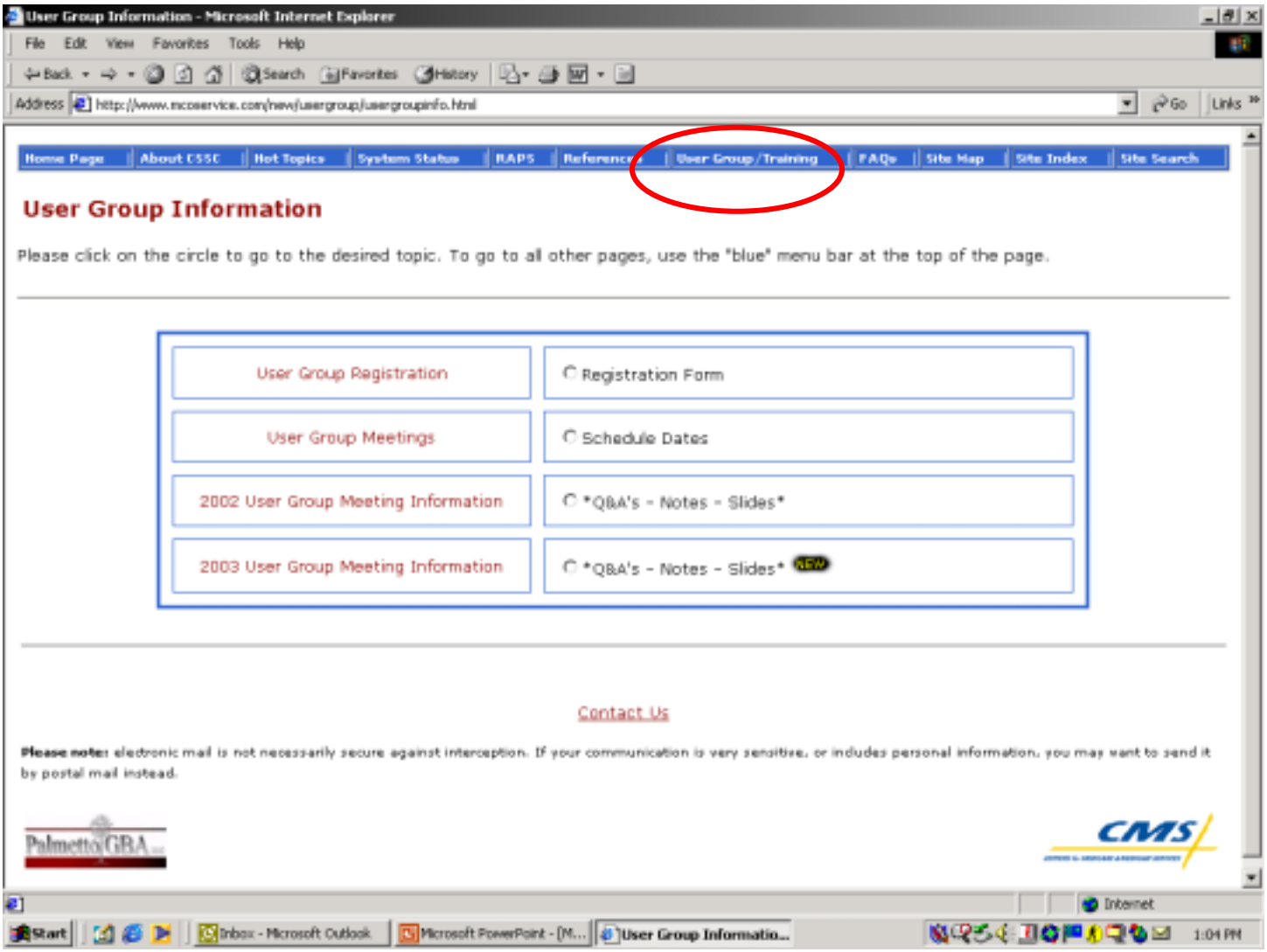
Training Guides and Updates

http://www.mcoservice.com/new/usrgroup/traininginfo.html



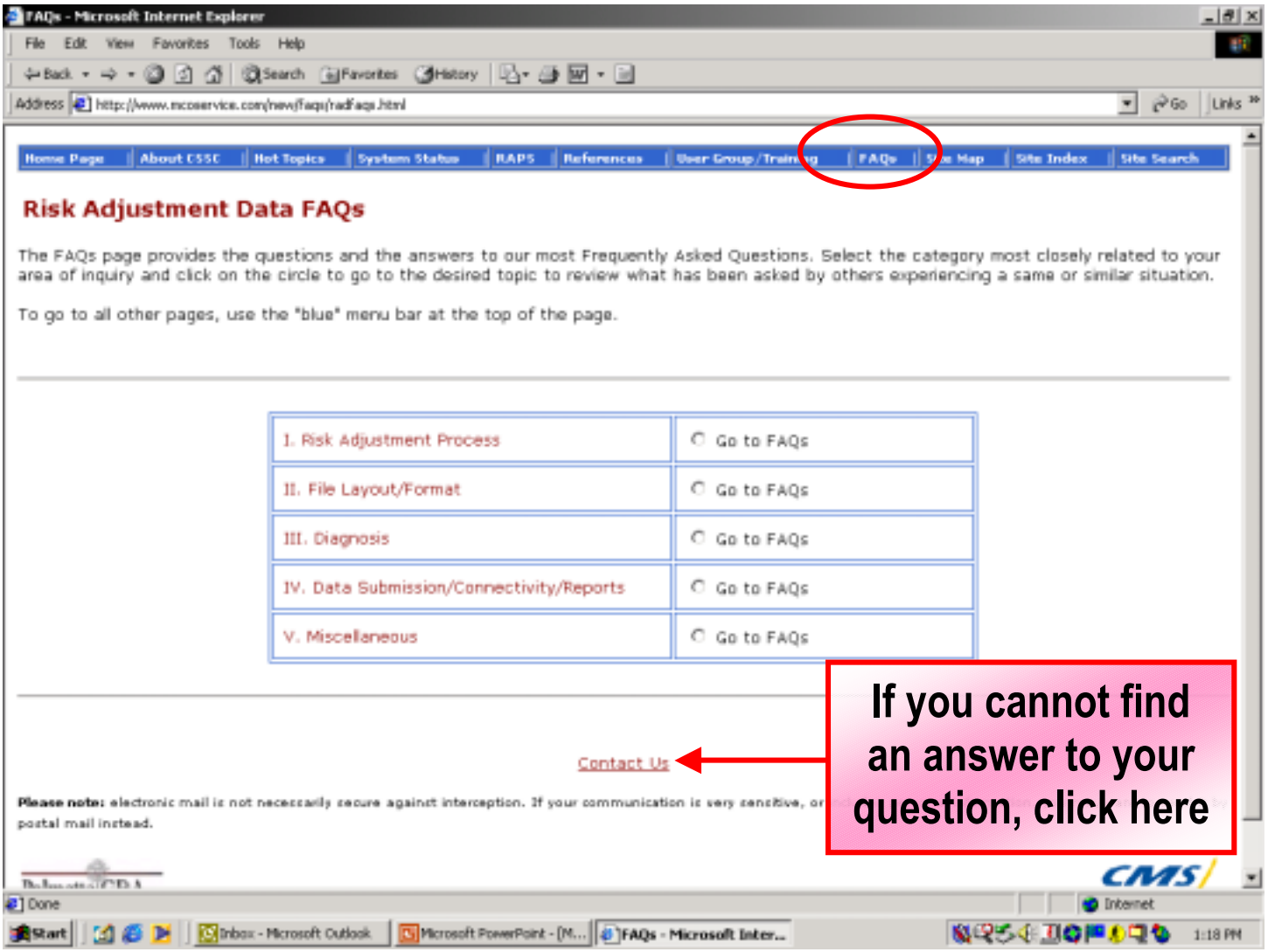
User Group Information

http://www.mcoservice.com/new/usergroup/usergroupinfo.html



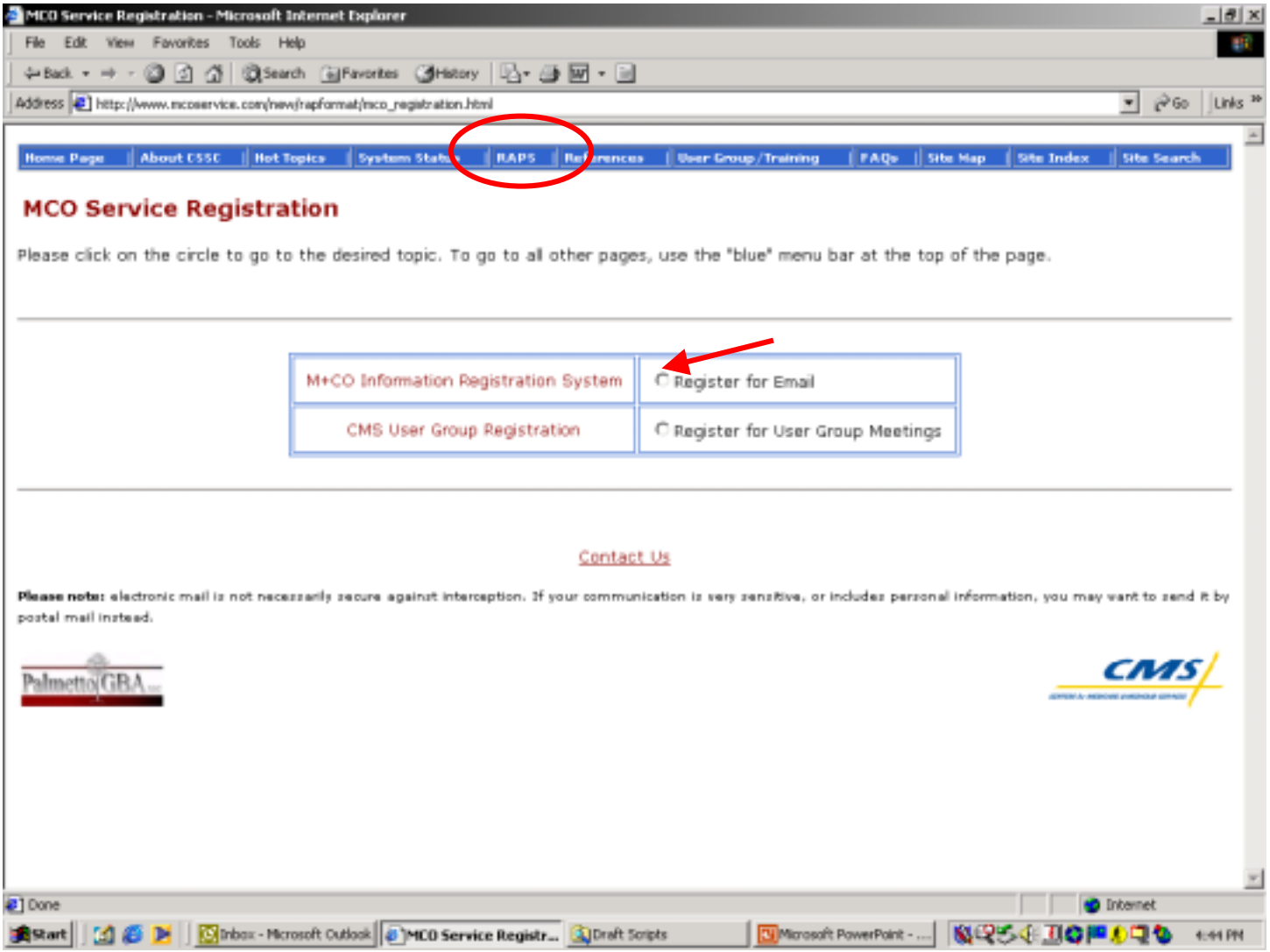
Frequently Asked Questions (FAQs)

http://www.mcoservice.com/new/faqs/radfaqs.html



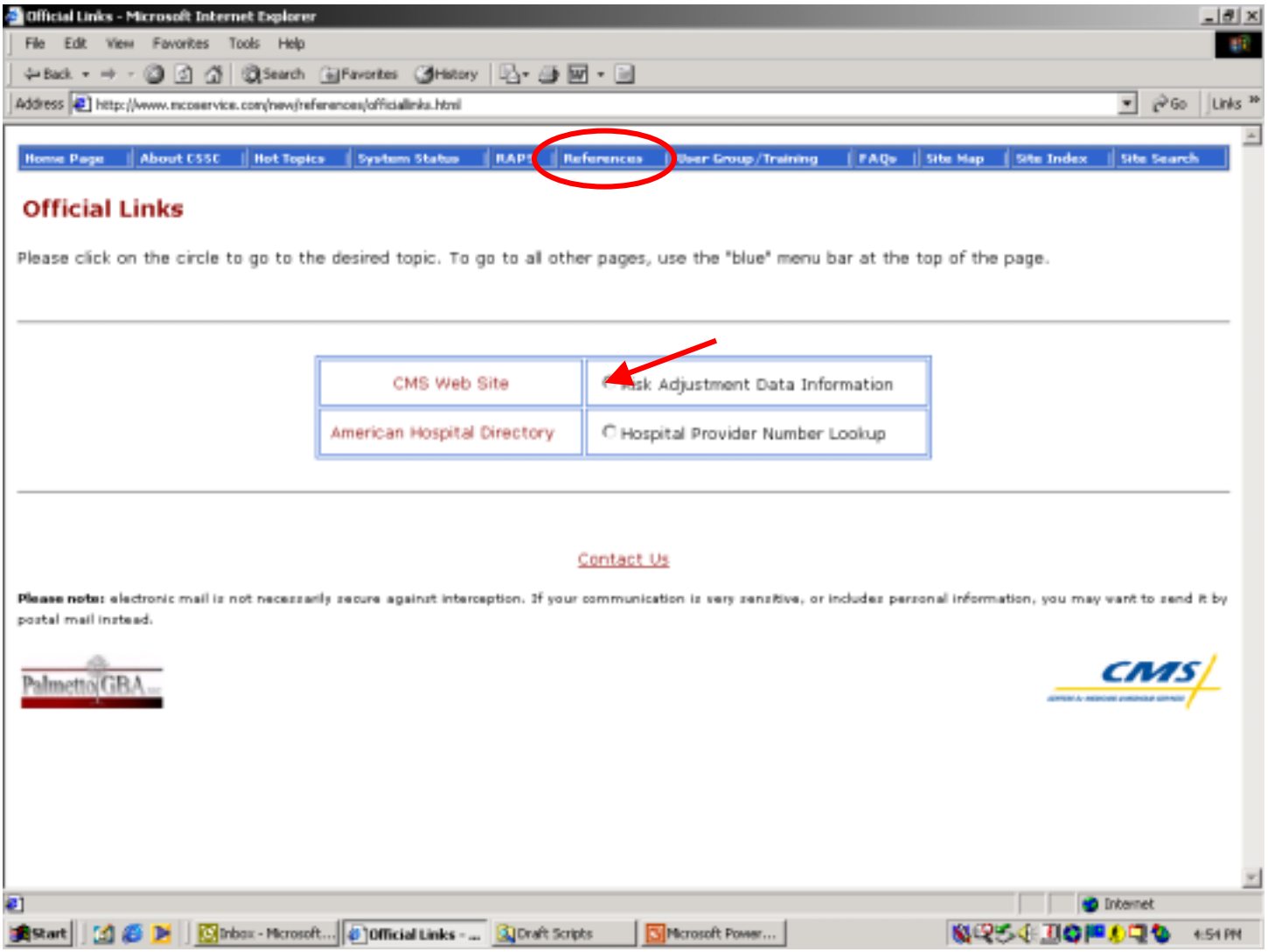
Register for Email Service

http://www.mcoservice.com/new/rapformat/mco_registration.html



Link to CMS Website

http://mcoservice.com/new/references/officiallinks.html



CSSC REFERENCE DOCUMENTS

TO: Managed Care Organizations Submitting Risk Adjustment Data

RE: EDI Enrollment and Submitter Application for Risk Adjustment Data Processing

Welcome to the Customer Service and Support Center (CSSC) for Medicare Managed Care Organizations submitting Risk Adjustment Data. The CSSC and the Front-End Risk Adjustment System (FERAS) look forward to working with you in all aspects of the submission of risk adjustment data.

The following information must be completed and sent to the CSSC for enrollment for the submission of data for Risk Adjustment:

- EDI Agreement for Risk Adjustment Data collection
- Submitter Application
- Risk Adjustment NDM Specifications (For NDM users only)

Please note the following for submitting Risk Adjustment Data:

- A CMS Risk Adjustment Data EDI Agreement must be completed by each submitter and on file with CSSC, prior to submitting Risk Adjustment Data. The agreement must be signed by an authorized agent of the organization and returned to CSSC Operations at the address provided.

- **Use of Third Party Submitters:** If the submitter will be an entity other than an M+C organization, the Submitter must complete the Submitter ID Application form and the M+C organization must complete the EDI Agreement. This EDI Agreement must be completed, signed and returned for each Plan number submitting data. Regardless who submits the data, CMS holds the M+C organization accountable for the content of the submission.

- A Submitter ID (SHnnnn) will be assigned to you by the CSSC and will remain effective for ongoing submission of risk adjustment data. This is the unique ID assigned to the Plan or entity that will submit data and retrieve reports. Please complete the Submitter Application return it to CSSC Operations with the completed EDI Agreement.

- You will be submitting all Risk Adjustment Data to the FERAS. Data may be submitted in one of the following formats, RAPS format, UB92, NSF and/or ANSI. All data submitted to the front-end will be sent to the Risk Adjustment Processing System (RAPS) in the risk adjustment data layout.

- If you are submitting the UB92, NSF or ANSI file format, it will be necessary to identify to the front-end the data is being submitted for translation to the RAPS format using the appropriate receiver ID as designated below:

  - UB 92 - Institutional Data - 80884 (RT01-6)
  - NSF - Professional Data - 80883 (AA0-17.0)
  - ANSI 4010 Institutional (80884) and Professional (80883) - ISA08, GS03, NM109 1000B

- Datasets are required to be set up for NDM users. The Risk Adjustment NDM Specifications should be completed and returned to the CSSC with the Submitter Application and the EDI Agreement.

- Technical Specifications are available based on the communication medium that is currently in use. NDM instructions and the FERAS User Guide are available on the mcoservice.com web site. Testing instructions for each medium are included within the document.

- On-Line transaction data entry is available through the secure MDCN FERAS web site. This option allows the user to key risk adjustment data directly into the front-end, creating the file for direct data submission.

- Reports are returned on all data submitted. The following report files are available for data submitted:

  - Response report generated by FERAS - per file submission
    - FERAS Response Report - RSP#####.RSP.FERAS_RESP

  - RAPS – CMS generated reports per file submission
    - RAPS Return File – RPT#####.RPT.RAPS_RETURN_FLAT
    - RAPS Error Report – RPT#####.RPT.RAPS_ERROR_RPT
    - RAPS Transaction Summary Report – RPT#####.RPT.RAPS_SUMMARY

  - RAPS - CMS generated reports monthly
    - RAPS Monthly Plan Activity Report – RPT#####.RPT.RAPS_MONTHLY
    - RAPS Cumulative Plan Activity Report – RPT#####.RPT.RAPS_CUMULATIVE

All reference material is available on the **www.mcoservice.com** web site. We encourage you to visit the site and register for e-mail notification of all updates. Please contact the CSSC Help Line with any questions regarding the information provided.

CSSC Operations
PO Box 100275, AG 570
Columbia, SC 29202-3275
1-877-534-CSSC
www.mcoservice.com
FAX: 1-803-935-0171

Medicare+Choice Organization
Electronic Data Interchange Enrollment Form

MANAGED CARE ELECTRONIC DATA INTERCHANGE (EDI) ENROLLMENT FORM

ONLY for the Collection of Risk Adjustment Data and/or
With Medicare+Choice Eligible Organizations

The eligible organization agrees to the following provisions for submitting Medicare risk adjustment data electronically to The Centers for Medicare & Medicaid Services (CMS) or to CMS's contractors.

A. The Eligible Organization Agrees:

1. That it will be responsible for all Medicare risk adjustment data submitted to CMS by itself, its employees, or its agents.

2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law.

3. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
   - Beneficiary's name,
   - Beneficiary's health insurance claim number,
   - Date(s) of service,
   - Diagnosis/nature of illness

4. That the Secretary of Health and Human Services or his/her designee and/or the contractor has the right to audit and confirm information submitted by the eligible organization and shall have access to all original source documents and medical records related to the eligible organization's submissions, including the beneficiary's authorization and signature.

5. Based on best knowledge, information, and belief, that it will submit risk adjustment data that are accurate, complete, and truthful.

6. That it will retain all original source documentation and medical records pertaining to any such particular Medicare risk adjustment data for a period of at least 6 years, 3 months after the risk adjustment data is received and processed.

7. That it will affix the CMS-assigned unique identifier number of the eligible organization on each risk adjustment data electronically transmitted to the contractor.

8. That the CMS-assigned unique identifier number constitutes the eligible organization's legal electronic signature.

9. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.

10. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its contractor, shall not be used by agents, officers, or employees of the billing service except as provided by the contractor (in accordance with §1106(a) of the Act).

11. That it will research and correct risk adjustment data discrepancies.

12. That it will notify the contractor or CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form.

B. The Centers for Medicare & Medicaid Services Agrees To:

1. Transmit to the eligible organization an acknowledgment of risk adjustment data receipt.

2. Affix the intermediary/carrier number, as its electronic signature, on each response/report sent to the eligible organization.

3. Ensure that no contractor may require the eligible organization to purchase any or all electronic services from the contractor or from any subsidiary of the contractor or from any company for which the contractor has an interest.

4. The contractor will make alternative means available to any electronic biller to obtain such services.

5. Ensure that all Medicare electronic transmitters have equal access to any services that CMS requires Medicare contractors to make available to eligible organizations or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the contractor sells directly, indirectly, or by arrangement.

6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

NOTICE:

Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document.

This document shall become effective when signed by the eligible organization. The responsibilities and obligations contained in this document will remain in effect as long as Medicare risk adjustment data are submitted to CMS or the contractor. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

Signature:

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Eligible Organization's

Name: _____

Title: _____

Address: _____

_____

City/State/ZIP: _____

By: _____

Title: _____ Date: _____

cc: Regional Offices

Please retain a copy of all forms submitted for your records.
Complete and mail this form with original signature to:

M+CO EDI Enrollment
P.O. Box 100275, AG-570
Columbia, SC 29202-3275

CSSC Risk Adjustment Data Submitter Application

Plan Number (Hnnnn): _____
Plan Name: _____
Address: _____
Fax Number : _____
Operations Contact Person: _____
E-Mail address: _____
Phone Number: _____
Technical Contact Person: _____
E-Mail address: _____
Phone Number: _____

What format do you plan to use to submit Risk Adjustment Data?

- ☐ RAPS Format
- ☐ M+CO NSF Format
- ☐ UB 92 version 6.0
- ☐ ANSI 837 4010

What Connection Type is established via the Medicare Data Communications Network (MDCN)?

Lease Line _____
IP _____
NDM _____
Dial up / Modem _____

Please list any additional Plan numbers your organization will submit data for:

Plan _____ Plan _____ Plan_____
Plan _____ Plan _____ Plan_____
Plan _____ Plan _____ Plan_____

Please return the completed submitter application, EDI Agreement and NDM specifications to CSSC Operations at the address below.

1-877-534-CSSC
www.mcoservice.com
FAX: 1-803-935-0171

Risk Adjustment NDM Specifications

The NDM Node connection is defined as follows:

NET ID: SCA
NODE ID: A70NDM.MC

APPLID: A70NDMMC

AGNS ID: PGBA

PLEASE ENTER YOUR NDM INFORMATION (Required):

NET ID: _____
NODE ID: _____

APPLID: _____

AGNS ID: _____

Your NDM User ID and password (if datasets are racf protected)

User ID: _____

Password: _____

RAPS Transaction Submission

DSN: **MAB.PROD.NDM.RAPS.PROD.submitter id(+1)**

DISP: (NEW,CATLG,DELETE)
UNIT: SYSDG
SPACE: (CYL,(75,10),RLSE)
DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

Note: For testing, use **MAB.PROD.NDM.RAPS.TEST. submitter id(+1)**

Please note that the test/prod indicator in the file, AAA 6, must also indicate "TEST" or "PROD", depending on the type of file being submitted.

Report Retrieval for RAPS Reports

Create the datasets and provide the dataset names below for the RAPS report formats. We will return reports to you in the DSNs identified below. These datasets need to be GDGs to allow multiple files to be sent without manual intervention or overwriting of existing files. The following reports will be returned with each submission.

Front End (FERAS) Response Report
Frequency: Daily
Report **DSN**:_____
DCB=(DSORG=PS,LRECL=133,RECFM=FB,BLKSIZE=27930)

RAPS Return File
Frequency: Daily
Flat **DSN**:_____
DCB=(DSORG=PS,LRECL=512,RECFM=FB,BLKSIZE=27648)

RAPS Error Report
Frequency: Daily
Report **DSN**:_____
DCB=(DSORG=PS,LRECL=133,RECFM=FB,BLKSIZE=27930)

RAPS Transaction Summary Report
Frequency: Weekly
Report **DSN**:_____
DCB=(DSORG=PS,LRECL=133,RECFM=FB,BLKSIZE=27930)

The reports below will be sent on a monthly basis, regardless of submissions.

RAPS Monthly Summary Report
Frequency: Daily
Report **DSN**:_____
DCB=(DSORG=PS,LRECL=133,RECFM=FB,BLKSIZE=27930)

RAPS Monthly Cumulative Report
Frequency: Daily
Report **DSN**:_____
DCB=(DSORG=PS,LRECL=133,RECFM=FB,BLKSIZE=27930)

NOTE: If you submit the UB92, NSF or ANSI file format, you may submit to the DSNs below. However, with these file formats it is necessary to identify to the front-end the data is being submitted for translation to the RAPS format and data for risk adjustment processing by using the appropriate receiver ID as designated below:

Institutional Data, UB 92– 80884 (RT01-6)
Professional Data, NSF– 80883 (AA0-17.0)
Institutional (80884) and Professional (80883)ANSI 4010 –ISA08, GS03, NM109 1000B

NSF Format Submission

DSN: **MAB.PROD.NDM.EDS.CLM.NSF.submitter id(+1)**
DISP: (NEW,CATLG,DELETE)
UNIT: SYSDG
SPACE: (CYL,(75,10),RLSE)
DCB: (RECFM=FB,LRECL=320,BLKSIZE=27840)
Note: For testing, use **MAB.PROD.NDM.EDS.TCLM.NSF. submitter id(+1)**

UB92 Format Submission

DSN: **MAB.PROD.NDM.EDS.CLM.UBF.submitter id(+1)**
DISP: (NEW,CATLG,DELETE)
UNIT: SYSDG
SPACE: (CYL,(75,10),RLSE)
DCB: (RECFM=FB,LRECL=192,BLKSIZE=27840)

Note: For testing, use DSN= MAB.PROD.NDM.EDS.TCLM.UBF. submitter id(+1)

837 Format Submission

DSN: **MAB.PROD.NDM.EDS.CLMA.UBF.submitter (+1)**
DISP: (NEW,CATLG,DELETE)
UNIT: SYSDG
SPACE: (CYL,(75,10),RLSE)
DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)
Note: For testing, use **MAB.PROD.NDM.EDS.TCLMA.UBF.submitter (+1)**

DSN: **MAB.PROD.NDM.EDS.CLMA.NSF.submitter (+1)**
DISP: (NEW,CATLG,DELETE)
UNIT: SYSDG
SPACE: (CYL,(75,10),RLSE)
DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)

Note: For testing, use **MAB.PROD.NDM.EDS.TCLMA.NSF.submitter (+1)**

Please note that the test/prod indicator in the file must match the DSN.

RISK ADJUSTMENT
PROCESSING SYSTEM CROSSWALKS

ANSI-NSF 3051

RISK ADJUSTMENT PROCESSING SYSTEM						
ANSI X12 3051B CROSSWALK						
RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION	ANSI POSITION NUMBER	ANSI SEGMENT ID
AAA	1.0	RECORD-ID	X(3)	1 - 3		
AAA	2.0	SUBMITTER-ID	X(6)	4 - 9	1-020	NM109
AAA	3.0	FILE-ID	X(10)	10 - 19	1 010	BGN02
AAA	4.0	TRANS-DATE	9(8)	20 - 27		**BGN03**
AAA	5.0	PROD-TEST-IND	X(4)	28 - 31	0 010	ISA15
BBB	1.0	RECORD-ID	X(3)	1 - 3		
BBB	2.0	SEQ-NO	9(7)	4 - 10		
BBB	3.0	PLAN-NO	X(5)	11 - 15	2 005	PRV03 (BI, 1C/ZZ)
CCC	1.0	RECORD-ID	X(3)	1 - 3		
CCC	2.0	SEQ-NO	9(7)	4 - 10		
CCC	3.0	SEQ-ERROR-CODE	X(3)	11 - 13		
CCC	4.0	PATIENT-CONTROL-NO	X(40)	14 - 53	2 130	CLM01
CCC	5.0	HIC-NO	X(25)	54 - 78	2 325.B 2 095	NM109 (C1) NM109 (HN)
CCC	6.0	HIC-ERROR-CODE	X(3)	79 - 81		
CCC	7.0	PATIENT-DOB	9(8)	82 - 89	2 115	DMG02 (D8)
CCC	8.0	DOB-ERROR-CODE	X(3)	90 - 92		
CCC	9.0	DIAGNOSIS-CLUSTER (occurs 10 times)		(93 - 412)		
CCC	9.1	PROVIDER-TYPE	X(2)	93 - 94		
CCC	9.2	FROM-DATE	9(8)	95 - 102	2 455.A	DTP03 (472)
CCC	9.3	THRU-DATE	9(8)	103 - 110	2 455.A	DTP03 (472)
CCC	9.4	DELETE-IND	X(1)	111		
CCC	9.5	DIAGNOSIS-CODE	X(5)	112 - 116	2 231	HI01.02(BR) HI02.02-HI04.02(BQ)
CCC	9.6	DC-FILLER	X(2)	117 - 118		
CCC	9.7	DIAG-CLUSTER-ERROR-1	X(3)	119 - 121		
CCC	9.8	DIAG-CLUSTER-ERROR-2	X(3)	122 - 124		
YYY	1.0	RECORD-ID	X(3)	1 - 3		
YYY	2.0	SEQ-NO	9(7)	4 - 10		
YYY	3.0	PLAN-NO	X(5)	11 - 15	2 005	PRV03 (BI, 1C/ZZ)
YYY	4.0	CCC-RECORD-TOTAL	9(7)	16 - 22		
ZZZ	1.0	RECORD-ID	X(3)	1 - 3		
ZZZ	2.0	SUBMITTER-ID	X(6)	11 - 16	1 020	NM109 (94)
ZZZ	3.0	FILE-ID	X(10)	10 - 19	1 010	BGN02
ZZZ	4.0	BBB-RECORD-TOTAL	9(7)	20 - 26		

ANSI-NSF 4010

RISK ADJUSTMENT PROCESSING SYSTEM						
ANSI X12 4010B CROSSWALK						
RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION	ANSI POSITION NUMBER	ANSI SEGMENT ID
AAA	1.0	RECORD-ID	X(3)	1 - 3		
AAA	2.0	SUBMITTER-ID	X(6)	4 - 9	1 020	NM101 (41), NM109
AAA	3.0	FILE-ID	X(10)	10 - 19	1 010	BHT03
AAA	4.0	TRANS-DATE	9(8)	20 - 27		BHT04
AAA	5.0	PROD-TEST-IND	X(4)	28 - 31	0 010	ISA15
BBB	1.0	RECORD-ID	X(3)	1 - 3		
BBB	2.0	SEQ-NO	9(7)	4 - 10		
BBB	3.0	PLAN-NO	X(5)	11 - 15	2 035 2 015	REF02 NM109 (85,87)
CCC	1.0	RECORD-ID	X(3)	1 - 3		
CCC	2.0	SEQ-NO	9(7)	4 - 10		
CCC	3.0	SEQ-ERROR-CODE	X(3)	11 - 13		
CCC	4.0	PATIENT-CONTROL-NO	X(40)	14 - 53	2 130	CLM01
CCC	5.0	HIC-NO	X(25)	54 - 78	2 015 2 325	NM109 (C1) NM109 (C1)
CCC	6.0	HIC-ERROR-CODE	X(3)	79 - 81		
CCC	7.0	PATIENT-DOB	9(8)	82 - 89	2 032	DMG02
CCC	8.0	DOB-ERROR-CODE	X(3)	90 - 92		
CCC	9.0	DIAGNOSIS-CLUSTER (occurs 10 times)		(93 - 412)		
CCC	9.1	PROVIDER-TYPE	X(2)	93 - 94		
CCC	9.2	FROM-DATE	9(8)	95 - 102	2 455	DTP03 (472)
CCC	9.3	THRU-DATE	9(8)	103 - 110	2 455	DTP03 (472)
CCC	9.4	DELETE-IND	X(1)	111		
CCC	9.5	DIAGNOSIS-CODE	X(5)	112 - 116	2 231	HI01.02(BK) HI01.02(BF)
CCC	9.6	DC-FILLER	X(2)	117 - 118		
CCC	9.7	DIAG-CLUSTER-ERROR-1	X(3)	119 - 121		
CCC	9.8	DIAG-CLUSTER-ERROR-2	X(3)	122 - 124		
YYY	1.0	RECORD-ID	X(3)	1 - 3		
YYY	2.0	SEQ-NO	9(7)	4 - 10		
YYY	3.0	PLAN-NO	X(5)	11 - 15	2 035 2 015	REF02 NM109 (85,87)
YYY	4.0	CCC-RECORD-TOTAL	9(7)	16 - 22		
ZZZ	1.0	RECORD-ID	X(3)	1 - 3		
ZZZ	2.0	SUBMITTER-ID	X(6)	4 - 9	1 020	NM101 (41), NM109
ZZZ	3.0	FILE-ID	X(10)	10 - 19	1 010	BHT03
ZZZ	4.0	BBB-RECORD-TOTAL	9(7)	20 - 26		

ANSI UB92v3051

RISK ADJUSTMENT PROCESSING SYSTEM						
ANSI X12 3051A CROSSWALK						
RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION	ANSI POSITION NUMBER	ANSI SEGMENT ID
AAA	1.0	RECORD-ID	X(3)	1 - 3		
AAA	2.0	SUBMITTER-ID	X(6)	4 - 9	1 020	NM101(41) NM109, ISA06, GS02
AAA	3.0	FILE-ID	X(10)	10 - 19	1 010	BGN02
AAA	4.0	TRANS-DATE	9(8)	20 - 27	1 010	BNG03, GS04
AAA	5.0	PROD-TEST-IND	X(4)	28 - 31		ISA15
BBB	1.0	RECORD-ID	X(3)	1 - 3		
BBB	2.0	SEQ-NO	9(7)	4 - 10		3.0
BBB	3.0	PLAN-NO	X(5)	11 - 15	2 235.E	NM101(PR) NM109
CCC	1.0	RECORD-ID	X(3)	1 - 3		
CCC	2.0	SEQ-NO	9(7)	4 - 10		
CCC	3.0	SEQ-ERROR-CODE	X(3)	11 - 13		
CCC	4.0	PATIENT-CONTROL-NO	X(40)	14 - 53	1 130	CLM01
CCC	5.0	HIC-NO	X(25)	54 - 78	2 095 2 325.B	NM101(QC) NM109
CCC	6.0	HIC-ERROR-CODE	X(3)	79 - 81		
CCC	7.0	PATIENT-DOB	9(8)	82 - 89	2 115	DMG02
CCC	8.0	DOB-ERROR-CODE	X(3)	90 - 92		
CCC	9.0	DIAGNOSIS-CLUSTER (occurs 10 times)		(93 - 412)		
CCC	9.1	PROVIDER-TYPE	X(2)	93 - 94		
CCC	9.2	FROM-DATE	9(8)	95 - 102	2 135.A	DTP01(232) DTP03
CCC	9.3	THRU-DATE	9(8)	103 - 110	2 135.A	DTP01(233) DTP03
CCC	9.4	DELETE-IND	X(1)	111		
CCC	9.5	DIAGNOSIS-CODE	X(5)	112 - 116	2 225.A	HI01(BJ) HI02(BK) HI03-HI10(BF)
CCC	9.6	DC-FILLER	X(2)	117 - 118		
CCC	9.7	DIAG-CLUSTER-ERROR-1	X(3)	119 - 121		
CCC	9.8	DIAG-CLUSTER-ERROR-2	X(3)	122 - 124		
YYY	1.0	RECORD-ID	X(3)	1 - 3		
YYY	2.0	SEQ-NO	9(7)	4 - 10		
YYY	3.0	PLAN-NO	X(5)	11 - 15	2 325.E	NM101(PR) NM109
YYY	4.0	CCC-RECORD-TOTAL	9(7)	16 - 22		
ZZZ	1.0	RECORD-ID	X(3)	1 - 3		
ZZZ	2.0	SUBMITTER-ID	X(6)	4 - 9	1 020	NM101(41) NM109, ISA06, GS02
ZZZ	3.0	FILE-ID	X(10)	10 - 19	1 010	BGN02
ZZZ	4.0	BBB-RECORD-TOTAL	9(7)	20 - 26		

RAPS-NSF-030402

FRONT END RISK ADJUSTMENT SYSTEM									
NSF FORMAT TO RISK ADJUSTMENT FILE FORMAT									
RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION	RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION
AAA	1.0	RECORD-ID	X(3)	1 - 3	AA0	1.0	RECORD-ID	X(3)	1 - 3
AAA	2.0	SUBMITTER-ID	X(6)	4 - 9	AA0	2.0	SUBMITTER-ID (SHnnnn)	X(16)	4 - 19
AAA	3.0	FILE-ID	X(10)	10 - 19	AA0	5.0	SUBMISSION-NUMBER	9(6)	35 - 40
AAA	4.0	TRANS-DATE	9(8)	20 - 27					
AAA	5.0	PROD-TEST-IND	X(4)	28 - 31	AA0	21.0	TEST/PRODUCTION INDICATOR	X(4)	254 - 257
BBB	1.0	RECORD-ID	X(3)	1 - 3	BA0	1.0	RECORD-ID	X(3)	1 - 3
BBB	2.0	SEQ-NO	9(7)	4 - 10					
BBB	3.0	PLAN-NO	X(5)	11 - 15	BA0	9.0	PLAN NUMBER	X(15)	48 - 62
CCC	1.0	RECORD-ID	X(3)	1 - 3	CA0	1.0	RECORD-ID	X(3)	1 - 3
CCC	2.0	SEQ-NO	9(7)	4 - 10					
CCC	3.0	SEQ-ERROR-CODE	X(3)	11 - 13					
CCC	4.0	PATIENT-CONTROL-NO	X(40)	14 - 53	CA0	3.0	PATIENT CONTROL NUMBER	X(17)	6 - 22
CCC	5.0	HIC-NO	X(25)	54 - 78	DA0	18.0	MEDICARE NUMBER (HICN)	X(25)	157 - 181
CCC	6.0	HIC-ERROR-CODE	X(3)	79 - 81					
CCC	7.0	PATIENT-DOB	9(8)	82 - 89	CA0	8.0	PATIENT DATE OF BIRTH	X(8)	59 - 66
CCC	8.0	DOB-ERROR-CODE	X(3)	90 - 92					
CCC	9.0	DIAGNOSIS-CLUSTER (occurs 10 times)		(93 - 412)					
CCC	9.1	PROVIDER-TYPE	X(2)	93 - 94					
CCC	9.2	FROM-DATE	9(8)	95 - 102	FA0	5.0	SERVICE FROM DATE	9(8)	40 - 47
CCC	9.3	THRU-DATE	9(8)	103 - 110	FA0	6.0	SERVICE TO DATE	9(8)	48 - 55
CCC	9.4	DELETE-IND	X(1)	111					
CCC	9.5	DIAGNOSIS-CODE	X(5)	112 - 116	EA0	32.0-35.0	DIAGNOSIS CODE 1 THRU 4	X(5)	179 - 198
CCC	9.6	DC-FILLER	X(2)	117 - 118					
CCC	9.7	DIAG-CLUSTER-ERROR-1	X(3)	119 - 121					
CCC	9.8	DIAG-CLUSTER-ERROR-2	X(3)	122 - 124					
YYY	1.0	RECORD-ID	X(3)	1 - 3	YA0	1.0	RECORD-ID	X(3)	1 - 3
YYY	2.0	SEQ-NO	9(7)	4 - 10					
YYY	3.0	PLAN-NO	X(5)	11 - 15	BA0	9.0	PLAN NUMBER (Hnnnn)	X(15)	48 - 62
YYY	4.0	CCC-RECORD-TOTAL	9(7)	16 - 22	YA0	10.0	BATCH CLAIM COUNT	9(7)	61 - 67
ZZZ	1.0	RECORD-ID	X(3)	1 - 3	ZA0	1.0	RECORD-ID	X(3)	1 - 3
ZZZ	2.0	SUBMITTER-ID	X(6)	4 - 9	ZA0	2.0	SUBMITTER ID (SHnnnn)	X(16)	4 - 19
ZZZ	3.0	FILE-ID	X(10)	10 - 19	AA0	5.0	SUBMISSION-NUMBER	9(6)	35 - 40
ZZZ	4.0	BBB-RECORD-TOTAL	9(7)	17 - 23	ZA0	8.0	BATCH COUNT	9(4)	66 - 69

RAPS-UBF-030402

FRONT END RISK ADJUSTMENT SYSTEM									
UB-92 FORMAT TO RISK ADJUSTMENT FILE FORMAT									
RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION	RECORD TYPE	FIELD NO	FIELD NAME	FIELD LENGTH	POSITION
AAA	1.0	RECORD-ID	X(3)	1 - 3					
AAA	2.0	SUBMITTER-ID	X(6)	4 - 9	01	2.0	SUBMITTER ID (SHnnnn)	X(10)	3 - 10
AAA	3.0	FILE-ID	X(10)	10 - 19	01	17.2	FILE SEQUENCE NUMBER	X(6)	137 - 142
AAA	4.0	TRANS-DATE	9(8)	20 - 27	01	20.0	PROCESSING DATE	9(8)	155 - 162
AAA	5.0	PROD-TEST-IND	X(4)	28 - 31	01	18.0	TEST/PROD INDICATOR	X(4)	143 - 146
BBB	1.0	RECORD-ID	X(3)	1 - 3					
BBB	2.0	SEQ-NO	9(7)	4 - 10	10	3.0	BATCH NUMBER	X(2)	6 - 7
BBB	3.0	PLAN-NO	X(5)	11 - 15	31	15.0	CONTRACTOR NUMBER	X(5)	178 - 182
CCC	1.0	RECORD-ID	X(3)	1 - 3					
CCC	2.0	SEQ-NO	9(7)	4 - 10					
CCC	3.0	SEQ-ERROR-CODE	X(3)	11 - 13					
CCC	4.0	PATIENT-CONTROL-NO	X(40)	14 - 53	20	3.0	PATIENT CONTROL NUMBER	X(20)	5 - 25
CCC	5.0	HIC-NO	X(25)	54 - 78	30	7.0	HICN	X(19)	35 - 53
CCC	6.0	HIC-ERROR-CODE	X(3)	79 - 81					
CCC	7.0	PATIENT-DOB	9(8)	82 - 89	20	8.0	PATIENT DATE OF BIRTH	X(8)	56 - 63
CCC	8.0	DOB-ERROR-CODE	X(3)	90 - 92					
CCC	9.0	DIAGNOSIS-CLUSTER (occurs 10 times)		(93 - 412)					
CCC	9.1	PROVIDER-TYPE	X(2)	93 - 94	40	4	TYPE OF BILL		
CCC	9.2	FROM-DATE	9(8)	95 - 102	20	19.0	STATEMENT COVERS PERIOD FROM	9(8)	133 - 140
CCC	9.3	THRU-DATE	9(8)	103 - 110	20	20.0	STATEMENT COVERS PERIOD TO	9(8)	141 - 148
CCC	9.4	DELETE-IND	X(1)	111					
CCC	9.5	DIAGNOSIS-CODE	X(5)	112 - 116	70	4.0 - 12.0	PRINCIPLE/OTHER DIAGNOSIS CODES	X(6) EACH	25 - 78
CCC	9.6	DC-FILLER	X(2)	117 - 118					
CCC	9.7	DIAG-CLUSTER-ERROR-1	X(3)	119 - 121					
CCC	9.8	DIAG-CLUSTER-ERROR-2	X(3)	122 - 124					
YYY	1.0	RECORD-ID	X(3)	1 - 3					
YYY	2.0	SEQ-NO	9(7)	4 - 10					
YYY	3.0	PLAN-NO	X(5)	11 - 15	31	15.0	CONTRACTOR NUMBER	X(5)	178 - 182
YYY	4.0	CCC-RECORD-TOTAL	9(7)	16 - 22	95	6.0	NUMBER OF CLAIMS	9(6)	25 - 30
ZZZ	1.0	RECORD-ID	X(3)	1 - 3					
ZZZ	2.0	SUBMITTER-ID	X(6)	4 - 9	99	2.0	SUBMITTER ID (SHnnnn)	X(10)	3 - 12
ZZZ	3.0	FILE-ID	X(10)	10 - 19	01	17.2	BATCH #	X(6)	137 - 142
ZZZ	4.0	BBB-RECORD-TOTAL	9(7)	20 - 26	99	5.0	NUMBER OF BATCHES BILLED THIS FILE	9(4)	22 - 25

TRAINING RESOURCES

HOW TO CALCULATE DEMOGRAPHIC AND CMS-HCC RISK ADJUSTED PAYMENTS

The transition to 100% risk adjusted payment in 2007 requires that a portion of the M+C payment is based on the traditional demographic payment methodology, with the remainder of the payment based on risk adjustment payment methodology. For 2004 payment, the payment blend is 70% demographic and 30% CMS-HCC risk adjusted.

The web address http://cms.hhs.gov/healthplans/rates/ provides all the information necessary for the following calculations.

Example: Calculate the CY 2004 M+C payment for a 72 year-old female living in Howard County, Maryland, living in the community (non-institutionalized), who was originally entitled to Medicare due to disability. She is not entitled to Medicaid (no expenditure increment).
She has several diagnoses during the data collection period:

- **Diabetes with Acute Complications (HCC 17)**
- **Diabetes without Complications (HCC 19)**
- **Pneumococcal Pneumonia (HCC 112)**

STEP 1—CALCULATE DEMOGRAPHIC PAYMENT AT 70% FOR 2004

A. Go to http://cms.hhs.gov/healthplans/rates/ and find the Part A and Part B "M+C Monthly Capitation Rates" for a beneficiary living in Howard County, Maryland.
- Monthly "aged" rate book amounts for Howard County, Maryland
- Part A aged rate = $348.93
- Part B aged rate = $281.71

B. Go to http://cms.hhs.gov/healthplans/rates/ and find the "Demographic Cost Factors for 1997-2004" for a 72 year-old female, non-institutionalized, non-Medicaid.
- Part A = .70
- Part B = .85

C. Multiply the demographic cost factor for Part A and Part B by the corresponding Part A and Part B county rate amount, then add the Part A and Part B amounts together.
- Part A = $348.93 x .70 = $244.25
- Part B = $281.71 x .85 = $239.45
- $244.25 + $239.45 = **$483.70**

D. Multiply the total amount by the 2004 demographic payment percentage (70%).
- $483.70 x .70 = **$338.59**

The product of $338.59 is the 2004 demographic payment amount for the beneficiary.

STEP 2—CALCULATE RISK ADJUSTED PAYMENT AT 30% FOR 2004

A. Convert the Part A and Part B M+C county rates to risk adjusted rates (restandardizing): Go to http://cms.hhs.gov/healthplans/rates/ and find the "aged" rescaling factor from the "M+C Monthly Capitation Rates" (same source as "A" in Step 1) for a beneficiary living in Howard County, Maryland.
- Part A: $348.93 + Part B: $281.71 = $630.64
- Rescaling factor = 1.039373
- $630.64 x **1.039373** = **$655.47**

B. Calculate the beneficiary risk factor: Go to http://cms.hhs.gov/healthplans/rates/ and find the "Community and Institutional Annual Risk Factors for the CMS-HCC Model" (Exhibit 1—for beneficiaries with 12+ months of Medicare experience).

Find the community factors for beneficiary described in the example:
- 72-year old female, living in the community (non-institutional), base factor = .384
- Originally-disabled female (non-Medicaid) = .236
- Diabetes with Acute Complications (HCC 17) = .391
- Diabetes without Complications (HCC 19) = .200* (dropped because of hierarchy)
- Pneumococcal Pneumonia (HCC 112) = .202
- Add all risk adjustment factors = .384 + .236 + .391 + .202 = 1.213
- Beneficiary risk factor = **1.213**

*The .200 factor for a diagnosis of Diabetes without Complications (HCC 19) is dropped because both HCC 17 and HCC 19 are in the diabetes hierarchy. HCC 17 represents the more severe manifestation of diabetes.

C. Calculate 100% risk adjusted monthly payment amount by multiplying the beneficiary risk factor by the risk adjusted Part A and Part B total (step "A" above)
- $655.47 x 1.213 = **$795.09**
- $795.09 is the 100% risk adjusted payment amount

D. Multiply the total amount by the 2004 risk adjusted payment percentage (30%).
- $795.09 x .30 = **$238.53**

STEP 3—SUM THE DEMOGRAPHIC AND RISK ADJUSTED PAYMENT AMOUNTS TO GET THE MONTHLY M+C PAYMENT

- Demographic Payment = $338.59
- Risk Adjusted Payment = $238.53
- **$338.59 + $238.53 = $577.12/month or $6,925.44 annually**

ATTACHMENT A

Medicare + Choice Monthly Capitation Rates and Rescaling Factors for 2004

To determine the risk-adjusted portion of payment for 2004:
1) Add the Part A and Part B Aged Rates, or the Part A and Part B Disabled Rates,
2) Multiply by the corresponding Rescaling Factor (Aged or Disabled),
3) Multiply by the risk score (determined from the Risk Factor Tables in Enclosure III), and
4) Apply the blend percentage (30 percent for 2004).

Note: You will get the same result whether you start with Aged or Disabled Rates.
Note: The Rescaling Factors reflect an adjustment for coding intensity of (1/1.05) and an adjustment for risk adjustment budget neutrality of 1.163.

			Aged		Disabled		ESRD		Aged	Disabled
Code	State	County Name	Part A	Part B	Part A	Part B	Part A	Part B	Rescaling Factor	Rescaling Factor
21000	MARYLAND	ALLEGANY	354.93	286.54	281.15	257.87	2204.8	2570.52	0.924502	1.100219
21010	MARYLAND	ANNE ARUNDEL	361.75	292.06	310.75	285.01	2204.8	2570.52	1.002539	1.100225
21020	MARYLAND	BALTIMORE	347.69	280.7	310.75	285.01	2204.8	2570.52	1.043094	1.100225
21030	MARYLAND	BALTIMORE CITY	406.86	328.48	330.18	302.84	2204.8	2570.52	0.945359	1.098164
21040	MARYLAND	CALVERT	327.71	264.58	310.75	285.01	2204.8	2570.52	1.106671	1.100225
21050	MARYLAND	CAROLINE	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219
21060	MARYLAND	CARROLL	327.71	264.58	310.75	285.01	2204.8	2570.52	1.106671	1.100225
21070	MARYLAND	CECIL	332.53	268.46	310.75	285.01	2204.8	2570.52	1.09065	1.100225
21080	MARYLAND	CHARLES	363.31	293.31	310.75	285.01	2204.8	2570.52	0.998249	1.100225
21090	MARYLAND	DORCHESTER	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219
21100	MARYLAND	FREDERICK	327.71	264.58	310.75	285.01	2204.8	2570.52	1.106671	1.100225
21110	MARYLAND	GARRETT	299.24	241.59	281.15	257.87	2204.8	2570.52	1.096537	1.100219
21120	MARYLAND	HARFORD	343.91	277.66	310.75	285.01	2204.8	2570.52	1.054539	1.100225
21130	**MARYLAND**	**HOWARD**	**348.93**	**281.71**	**310.75**	**285.01**	**2204.8**	**2570.52**	**1.039373**	**1.100225**
21140	MARYLAND	KENT	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219
21150	MARYLAND	MONTGOMERY	327.71	264.58	310.75	285.01	2204.8	2570.52	1.106671	1.100225
21160	MARYLAND	PRINCE GEORGES	387.34	312.72	310.75	285.01	2204.8	2570.52	0.959875	1.127921
21170	MARYLAND	QUEEN ANNES	327.71	264.58	310.75	285.01	2204.8	2570.52	1.106671	1.100225
21180	MARYLAND	ST MARYS	319.46	257.92	281.15	257.87	2204.8	2570.52	1.027123	1.100219
21190	MARYLAND	SOMERSET	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219
21200	MARYLAND	TALBOT	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219
21210	MARYLAND	WASHINGTON	327.71	264.58	310.75	285.01	2204.8	2570.52	1.106671	1.100225
21220	MARYLAND	WICOMICO	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219
21230	MARYLAND	WORCESTER	296.5	239.38	281.15	257.87	2204.8	2570.52	1.106666	1.100219

ATTACHMENT B

Demographic Cost Factors for 1997-2004
http://www.cms.hhs.gov/healthplans/rates/2004/demofac.asp

ATTACHMENT C

Exhibit 1. Community and Institutional Annual Risk Factors for the CMS-HCC Model with Constraints and Demographic/Disease Interactions
http://www.cms.hhs.gov/healthplans/rates/2004/cover.pdf

USING THE REDUCED SET OF ICD-9-CM DIAGNOSIS CODES IN THE CMS-HCC MODEL

The purpose of the "Reduced Set of ICD-9-CM Diagnosis Codes" is to provide M+C organizations with a complete list of codes that are in the CMS-HCC model and are used for the calculation of enrollee risk scores. The submission of correct ICD-9-CM codes is critical to accurate risk adjusted payment.

In March 2002, CMS provided two code lists:

1. Every ICD-9-CM code that supported an HCC/disease group in the CMS-HCC model.
2. A reduced set of codes that indicated when a 4th and 5th-digit ICD-9-CM code defaulted to a 3-digit code because the more specific code (4th & 5th-digit) did not change the HCC designation.

- **THE PRIMARY USE OF THE REDUCED SET OF CODES IS TO DEVELOP SUPERBILLS FOR DATA COLLECTION USE BY PHYSICIANS.**
- **THE REDUCED SET OF CODES MUST NOT BE USED AS A DATA SUBMISSION EDITING TOOL.**
- **Once an ICD-9-CM code is stored in the RAPS database, the Risk Adjustment System (RAS) runs the CMS-HCC model and systematically determines the appropriate HCC based on the ICD-9-CM code. For example, if code 038.41 is submitted and stored, then the CMS-HCC model maps 038.41 to the appropriate HCC (HCC 2). The factor for HCC 2 is then used to calculate the beneficiary risk factor.**

Example—Improper Use of the Reduced Code Set

Monumental Health Plan collects all ICD-9 codes and then edits diagnostic data to select only CMS-HCC ICD-9-CM reduced codes. This approach is problematic.

Code submitted by physician: 410.02 AMI ANTEROLATERAL, SUBSEQ.
Plan applies editing program: The editing program only filters based on 3-digit reduced codes—in this case 410.

Problem: By filtering based on the reduced code only, the diagnosis of 410.02 is not submitted to RAPS; therefore, the beneficiary's risk score may be affected if this service was the only one that identified the acute myocardial infarction.

Reduced Set of Codes for Risk Adjustment			
Reduced Set	**ICD-9 Code**	**Short Description**	**Disease Group/HCC**
410	410	ACUTE MYOCARDIAL INFARCTION	82
	4100	AMI ANTEROLATERAL WALL	82
	41000	AMI ANTEROLATERAL, UNSPEC	82
	41002	AMI ANTEROLATERAL, SUBSEQ	82

Example—Proper Use of the Reduced Code Set

Happyday Health Plan wants to help their network physicians submit accurate risk adjustment data. The plan has developed specialty-specific superbills that include all ICD-9-CM codes relevant for a specialty as well as other non-specialty codes that may impact treatment such as anemia.

Happyday designed a superbill for use by neurologists. For this specialty superbill, a 3-digit code is placed on the form with 2 spaces left blank for 4th and 5th-digit code specificity.

Superbill Code for Neurologist's Office: 345._ _ Epilepsy
The neurologist specifies the code to the 4th-digit level: 345.2 PETIT MAL STATUS for a patient visit

Happyday receives the superbill diagnostic information via RAPS format and submits the full code (345.2) to RAPS.

Problems with the Reduced Code Set

- Providers and physicians that code only to the 3-digit level when a 4th or 5th-digit is warranted violate ICD-9-CM coding guidelines.
- Based on recent experiences, CMS believes that plans using only the reduced code set have problems with getting the ICD-9-CM code correct. That is, plans have misused the reduced code set by filtering on the 3-digit codes only and not submitting 4th and 5th-digit ICD-9-CM codes for risk adjustment.
- Per HIPAA, providers and physicians must follow ICD-9-CM coding guidelines—this prohibits coding based solely on the reduced code set.

TO AVOID THE IMPROPER USE OF THE REDUCED CODE SET, FOLLOW ICD-9-CM CODING GUIDELINES AND HAVE PROVIDERS AND PHYSICIANS CODE TO THE HIGHEST LEVEL OF SPECIFICITY FOR THE PATIENT VISIT!

FINAL – 2004 ICD-9 CODES and HCCs

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
0031	SALMONELLA SEPTICEMIA	2
00322	SALMONELLA PNEUMONIA	112
00323	SALMONELLA ARTHRITIS	37
00324	SALMONELLA OSTEOMYELITIS	37
0064	AMEBIC LUNG ABSCESS	112
0074	CRYPTOSPORIDIOSIS	5
0202	SEPTICEMIC PLAGUE	2
0203	PRIMARY PNEUMONIC PLAGUE	112
0204	SECONDARY PNEUMON PLAGUE	112
0205	PNEUMONIC PLAGUE NOS	112
0212	PULMONARY TULAREMIA	112
0221	PULMONARY ANTHRAX	112
0223	ANTHRAX SEPTICEMIA	2
0310	PULMONARY MYCOBACTERIA	5
0312	DMAC BACTEREMIA	5
03283	DIPHTHERITIC PERITONITIS	31
0362	MENINGOCOCCEMIA	2
03682	MENINGOCOCC ARTHROPATHY	37
038	SEPTICEMIA*	2
0380	STREPTOCOCCAL SEPTICEMIA	2
0381	STAPHYLOCOCC SEPTICEMIA*	2
03810	STAPHYLCOCC SEPTICEM NOS	2
03811	STAPH AUREUS SEPTICEMIA	2
03819	STAPHYLCOCC SEPTICEM NEC	2
0382	PNEUMOCOCCAL SEPTICEMIA	2
0383	ANAEROBIC SEPTICEMIA	2
0384	GRAM-NEG SEPTICEMIA NEC*	2
03840	GRAM-NEG SEPTICEMIA NOS	2
03841	H. INFLUENAE SEPTICEMIA	2
03842	E COLI SEPTICEMIA	2
03843	PSEUDOMONAS SEPTICEMIA	2
03844	SERRATIA SEPTICEMIA	2
03849	GRAM-NEG SEPTICEMIA NEC	2
0388	SEPTICEMIA NEC	2
0389	SEPTICEMIA NOS	2
0391	PULMONARY ACTINOMYCOSIS	112
0400	GAS GANGRENE	104
0402	WHIPPLE'S DISEASE	32

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
04082	TOXIC SHOCK SYNDROME	2
042	HUMAN IMMUNO VIRUS DIS	1
0545	HERPETIC SEPTICEMIA	2
05671	ARTHRITIS DUE TO RUBELLA	37
07022	HPT B CHRN COMA WO DLTA	27
07023	HPT B CHRN COMA W DLTA	27
07032	HPT B CHRN WO CM WO DLTA	27
07033	HPT B CHRN WO CM W DLTA	27
07044	CHRNC HPT C W HEPAT COMA	27
07054	CHRNC HPT C WO HPAT COMA	27
0723	MUMPS PANCREATITIS	32
0785	CYTOMEGALOVIRAL DISEASE	5
0786	HEM NEPHROSONEPHRITIS	132
07953	HIV-2 INFECTION OTH DIS	1
09487	SYPH RUPT CEREB ANEURYSM	95
0985	GONOCOCCAL INFECT JOINT*	37
09850	GONOCOCCAL ARTHRITIS	37
09851	GONOCOCCAL SYNOVITIS	37
09852	GONOCOCCAL BURSITIS	37
09853	GONOCOCCAL SPONDYLITIS	37
09859	GC INFECT JOINT NEC	37
09886	GONOCOCCAL PERITONITIS	31
1026	YAWS OF BONE & JOINT	37
1124	CANDIDIASIS OF LUNG	5
1125	DISSEMINATED CANDIDIASIS	5
11284	CANDIDAL ESOPHAGITIS	5
1140	PRIMARY COCCIDIOIDOMYCOS	112
1144	CH PL COCCIDIOIDOMYCOSIS	112
1145	PL COCIDIOIDOMYCOSIS NOS	112
11505	HISTOPLASM CAPS PNEUMON	112
11515	HISTOPLASM DUB PNEUMONIA	112
11595	HISTOPLASMOSIS PNEUMONIA	112
1173	ASPERGILLOSIS	5
1175	CRYPTOCOCCOSIS	5
1177	ZYGOMYCOSIS	5
1212	PARAGONIMIASIS	112
1221	ECHINOCOCC GRANUL LUNG	112
1300	TOXOPLASM MENINGOENCEPH	5
1304	TOXOPLASMA PNEUMONITIS	112
1308	MULTISYSTEM TOXOPLASMOS	5

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1361	BEHCET'S SYNDROME	38
1363	PNEUMOCYSTOSIS	5
141	MALIG NEO TONGUE*	9
1410	MAL NEO TONGUE BASE	9
1411	MAL NEO DORSAL TONGUE	9
1412	MAL NEO TIP/LAT TONGUE	9
1413	MAL NEO VENTRAL TONGUE	9
1414	MAL NEO ANT 2/3 TONGUE	9
1415	MAL NEO TONGUE JUNCTION	9
1416	MAL NEO LINGUAL TONSIL	9
1418	MALIG NEO TONGUE NEC	9
1419	MALIG NEO TONGUE NOS	9
142	MAL NEO MAJOR SALIVARY*	9
1420	MALIG NEO PAROTID	9
1421	MALIG NEO SUBMANDIBULAR	9
1422	MALIG NEO SUBLINGUAL	9
1428	MAL NEO MAJ SALIVARY NEC	9
1429	MAL NEO SALIVARY NOS	9
143	MALIGNANT NEOPLASM GUM*	9
1430	MALIG NEO UPPER GUM	9
1431	MALIG NEO LOWER GUM	9
1438	MALIG NEO GUM NEC	9
1439	MALIG NEO GUM NOS	9
144	MALIG NEO MOUTH FLOOR*	9
1440	MAL NEO ANT FLOOR MOUTH	9
1441	MAL NEO LAT FLOOR MOUTH	9
1448	MAL NEO MOUTH FLOOR NEC	9
1449	MAL NEO MOUTH FLOOR NOS	9
145	MALIG NEO MOUTH NEC/NOS*	9
1450	MAL NEO CHEEK MUCOSA	9
1451	MAL NEO MOUTH VESTIBULE	9
1452	MALIG NEO HARD PALATE	9
1453	MALIG NEO SOFT PALATE	9
1454	MALIGNANT NEOPLASM UVULA	9
1455	MALIGNANT NEO PALATE NOS	9
1456	MALIG NEO RETROMOLAR	9
1458	MALIG NEOPLASM MOUTH NEC	9
1459	MALIG NEOPLASM MOUTH NOS	9
146	MALIG NEO OROPHARYNX*	9
1460	MALIGNANT NEOPL TONSIL	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1461	MAL NEO TONSILLAR FOSSA	9
1462	MAL NEO TONSIL PILLARS	9
1463	MALIGN NEOPL VALLECULA	9
1464	MAL NEO ANT EPIGLOTTIS	9
1465	MAL NEO EPIGLOTTIS JUNCT	9
1466	MAL NEO LAT OROPHARYNX	9
1467	MAL NEO POST OROPHARYNX	9
1468	MAL NEO OROPHARYNX NEC	9
1469	MALIG NEO OROPHARYNX NOS	9
147	MALIG NEO NASOPHARYNX*	9
1470	MAL NEO SUPER NASOPHARYN	9
1471	MAL NEO POST NASOPHARYNX	9
1472	MAL NEO LAT NASOPHARYNX	9
1473	MAL NEO ANT NASOPHARYNX	9
1478	MAL NEO NASOPHARYNX NEC	9
1479	MAL NEO NASOPHARYNX NOS	9
148	MALIG NEOPL HYPOPHARYNX*	9
1480	MAL NEO POSTCRICOID	9
1481	MAL NEO PYRIFORM SINUS	9
1482	MAL NEO ARYEPIGLOTT FOLD	9
1483	MAL NEO POST HYPOPHARYNX	9
1488	MAL NEO HYPOPHARYNX NEC	9
1489	MAL NEO HYPOPHARYNX NOS	9
149	OTH MALIG NEO OROPHARYNX*	9
1490	MAL NEO PHARYNX NOS	9
1491	MAL NEO WALDEYER'S RING	9
1498	MAL NEO ORAL/PHARYNX NEC	9
1499	MAL NEO OROPHRYN ILL-DEF	9
150	MALIGNANT NEO ESOPHAGUS*	8
1500	MAL NEO CERVICAL ESOPHAG	8
1501	MAL NEO THORACIC ESOPHAG	8
1502	MAL NEO ABDOMIN ESOPHAG	8
1503	MAL NEO UPPER 3RD ESOPH	8
1504	MAL NEO MIDDLE 3RD ESOPH	8
1505	MAL NEO LOWER 3RD ESOPH	8
1508	MAL NEO ESOPHAGUS NEC	8
1509	MAL NEO ESOPHAGUS NOS	8
151	MALIGNANT NEO STOMACH*	8
1510	MAL NEO STOMACH CARDIA	8
1511	MALIGNANT NEO PYLORUS	8

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1512	MAL NEO PYLORIC ANTRUM	8
1513	MAL NEO STOMACH FUNDUS	8
1514	MAL NEO STOMACH BODY	8
1515	MAL NEO STOM LESSER CURV	8
1516	MAL NEO STOM GREAT CURV	8
1518	MALIG NEOPL STOMACH NEC	8
1519	MALIG NEOPL STOMACH NOS	8
152	MALIG NEO SMALL BOWEL*	8
1520	MALIGNANT NEOPL DUODENUM	8
1521	MALIGNANT NEOPL JEJUNUM	8
1522	MALIGNANT NEOPLASM ILEUM	8
1523	MAL NEO MECKEL'S DIVERT	8
1528	MAL NEO SMALL BOWEL NEC	8
1529	MAL NEO SMALL BOWEL NOS	8
153	MALIGNANT NEOPLASM COLON*	10
1530	MAL NEO HEPATIC FLEXURE	10
1531	MAL NEO TRANSVERSE COLON	10
1532	MAL NEO DESCEND COLON	10
1533	MAL NEO SIGMOID COLON	10
1534	MALIGNANT NEOPLASM CECUM	10
1535	MALIGNANT NEO APPENDIX	10
1536	MALIG NEO ASCEND COLON	10
1537	MAL NEO SPLENIC FLEXURE	10
1538	MALIGNANT NEO COLON NEC	10
1539	MALIGNANT NEO COLON NOS	10
154	MALIG NEO RECTUM/ANUS*	10
1540	MAL NEO RECTOSIGMOID JCT	10
1541	MALIGNANT NEOPL RECTUM	10
1542	MALIG NEOPL ANAL CANAL	10
1543	MALIGNANT NEO ANUS NOS	10
1548	MAL NEO RECTUM/ANUS NEC	10
155	MALIGNANT NEOPLASM LIVER*	8
1550	MAL NEO LIVER, PRIMARY	8
1551	MAL NEO INTRAHEPAT DUCTS	8
1552	MALIGNANT NEO LIVER NOS	8
156	MAL NEO GB/EXTRAHEPATIC*	8
1560	MALIG NEO GALLBLADDER	8
1561	MAL NEO EXTRAHEPAT DUCTS	8
1562	MAL NEO AMPULLA OF VATER	8
1568	MALIG NEO BILIARY NEC	8

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1569	MALIG NEO BILIARY NOS	8
157	MALIGNANT NEO PANCREAS*	8
1570	MAL NEO PANCREAS HEAD	8
1571	MAL NEO PANCREAS BODY	8
1572	MAL NEO PANCREAS TAIL	8
1573	MAL NEO PANCREATIC DUCT	8
1574	MAL NEO ISLET LANGERHANS	8
1578	MALIG NEO PANCREAS NEC	8
1579	MALIG NEO PANCREAS NOS	8
158	MALIG NEO PERITONEUM*	8
1580	MAL NEO RETROPERITONEUM	8
1588	MAL NEO PERITONEUM NEC	8
1589	MAL NEO PERITONEUM NOS	8
159	OTH MALIG NEO GI/PERITON*	10
1590	MALIG NEO INTESTINE NOS	10
1591	MALIGNANT NEO SPLEEN NEC	10
1598	MAL NEO GI/INTRA-ABD NEC	10
1599	MAL NEO GI TRACT ILL-DEF	10
160	MAL NEO NASAL CAV/SINUS*	9
1600	MAL NEO NASAL CAVITIES	9
1601	MALIG NEO MIDDLE EAR	9
1602	MAL NEO MAXILLARY SINUS	9
1603	MAL NEO ETHMOIDAL SINUS	9
1604	MALIG NEO FRONTAL SINUS	9
1605	MAL NEO SPHENOID SINUS	9
1608	MAL NEO ACCESS SINUS NEC	9
1609	MAL NEO ACCESS SINUS NOS	9
161	MALIGNANT NEO LARYNX*	9
1610	MALIGNANT NEO GLOTTIS	9
1611	MALIG NEO SUPRAGLOTTIS	9
1612	MALIG NEO SUBGLOTTIS	9
1613	MAL NEO CARTILAGE LARYNX	9
1618	MALIGNANT NEO LARYNX NEC	9
1619	MALIGNANT NEO LARYNX NOS	9
162	MAL NEO TRACHEA/LUNG*	8
1620	MALIGNANT NEO TRACHEA	8
1622	MALIG NEO MAIN BRONCHUS	8
1623	MAL NEO UPPER LOBE LUNG	8
1624	MAL NEO MIDDLE LOBE LUNG	8
1625	MAL NEO LOWER LOBE LUNG	8

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1628	MAL NEO BRONCH/LUNG NEC	8
1629	MAL NEO BRONCH/LUNG NOS	8
163	MALIGNANT NEOPL PLEURA*	8
1630	MAL NEO PARIETAL PLEURA	8
1631	MAL NEO VISCERAL PLEURA	8
1638	MALIG NEOPL PLEURA NEC	8
1639	MALIG NEOPL PLEURA NOS	8
164	MAL NEO THYMUS/MEDIASTIN*	9
1640	MALIGNANT NEOPL THYMUS	9
1641	MALIGNANT NEOPL HEART	9
1642	MAL NEO ANT MEDIASTINUM	9
1643	MAL NEO POST MEDIASTINUM	9
1648	MAL NEO MEDIASTINUM NEC	9
1649	MAL NEO MEDIASTINUM NOS	9
165	OTH/ILL-DEF MAL NEO RESP*	9
1650	MAL NEO UPPER RESP NOS	9
1658	MAL NEO THORAX/RESP NEC	9
1659	MAL NEO RESP SYSTEM NOS	9
170	MAL NEO BONE/ARTIC CART*	9
1700	MAL NEO SKULL/FACE BONE	9
1701	MALIGNANT NEO MANDIBLE	9
1702	MALIG NEO VERTEBRAE	9
1703	MAL NEO RIBS/STERN/CLAV	9
1704	MAL NEO LONG BONES ARM	9
1705	MAL NEO BONES WRIST/HAND	9
1706	MAL NEO PELVIC GIRDLE	9
1707	MAL NEO LONG BONES LEG	9
1708	MAL NEO BONES ANKLE/FOOT	9
1709	MALIG NEOPL BONE NOS	9
171	MAL NEO SOFT TISSUE*	9
1710	MAL NEO SOFT TISSUE HEAD	9
1712	MAL NEO SOFT TISSUE ARM	9
1713	MAL NEO SOFT TISSUE LEG	9
1714	MAL NEO SOFT TIS THORAX	9
1715	MAL NEO SOFT TIS ABDOMEN	9
1716	MAL NEO SOFT TIS PELVIS	9
1717	MAL NEOPL TRUNK NOS	9
1718	MAL NEO SOFT TISSUE NEC	9
1719	MAL NEO SOFT TISSUE NOS	9
172	MALIGNANT MELANOMA SKIN*	10

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1720	MALIG MELANOMA LIP	10
1721	MALIG MELANOMA EYELID	10
1722	MALIG MELANOMA EAR	10
1723	MAL MELANOM FACE NEC/NOS	10
1724	MAL MELANOMA SCALP/NECK	10
1725	MALIG MELANOMA TRUNK	10
1726	MALIG MELANOMA ARM	10
1727	MALIG MELANOMA LEG	10
1728	MALIG MELANOMA SKIN NEC	10
1729	MALIG MELANOMA SKIN NOS	10
174	MALIG NEO FEMALE BREAST*	10
1740	MALIG NEO NIPPLE	10
1741	MAL NEO BREAST-CENTRAL	10
1742	MAL NEO BREAST UP-INNER	10
1743	MAL NEO BREAST LOW-INNER	10
1744	MAL NEO BREAST UP-OUTER	10
1745	MAL NEO BREAST LOW-OUTER	10
1746	MAL NEO BREAST-AXILLARY	10
1748	MALIGN NEOPL BREAST NEC	10
1749	MALIGN NEOPL BREAST NOS	10
175	MALIG NEO MALE BREAST*	10
1750	MAL NEO MALE NIPPLE	10
1759	MAL NEO MALE BREAST NEC	10
176	KAPOSI'S SARCOMA	9
1760	SKIN - KAPOSI'S SARCOMA	9
1761	SFT TISUE - KPSI'S SRCMA	9
1762	PALATE - KPSI's SARCOMA	9
1763	GI SITES - KPSI'S SRCOMA	9
1764	LUNG - KAPOSI'S SARCOMA	9
1765	LYM NDS - KPSI'S SARCOMA	9
1768	SPF STS - KPSI'S SARCOMA	9
1769	KAPOSI'S SARCOMA NOS	9
179	MALIG NEOPL UTERUS NOS	10
180	MALIG NEOPL CERVIX UTERI*	10
1800	MALIG NEO ENDOCERVIX	10
1801	MALIG NEO EXOCERVIX	10
1808	MALIG NEO CERVIX NEC	10
1809	MAL NEO CERVIX UTERI NOS	10
181	MALIGNANT NEOPL PLACENTA	9
182	MALIG NEOPL UTERUS BODY*	10

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1820	MALIG NEO CORPUS UTERI	10
1821	MAL NEO UTERINE ISTHMUS	10
1828	MAL NEO BODY UTERUS NEC	10
183	MAL NEO UTERINE ADNEXA*	9
1830	MALIGN NEOPL OVARY	9
1832	MAL NEO FALLOPIAN TUBE	9
1833	MAL NEO BROAD LIGAMENT	9
1834	MALIG NEO PARAMETRIUM	9
1835	MAL NEO ROUND LIGAMENT	9
1838	MAL NEO ADNEXA NEC	9
1839	MAL NEO ADNEXA NOS	9
184	MAL NEO FEM GEN NEC/NOS*	10
1840	MALIGN NEOPL VAGINA	10
1841	MAL NEO LABIA MAJORA	10
1842	MAL NEO LABIA MINORA	10
1843	MALIGN NEOPL CLITORIS	10
1844	MALIGN NEOPL VULVA NOS	10
1848	MAL NEO FEMALE GENIT NEC	10
1849	MAL NEO FEMALE GENIT NOS	10
185	MALIGN NEOPL PROSTATE	10
186	MALIGN NEOPL TESTIS*	10
1860	MAL NEO UNDESCEND TESTIS	10
1869	MALIG NEO TESTIS NEC	10
187	MAL NEO MALE GENITAL NEC*	10
1871	MALIGN NEOPL PREPUCE	10
1872	MALIG NEO GLANS PENIS	10
1873	MALIG NEO PENIS BODY	10
1874	MALIG NEO PENIS NOS	10
1875	MALIG NEO EPIDIDYMIS	10
1876	MAL NEO SPERMATIC CORD	10
1877	MALIGN NEOPL SCROTUM	10
1878	MAL NEO MALE GENITAL NEC	10
1879	MAL NEO MALE GENITAL NOS	10
188	MALIGN NEOPL BLADDER*	10
1880	MAL NEO BLADDER-TRIGONE	10
1881	MAL NEO BLADDER-DOME	10
1882	MAL NEO BLADDER-LATERAL	10
1883	MAL NEO BLADDER-ANTERIOR	10
1884	MAL NEO BLADDER-POST	10
1885	MAL NEO BLADDER NECK	10

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1886	MAL NEO URETERIC ORIFICE	10
1887	MALIG NEO URACHUS	10
1888	MALIG NEO BLADDER NEC	10
1889	MALIG NEO BLADDER NOS	10
189	MAL NEO URINARY NEC/NOS*	10
1890	MALIG NEOPL KIDNEY	10
1891	MALIG NEO RENAL PELVIS	10
1892	MALIGN NEOPL URETER	10
1893	MALIGN NEOPL URETHRA	10
1894	MAL NEO PARAURETHRAL	10
1898	MAL NEO URINARY NEC	10
1899	MAL NEO URINARY NOS	10
190	MALIGNANT NEOPLASM EYE*	10
1900	MALIGN NEOPL EYEBALL	10
1901	MALIGN NEOPL ORBIT	10
1902	MAL NEO LACRIMAL GLAND	10
1903	MAL NEO CONJUNCTIVA	10
1904	MALIGN NEOPL CORNEA	10
1905	MALIGN NEOPL RETINA	10
1906	MALIGN NEOPL CHOROID	10
1907	MAL NEO LACRIMAL DUCT	10
1908	MALIGN NEOPL EYE NEC	10
1909	MALIGN NEOPL EYE NOS	10
191	MALIGNANT NEOPLASM BRAIN*	9
1910	MALIGN NEOPL CEREBRUM	9
1911	MALIG NEO FRONTAL LOBE	9
1912	MAL NEO TEMPORAL LOBE	9
1913	MAL NEO PARIETAL LOBE	9
1914	MAL NEO OCCIPITAL LOBE	9
1915	MAL NEO CEREB VENTRICLE	9
1916	MAL NEO CEREBELLUM NOS	9
1917	MAL NEO BRAIN STEM	9
1918	MALIG NEO BRAIN NEC	9
1919	MALIG NEO BRAIN NOS	9
192	MAL NEO NERVE NEC/NOS*	9
1920	MAL NEO CRANIAL NERVES	9
1921	MAL NEO CEREBRAL MENING	9
1922	MAL NEO SPINAL CORD	9
1923	MAL NEO SPINAL MENINGES	9
1928	MAL NEO NERVOUS SYST NEC	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1929	MAL NEO NERVOUS SYST NOS	9
193	MALIGN NEOPL THYROID	10
194	MAL NEO OTHER ENDOCRINE*	10
1940	MALIGN NEOPL ADRENAL	9
1941	MALIG NEO PARATHYROID	10
1943	MALIG NEO PITUITARY	9
1944	MALIGN NEO PINEAL GLAND	9
1945	MAL NEO CAROTID BODY	10
1946	MAL NEO PARAGANGLIA NEC	10
1948	MAL NEO ENDOCRINE NEC	10
1949	MAL NEO ENDOCRINE NOS	10
195	MAL NEO OTH/ILL-DEF SITE*	10
1950	MAL NEO HEAD/FACE/NECK	10
1951	MALIGN NEOPL THORAX	10
1952	MALIG NEO ABDOMEN	10
1953	MALIGN NEOPL PELVIS	10
1954	MALIGN NEOPL ARM	10
1955	MALIGN NEOPL LEG	10
1958	MALIG NEO SITE NEC	10
196	MALIG NEO LYMPH NODES*	7
1960	MAL NEO LYMPH-HEAD/NECK	7
1961	MAL NEO LYMPH-INTRATHOR	7
1962	MAL NEO LYMPH INTRA-ABD	7
1963	MAL NEO LYMPH-AXILLA/ARM	7
1965	MAL NEO LYMPH-INGUIN/LEG	7
1966	MAL NEO LYMPH-INTRAPELV	7
1968	MAL NEO LYMPH NODE-MULT	7
1969	MAL NEO LYMPH NODE NOS	7
197	SECONDRY MAL NEO GI/RESP*	7
1970	SECONDARY MALIG NEO LUNG	7
1971	SEC MAL NEO MEDIASTINUM	7
1972	SECOND MALIG NEO PLEURA	7
1973	SEC MALIG NEO RESP NEC	7
1974	SEC MALIG NEO SM BOWEL	7
1975	SEC MALIG NEO LG BOWEL	7
1976	SEC MAL NEO PERITONEUM	7
1977	SECOND MALIG NEO LIVER	7
1978	SEC MAL NEO GI NEC	7
198	SEC MALIG NEO OTH SITES*	7
1980	SECOND MALIG NEO KIDNEY	7

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
1981	SEC MALIG NEO URIN NEC	7
1982	SECONDARY MALIG NEO SKIN	7
1983	SEC MAL NEO BRAIN/SPINE	7
1984	SEC MALIG NEO NERVE NEC	7
1985	SECONDARY MALIG NEO BONE	7
1986	SECOND MALIG NEO OVARY	7
1987	SECOND MALIG NEO ADRENAL	7
1988	OTH SECONDARY MALIG NEO*	7
19881	SECOND MALIG NEO BREAST	7
19882	SECOND MALIG NEO GENITAL	7
19889	SECONDARY MALIG NEO NEC	7
199	MALIGNANT NEOPLASM NOS*	10
1990	MALIG NEO DISSEMINATED	7
1991	MALIGNANT NEOPLASM NOS	10
200	LYMPHOSARC/RETICULOSARC*	9
2000	RETICULOSARCOMA*	9
20000	RETCLSRC UNSP XTRNDL ORG	9
20001	RETICULOSARCOMA HEAD	9
20002	RETICULOSARCOMA THORAX	9
20003	RETICULOSARCOMA ABDOM	9
20004	RETICULOSARCOMA AXILLA	9
20005	RETICULOSARCOMA INGUIN	9
20006	RETICULOSARCOMA PELVIC	9
20007	RETICULOSARCOMA SPLEEN	9
20008	RETICULOSARCOMA MULT	9
2001	LYMPHOSARCOMA*	9
20010	LYMPHSRC UNSP XTRNDL ORG	9
20011	LYMPHOSARCOMA HEAD	9
20012	LYMPHOSARCOMA THORAX	9
20013	LYMPHOSARCOMA ABDOM	9
20014	LYMPHOSARCOMA AXILLA	9
20015	LYMPHOSARCOMA INGUIN	9
20016	LYMPHOSARCOMA PELVIC	9
20017	LYMPHOSARCOMA SPLEEN	9
20018	LYMPHOSARCOMA MULT	9
2002	BURKITT'S TUMOR/LYMPHOMA*	9
20020	BRKT TMR UNSP XTRNDL ORG	9
20021	BURKITT'S TUMOR HEAD	9
20022	BURKITT'S TUMOR THORAX	9
20023	BURKITT'S TUMOR ABDOM	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20024	BURKITT'S TUMOR AXILLA	9
20025	BURKITT'S TUMOR INGUIN	9
20026	BURKITT'S TUMOR PELVIC	9
20027	BURKITT'S TUMOR SPLEEN	9
20028	BURKITT'S TUMOR MULT	9
2008	MIXED LYMPHOSARCOMA*	9
20080	OTH VARN UNSP XTRNDL ORG	9
20081	MIXED LYMPHOSARC HEAD	9
20082	MIXED LYMPHOSARC THORAX	9
20083	MIXED LYMPHOSARC ABDOM	9
20084	MIXED LYMPHOSARC AXILLA	9
20085	MIXED LYMPHOSARC INGUIN	9
20086	MIXED LYMPHOSARC PELVIC	9
20087	MIXED LYMPHOSARC SPLEEN	9
20088	MIXED LYMPHOSARC MULT	9
201	HODGKIN'S DISEASE*	9
2010	HODGKIN'S PARAGRANULOMA*	9
20100	HDGK PRG UNSP XTRNDL ORG	9
20101	HODGKINS PARAGRAN HEAD	9
20102	HODGKINS PARAGRAN THORAX	9
20103	HODGKINS PARAGRAN ABDOM	9
20104	HODGKINS PARAGRAN AXILLA	9
20105	HODGKINS PARAGRAN INGUIN	9
20106	HODGKINS PARAGRAN PELVIC	9
20107	HODGKINS PARAGRAN SPLEEN	9
20108	HODGKINS PARAGRAN MULT	9
2011	HODGKIN'S GRANULOMA*	9
20110	HDGK GRN UNSP XTRNDL ORG	9
20111	HODGKINS GRANULOM HEAD	9
20112	HODGKINS GRANULOM THORAX	9
20113	HODGKINS GRANULOM ABDOM	9
20114	HODGKINS GRANULOM AXILLA	9
20115	HODGKINS GRANULOM INGUIN	9
20116	HODGKINS GRANULOM PELVIC	9
20117	HODGKINS GRANULOM SPLEEN	9
20118	HODGKINS GRANULOM MULT	9
2012	HODGKIN'S SARCOMA*	9
20120	HDGK SRC UNSP XTRNDL ORG	9
20121	HODGKINS SARCOMA HEAD	9
20122	HODGKINS SARCOMA THORAX	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20123	HODGKINS SARCOMA ABDOM	9
20124	HODGKINS SARCOMA AXILLA	9
20125	HODGKINS SARCOMA INGUIN	9
20126	HODGKINS SARCOMA PELVIC	9
20127	HODGKINS SARCOMA SPLEEN	9
20128	HODGKINS SARCOMA MULT	9
2014	HODGKINS LYMPH-HISTIOCYT*	9
20140	LYM-HST UNSP XTRNDL ORGN	9
20141	HODG LYMPH-HISTIO HEAD	9
20142	HODG LYMPH-HISTIO THORAX	9
20143	HODG LYMPH-HISTIO ABDOM	9
20144	HODG LYMPH-HISTIO AXILLA	9
20145	HODG LYMPH-HISTIO INGUIN	9
20146	HODG LYMPH-HISTIO PELVIC	9
20147	HODG LYMPH-HISTIO SPLEEN	9
20148	HODG LYMPH-HISTIO MULT	9
2015	HODGKINS NODULAR SCLEROS*	9
20150	NDR SCLR UNSP XTRNDL ORG	9
20151	HODG NODUL SCLERO HEAD	9
20152	HODG NODUL SCLERO THORAX	9
20153	HODG NODUL SCLERO ABDOM	9
20154	HODG NODUL SCLERO AXILLA	9
20155	HODG NODUL SCLERO INGUIN	9
20156	HODG NODUL SCLERO PELVIC	9
20157	HODG NODUL SCLERO SPLEEN	9
20158	HODG NODUL SCLERO MULT	9
2016	HODGKINS MIX CELLULARITY*	9
20160	MXD CELR UNSP XTRNDL ORG	9
20161	HODGKINS MIX CELL HEAD	9
20162	HODGKINS MIX CELL THORAX	9
20163	HODGKINS MIX CELL ABDOM	9
20164	HODGKINS MIX CELL AXILLA	9
20165	HODGKINS MIX CELL INGUIN	9
20166	HODGKINS MIX CELL PELVIC	9
20167	HODGKINS MIX CELL SPLEEN	9
20168	HODGKINS MIX CELL MULT	9
2017	HODG LYMPHOCYTIC DEPLET*	9
20170	LYM DPLT UNSP XTRNDL ORG	9
20171	HODG LYMPH DEPLET HEAD	9
20172	HODG LYMPH DEPLET THORAX	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20173	HODG LYMPH DEPLET ABDOM	9
20174	HODG LYMPH DEPLET AXILLA	9
20175	HODG LYMPH DEPLET INGUIN	9
20176	HODG LYMPH DEPLET PELVIC	9
20177	HODG LYMPH DEPLET SPLEEN	9
20178	HODG LYMPH DEPLET MULT	9
2019	HODGKINS DISEASE NOS*	9
20190	HDGK DIS UNSP XTRNDL ORG	9
20191	HODGKINS DIS NOS HEAD	9
20192	HODGKINS DIS NOS THORAX	9
20193	HODGKINS DIS NOS ABDOM	9
20194	HODGKINS DIS NOS AXILLA	9
20195	HODGKINS DIS NOS INGUIN	9
20196	HODGKINS DIS NOS PELVIC	9
20197	HODGKINS DIS NOS SPLEEN	9
20198	HODGKINS DIS NOS MULT	9
202	OTH MAL NEO LYMPH/HISTIO*	9
2020	NODULAR LYMPHOMA*	9
20200	NDLR LYM UNSP XTRNDL ORG	9
20201	NODULAR LYMPHOMA HEAD	9
20202	NODULAR LYMPHOMA THORAX	9
20203	NODULAR LYMPHOMA ABDOM	9
20204	NODULAR LYMPHOMA AXILLA	9
20205	NODULAR LYMPHOMA INGUIN	9
20206	NODULAR LYMPHOMA PELVIC	9
20207	NODULAR LYMPHOMA SPLEEN	9
20208	NODULAR LYMPHOMA MULT	9
2021	MYCOSIS FUNGOIDES*	9
20210	MYCS FNG UNSP XTRNDL ORG	9
20211	MYCOSIS FUNGOIDES HEAD	9
20212	MYCOSIS FUNGOIDES THORAX	9
20213	MYCOSIS FUNGOIDES ABDOM	9
20214	MYCOSIS FUNGOIDES AXILLA	9
20215	MYCOSIS FUNGOIDES INGUIN	9
20216	MYCOSIS FUNGOIDES PELVIC	9
20217	MYCOSIS FUNGOIDES SPLEEN	9
20218	MYCOSIS FUNGOIDES MULT	9
2022	SEZARY'S DISEASE*	9
20220	SZRY DIS UNSP XTRNDL ORG	9
20221	SEZARY'S DISEASE HEAD	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20222	SEZARY'S DISEASE THORAX	9
20223	SEZARY'S DISEASE ABDOM	9
20224	SEZARY'S DISEASE AXILLA	9
20225	SEZARY'S DISEASE INGUIN	9
20226	SEZARY'S DISEASE PELVIC	9
20227	SEZARY'S DISEASE SPLEEN	9
20228	SEZARY'S DISEASE MULT	9
2023	MALIGNANT HISTIOCYTOSIS*	9
20230	MLG HIST UNSP XTRNDL ORG	9
20231	MAL HISTIOCYTOSIS HEAD	9
20232	MAL HISTIOCYTOSIS THORAX	9
20233	MAL HISTIOCYTOSIS ABDOM	9
20234	MAL HISTIOCYTOSIS AXILLA	9
20235	MAL HISTIOCYTOSIS INGUIN	9
20236	MAL HISTIOCYTOSIS PELVIC	9
20237	MAL HISTIOCYTOSIS SPLEEN	9
20238	MAL HISTIOCYTOSIS MULT	9
2024	LEUKEM RETICULOENDOTHEL*	9
20240	LK RTCTL UNSP XTRNDL ORG	9
20241	HAIRY-CELL LEUKEM HEAD	9
20242	HAIRY-CELL LEUKEM THORAX	9
20243	HAIRY-CELL LEUKEM ABDOM	9
20244	HAIRY-CELL LEUKEM AXILLA	9
20245	HAIRY-CELL LEUKEM INGUIN	9
20246	HAIRY-CELL LEUKEM PELVIC	9
20247	HAIRY-CELL LEUKEM SPLEEN	9
20248	HAIRY-CELL LEUKEM MULT	9
2025	LETTERER-SIWE DISEASE*	9
20250	LTR-SIWE UNSP XTRNDL ORG	9
20251	LETTERER-SIWE DIS HEAD	9
20252	LETTERER-SIWE DIS THORAX	9
20253	LETTERER-SIWE DIS ABDOM	9
20254	LETTERER-SIWE DIS AXILLA	9
20255	LETTERER-SIWE DIS INGUIN	9
20256	LETTERER-SIWE DIS PELVIC	9
20257	LETTERER-SIWE DIS SPLEEN	9
20258	LETTERER-SIWE DIS MULT	9
2026	MALIG MAST CELL TUMORS*	9
20260	MLG MAST UNSP XTRNDL ORG	9
20261	MAL MASTOCYTOSIS HEAD	9

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20262	MAL MASTOCYTOSIS THORAX	9
20263	MAL MASTOCYTOSIS ABDOM	9
20264	MAL MASTOCYTOSIS AXILLA	9
20265	MAL MASTOCYTOSIS INGUIN	9
20266	MAL MASTOCYTOSIS PELVIC	9
20267	MAL MASTOCYTOSIS SPLEEN	9
20268	MAL MASTOCYTOSIS MULT	9
2028	LYMPHOMAS NEC*	9
20280	OTH LYMP UNSP XTRNDL ORG	9
20281	LYMPHOMAS NEC HEAD	9
20282	LYMPHOMAS NEC THORAX	9
20283	LYMPHOMAS NEC ABDOM	9
20284	LYMPHOMAS NEC AXILLA	9
20285	LYMPHOMAS NEC INGUIN	9
20286	LYMPHOMAS NEC PELVIC	9
20287	LYMPHOMAS NEC SPLEEN	9
20288	LYMPHOMAS NEC MULT	9
2029	MAL NEO LYM/HIST TIS NEC*	9
20290	UNSP LYM UNSP XTRNDL ORG	9
20291	LYMPHOID MAL NEC HEAD	9
20292	LYMPHOID MAL NEC THORAX	9
20293	LYMPHOID MAL NEC ABDOM	9
20294	LYMPHOID MAL NEC AXILLA	9
20295	LYMPHOID MAL NEC INGUIN	9
20296	LYMPHOID MAL NEC PELVIC	9
20297	LYMPHOID MAL NEC SPLEEN	9
20298	LYMPHOID MAL NEC MULT	9
203	MULTIPLE MYELOMA ET AL*	9
2030	MULTIPLE MYELOMA*	9
20300	MULT MYELM W/O REMISSION	9
20301	MULT MYELM W REMISSION	9
2031	PLASMA CELL LEUKEMIA*	9
20310	PLSM CELL LEUK W/O RMSON	9
20311	PLSM CELL LEUK W RMSON	9
2038	IMMUNOPROLIFERAT NEO NEC*	9
20380	OTH IMNPRFL NPL W/O RMSN	9
20381	OTH IMNPRFL NPL W RMSN	9
204	LYMPHOID LEUKEMIA*	9
2040	ACUTE LYMPHOID LEUKEMIA*	7
20400	ACT LYM LEUK W/O RMSION	7

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20401	ACT LYM LEUK W RMSION	7
2041	CHR LYMPHOID LEUKEMIA*	9
20410	CHR LYM LEUK W/O RMSION	9
20411	CHR LYM LEUK W RMSION	9
2042	SUBAC LYMPHOID LEUKEMIA*	9
20420	SBAC LYM LEUK W/O RMSION	9
20421	SBAC LYM LEUK W RMSION	9
2048	LYMPHOID LEUKEMIA NEC*	9
20480	OTH LYM LEUK W/O RMSION	9
20481	OTH LYM LEUK W RMSION	9
2049	LYMPHOID LEUKEMIA NOS*	9
20490	UNS LYM LEUK W/O RMSION	9
20491	UNS LYM LEUK W RMSION	9
205	MYELOID LEUKEMIA*	8
2050	ACUTE MYELOID LEUKEMIA*	7
20500	ACT MYL LEUK W/O RMSION	7
20501	ACT MYL LEUK W RMSION	7
2051	CHRONIC MYELOID LEUKEMIA*	8
20510	CHR MYL LEUK W/O RMSION	8
20511	CHR MYL LEUK W RMSION	8
2052	SUBACUT MYELOID LEUKEMIA*	8
20520	SBAC MYL LEUK W/O RMSION	8
20521	SBAC MYL LEUK W RMSION	8
2053	MYELOID SARCOMA*	8
20530	MYL SRCOMA W/O RMSION	8
20531	MYL SRCOMA W RMSION	8
2058	MYELOID LEUKEMIA NEC*	8
20580	OTH MYL LEUK W/O RMSION	8
20581	OTH MYL LEUK W RMSION	8
2059	MYELOID LEUKEMIA NOS*	8
20590	UNS MYL LEUK W/O RMSION	8
20591	UNS MYL LEUK W RMSION	8
206	MONOCYTIC LEUKEMIA*	8
2060	ACUTE MONOCYTIC LEUKEMIA*	7
20600	ACT MONO LEUK W/O RMSION	7
20601	ACT MONO LEUK W RMSION	7
2061	CHR MONOCYTIC LEUKEMIA*	8
20610	CHR MONO LEUK W/O RMSION	8
20611	CHR MONO LEUK W RMSION	8
2062	SUBAC MONOCYTIC LEUKEMIA*	8

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
20620	SBAC MONO LEUK W/O RMSON	8
20621	SBAC MONO LEUK W RMSION	8
2068	MONOCYTIC LEUKEMIA NEC*	8
20680	OTH MONO LEUK W/O RMSION	8
20681	OTH MONO LEUK W RMSION	8
2069	MONOCYTIC LEUKEMIA NOS*	8
20690	UNS MONO LEUK W/O RMSION	8
20691	UNS MONO LEUK W RMSION	8
207	OTHER SPECIFIED LEUKEMIA*	8
2070	ACUTE ERYTHREMIA*	7
20700	ACT ERTH/ERYLK W/O RMSON	7
20701	ACT ERTH/ERYLK W RMSON	7
2071	CHRONIC ERYTHREMIA*	8
20710	CHR ERYTHRM W/O REMISION	8
20711	CHR ERYTHRM W REMISION	8
2072	MEGAKARYOCYTIC LEUKEMIA*	8
20720	MGKRYCYT LEUK W/O RMSION	8
20721	MGKRYCYT LEUK W RMSION	8
2078	SPECIFIED LEUKEMIA NEC*	8
20780	OTH SPF LEUK W/O REMSION	8
20781	OTH SPF LEUK W REMSION	8
208	LEUKEMIA-UNSPECIF CELL*	9
2080	ACT LEUK UNS CL W/O RMSN*	7
20800	ACT LEUK UNS CL W/O RMSN	7
20801	ACT LEUK UNS CL W RMSON	7
2081	CHRONIC LEUKEMIA NOS*	9
20810	CHR LEUK UNS CL W/O RMSN	9
20811	CHR LEUK UNS CL W RMSON	9
2082	SUBACUTE LEUKEMIA NOS*	9
20820	SBAC LEUK UNS CL W/O RMS	9
20821	SBAC LEUK UNS CL W RMSON	9
2088	LEUKEMIA-UNSPEC CELL NEC*	9
20880	OTH LEUK UNS CL W/O RMSN	9
20881	OTH LEUK UNS CL W RMSON	9
2089	LEUKEMIA-UNSPEC CELL NOS*	9
20890	LEUKEMIA NOS W/O REMSION	9
20891	LEUKEMIA NOS W REMISSION	9
225	BENIGN NEO NERVOUS SYST*	10
2250	BENIGN NEOPLASM BRAIN	10
2251	BENIGN NEO CRANIAL NERVE	10

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
2252	BEN NEO CEREBR MENINGES	10
2253	BENIGN NEO SPINAL CORD	10
2254	BEN NEO SPINAL MENINGES	10
2258	BENIGN NEO NERV SYS NEC	10
2259	BENIGN NEO NERV SYS NOS	10
2273	BENIGN NEO PITUITARY	10
2274	BEN NEOPL PINEAL GLAND	10
22802	HEMANGIOMA INTRACRANIAL	10
2370	UNC BEHAV NEO PITUITARY	10
2371	UNC BEHAV NEO PINEAL	10
2373	UNC BEHAV NEO PARAGANG	10
2375	UNC BEH NEO BRAIN/SPINAL	10
2376	UNC BEHAV NEO MENINGES	10
2377	NEUROFIBROMATOSIS*	10
23770	NEUROFIBROMATOSIS NOS	10
23771	NEUROFIBROMATOSIS TYPE I	10
23772	NEUROFIBROMATOSIS TYP II	10
2379	UNC BEH NEO NERV SYS NEC	10
2387	LYMPHOPROLIFERAT DIS NOS	44
2396	BRAIN NEOPLASM NOS	10
250	DIABETES MELLITUS*	19
2500	DIABETES MELLITUS UNCOMP*	19
25000	DMII WO CMP NT ST UNCNTR	19
25001	DMI WO CMP NT ST UNCNTRL	19
25002	DMII WO CMP UNCNTRLD	19
25003	DMI WO CMP UNCNTRLD	19
2501	DIABETES W KETOACIDOSIS*	17
25010	DMII KETO NT ST UNCNTRLD	17
25011	DMI KETO NT ST UNCNTRLD	17
25012	DMII KETOACD UNCONTROLD	17
25013	DMI KETOACD UNCONTROLD	17
2502	DIAB W HYPEROSMOLAR COMA*	17
25020	DMII HPRSM NT ST UNCNTRL	17
25021	DMI HPRSM NT ST UNCNTRLD	17
25022	DMII HPROSMLR UNCONTROLD	17
25023	DMI HPROSMLR UNCONTROLD	17
2503	DIABETES WITH COMA NEC*	17
25030	DMII O CM NT ST UNCNTRLD	17
25031	DMI O CM NT ST UNCNTRLD	17
25032	DMII OTH COMA UNCONTROLD	17

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
25033	DMI OTH COMA UNCONTROLD	17
2504	DIAB W RENAL MANIFEST*	15
25040	DMII RENL NT ST UNCNTRLD	15
25041	DMI RENL NT ST UNCNTRLD	15
25042	DMII RENAL UNCNTRLD	15
25043	DMI RENAL UNCNTRLD	15
2505	DIAB W OPHTHALMIC MANIF*	18
25050	DMII OPHTH NT ST UNCNTRL	18
25051	DMI OPHTH NT ST UNCNTRLD	18
25052	DMII OPHTH UNCNTRLD	18
25053	DMI OPHTH UNCNTRLD	18
2506	DIAB W NEUROLOGIC MANIF*	16
25060	DMII NEURO NT ST UNCNTRL	16
25061	DMI NEURO NT ST UNCNTRLD	16
25062	DMII NEURO UNCNTRLD	16
25063	DMI NEURO UNCNTRLD	16
2507	DIABETES W CIRCULAT DIS*	15
25070	DMII CIRC NT ST UNCNTRLD	15
25071	DMI CIRC NT ST UNCNTRLD	15
25072	DMII CIRC UNCNTRLD	15
25073	DMI CIRC UNCNTRLD	15
2508	DIABETES W MANIFEST NEC*	16
25080	DMII OTH NT ST UNCNTRLD	16
25081	DMI OTH NT ST UNCNTRLD	16
25082	DMII OTH UNCNTRLD	16
25083	DMI OTH UNCNTRLD	16
2509	DIABETES W COMPLIC NOS*	18
25090	DMII UNSPF NT ST UNCNTRL	18
25091	DMI UNSPF NT ST UNCNTRLD	18
25092	DMII UNSPF UNCNTRLD	18
25093	DMI UNSPF UNCNTRLD	18
2514	ABN SECRETION GLUCAGON	32
2515	ABNORM SECRETION GASTRIN	32
2518	PANCREATIC DISORDER NEC	32
2519	PANCREATIC DISORDER NOS	32
2592	CARCINOID SYNDROME	10
260	KWASHIORKOR	21
261	NUTRITIONAL MARASMUS	21
262	OTH SEVERE MALNUTRITION	21
263	PROT-CAL MALNUTR NEC/NOS*	21

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
2630	MALNUTRITION MOD DEGREE	21
2631	MALNUTRITION MILD DEGREE	21
2632	ARREST DEVEL D/T MALNUTR	21
2638	PROTEIN-CAL MALNUTR NEC	21
2639	PROTEIN-CAL MALNUTR NOS	21
2770	CYSTIC FIBROSIS*	107
27700	CYSTIC FIBROS W/O ILEUS	107
27701	CYSTIC FIBROSIS W ILEUS	107
27702	CYSTIC FIBROS W PUL MAN	107
27703	CYSTIC FIBROSIS W GI MAN	107
27709	CYSTIC FIBROSIS NEC	107
279	DIS IMMUNE MECHANISM*	45
2790	DEFIC HUMORAL IMMUNITY*	45
27900	HYPOGAMMAGLOBULINEM NOS	45
27901	SELECTIVE IGA IMMUNODEF	45
27902	SELECTIVE IGM IMMUNODEF	45
27903	SELECTIVE IG DEFIC NEC	45
27904	CONG HYPOGAMMAGLOBULINEM	45
27905	IMMUNODEFIC W HYPER-IGM	45
27906	COMMON VARIABL IMMUNODEF	45
27909	HUMORAL IMMUNITY DEF NEC	45
2791	DEFIC CELLULAR IMMUNITY*	45
27910	IMMUNDEF T-CELL DEF NOS	45
27911	DIGEORGE'S SYNDROME	45
27912	WISKOTT-ALDRICH SYNDROME	45
27913	NEZELOF'S SYNDROME	45
27919	DEFIC CELL IMMUNITY NOS	45
2792	COMBINED IMMUNITY DEFIC	45
2793	IMMUNITY DEFICIENCY NOS	45
2794	AUTOIMMUNE DISEASE NEC	45
2798	IMMUNE MECHANISM DIS NEC	45
2799	IMMUNE MECHANISM DIS NOS	45
28241	THLASEMA HB-S W/O CRISIS	44
28242	THLASSEMIA HB-S W CRISIS	44
2826	SICKLE-CELL ANEMIA*	44
28260	SICKLE CELL DISEASE NOS	44
28261	HB-SS DISEASE W/O CRISIS	44
28262	HB-SS DISEASE W CRISIS	44
28263	HB-SS/HB-C DIS W/O CRSIS	44
28264	HB-S/HB-C DIS W CRISIS	44

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
28268	HB-S DIS W/O CRISIS NEC	44
28269	HB-SS DIS NEC W CRISIS	44
283	ACQ HEMOLYTIC ANEMIA*	44
2830	AUTOIMMUN HEMOLYTIC ANEM	44
2831	NONAUTOIMMU HEMOLYT ANEM*	44
28310	NONAUTO HEM ANEMIA NOS	44
28311	HEMOLYTIC UREMIC SYND	44
28319	OTH NONAUTO HEM ANEMIA	44
2832	HEMOLYTIC HEMOGLOBINURIA	44
2839	ACQ HEMOLYTIC ANEMIA NOS	44
284	APLASTIC ANEMIA*	44
2840	CONGEN APLASTIC ANEMIA	44
2848	APLASTIC ANEMIAS NEC	44
2849	APLASTIC ANEMIA NOS	44
2860	CONG FACTOR VIII DIORD	44
2861	CONG FACTOR IX DISORDER	44
2880	AGRANULOCYTOSIS	45
2881	FUNCTION DIS NEUTROPHILS	45
2882	GENETIC ANOMALY LEUKOCYT	45
28952	SPLENIC SEQUESTRATION	44
291	ALCOHOLIC PSYCHOSES*	51
2910	DELIRIUM TREMENS	51
2911	ALCOHOL AMNESTIC SYND	51
2912	ALCOHOLIC DEMENTIA NEC	51
2913	ALCOHOL HALLUCINOSIS	51
2914	PATHOLOGIC ALCOHOL INTOX	51
2915	ALCOHOLIC JEALOUSY	51
2918	ALCOHOLIC PSYCHOSIS NEC*	51
29181	ALCOHOL WITHDRAWAL	51
29189	ALCOHOLIC PSYCHOSIS NEC	51
2919	ALCOHOLIC PSYCHOSIS NOS	51
292	DRUG PSYCHOSES*	51
2920	DRUG WITHDRAWAL SYNDROME	51
2921	DRUG PARANOID/HALLUCINOS*	51
29211	DRUG PARANOID STATE	51
29212	DRUG HALLUCINOSIS	51
2922	PATHOLOGIC DRUG INTOX	51
2928	OTHER DRUG MENTAL DIS*	51
29281	DRUG-INDUCED DELIRIUM	51
29282	DRUG-INDUCED DEMENTIA	51

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
29283	DRUG AMNESTIC SYNDROME	51
29284	DRUG DEPRESSIVE SYNDROME	51
29289	DRUG MENTAL DISORDER NEC	51
2929	DRUG MENTAL DISORDER NOS	51
295	SCHIZOPHRENIC DISORDERS*	54
2950	SIMPLE SCHIZOPHRENIA*	54
29500	SIMPL SCHIZOPHREN-UNSPEC	54
29501	SIMPL SCHIZOPHREN-SUBCHR	54
29502	SIMPLE SCHIZOPHREN-CHR	54
29503	SIMP SCHIZ-SUBCHR/EXACER	54
29504	SIMPL SCHIZO-CHR/EXACERB	54
29505	SIMPL SCHIZOPHREN-REMISS	54
2951	HEBEPHRENIA*	54
29510	HEBEPHRENIA-UNSPEC	54
29511	HEBEPHRENIA-SUBCHRONIC	54
29512	HEBEPHRENIA-CHRONIC	54
29513	HEBEPHREN-SUBCHR/EXACERB	54
29514	HEBEPHRENIA-CHR/EXACERB	54
29515	HEBEPHRENIA-REMISSION	54
2952	CATATONIC SCHIZOPHRENIA*	54
29520	CATATONIA-UNSPEC	54
29521	CATATONIA-SUBCHRONIC	54
29522	CATATONIA-CHRONIC	54
29523	CATATONIA-SUBCHR/EXACERB	54
29524	CATATONIA-CHR/EXACERB	54
29525	CATATONIA-REMISSION	54
2953	PARANOID SCHIZOPHRENIA*	54
29530	PARANOID SCHIZO-UNSPEC	54
29531	PARANOID SCHIZO-SUBCHR	54
29532	PARANOID SCHIZO-CHRONIC	54
29533	PARAN SCHIZO-SUBCHR/EXAC	54
29534	PARAN SCHIZO-CHR/EXACERB	54
29535	PARANOID SCHIZO-REMISS	54
2954	AC SCHIZOPHRENIC EPISODE*	54
29540	AC SCHIZOPHRENIA-UNSPEC	54
29541	AC SCHIZOPHRENIA-SUBCHR	54
29542	AC SCHIZOPHRENIA-CHR	54
29543	AC SCHIZO-SUBCHR/EXACERB	54
29544	AC SCHIZOPHR-CHR/EXACERB	54
29545	AC SCHIZOPHRENIA-REMISS	54

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
2955	LATENT SCHIZOPHRENIA*	54
29550	LATENT SCHIZOPHREN-UNSP	54
29551	LAT SCHIZOPHREN-SUBCHR	54
29552	LATENT SCHIZOPHREN-CHR	54
29553	LAT SCHIZO-SUBCHR/EXACER	54
29554	LATENT SCHIZO-CHR/EXACER	54
29555	LAT SCHIZOPHREN-REMISS	54
2956	RESIDUAL SCHIZOPHRENIA*	54
29560	RESID SCHIZOPHREN-UNSP	54
29561	RESID SCHIZOPHREN-SUBCHR	54
29562	RESIDUAL SCHIZOPHREN-CHR	54
29563	RESID SCHIZO-SUBCHR/EXAC	54
29564	RESID SCHIZO-CHR/EXACERB	54
29565	RESID SCHIZOPHREN-REMISS	54
2957	SCHIZOAFFECTIVE TYPE*	54
29570	SCHIZOAFFECTIVE-UNSPEC	54
29571	SCHIZOAFFECTIVE-SUBCHR	54
29572	SCHIZOAFFECTIVE-CHRONIC	54
29573	SCHIZOAFF-SUBCHR/EXACER	54
29574	SCHIZOAFFECT-CHR/EXACER	54
29575	SCHIZOAFFECTIVE-REMISS	54
2958	SCHIZOPHRENIA NEC*	54
29580	SCHIZOPHRENIA NEC-UNSPEC	54
29581	SCHIZOPHRENIA NEC-SUBCHR	54
29582	SCHIZOPHRENIA NEC-CHR	54
29583	SCHIZO NEC-SUBCHR/EXACER	54
29584	SCHIZO NEC-CHR/EXACERB	54
29585	SCHIZOPHRENIA NEC-REMISS	54
2959	SCHIZOPHRENIA NOS*	54
29590	SCHIZOPHRENIA NOS-UNSPEC	54
29591	SCHIZOPHRENIA NOS-SUBCHR	54
29592	SCHIZOPHRENIA NOS-CHR	54
29593	SCHIZO NOS-SUBCHR/EXACER	54
29594	SCHIZO NOS-CHR/EXACERB	54
29595	SCHIZOPHRENIA NOS-REMISS	54
296	AFFECTIVE PSYCHOSES*	55
2960	MANIC DIS, SINGL EPISODE*	55
29600	MANIC DISORDER-UNSPEC	55
29601	MANIC DISORDER-MILD	55
29602	MANIC DISORDER-MOD	55

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
29603	MANIC DISORDER-SEVERE	55
29604	MANIC DIS-SEVERE W PSYCH	55
29605	MANIC DIS-PARTIAL REMISS	55
29606	MANIC DIS-FULL REMISSION	55
2961	MANIC, RECURRENT EPISODE*	55
29610	RECUR MANIC DIS-UNSPEC	55
29611	RECUR MANIC DIS-MILD	55
29612	RECUR MANIC DIS-MOD	55
29613	RECUR MANIC DIS-SEVERE	55
29614	RECUR MANIC-SEV W PSYCHO	55
29615	RECUR MANIC-PART REMISS	55
29616	RECUR MANIC-FULL REMISS	55
2962	DEPR PSYCH, SINGL EPISOD*	55
29620	DEPRESS PSYCHOSIS-UNSPEC	55
29621	DEPRESS PSYCHOSIS-MILD	55
29622	DEPRESSIVE PSYCHOSIS-MOD	55
29623	DEPRESS PSYCHOSIS-SEVERE	55
29624	DEPR PSYCHOS-SEV W PSYCH	55
29625	DEPR PSYCHOS-PART REMISS	55
29626	DEPR PSYCHOS-FULL REMISS	55
2963	DEPR PSYCH, RECUR EPISOD*	55
29630	RECURR DEPR PSYCHOS-UNSP	55
29631	RECURR DEPR PSYCHOS-MILD	55
29632	RECURR DEPR PSYCHOS-MOD	55
29633	RECUR DEPR PSYCH-SEVERE	55
29634	REC DEPR PSYCH-PSYCHOTIC	55
29635	RECUR DEPR PSYC-PART REM	55
29636	RECUR DEPR PSYC-FULL REM	55
2964	BIPOLAR AFFECTIVE, MANIC*	55
29640	BIPOL AFF, MANIC-UNSPEC	55
29641	BIPOLAR AFF, MANIC-MILD	55
29642	BIPOLAR AFFEC, MANIC-MOD	55
29643	BIPOL AFF, MANIC-SEVERE	55
29644	BIPOL MANIC-SEV W PSYCH	55
29645	BIPOL AFF MANIC-PART REM	55
29646	BIPOL AFF MANIC-FULL REM	55
2965	BIPOLAR AFFECT, DEPRESS*	55
29650	BIPOLAR AFF, DEPR-UNSPEC	55
29651	BIPOLAR AFFEC, DEPR-MILD	55
29652	BIPOLAR AFFEC, DEPR-MOD	55

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
29653	BIPOL AFF, DEPR-SEVERE	55
29654	BIPOL DEPR-SEV W PSYCH	55
29655	BIPOL AFF DEPR-PART REM	55
29656	BIPOL AFF DEPR-FULL REM	55
2966	BIPOLAR AFFECTIVE, MIXED*	55
29660	BIPOL AFF, MIXED-UNSPEC	55
29661	BIPOLAR AFF, MIXED-MILD	55
29662	BIPOLAR AFFEC, MIXED-MOD	55
29663	BIPOL AFF, MIXED-SEVERE	55
29664	BIPOL MIXED-SEV W PSYCH	55
29665	BIPOL AFF, MIX-PART REM	55
29666	BIPOL AFF, MIX-FULL REM	55
2967	BIPOLAR AFFECTIVE NOS	55
2968	MANIC-DEPRESSIVE NEC/NOS*	55
29680	MANIC-DEPRESSIVE NOS	55
29681	ATYPICAL MANIC DISORDER	55
29682	ATYPICAL DEPRESSIVE DIS	55
29689	MANIC-DEPRESSIVE NEC	55
2969	AFFECT PSYCHOSES NEC/NOS*	55
29690	AFFECTIVE PSYCHOSIS NOS	55
29699	AFFECTIVE PSYCHOSES NEC	55
297	PARANOID STATES*	55
2970	PARANOID STATE, SIMPLE	55
2971	PARANOIA	55
2972	PARAPHRENIA	55
2973	SHARED PARANOID DISORDER	55
2978	PARANOID STATES NEC	55
2979	PARANOID STATE NOS	55
303	ALCOHOL DEPENDENCE SYNDR*	52
3030	AC ALCOHOL INTOXICATION*	52
30300	AC ALCOHOL INTOX-UNSPEC	52
30301	AC ALCOHOL INTOX-CONTIN	52
30302	AC ALCOHOL INTOX-EPISOD	52
30303	AC ALCOHOL INTOX-REMISS	52
3039	ALCOHOL DEPEND NEC/NOS*	52
30390	ALCOH DEP NEC/NOS-UNSPEC	52
30391	ALCOH DEP NEC/NOS-CONTIN	52
30392	ALCOH DEP NEC/NOS-EPISOD	52
30393	ALCOH DEP NEC/NOS-REMISS	52
304	DRUG DEPENDENCE*	52

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
3040	OPIOID TYPE DEPENDENCE*	52
30400	OPIOID DEPENDENCE-UNSPEC	52
30401	OPIOID DEPENDENCE-CONTIN	52
30402	OPIOID DEPENDENCE-EPISOD	52
30403	OPIOID DEPENDENCE-REMISS	52
3041	BARBITURATE DEPENDENCE*	52
30410	BARBITURAT DEPEND-UNSPEC	52
30411	BARBITURAT DEPEND-CONTIN	52
30412	BARBITURAT DEPEND-EPISOD	52
30413	BARBITURAT DEPEND-REMISS	52
3042	COCAINE DEPENDENCE*	52
30420	COCAINE DEPEND-UNSPEC	52
30421	COCAINE DEPEND-CONTIN	52
30422	COCAINE DEPEND-EPISODIC	52
30423	COCAINE DEPEND-REMISS	52
3043	CANNABIS DEPENDENCE*	52
30430	CANNABIS DEPEND-UNSPEC	52
30431	CANNABIS DEPEND-CONTIN	52
30432	CANNABIS DEPEND-EPISODIC	52
30433	CANNABIS DEPEND-REMISS	52
3044	AMPHETAMINE DEPENDENCE*	52
30440	AMPHETAMIN DEPEND-UNSPEC	52
30441	AMPHETAMIN DEPEND-CONTIN	52
30442	AMPHETAMIN DEPEND-EPISOD	52
30443	AMPHETAMIN DEPEND-REMISS	52
3045	HALLUCINOGEN DEPENDENCE*	52
30450	HALLUCINOGEN DEP-UNSPEC	52
30451	HALLUCINOGEN DEP-CONTIN	52
30452	HALLUCINOGEN DEP-EPISOD	52
30453	HALLUCINOGEN DEP-REMISS	52
3046	DRUG DEPENDENCE NEC*	52
30460	DRUG DEPEND NEC-UNSPEC	52
30461	DRUG DEPEND NEC-CONTIN	52
30462	DRUG DEPEND NEC-EPISODIC	52
30463	DRUG DEPEND NEC-IN REM	52
3047	OPIOID/OTHER DRUG DEPEND*	52
30470	OPIOID/OTHER DEP-UNSPEC	52
30471	OPIOID/OTHER DEP-CONTIN	52
30472	OPIOID/OTHER DEP-EPISOD	52
30473	OPIOID/OTHER DEP-REMISS	52

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
3048	COMB DRUG DEPENDENCE NEC*	52
30480	COMB DRUG DEP NEC-UNSPEC	52
30481	COMB DRUG DEP NEC-CONTIN	52
30482	COMB DRUG DEP NEC-EPISOD	52
30483	COMB DRUG DEP NEC-REMISS	52
3049	DRUG DEPENDENCE NOS*	52
30490	DRUG DEPEND NOS-UNSPEC	52
30491	DRUG DEPEND NOS-CONTIN	52
30492	DRUG DEPEND NOS-EPISODIC	52
30493	DRUG DEPEND NOS-REMISS	52
3210	CRYPTOCOCCAL MENINGITIS	5
332	PARKINSON'S DISEASE*	73
3320	PARALYSIS AGITANS	73
3321	SECONDARY PARKINSONISM	73
3330	DEGEN BASAL GANGLIA NEC	73
3334	HUNTINGTON'S CHOREA	73
334	SPINOCEREBELLAR DISEASE*	69
3340	FRIEDREICH'S ATAXIA	69
3341	HERED SPASTIC PARAPLEGIA	69
3342	PRIMARY CEREBELLAR DEGEN	69
3343	CEREBELLAR ATAXIA NEC	69
3344	CEREBEL ATAX IN OTH DIS	69
3348	SPINOCEREBELLAR DIS NEC	69
3349	SPINOCEREBELLAR DIS NOS	69
335	ANT HORN CELL DISEASE*	67
3350	WERDNIG-HOFFMANN DISEASE	67
3351	SPINAL MUSCULAR ATROPHY*	67
33510	SPINAL MUSCL ATROPHY NOS	67
33511	KUGELBERG-WELANDER DIS	67
33519	SPINAL MUSCL ATROPHY NEC	67
3352	MOTOR NEURON DISEASE*	67
33520	AMYOTROPHIC SCLEROSIS	67
33521	PROG MUSCULAR ATROPHY	67
33522	PROGRESSIVE BULBAR PALSY	67
33523	PSEUDOBULBAR PALSY	67
33524	PRIM LATERAL SCLEROSIS	67
33529	MOTOR NEURON DISEASE NEC	67
3358	ANT HORN CELL DIS NEC	67
3359	ANT HORN CELL DIS NOS	67
336	SPINAL CORD DISEASE NEC*	69

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
3360	SYRINGOMYELIA	69
3361	VASCULAR MYELOPATHIES	69
3362	COMB DEG CORD IN OTH DIS	69
3363	MYELOPATHY IN OTH DIS	69
3368	MYELOPATHY NEC	69
3369	SPINAL CORD DISEASE NOS	69
337	AUTONOMIC NERVE DISORDER*	71
3370	IDIOPATH AUTO NEUROPATHY	71
3371	AUT NEUROPTHY IN OTH DIS	71
3372	REFLEX SYMPTH DYSTROPHY*	71
33720	UNSP RFLX SYMPTH DYSTRPH	71
33721	RFLX SYM DYSTRPH UP LIMB	71
33722	RFLX SYM DYSTRPH LWR LMB	71
33729	RFLX SYM DYSTRPH OTH ST	71
3373	AUTONOMIC DYSREFLEXIA	71
3379	AUTONOMIC NERVE DIS NEC	71
340	MULTIPLE SCLEROSIS	72
341	OTHER CNS DEMYELINATION*	72
3410	NEUROMYELITIS OPTICA	72
3411	SCHILDER'S DISEASE	72
3418	CNS DEMYELINATION NEC	72
3419	CNS DEMYELINATION NOS	72
342	HEMIPLEGIA*	100
3420	FLACCID HEMIPLEGIA*	100
34200	FLCCD HMIPLGA UNSPF SIDE	100
34201	FLCCD HMIPLGA DOMNT SIDE	100
34202	FLCCD HMIPLG NONDMNT SDE	100
3421	SPASTIC HEMIPLEGIA*	100
34210	SPSTC HMIPLGA UNSPF SIDE	100
34211	SPSTC HMIPLGA DOMNT SIDE	100
34212	SPSTC HMIPLG NONDMNT SDE	100
3428	OT SP HEMIPLEGIA	100
34280	OT SP HMIPLGA UNSPF SIDE	100
34281	OT SP HMIPLGA DOMNT SIDE	100
34282	OT SP HMIPLG NONDMNT SDE	100
3429	HEMIPLEGIA NOS*	100
34290	UNSP HEMIPLGA UNSPF SIDE	100
34291	UNSP HEMIPLGA DOMNT SIDE	100
34292	UNSP HMIPLGA NONDMNT SDE	100
343	INFANTILE CEREBRAL PALSY*	101

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
3430	CONGENITAL DIPLEGIA	68
3431	CONGENITAL HEMIPLEGIA	100
3432	CONGENITAL QUADRIPLEGIA	67
3433	CONGENITAL MONOPLEGIA	101
3434	INFANTILE HEMIPLEGIA	100
3438	CEREBRAL PALSY NEC	101
3439	CEREBRAL PALSY NOS	101
3440	QUADRIPLEGIA NOS*	67
34400	QUADRIPLEGIA, UNSPECIFD	67
34401	QUADRPLG C1-C4, COMPLETE	67
34402	QUADRPLG C1-C4, INCOMPLT	67
34403	QUADRPLG C5-C7, COMPLETE	67
34404	QUADRPLG C5-C7, INCOMPLT	67
34409	OTHER QUADRIPLEGIA	67
3441	PARAPLEGIA NOS	68
3442	DIPLEGIA OF UPPER LIMBS	101
3443	MONOPLEGIA OF LOWER LIMB*	101
34430	MONPLGA LWR LMB UNSP SDE	101
34431	MONPLGA LWR LMB DMNT SDE	101
34432	MNPLG LWR LMB NONDMNT SD	101
3444	MONOPLEGIA OF UPPER LIMB*	101
34440	MONPLGA UPR LMB UNSP SDE	101
34441	MONPLGA UPR LMB DMNT SDE	101
34442	MNPLG UPR LMB NONDMNT SD	101
3445	MONOPLEGIA NOS	101
3446	CAUDA EQUINA SYNDROME*	69
34460	CAUDA EQUINA SYND NOS	69
34461	NEUROGENIC BLADDER	69
3448	PARALYTIC SYNDROMES NEC*	101
34481	LOCKED-IN STATE	67
34489	OTH SPCF PARALYTIC SYND	101
3449	PARALYSIS NOS	101
345	EPILEPSY*	74
3450	GEN NONCONVULS EPILEPSY*	74
34500	GEN NONCV EP W/O INTR EP	74
34501	GEN NONCONV EP W INTR EP	74
3451	GEN CONVULSIVE EPILEPSY*	74
34510	GEN CNV EPIL W/O INTR EP	74
34511	GEN CNV EPIL W INTR EPIL	74
3452	PETIT MAL STATUS	74

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
3453	GRAND MAL STATUS	74
3454	PSYCHOMOTOR EPILEPSY*	74
34540	PSYMOTR EPIL W/O INT EPI	74
34541	PSYMOTR EPIL W INTR EPIL	74
3455	PARTIAL EPILEPSY NEC*	74
34550	PART EPIL W/O INTR EPIL	74
34551	PART EPIL W INTR EPIL	74
3456	INFANTILE SPASMS*	74
34560	INF SPASM W/O INTR EPIL	74
34561	INF SPASM W INTRACT EPIL	74
3457	EPILEPS PARTIAL CONTINUA*	74
34570	EPIL PAR CONT W/O INT EP	74
34571	EPIL PAR CONT W INTR EPI	74
3458	EPILEPSY NEC*	74
34580	EPILEP NEC W/O INTR EPIL	74
34581	EPILEPSY NEC W INTR EPIL	74
3459	EPILEPSY NOS*	74
34590	EPILEP NOS W/O INTR EPIL	74
34591	EPILEPSY NOS W INTR EPIL	74
3481	ANOXIC BRAIN DAMAGE	75
3484	COMPRESSION OF BRAIN	75
3485	CEREBRAL EDEMA	75
3491	COMPLICATION CNS DEVICE	164
3536	PHANTOM LIMB (SYNDROME)	177
356	HERED PERIPH NEUROPATHY*	71
3560	HERED PERIPH NEUROPATHY	71
3561	PERONEAL MUSCLE ATROPHY	71
3562	HERED SENSORY NEUROPATHY	71
3563	REFSUM'S DISEASE	71
3564	IDIO PROG POLYNEUROPATHY	71
3568	IDIO PERIPH NEURPTHY NEC	71
3569	IDIO PERIPH NEURPTHY NOS	71
357	INFLAM/TOXIC NEUROPATHY*	71
3570	AC INFECT POLYNEURITIS	71
3571	NEURPTHY IN COL VASC DIS	71
3572	NEUROPATHY IN DIABETES	71
3573	NEUROPATHY IN MALIG DIS	71
3574	NEUROPATHY IN OTHER DIS	71
3575	ALCOHOLIC POLYNEUROPATHY	71
3576	NEUROPATHY DUE TO DRUGS	71

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
3577	NEURPTHY TOXIC AGENT NEC	71
3578	INFLAM/TOX NEUROPTHY NEC	71
35781	CHR INFLAM POLYNEURITIS	71
35782	CRIT ILLNESS NEUROPATHY	71
35789	INFLAM/TOX NEUROPTHY NEC	71
3579	INFLAM/TOX NEUROPTHY NOS	71
358	MYONEURAL DISORDERS*	71
3580	MYASTHENIA GRAVIS	71
35800	MYSTHNA GRVS W/O AC EXAC	71
35801	MYASTHNA GRAVS W AC EXAC	71
3581	MYASTHENIA IN OTH DIS	71
3582	TOXIC MYONEURAL DISORDER	71
3588	MYONEURAL DISORDERS NEC	71
3589	MYONEURAL DISORDERS NOS	71
359	MUSCULAR DYSTROPHIES*	71
3590	CONG HERED MUSC DYSTRPHY	70
3591	HERED PROG MUSC DYSTRPHY	70
3592	MYOTONIC DISORDERS	71
3593	FAMIL PERIODIC PARALYSIS	71
3594	TOXIC MYOPATHY	71
3595	MYOPATHY IN ENDOCRIN DIS	71
3596	INFL MYOPATHY IN OTH DIS	71
3598	MYOPATHY NEC	71
35981	CRITICAL ILLNESS MYOPTHY	71
35989	MYOPATHIES NEC	71
3599	MYOPATHY NOS	71
36202	PROLIF DIAB RETINOPATHY	119
37923	VITREOUS HEMORRHAGE	119
40201	MAL HYPERT HRT DIS W CHF	80
40211	BENIGN HYP HRT DIS W CHF	80
40291	HYPERTEN HEART DIS W CHF	80
40301	MAL HYP REN W RENAL FAIL	131
40311	BEN HYP RENAL W REN FAIL	131
40391	HYP RENAL NOS W REN FAIL	131
40401	MAL HYPER HRT/REN W CHF	80
40402	MAL HY HT/REN W REN FAIL	131
40403	MAL HYP HRT/REN W CHF&RF	131
40403[a]	MAL HYP HRT/REN W CHF&RF	80
40411	BEN HYPER HRT/REN W CHF	80
40412	BEN HY HT/REN W REN FAIL	131

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
40413	BEN HYP HRT/REN W CHF&RF	131
40413[a]	BEN HYP HRT/REN W CHF&RF	80
40491	HYPER HRT/REN NOS W CHF	80
40492	HY HT/REN NOS W REN FAIL	131
40493	HYP HT/REN NOS W CHF&RF	131
40493[a]	HYP HT/REN NOS W CHF&RF	80
410	ACUTE MYOCARDIAL INFARCT*	82
4100	AMI ANTEROLATERAL WALL*	82
41000	AMI ANTEROLATERAL,UNSPEC	82
41001	AMI ANTEROLATERAL, INIT	81
41002	AMI ANTEROLATERAL,SUBSEQ	82
4101	AMI ANTERIOR WALL NEC*	82
41010	AMI ANTERIOR WALL,UNSPEC	82
41011	AMI ANTERIOR WALL, INIT	81
41012	AMI ANTERIOR WALL,SUBSEQ	82
4102	AMI INFEROLATERAL WALL*	82
41020	AMI INFEROLATERAL,UNSPEC	82
41021	AMI INFEROLATERAL, INIT	81
41022	AMI INFEROLATERAL,SUBSEQ	82
4103	AMI INFEROPOSTERIOR WALL*	82
41030	AMI INFEROPOST, UNSPEC	82
41031	AMI INFEROPOST, INITIAL	81
41032	AMI INFEROPOST, SUBSEQ	82
4104	AMI INFERIOR WALL NEC*	82
41040	AMI INFERIOR WALL,UNSPEC	82
41041	AMI INFERIOR WALL, INIT	81
41042	AMI INFERIOR WALL,SUBSEQ	82
4105	AMI LATERAL WALL NEC*	82
41050	AMI LATERAL NEC, UNSPEC	82
41051	AMI LATERAL NEC, INITIAL	81
41052	AMI LATERAL NEC, SUBSEQ	82
4106	TRUE POSTERIOR INFARCT*	82
41060	TRUE POST INFARCT,UNSPEC	82
41061	TRUE POST INFARCT, INIT	81
41062	TRUE POST INFARCT,SUBSEQ	82
4107	SUBENDOCARDIAL INFARCT*	82
41070	SUBENDO INFARCT, UNSPEC	82
41071	SUBENDO INFARCT, INITIAL	81
41072	SUBENDO INFARCT, SUBSEQ	82
4108	MYOCARDIAL INFARCT NEC*	82

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
41080	AMI NEC, UNSPECIFIED	82
41081	AMI NEC, INITIAL	81
41082	AMI NEC, SUBSEQUENT	82
4109	MYOCARDIAL INFARCT NOS*	82
41090	AMI NOS, UNSPECIFIED	82
41091	AMI NOS, INITIAL	81
41092	AMI NOS, SUBSEQUENT	82
411	OTH AC ISCHEMIC HRT DIS*	82
4110	POST MI SYNDROME	82
4111	INTERMED CORONARY SYND	82
4118	AC ISCHEMIC HRT DIS NEC*	82
41181	CORONARY OCCLSN W/O MI	82
41189	AC ISCHEMIC HRT DIS NEC	82
412	OLD MYOCARDIAL INFARCT	83
413	ANGINA PECTORIS*	83
4130	ANGINA DECUBITUS	83
4131	PRINZMETAL ANGINA	83
4139	ANGINA PECTORIS NEC/NOS	83
4150	ACUTE COR PULMONALE	80
4151	PULMON EMBOLISM/INFARCT*	104
41511	IATROGEN PULM EMB/INFARC	104
41519	PULM EMBOL/INFARCT NEC	104
416	CHR PULMONARY HEART DIS*	80
4160	PRIM PULM HYPERTENSION	80
4161	KYPHOSCOLIOTIC HEART DIS	80
4168	CHR PULMON HEART DIS NEC	80
4169	CHR PULMON HEART DIS NOS	80
417	OTH PULMON CIRCULAT DIS*	80
4170	ARTERIOVEN FISTU PUL VES	80
4171	PULMON ARTERY ANEURYSM	80
4178	PULMON CIRCULAT DIS NEC	80
4179	PULMON CIRCULAT DIS NOS	80
425	CARDIOMYOPATHY*	80
4250	ENDOMYOCARDIAL FIBROSIS	80
4251	HYPERTR OBSTR CARDIOMYOP	80
4252	OBSC AFRIC CARDIOMYOPATH	80
4253	ENDOCARD FIBROELASTOSIS	80
4254	PRIM CARDIOMYOPATHY NEC	80
4255	ALCOHOLIC CARDIOMYOPATHY	80
4257	METABOLIC CARDIOMYOPATHY	80

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
4258	CARDIOMYOPATH IN OTH DIS	80
4259	SECOND CARDIOMYOPATH NOS	80
4260	ATRIOVENT BLOCK COMPLETE	92
4270	PAROX ATRIAL TACHYCARDIA	92
4271	PAROX VENTRIC TACHYCARD	92
4272	PAROX TACHYCARDIA NOS	92
4273	ATRIAL FIBRILL/FLUTTER*	92
42731	ATRIAL FIBRILLATION	92
42732	ATRIAL FLUTTER	92
4274	VENTRIC FIBRILL/FLUTTER*	79
42741	VENTRICULAR FIBRILLATION	79
42742	VENTRICULAR FLUTTER	79
4275	CARDIAC ARREST	79
42781	SINOATRIAL NODE DYSFUNCT	92
428	HEART FAILURE*	80
4280	CONGESTIVE HEART FAILURE	80
4281	LEFT HEART FAILURE	80
4282	SYSTOLIC HEART FAILURE	80
42820	SYSTOLIC HRT FAILURE NOS	80
42821	AC SYSTOLIC HRT FAILURE	80
42822	CHR SYSTOLIC HRT FAILURE	80
42823	AC ON CHR SYST HRT FAIL	80
4283	DIASTOLIC HEART FAILURE	80
42830	DIASTOLIC HRT FAILURE	80
42831	AC DIASTOLIC HRT FAILURE	80
42832	CHR DIASTOLIC HRT FAILURE	80
42833	AC ON CHR DIAST HRT FAIL	80
4284	SYST/DIAST HEART FAILURE	80
42840	SYST/DIAST HRT FAIL NOS	80
42841	AC SYST/DIASTOL HRT FAIL	80
42842	CHR SYST/DIASTL HRT FAIL	80
42843	AC/CHR SYST/DIA HRT FAIL	80
4289	HEART FAILURE NOS	80
4290	MYOCARDITIS NOS	80
4291	MYOCARDIAL DEGENERATION	80
4295	CHORDAE TENDINAE RUPTURE	81
4296	PAPILLARY MUSCLE RUPTURE	81
430	SUBARACHNOID HEMORRHAGE	95
431	INTRACEREBRAL HEMORRHAGE	95
432	INTRACRANIAL HEM NEC/NOS*	95

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
4320	NONTRAUM EXTRADURAL HEM	95
4321	SUBDURAL HEMORRHAGE	95
4329	INTRACRANIAL HEMORR NOS	95
43301	OCL BSLR ART W INFRCT	96
43311	OCL CRTD ART W INFRCT	96
43321	OCL VRTB ART W INFRCT	96
43331	OCL MLT BI ART W INFRCT	96
43381	OCL SPCF ART W INFRCT	96
43391	OCL ART NOS W INFRCT	96
43401	CRBL THRMBS W INFRCT	96
43411	CRBL EMBLSM W INFRCT	96
43491	CRBL ART OCL NOS W INFRC	96
436	CVA	96
4382	LATE EF-HEMPLGA	100
43820	LATE EF-HEMPLGA SIDE NOS	100
43821	LATE EF-HEMPLGA DOM SIDE	100
43822	LATE EF-HEMIPLGA NON-DOM	100
4383	LATE EF-MPLGA UP LMB	101
43830	LATE EF-MPLGA UP LMB NOS	101
43831	LATE EF-MPLGA UP LMB DOM	101
43832	LT EF-MPLGA UPLMB NONDOM	101
4384	LATE EF-MPLGA LOW LMB	101
43840	LTE EF-MPLGA LOW LMB NOS	101
43841	LTE EF-MPLGA LOW LMB DOM	101
43842	LT EF-MPLGA LOWLMB NONDM	101
4385	LT EF OTH PARAL	101
43850	LT EF OTH PARAL SIDE NOS	101
43851	LT EF OTH PARAL DOM SIDE	101
43852	LT EF OTH PARALS NON-DOM	101
43853	LT EF OTH PARALS-BILAT	101
4400	AORTIC ATHEROSCLEROSIS	105
4401	RENAL ARTERY ATHEROSCLER	105
4402	ATHEROSCLEROS-EXTREMITY*	105
44020	ATHSCL EXTRM NTV ART NOS	105
44021	ATH EXT NTV AT W CLAUDCT	105
44022	ATH EXT NTV AT W RST PN	105
44023	ATH EXT NTV ART ULCRTION	104
44024	ATH EXT NTV ART GNGRENE	104
44029	ATHRSC EXTRM NTV ART OTH	105
4403	ATH EXT	105

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
44030	ATHSCL EXTRM BPS GFT NOS	105
44031	ATH EXT AUTOLOGS BPS GFT	105
44032	ATH EXT NONAUTLG BPS GFT	105
441	AORTIC ANEURYSM*	105
4410	DISSECTING ANEURYSM*	104
44100	DSCT OF AORTA UNSP SITE	104
44101	DSCT OF THORACIC AORTA	104
44102	DSCT OF ABDOMINAL AORTA	104
44103	DSCT OF THORACOABD AORTA	104
4411	RUPTUR THORACIC ANEURYSM	104
4412	THORACIC AORTIC ANEURYSM	105
4413	RUPT ABD AORTIC ANEURYSM	104
4414	ABDOM AORTIC ANEURYSM	105
4415	RUPT AORTIC ANEURYSM NOS	104
4416	THORACOABD ANEURYSM RUPT	104
4417	THRACABD ANURYSM WO RUPT	105
4419	AORTIC ANEURYSM NOS	105
442	OTHER ANEURYSM*	105
4420	UPPER EXTREMITY ANEURYSM	105
4421	RENAL ARTERY ANEURYSM	105
4422	ILIAC ARTERY ANEURYSM	105
4423	LOWER EXTREMITY ANEURYSM	105
4428	ANEURYSM NEC*	105
44281	ANEURYSM OF NECK	105
44282	SUBCLAVIAN ANEURYSM	105
44283	SPLENIC ARTERY ANEURYSM	105
44284	VISCERAL ANEURYSM NEC	105
44289	ANEURYSM NEC	105
4429	ANEURYSM NOS	105
4431	THROMBOANGIIT OBLITERANS	105
4432	DISSECT ARTERY	104
44321	DISSECT CAROTID ARTERY	104
44322	DISSECTION ILIAC ARTERY	104
44323	DISSECTION RENAL ARTERY	104
44324	DISSECT VERTEBRAL ARTERY	104
44329	DISSECTION ARTERY NEC	104
4438	PERIPH VASCULAR DIS NEC*	105
44381	ANGIOPATHY IN OTHER DIS	105
44389	PERIPH VASCULAR DIS NEC	105
4439	PERIPH VASCULAR DIS NOS	105

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
444	ARTERIAL EMBOLISM*	104
4440	ABD AORTIC EMBOLISM	104
4441	THORACIC AORTIC EMBOLISM	104
4442	EMBOLISM OF EXTREMITY*	104
44421	UPPER EXTREMITY EMBOLISM	104
44422	LOWER EXTREMITY EMBOLISM	104
4448	ARTERIAL EMBOLISM NEC*	104
44481	ILIAC ARTERY EMBOLISM	104
44489	ARTERIAL EMBOLISM NEC	104
4449	ARTERIAL EMBOLISM NOS	104
445	ATHEROEMBOLISM	104
4450	ATHEROEMBOLISM, UP/LOW EXT	104
44501	ATHEROEMBOLISM,UPPER EXT	104
44502	ATHEROEMBOLISM,LOWER EXT	104
4458	ATHEROEMBOLISM, OTHER	104
44581	ATHEROEMBOLISM, KIDNEY	104
44589	ATHEROEMBOLISM, SITE NEC	104
446	POLYARTERIT NODOSA ET AL*	38
4460	POLYARTERITIS NODOSA	38
4461	MUCOCUTAN LYMPH NODE SYN	38
4462	HYPERSENSITIV ANGIITIS*	38
44620	HYPERSENSIT ANGIITIS NOS	38
44621	GOODPASTURE'S SYNDROME	38
44629	HYPERSENSIT ANGIITIS NEC	38
4463	LETHAL MIDLINE GRANULOMA	38
4464	WEGENER'S GRANULOMATOSIS	38
4465	GIANT CELL ARTERITIS	38
4466	THROMBOT MICROANGIOPATHY	38
4467	TAKAYASU'S DISEASE	38
447	OTHER ARTERIAL DISEASE*	105
4470	ACQ ARTERIOVEN FISTULA	105
4471	STRICTURE OF ARTERY	105
4472	RUPTURE OF ARTERY	105
4473	RENAL ARTERY HYPERPLASIA	105
4474	CELIAC ART COMPRESS SYN	105
4475	NECROSIS OF ARTERY	105
4476	ARTERITIS NOS	105
4478	ARTERIAL DISEASE NEC	105
4479	ARTERIAL DISEASE NOS	105
4480	HEREDIT HEMORR TELANGIEC	105

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
4511	DEEP PHLEBITIS-LEG*	105
45111	FEMORAL VEIN PHLEBITIS	105
45119	DEEP PHLEBITIS-LEG NEC	105
45181	ILIAC THROMBOPHLEBITIS	105
45183	PHLBTS DEEP VN UP EXTRM	105
4530	BUDD-CHIARI SYNDROME	105
4532	VENA CAVA THROMBOSIS	105
4533	RENAL VEIN THROMBOSIS	105
4538	VENOUS THROMBOSIS NEC	105
4560	ESOPHAG VARICES W BLEED	25
4561	ESOPH VARICES W/O BLEED	25
4562	ESOPH VARICES IN OTH DIS*	25
45620	BLEED ESOPH VAR OTH DIS	25
45621	ESOPH VARICE OTH DIS NOS	25
481	PNEUMOCOCCAL PNEUMONIA	112
4820	K. PNEUMONIAE PNEUMONIA	111
4821	PSEUDOMONAL PNEUMONIA	111
4822	H.INFLUENZAE PNEUMONIA	112
4823	STREPTOCOCCAL PNEUMONIA*	112
48230	STREPTOCOCCAL PNEUMN NOS	112
48231	PNEUMONIA STRPTOCOCCUS A	112
48232	PNEUMONIA STRPTOCOCCUS B	112
48239	PNEUMONIA OTH STREP	112
4824	STAPHYLOCOCCAL PNEUMONIA*	111
48240	STAPHYLOCOCCAL PNEU NOS	111
48241	STAPH AUREUS PNEUMONIA	111
48249	STAPH PNEUMONIA NEC	111
4828	BACTERIAL PNEUMONIA NEC*	111
48281	PNEUMONIA ANAEROBES	111
48282	PNEUMONIA E COLI	111
48283	PNEUMO OTH GRM-NEG BACT	111
48284	LEGIONNAIRES' DISEASE	111
48289	PNEUMONIA OTH SPCF BACT	111
4841	PNEUM W CYTOMEG INCL DIS	5
4846	PNEUM IN ASPERGILLOSIS	112
4847	PNEUM IN OTH SYS MYCOSES	112
491	CHRONIC BRONCHITIS*	108
4910	SIMPLE CHR BRONCHITIS	108
4911	MUCOPURUL CHR BRONCHITIS	108
4912	OBSTRUCT CHR BRONCHITIS*	108

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
49120	OBS CHR BRNC W/O ACT EXA	108
49121	OBS CHR BRNC W ACT EXA	108
4918	CHRONIC BRONCHITIS NEC	108
4919	CHRONIC BRONCHITIS NOS	108
492	EMPHYSEMA*	108
4920	EMPHYSEMATOUS BLEB	108
4928	EMPHYSEMA NEC	108
4932	CH OB ASTHMA	108
49320	CH OB ASTH W/O STAT ASTH	108
49321	CH OB ASTHMA W STAT ASTH	108
49322	CH OBS ASTH W ACUTE EXAC	108
496	CHR AIRWAY OBSTRUCT NEC	108
507	SOLID/LIQ PNEUMONITIS*	111
5070	FOOD/VOMIT PNEUMONITIS	111
5071	OIL/ESSENCE PNEUMONITIS	111
5078	SOLID/LIQ PNEUMONIT NEC	111
510	EMPYEMA*	112
5100	EMPYEMA WITH FISTULA	112
5109	EMPYEMA W/O FISTULA	112
513	LUNG/MEDIASTINUM ABSCESS*	112
5130	ABSCESS OF LUNG	112
5131	ABSCESS OF MEDIASTINUM	112
5173	ACUTE CHEST SYNDROME	44
5181	INTERSTITIAL EMPHYSEMA	108
5182	COMPENSATORY EMPHYSEMA	108
5184	ACUTE LUNG EDEMA NOS	79
5185	POST TRAUM PULM INSUFFIC	79
51881	ACUTE RESPIRATRY FAILURE	79
51882	OTHER PULMONARY INSUFF	79
51883	CHRONIC RESPIRATORY FAIL	79
51884	ACUTE & CHRONC RESP FAIL	79
5190	TRACHEOSTOMY COMPLIC*	77
51900	TRACHEOSTOMY COMP NOS	77
51901	TRACHEOSTOMY INFECTION	77
51902	TRACHEOSTOMY - MECH COMP	77
51909	TRACHEOSTOMY COMP NEC	77
5311	AC STOMACH ULCER W PERF*	31
53110	AC STOMACH ULCER W PERF	31
53111	AC STOM ULC W PERF-OBST	31
5312	AC STOMAC ULC W HEM/PERF*	31

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
53120	AC STOMAC ULC W HEM/PERF	31
53121	AC STOM ULC HEM/PERF-OBS	31
5315	CHR STOMACH ULCER W PERF*	31
53150	CHR STOMACH ULCER W PERF	31
53151	CHR STOM ULC W PERF-OBST	31
5316	CHR STOMACH ULC HEM/PERF*	31
53160	CHR STOMACH ULC HEM/PERF	31
53161	CHR STOM ULC HEM/PERF-OB	31
5321	AC DUODENAL ULCER W PERF*	31
53210	AC DUODENAL ULCER W PERF	31
53211	AC DUODEN ULC PERF-OBSTR	31
5322	AC DUODEN ULC W HEM/PERF*	31
53220	AC DUODEN ULC W HEM/PERF	31
53221	AC DUOD ULC HEM/PERF-OBS	31
5325	CHR DUODEN ULCER W PERF*	31
53250	CHR DUODEN ULCER W PERF	31
53251	CHR DUODEN ULC PERF-OBST	31
5326	CHR DUODEN ULC HEM/PERF*	31
53260	CHR DUODEN ULC HEM/PERF	31
53261	CHR DUOD ULC HEM/PERF-OB	31
5331	AC PEPTIC ULCER W PERFOR*	31
53310	AC PEPTIC ULCER W PERFOR	31
53311	AC PEPTIC ULC W PERF-OBS	31
5332	AC PEPTIC ULC W HEM/PERF*	31
53320	AC PEPTIC ULC W HEM/PERF	31
53321	AC PEPT ULC HEM/PERF-OBS	31
5335	CHR PEPTIC ULCER W PERF*	31
53350	CHR PEPTIC ULCER W PERF	31
53351	CHR PEPTIC ULC PERF-OBST	31
5336	CHR PEPT ULC W HEM/PERF*	31
53360	CHR PEPT ULC W HEM/PERF	31
53361	CHR PEPT ULC HEM/PERF-OB	31
5341	AC MARGINAL ULCER W PERF*	31
53410	AC MARGINAL ULCER W PERF	31
53411	AC MARGIN ULC W PERF-OBS	31
5342	AC MARGIN ULC W HEM/PERF*	31
53420	AC MARGIN ULC W HEM/PERF	31
53421	AC MARG ULC HEM/PERF-OBS	31
5345	CHR MARGINAL ULC W PERF*	31
53450	CHR MARGINAL ULC W PERF	31

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
53451	CHR MARGIN ULC PERF-OBST	31
5346	CHR MARGIN ULC HEM/PERF*	31
53460	CHR MARGIN ULC HEM/PERF	31
53461	CHR MARG ULC HEM/PERF-OB	31
5364	GASTROSTOMY COMP*	176
53640	GASTROSTOMY COMP NOS	176
53641	GASTROSTOMY INFECTION	176
53642	GASTROSTOMY COMP - MECH	176
53649	GASTROSTOMY COMP NEC	176
555	REGIONAL ENTERITIS*	33
5550	REG ENTERITIS, SM INTEST	33
5551	REG ENTERITIS, LG INTEST	33
5552	REG ENTERIT SM/LG INTEST	33
5559	REGIONAL ENTERITIS NOS	33
556	IDIOPATHIC PROCTOCOLITIS*	33
5560	ULCERATIVE ENTEROCOLITIS	33
5561	ULCERATIVE ILEOCOLITIS	33
5562	ULCERATIVE PROCTITIS	33
5563	ULCERTVE PRCTOSIGMOIDTIS	33
5564	PSEUDOPOLYPOSIS COLON	33
5565	LFTSDED ULCERTVE COLITIS	33
5566	UNIVRSL ULCERTVE COLITIS	33
5568	OTHER ULCERATIVE COLITIS	33
5569	ULCERATVE COLITIS UNSPCF	33
557	VASC INSUFF INTESTINE*	105
5570	AC VASC INSUFF INTESTINE	104
5571	CHR VASC INSUFF INTEST	105
5579	VASC INSUFF INTEST NOS	105
560	INTESTINAL OBSTRUCTION*	31
5600	INTUSSUSCEPTION	31
5601	PARALYTIC ILEUS	31
5602	VOLVULUS OF INTESTINE	31
5603	IMPACTION OF INTESTINE*	31
56030	IMPACTION INTESTINE NOS	31
56031	GALLSTONE ILEUS	31
56039	IMPACTION INTESTINE NEC	31
5608	OTH INTESTINAL OBSTRUCT*	31
56081	INTESTINAL ADHES W OBSTR	31
56089	INTESTINAL OBSTRUCT NEC	31
5609	INTESTINAL OBSTRUCT NOS	31

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
567	PERITONITIS*	31
5670	PERITONITIS IN INFEC DIS	31
5671	PNEUMOCOCCAL PERITONITIS	31
5672	SUPPURAT PERITONITIS NEC	31
5678	PERITONITIS NEC	31
5679	PERITONITIS NOS	31
5696	ENTEROSTOMY MALFUNCTION*	176
56960	COLSTOMY/ENTER COMP NOS	176
56961	COLOSTY/ENTEROST INFECTN	176
56962	COLOSTY/ENTER COMP-MECH	176
56969	COLSTMY/ENTEROS COMP NEC	176
56983	PERFORATION OF INTESTINE	31
5712	ALCOHOL CIRRHOSIS LIVER	26
5713	ALCOHOL LIVER DAMAGE NOS	26
5714	CHRONIC HEPATITIS*	27
57140	CHRONIC HEPATITIS NOS	27
57141	CHR PERSISTENT HEPATITIS	27
57149	CHRONIC HEPATITIS NEC	27
5715	CIRRHOSIS OF LIVER NOS	26
5716	BILIARY CIRRHOSIS	26
5722	HEPATIC COMA	25
5723	PORTAL HYPERTENSION	25
5724	HEPATORENAL SYNDROME	25
5728	OTH SEQUELA, CHR LIV DIS	25
577	DISEASES OF PANCREAS*	32
5770	ACUTE PANCREATITIS	32
5771	CHRONIC PANCREATITIS	32
5772	PANCREAT CYST/PSEUDOCYST	32
5778	PANCREATIC DISEASE NEC	32
5779	PANCREATIC DISEASE NOS	32
579	INTESTINAL MALABSORPTION*	32
5790	CELIAC DISEASE	32
5791	TROPICAL SPRUE	32
5792	BLIND LOOP SYNDROME	32
5793	INTEST POSTOP NONABSORB	32
5794	PANCREATIC STEATORRHEA	32
5798	INTEST MALABSORPTION NEC	32
5799	INTEST MALABSORPTION NOS	32
580	ACUTE NEPHRITIS*	132
5800	AC PROLIFERAT NEPHRITIS	132

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
5804	AC RAPIDLY PROGR NEPHRIT	132
5808	AC NEPHRITIS W OTH LES*	132
58081	AC NEPHRITIS IN OTH DIS	132
58089	ACUTE NEPHRITIS NEC	132
5809	ACUTE NEPHRITIS NOS	132
581	NEPHROTIC SYNDROME*	132
5810	NEPHROTIC SYN, PROLIFER	132
5811	EPIMEMBRANOUS NEPHRITIS	132
5812	MEMBRANOPROLIF NEPHROSIS	132
5813	MINIMAL CHANGE NEPHROSIS	132
5818	NEPHROTIC SYN W OTH LES*	132
58181	NEPHROTIC SYN IN OTH DIS	132
58189	NEPHROTIC SYNDROME NEC	132
5819	NEPHROTIC SYNDROME NOS	132
582	CHRONIC NEPHRITIS*	132
5820	CHR PROLIFERAT NEPHRITIS	132
5821	CHR MEMBRANOUS NEPHRITIS	132
5822	CHR MEMBRANOPROLIF NEPHR	132
5824	CHR RAPID PROGR NEPHRIT	132
5828	CHR NEPHRITIS W OTH LES*	132
58281	CHR NEPHRITIS IN OTH DIS	132
58289	CHRONIC NEPHRITIS NEC	132
5829	CHRONIC NEPHRITIS NOS	132
583	NEPHRITIS NOS*	132
5830	PROLIFERAT NEPHRITIS NOS	132
5831	MEMBRANOUS NEPHRITIS NOS	132
5832	MEMBRANOPROLIF NEPHR NOS	132
5834	RAPIDLY PROG NEPHRIT NOS	132
5836	RENAL CORT NECROSIS NOS	132
5837	NEPHR NOS/MEDULL NECROS	132
5838	NEPHRITIS NOS W OTH LES*	132
58381	NEPHRITIS NOS IN OTH DIS	132
58389	NEPHRITIS NEC	132
5839	NEPHRITIS NOS	132
584	ACUTE RENAL FAILURE*	131
5845	LOWER NEPHRON NEPHROSIS	131
5846	AC RENAL FAIL, CORT NECR	131
5847	AC REN FAIL, MEDULL NECR	131
5848	AC RENAL FAILURE NEC	131
5849	ACUTE RENAL FAILURE NOS	131

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
585	CHRONIC RENAL FAILURE	131
586	RENAL FAILURE NOS	131
59381	RENAL VASCULAR DISORDER	104
707	CHRONIC ULCER OF SKIN*	149
7070	DECUBITUS ULCER	148
7071	CHRONIC ULCER OF LEG*	149
70710	ULCER OF LOWER LIMB NOS	149
70711	ULCER OF THIGH	149
70712	ULCER OF CALF	149
70713	ULCER OF ANKLE	149
70714	ULCER OF HEEL & MIDFOOT	149
70715	ULCER OTHER PART OF FOOT	149
70719	ULCER OTH PART LOW LIMB	149
7078	CHRONIC SKIN ULCER NEC	149
7079	CHRONIC SKIN ULCER NOS	149
710	DIFF CONNECTIVE TISS DIS*	38
7100	SYST LUPUS ERYTHEMATOSUS	38
7101	SYSTEMIC SCLEROSIS	38
7102	SICCA SYNDROME	38
7103	DERMATOMYOSITIS	38
7104	POLYMYOSITIS	38
7105	EOSINOPHILIA MYALGIA SND	38
7108	DIFF CONNECT TIS DIS NEC	38
7109	DIFF CONNECT TIS DIS NOS	38
711	ARTHROPATHY W INFECTION*	37
7110	PYOGENIC ARTHRITIS*	37
71100	PYOGEN ARTHRITIS-UNSPEC	37
71101	PYOGEN ARTHRITIS-SHLDER	37
71102	PYOGEN ARTHRITIS-UP/ARM	37
71103	PYOGEN ARTHRITIS-FOREARM	37
71104	PYOGEN ARTHRITIS-HAND	37
71105	PYOGEN ARTHRITIS-PELVIS	37
71106	PYOGEN ARTHRITIS-L/LEG	37
71107	PYOGEN ARTHRITIS-ANKLE	37
71108	PYOGEN ARTHRITIS NEC	37
71109	PYOGEN ARTHRITIS-MULT	37
7111	ARTHRITIS IN REITERS DIS*	37
71110	REITER ARTHRITIS-UNSPEC	37
71111	REITER ARTHRITIS-SHLDER	37
71112	REITER ARTHRITIS-UP/ARM	37

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
71113	REITER ARTHRITIS-FOREARM	37
71114	REITER ARTHRITIS-HAND	37
71115	REITER ARTHRITIS-PELVIS	37
71116	REITER ARTHRITIS-L/LEG	37
71117	REITER ARTHRITIS-ANKLE	37
71118	REITER ARTHRITIS NEC	37
71119	REITER ARTHRITIS-MULT	37
7112	ARTHRITIS IN BEHCETS SYN*	37
71120	BEHCET ARTHRITIS-UNSPEC	37
71121	BEHCET ARTHRITIS-SHLDER	37
71122	BEHCET ARTHRITIS-UP/ARM	37
71123	BEHCET ARTHRITIS-FOREARM	37
71124	BEHCET ARTHRITIS-HAND	37
71125	BEHCET ARTHRITIS-PELVIS	37
71126	BEHCET ARTHRITIS-L/LEG	37
71127	BEHCET ARTHRITIS-ANKLE	37
71128	BEHCET ARTHRITIS NEC	37
71129	BEHCET ARTHRITIS-MULT	37
7113	POSTDYSENTERIC ARTHRITIS*	37
71130	DYSENTER ARTHRIT-UNSPEC	37
71131	DYSENTER ARTHRIT-SHLDER	37
71132	DYSENTER ARTHRIT-UP/ARM	37
71133	DYSENTER ARTHRIT-FOREARM	37
71134	DYSENTER ARTHRIT-HAND	37
71135	DYSENTER ARTHRIT-PELVIS	37
71136	DYSENTER ARTHRIT-L/LEG	37
71137	DYSENTER ARTHRIT-ANKLE	37
71138	DYSENTER ARTHRIT NEC	37
71139	DYSENTER ARTHRIT-MULT	37
7114	ARTHRIT IN OTH BACT DIS*	37
71140	BACT ARTHRITIS-UNSPEC	37
71141	BACT ARTHRITIS-SHLDER	37
71142	BACT ARTHRITIS-UP/ARM	37
71143	BACT ARTHRITIS-FOREARM	37
71144	BACT ARTHRITIS-HAND	37
71145	BACT ARTHRITIS-PELVIS	37
71146	BACT ARTHRITIS-L/LEG	37
71147	BACT ARTHRITIS-ANKLE	37
71148	BACT ARTHRITIS NEC	37
71149	BACT ARTHRITIS-MULT	37

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
7115	ARTHRITIS IN VIRAL DIS*	37
71150	VIRAL ARTHRITIS-UNSPEC	37
71151	VIRAL ARTHRITIS-SHLDER	37
71152	VIRAL ARTHRITIS-UP/ARM	37
71153	VIRAL ARTHRITIS-FOREARM	37
71154	VIRAL ARTHRITIS-HAND	37
71155	VIRAL ARTHRITIS-PELVIS	37
71156	VIRAL ARTHRITIS-L/LEG	37
71157	VIRAL ARTHRITIS-ANKLE	37
71158	VIRAL ARTHRITIS NEC	37
71159	VIRAL ARTHRITIS-MULT	37
7116	MYCOTIC ARTHRITIS*	37
71160	MYCOTIC ARTHRITIS-UNSPEC	37
71161	MYCOTIC ARTHRITIS-SHLDER	37
71162	MYCOTIC ARTHRITIS-UP/ARM	37
71163	MYCOTIC ARTHRIT-FOREARM	37
71164	MYCOTIC ARTHRITIS-HAND	37
71165	MYCOTIC ARTHRITIS-PELVIS	37
71166	MYCOTIC ARTHRITIS-L/LEG	37
71167	MYCOTIC ARTHRITIS-ANKLE	37
71168	MYCOTIC ARTHRITIS NEC	37
71169	MYCOTIC ARTHRITIS-MULT	37
7117	ARTHRIT IN HELMINTHIASIS*	37
71170	HELMINTH ARTHRIT-UNSPEC	37
71171	HELMINTH ARTHRIT-SHLDER	37
71172	HELMINTH ARTHRIT-UP/ARM	37
71173	HELMINTH ARTHRIT-FOREARM	37
71174	HELMINTH ARTHRIT-HAND	37
71175	HELMINTH ARTHRIT-PELVIS	37
71176	HELMINTH ARTHRIT-L/LEG	37
71177	HELMINTH ARTHRIT-ANKLE	37
71178	HELMINTH ARTHRIT NEC	37
71179	HELMINTH ARTHRIT-MULT	37
7118	ARTHRIT IN OTH INFEC DIS*	37
71180	INF ARTHRITIS NEC-UNSPEC	37
71181	INF ARTHRITIS NEC-SHLDER	37
71182	INF ARTHRITIS NEC-UP/ARM	37
71183	INF ARTHRIT NEC-FOREARM	37
71184	INF ARTHRITIS NEC-HAND	37
71185	INF ARTHRITIS NEC-PELVIS	37

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
71186	INF ARTHRITIS NEC-L/LEG	37
71187	INF ARTHRITIS NEC-ANKLE	37
71188	INF ARTHRIT NEC-OTH SITE	37
71189	INF ARTHRITIS NEC-MULT	37
7119	INFECTIVE ARTHRITIS NOS*	37
71190	INF ARTHRITIS NOS-UNSPEC	37
71191	INF ARTHRITIS NOS-SHLDER	37
71192	INF ARTHRITIS NOS-UP/ARM	37
71193	INF ARTHRIT NOS-FOREARM	37
71194	INF ARTHRIT NOS-HAND	37
71195	INF ARTHRIT NOS-PELVIS	37
71196	INF ARTHRIT NOS-L/LEG	37
71197	INF ARTHRIT NOS-ANKLE	37
71198	INF ARTHRIT NOS-OTH SITE	37
71199	INF ARTHRITIS NOS-MULT	37
714	OTH INFLAMM POLYARTHROP*	38
7140	RHEUMATOID ARTHRITIS	38
7141	FELTY'S SYNDROME	38
7142	SYST RHEUM ARTHRITIS NEC	38
7143	JUV CHRON POLYARTHRITIS*	38
71430	JUV RHEUM ARTHRITIS NOS	38
71431	POLYART JUV RHEUM ARTHR	38
71432	PAUCIART JUV RHEUM ARTHR	38
71433	MONOART JUV RHEUM ARTHR	38
7144	CHR POSTRHEUM ARTHRITIS	38
7148	INFLAM POLYARTHROP NEC*	38
71481	RHEUMATOID LUNG	38
71489	INFLAMM POLYARTHROP NEC	38
7149	INFLAMM POLYARTHROP NOS	38
720	INFLAM SPONDYLOPATHIES*	38
7200	ANKYLOSING SPONDYLITIS	38
7201	SPINAL ENTHESOPATHY	38
7202	SACROILIITIS NEC	38
7208	OTH INFLAM SPONDYLOPATHY*	38
72081	SPONDYLOPATHY IN OTH DIS	38
72089	INFLAM SPONDYLOPATHY NEC	38
7209	INFLAM SPONDYLOPATHY NOS	38
725	POLYMYALGIA RHEUMATICA	38
72886	NECROTIZING FASCIITIS	37
730	OSTEOMYELITIS*	37

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
7300	ACUTE OSTEOMYELITIS*	37
73000	AC OSTEOMYELITIS-UNSPEC	37
73001	AC OSTEOMYELITIS-SHLDER	37
73002	AC OSTEOMYELITIS-UP/ARM	37
73003	AC OSTEOMYELITIS-FOREARM	37
73004	AC OSTEOMYELITIS-HAND	37
73005	AC OSTEOMYELITIS-PELVIS	37
73006	AC OSTEOMYELITIS-L/LEG	37
73007	AC OSTEOMYELITIS-ANKLE	37
73008	AC OSTEOMYELITIS NEC	37
73009	AC OSTEOMYELITIS-MULT	37
7301	CHRONIC OSTEOMYELITIS*	37
73010	CHR OSTEOMYELITIS-UNSP	37
73011	CHR OSTEOMYELIT-SHLDER	37
73012	CHR OSTEOMYELIT-UP/ARM	37
73013	CHR OSTEOMYELIT-FOREARM	37
73014	CHR OSTEOMYELIT-HAND	37
73015	CHR OSTEOMYELIT-PELVIS	37
73016	CHR OSTEOMYELIT-L/LEG	37
73017	CHR OSTEOMYELIT-ANKLE	37
73018	CHR OSTEOMYELIT NEC	37
73019	CHR OSTEOMYELIT-MULT	37
7302	OSTEOMYELITIS NOS*	37
73020	OSTEOMYELITIS NOS-UNSPEC	37
73021	OSTEOMYELITIS NOS-SHLDER	37
73022	OSTEOMYELITIS NOS-UP/ARM	37
73023	OSTEOMYELIT NOS-FOREARM	37
73024	OSTEOMYELITIS NOS-HAND	37
73025	OSTEOMYELITIS NOS-PELVIS	37
73026	OSTEOMYELITIS NOS-L/LEG	37
73027	OSTEOMYELITIS NOS-ANKLE	37
73028	OSTEOMYELIT NOS-OTH SITE	37
73029	OSTEOMYELITIS NOS-MULT	37
7303	PERIOSTITIS*	37
73030	PERIOSTITIS-UNSPEC	37
73031	PERIOSTITIS-SHLDER	37
73032	PERIOSTITIS-UP/ARM	37
73033	PERIOSTITIS-FOREARM	37
73034	PERIOSTITIS-HAND	37
73035	PERIOSTITIS-PELVIS	37

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
73036	PERIOSTITIS-L/LEG	37
73037	PERIOSTITIS-ANKLE	37
73038	PERIOSTITIS NEC	37
73039	PERIOSTITIS-MULT	37
7307	POLIO OSTEOPATHY*	37
73070	POLIO OSTEOPATHY-UNSPEC	37
73071	POLIO OSTEOPATHY-SHLDER	37
73072	POLIO OSTEOPATHY-UP/ARM	37
73073	POLIO OSTEOPATHY-FOREARM	37
73074	POLIO OSTEOPATHY-HAND	37
73075	POLIO OSTEOPATHY-PELVIS	37
73076	POLIO OSTEOPATHY-L/LEG	37
73077	POLIO OSTEOPATHY-ANKLE	37
73078	POLIO OSTEOPATHY NEC	37
73079	POLIO OSTEOPATHY-MULT	37
7308	BONE INFECT IN OTH DIS*	37
73080	BONE INFECT NEC-UNSPEC	37
73081	BONE INFECT NEC-SHLDER	37
73082	BONE INFECT NEC-UP/ARM	37
73083	BONE INFECT NEC-FOREARM	37
73084	BONE INFECT NEC-HAND	37
73085	BONE INFECT NEC-PELVIS	37
73086	BONE INFECT NEC-L/LEG	37
73087	BONE INFECT NEC-ANKLE	37
73088	BONE INFECT NEC-OTH SITE	37
73089	BONE INFECT NEC-MULT	37
7309	BONE INFECTION NOS*	37
73090	BONE INFEC NOS-UNSP SITE	37
73091	BONE INFECT NOS-SHLDER	37
73092	BONE INFECT NOS-UP/ARM	37
73093	BONE INFECT NOS-FOREARM	37
73094	BONE INFECT NOS-HAND	37
73095	BONE INFECT NOS-PELVIS	37
73096	BONE INFECT NOS-L/LEG	37
73097	BONE INFECT NOS-ANKLE	37
73098	BONE INFECT NOS-OTH SITE	37
73099	BONE INFECT NOS-MULT	37
73313	PATH FX VERTEBRAE	157
73314	PATH FX NECK OF FEMUR	158
73315	PATH FX OTH SPCF PRT FMR	158

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
7334	ASEPTIC NECROSIS OF BONE*	37
73340	ASEPT NECROSIS BONE NOS	37
73341	ASEPTIC NECROSIS HUMERUS	37
73342	ASEPTIC NECROSIS FEMUR	37
73343	ASEPT NECRO FEMUR CONDYL	37
73344	ASEPTIC NECROSIS TALUS	37
73349	ASEPT NECROSIS BONE NEC	37
740	ANENCEPHALUS/SIMIL ANOM*	69
7400	ANENCEPHALUS	69
7401	CRANIORACHISCHISIS	69
7402	INIENCEPHALY	69
741	SPINA BIFIDA*	69
7410	SPINA BIF W HYDROCEPHAL*	69
74100	SPIN BIF W HYDROCEPH NOS	69
74101	SPIN BIF W HYDRCEPH-CERV	69
74102	SPIN BIF W HYDRCEPH-DORS	69
74103	SPIN BIF W HYDRCEPH-LUMB	69
7419	SPINA BIFIDA*	69
74190	SPINA BIFIDA	69
74191	SPINA BIFIDA-CERV	69
74192	SPINA BIFIDA-DORSAL	69
74193	SPINA BIFIDA-LUMBAR	69
742	OTH NERVOUS SYSTEM ANOM*	69
7420	ENCEPHALOCELE	69
7421	MICROCEPHALUS	69
7422	REDUCTION DEFORM, BRAIN	69
7423	CONGENITAL HYDROCEPHALUS	69
7424	BRAIN ANOMALY NEC	69
7425	SPINAL CORD ANOMALY NEC*	69
74251	DIASTEMATOMYELIA	69
74253	HYDROMYELIA	69
74259	SPINAL CORD ANOMALY NEC	69
7428	NERVOUS SYSTEM ANOM NEC	69
7429	NERVOUS SYSTEM ANOM NOS	69
75314	POLYCYST KID-AUTOSOM REC	131
7595	TUBEROUS SCLEROSIS	10
7596	HAMARTOSES NEC	10
77181	NB SEPTICEMIA SEPSIS	2
78001	COMA	75
78003	PERSISTENT VEGTV STATE	75

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
7803	CONVULSIONS*	74
78031	FEBRILE CONVULSIONS	74
78039	CONVULSIONS NEC	74
7854	GANGRENE	104
7855	SHOCK WITHOUT TRAUMA*	79
78550	SHOCK NOS	79
78551	CARDIOGENIC SHOCK	79
78552	SEPTIC SHOCK	2
78559	SHOCK W/O TRAUMA NEC	2
798	SUDDEN DEATH CAUSE UNKNW*	79
7980	SUDDEN INFANT DEATH SYND	79
7981	INSTANTANEOUS DEATH	79
7982	DEATH WITHIN 24 HR SYMPT	79
7989	UNATTENDED DEATH	79
7990	ASPHYXIA	79
7991	RESPIRATORY ARREST	78
7994	CACHEXIA	21
800	SKULL VAULT FRACTURE*	155
8000	CLOSED SKULL VAULT FX*	155
80000	CLOSED SKULL VAULT FX	155
80001	CL SKULL VLT FX W/O COMA	155
80002	CL SKULL VLT FX-BRF COMA	155
80003	CL SKULL VLT FX-MOD COMA	154
80004	CL SKL VLT FX-PROLN COMA	154
80005	CL SKUL VLT FX-DEEP COMA	154
80006	CL SKULL VLT FX-COMA NOS	155
80009	CL SKL VLT FX-CONCUS NOS	155
8001	CL SKL VLT FX/CEREBR LAC*	155
80010	CL SKL VLT FX/CEREBR LAC	155
80011	CL SKULL VLT FX W/O COMA	155
80012	CL SKULL VLT FX-BRF COMA	155
80013	CL SKULL VLT FX-MOD COMA	154
80014	CL SKL VLT FX-PROLN COMA	154
80015	CL SKUL VLT FX-DEEP COMA	154
80016	CL SKULL VLT FX-COMA NOS	155
80019	CL SKL VLT FX-CONCUS NOS	155
8002	CL SKL VLT FX/MENING HEM*	155
80020	CL SKL VLT FX/MENING HEM	155
80021	CL SKULL VLT FX W/O COMA	155
80022	CL SKULL VLT FX-BRF COMA	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80023	CL SKULL VLT FX-MOD COMA	154
80024	CL SKL VLT FX-PROLN COMA	154
80025	CL SKUL VLT FX-DEEP COMA	154
80026	CL SKULL VLT FX-COMA NOS	155
80029	CL SKL VLT FX-CONCUS NOS	155
8003	CL SKULL VLT FX/HEM NEC*	155
80030	CL SKULL VLT FX/HEM NEC	155
80031	CL SKULL VLT FX W/O COMA	155
80032	CL SKULL VLT FX-BRF COMA	155
80033	CL SKULL VLT FX-MOD COMA	154
80034	CL SKL VLT FX-PROLN COMA	154
80035	CL SKUL VLT FX-DEEP COMA	154
80036	CL SKULL VLT FX-COMA NOS	155
80039	CL SKL VLT FX-CONCUS NOS	155
8004	CL SKL VLT FX/BR INJ NEC*	155
80040	CL SKL VLT FX/BR INJ NEC	155
80041	CL SKULL VLT FX W/O COMA	155
80042	CL SKULL VLT FX-BRF COMA	155
80043	CL SKULL VLT FX-MOD COMA	154
80044	CL SKL VLT FX-PROLN COMA	154
80045	CL SKUL VLT FX-DEEP COMA	154
80046	CL SKULL VLT FX-COMA NOS	155
80049	CL SKL VLT FX-CONCUS NOS	155
8005	OPN SKULL VAULT FRACTURE*	155
80050	OPN SKULL VAULT FRACTURE	155
80051	OPN SKUL VLT FX W/O COMA	155
80052	OPN SKUL VLT FX-BRF COMA	155
80053	OPN SKUL VLT FX-MOD COMA	154
80054	OPN SKL VLT FX-PROLN COM	154
80055	OPN SKL VLT FX-DEEP COMA	154
80056	OPN SKUL VLT FX-COMA NOS	155
80059	OP SKL VLT FX-CONCUS NOS	155
8006	OPN SKL VLT FX/CEREB LAC*	155
80060	OPN SKL VLT FX/CEREB LAC	155
80061	OPN SKUL VLT FX W/O COMA	155
80062	OPN SKUL VLT FX-BRF COMA	155
80063	OPN SKUL VLT FX-MOD COMA	154
80064	OPN SKL VLT FX-PROLN COM	154
80065	OPN SKL VLT FX-DEEP COMA	154
80066	OPN SKUL VLT FX-COMA NOS	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80069	OP SKL VLT FX-CONCUS NOS	155
8007	OPN SKL VLT FX/MENIN HEM*	155
80070	OPN SKL VLT FX/MENIN HEM	155
80071	OPN SKUL VLT FX W/O COMA	155
80072	OPN SKUL VLT FX-BRF COMA	155
80073	OPN SKUL VLT FX-MOD COMA	154
80074	OPN SKL VLT FX-PROLN COM	154
80075	OPN SKL VLT FX-DEEP COMA	154
80076	OPN SKUL VLT FX-COMA NOS	155
80079	OP SKL VLT FX-CONCUS NOS	155
8008	OPN SKULL VLT FX/HEM NEC*	155
80080	OPN SKULL VLT FX/HEM NEC	155
80081	OPN SKUL VLT FX W/O COMA	155
80082	OPN SKUL VLT FX-BRF COMA	155
80083	OPN SKUL VLT FX-MOD COMA	154
80084	OPN SKL VLT FX-PROLN COM	154
80085	OPN SKL VLT FX-DEEP COMA	154
80086	OPN SKUL VLT FX-COMA NOS	155
80089	OP SKL VLT FX-CONCUS NOS	155
8009	OP SKL VLT FX/BR INJ NEC*	155
80090	OP SKL VLT FX/BR INJ NEC	155
80091	OPN SKUL VLT FX W/O COMA	155
80092	OPN SKUL VLT FX-BRF COMA	155
80093	OPN SKUL VLT FX-MOD COMA	154
80094	OPN SKL VLT FX-PROLN COM	154
80095	OP SKUL VLT FX-DEEP COMA	154
80096	OPN SKUL VLT FX-COMA NOS	155
80099	OP SKL VLT FX-CONCUS NOS	155
801	SKULL BASE FRACTURE*	155
8010	CLOS SKULL BASE FRACTURE*	155
80100	CLOS SKULL BASE FRACTURE	155
80101	CL SKUL BASE FX W/O COMA	155
80102	CL SKUL BASE FX-BRF COMA	155
80103	CL SKUL BASE FX-MOD COMA	154
80104	CL SKL BASE FX-PROL COMA	154
80105	CL SKL BASE FX-DEEP COMA	154
80106	CL SKUL BASE FX-COMA NOS	155
80109	CL SKULL BASE FX-CONCUSS	155
8011	CL SKL BASE FX/CEREB LAC*	155
80110	CL SKL BASE FX/CEREB LAC	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80111	CL SKUL BASE FX W/O COMA	155
80112	CL SKUL BASE FX-BRF COMA	155
80113	CL SKUL BASE FX-MOD COMA	154
80114	CL SKL BASE FX-PROL COMA	154
80115	CL SKL BASE FX-DEEP COMA	154
80116	CL SKUL BASE FX-COMA NOS	155
80119	CL SKULL BASE FX-CONCUSS	155
8012	CL SKL BASE FX/MENIN HEM*	155
80120	CL SKL BASE FX/MENIN HEM	155
80121	CL SKUL BASE FX W/O COMA	155
80122	CL SKUL BASE FX/BRF COMA	155
80123	CL SKUL BASE FX-MOD COMA	154
80124	CL SKL BASE FX-PROL COMA	154
80125	CL SKL BASE FX-DEEP COMA	154
80126	CL SKUL BASE FX-COMA NOS	155
80129	CL SKULL BASE FX-CONCUSS	155
8013	CL SKULL BASE FX/HEM NEC*	155
80130	CL SKULL BASE FX/HEM NEC	155
80131	CL SKUL BASE FX W/O COMA	155
80132	CL SKUL BASE FX-BRF COMA	155
80133	CL SKUL BASE FX-MOD COMA	154
80134	CL SKL BASE FX-PROL COMA	154
80135	CL SKL BASE FX-DEEP COMA	154
80136	CL SKUL BASE FX-COMA NOS	155
80139	CL SKULL BASE FX-CONCUSS	155
8014	CL SK BASE FX/BR INJ NEC*	155
80140	CL SK BASE FX/BR INJ NEC	155
80141	CL SKUL BASE FX W/O COMA	155
80142	CL SKUL BASE FX-BRF COMA	155
80143	CL SKUL BASE FX-MOD COMA	154
80144	CL SKL BASE FX-PROL COMA	154
80145	CL SKL BASE FX-DEEP COMA	154
80146	CL SKUL BASE FX-COMA NOS	155
80149	CL SKULL BASE FX-CONCUSS	155
8015	OPEN SKULL BASE FRACTURE*	155
80150	OPEN SKULL BASE FRACTURE	155
80151	OPN SKL BASE FX W/O COMA	155
80152	OPN SKL BASE FX-BRF COMA	155
80153	OPN SKL BASE FX-MOD COMA	154
80154	OP SKL BASE FX-PROL COMA	154

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80155	OP SKL BASE FX-DEEP COMA	154
80156	OPN SKL BASE FX-COMA NOS	155
80159	OPN SKUL BASE FX-CONCUSS	155
8016	OP SKL BASE FX/CEREB LAC*	155
80160	OP SKL BASE FX/CEREB LAC	155
80161	OPN SKL BASE FX W/O COMA	155
80162	OPN SKL BASE FX-BRF COMA	155
80163	OPN SKL BASE FX-MOD COMA	154
80164	OP SKL BASE FX-PROL COMA	154
80165	OP SKL BASE FX-DEEP COMA	154
80166	OPN SKL BASE FX-COMA NOS	155
80169	OPN SKUL BASE FX-CONCUSS	155
8017	OP SKL BASE FX/MENIN HEM*	155
80170	OP SKL BASE FX/MENIN HEM	155
80171	OPN SKL BASE FX W/O COMA	155
80172	OPN SKL BASE FX-BRF COMA	155
80173	OPN SKL BASE FX-MOD COMA	154
80174	OP SKL BASE FX-PROL COMA	154
80175	OP SKL BASE FX-DEEP COMA	154
80176	OPN SKL BASE FX-COMA NOS	155
80179	OPN SKUL BASE FX-CONCUSS	155
8018	OPN SKUL BASE FX/HEM NEC*	155
80180	OPN SKUL BASE FX/HEM NEC	155
80181	OPN SKL BASE FX W/O COMA	155
80182	OPN SKL BASE FX-BRF COMA	155
80183	OPN SKL BASE FX-MOD COMA	154
80184	OP SKL BASE FX-PROL COMA	154
80185	OP SKL BASE FX-DEEP COMA	154
80186	OPN SKL BASE FX-COMA NOS	155
80189	OPN SKUL BASE FX-CONCUSS	155
8019	OP SK BASE FX/BR INJ NEC*	155
80190	OP SK BASE FX/BR INJ NEC	155
80191	OP SKUL BASE FX W/O COMA	155
80192	OPN SKL BASE FX-BRF COMA	155
80193	OPN SKL BASE FX-MOD COMA	154
80194	OP SKL BASE FX-PROL COMA	154
80195	OP SKL BASE FX-DEEP COMA	154
80196	OPN SKL BASE FX-COMA NOS	155
80199	OPN SKUL BASE FX-CONCUSS	155
8022	MANDIBLE FRACTURE-CLOSED*	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80220	MANDIBLE FX NOS-CLOSED	155
80221	FX CONDYL PROC MANDIB-CL	155
80222	SUBCONDYLAR FX MANDIB-CL	155
80223	FX CORON PROC MANDIB-CL	155
80224	FX RAMUS NOS-CLOSED	155
80225	FX ANGLE OF JAW-CLOSED	155
80226	FX SYMPHY MANDIB BODY-CL	155
80227	FX ALVEOLAR BORD MAND-CL	155
80228	FX MANDIBLE BODY NEC-CL	155
80229	MULT FX MANDIBLE-CLOSED	155
8023	MANDIBLE FRACTURE-OPEN*	155
80230	MANDIBLE FX NOS-OPEN	155
80231	FX CONDYL PROC MAND-OPEN	155
80232	SUBCONDYL FX MANDIB-OPEN	155
80233	FX CORON PROC MANDIB-OPN	155
80234	FX RAMUS NOS-OPEN	155
80235	FX ANGLE OF JAW-OPEN	155
80236	FX SYMPHY MANDIB BDY-OPN	155
80237	FX ALV BORD MAND BDY-OPN	155
80238	FX MANDIBLE BODY NEC-OPN	155
80239	MULT FX MANDIBLE-OPEN	155
8024	FX MALAR/MAXILLARY-CLOSE	155
8025	FX MALAR/MAXILLARY-OPEN	155
8026	FX ORBITAL FLOOR-CLOSED	155
8027	FX ORBITAL FLOOR-OPEN	155
8028	FX FACIAL BONE NEC-CLOSE	155
8029	FX FACIAL BONE NEC-OPEN	155
803	OTHER SKULL FRACTURE*	155
8030	CLOSE SKULL FRACTURE NEC*	155
80300	CLOSE SKULL FRACTURE NEC	155
80301	CL SKULL FX NEC W/O COMA	155
80302	CL SKULL FX NEC-BRF COMA	155
80303	CL SKULL FX NEC-MOD COMA	154
80304	CL SKL FX NEC-PROLN COMA	154
80305	CL SKUL FX NEC-DEEP COMA	154
80306	CL SKULL FX NEC-COMA NOS	155
80309	CL SKULL FX NEC-CONCUSS	155
8031	CL SKL FX NEC/CEREBR LAC*	155
80310	CL SKL FX NEC/CEREBR LAC	155
80311	CL SKULL FX NEC W/O COMA	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80312	CL SKULL FX NEC-BRF COMA	155
80313	CL SKULL FX NEC-MOD COMA	154
80314	CL SKL FX NEC-PROLN COMA	154
80315	CL SKUL FX NEC-DEEP COMA	154
80316	CL SKULL FX NEC-COMA NOS	155
80319	CL SKULL FX NEC-CONCUSS	155
8032	CL SKL FX NEC/MENING HEM*	155
80320	CL SKL FX NEC/MENING HEM	155
80321	CL SKULL FX NEC W/O COMA	155
80322	CL SKULL FX NEC-BRF COMA	155
80323	CL SKULL FX NEC-MOD COMA	154
80324	CL SKL FX NEC-PROLN COMA	154
80325	CL SKUL FX NEC-DEEP COMA	154
80326	CL SKULL FX NEC-COMA NOS	155
80329	CL SKULL FX NEC-CONCUSS	155
8033	CL SKULL FX NEC/HEM NEC*	155
80330	CL SKULL FX NEC/HEM NEC	155
80331	CL SKULL FX NEC W/O COMA	155
80332	CL SKULL FX NEC-BRF COMA	155
80333	CL SKULL FX NEC-MOD COMA	154
80334	CL SKL FX NEC-PROLN COMA	154
80335	CL SKUL FX NEC-DEEP COMA	154
80336	CL SKULL FX NEC-COMA NOS	155
80339	CL SKULL FX NEC-CONCUSS	155
8034	CL SKL FX NEC/BR INJ NEC*	155
80340	CL SKL FX NEC/BR INJ NEC	155
80341	CL SKULL FX NEC W/O COMA	155
80342	CL SKULL FX NEC-BRF COMA	155
80343	CL SKULL FX NEC-MOD COMA	154
80344	CL SKL FX NEC-PROLN COMA	154
80345	CL SKUL FX NEC-DEEP COMA	154
80346	CL SKULL FX NEC-COMA NOS	155
80349	CL SKULL FX NEC-CONCUSS	155
8035	OPEN SKULL FRACTURE NEC*	155
80350	OPEN SKULL FRACTURE NEC	155
80351	OPN SKUL FX NEC W/O COMA	155
80352	OPN SKUL FX NEC-BRF COMA	155
80353	OPN SKUL FX NEC-MOD COMA	154
80354	OPN SKL FX NEC-PROL COMA	154
80355	OPN SKL FX NEC-DEEP COMA	154

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80356	OPN SKUL FX NEC-COMA NOS	155
80359	OPN SKULL FX NEC-CONCUSS	155
8036	OPN SKL FX NEC/CEREB LAC*	155
80360	OPN SKL FX NEC/CEREB LAC	155
80361	OPN SKUL FX NEC W/O COMA	155
80362	OPN SKUL FX NEC-BRF COMA	155
80363	OPN SKUL FX NEC-MOD COMA	154
80364	OPN SKL FX NEC-PROLN COM	154
80365	OPN SKL FX NEC-DEEP COMA	154
80366	OPN SKUL FX NEC-COMA NOS	155
80369	OPN SKULL FX NEC-CONCUSS	155
8037	OPN SKL FX NEC/MENIN HEM*	155
80370	OPN SKL FX NEC/MENIN HEM	155
80371	OPN SKUL FX NEC W/O COMA	155
80372	OPN SKUL FX NEC-BRF COMA	155
80373	OPN SKUL FX NEC-MOD COMA	154
80374	OPN SKL FX NEC-PROL COMA	154
80375	OPN SKL FX NEC-DEEP COMA	154
80376	OPN SKUL FX NEC-COMA NOS	155
80379	OPN SKULL FX NEC-CONCUSS	155
8038	OPN SKULL FX NEC/HEM NEC*	155
80380	OPN SKULL FX NEC/HEM NEC	155
80381	OPN SKUL FX NEC W/O COMA	155
80382	OPN SKUL FX NEC-BRF COMA	155
80383	OPN SKUL FX NEC-MOD COMA	154
80384	OPN SKL FX NEC-PROL COMA	154
80385	OPN SKL FX NEC-DEEP COMA	154
80386	OPN SKUL FX NEC-COMA NOS	155
80389	OPN SKULL FX NEC-CONCUSS	155
8039	OP SKL FX NEC/BR INJ NEC*	155
80390	OP SKL FX NEC/BR INJ NEC	155
80391	OPN SKUL FX NEC W/O COMA	155
80392	OPN SKUL FX NEC-BRF COMA	155
80393	OPN SKUL FX NEC-MOD COMA	154
80394	OPN SKL FX NEC-PROL COMA	154
80395	OPN SKL FX NEC-DEEP COMA	154
80396	OPN SKUL FX NEC-COMA NOS	155
80399	OPN SKULL FX NEC-CONCUSS	155
804	MULT FX SKULL W OTH BONE*	155
8040	CL SKUL FX W OTH BONE FX*	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80400	CL SKUL FX W OTH BONE FX	155
80401	CL SKL W OTH FX W/O COMA	155
80402	CL SKL W OTH FX-BRF COMA	155
80403	CL SKL W OTH FX-MOD COMA	154
80404	CL SKL/OTH FX-PROLN COMA	154
80405	CL SKUL/OTH FX-DEEP COMA	154
80406	CL SKL W OTH FX-COMA NOS	155
80409	CL SKUL W OTH FX-CONCUSS	155
8041	CL SK W OTH FX/CEREB LAC*	155
80410	CL SK W OTH FX/CEREB LAC	155
80411	CL SKL W OTH FX W/O COMA	155
80412	CL SKL W OTH FX-BRF COMA	155
80413	CL SKL W OTH FX-MOD COMA	154
80414	CL SKL/OTH FX-PROLN COMA	154
80415	CL SKUL/OTH FX-DEEP COMA	154
80416	CL SKL W OTH FX-COMA NOS	155
80419	CL SKUL W OTH FX-CONCUSS	155
8042	CL SKL/OTH FX/MENING HEM*	155
80420	CL SKL/OTH FX/MENING HEM	155
80421	CL SKL W OTH FX W/O COMA	155
80422	CL SKL W OTH FX-BRF COMA	155
80423	CL SKL W OTH FX-MOD COMA	154
80424	CL SKL/OTH FX-PROLN COMA	154
80425	CL SKUL/OTH FX-DEEP COMA	154
80426	CL SKL W OTH FX-COMA NOS	155
80429	CL SKUL W OTH FX-CONCUSS	155
8043	CL SKUL W OTH FX/HEM NEC*	155
80430	CL SKUL W OTH FX/HEM NEC	155
80431	CL SKL W OTH FX W/O COMA	155
80432	CL SKL W OTH FX-BRF COMA	155
80433	CL SKL W OTH FX-MOD COMA	154
80434	CL SKL/OTH FX-PROLN COMA	154
80435	CL SKUL/OTH FX-DEEP COMA	154
80436	CL SKL W OTH FX-COMA NOS	155
80439	CL SKUL W OTH FX-CONCUSS	155
8044	CL SKL/OTH FX/BR INJ NEC*	155
80440	CL SKL/OTH FX/BR INJ NEC	155
80441	CL SKL W OTH FX W/O COMA	155
80442	CL SKL W OTH FX-BRF COMA	155
80443	CL SKL W OTH FX-MOD COMA	154

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80444	CL SKL/OTH FX-PROLN COMA	154
80445	CL SKUL/OTH FX-DEEP COMA	154
80446	CL SKL W OTH FX-COMA NOS	155
80449	CL SKUL W OTH FX-CONCUSS	155
8045	OPN SKULL FX/OTH BONE FX*	155
80450	OPN SKULL FX/OTH BONE FX	155
80451	OPN SKUL/OTH FX W/O COMA	155
80452	OPN SKUL/OTH FX-BRF COMA	155
80453	OPN SKUL/OTH FX-MOD COMA	154
80454	OPN SKL/OTH FX-PROL COMA	154
80455	OPN SKL/OTH FX-DEEP COMA	154
80456	OPN SKUL/OTH FX-COMA NOS	155
80459	OPN SKULL/OTH FX-CONCUSS	155
8046	OPN SKL/OTH FX/CEREB LAC*	155
80460	OPN SKL/OTH FX/CEREB LAC	155
80461	OPN SKUL/OTH FX W/O COMA	155
80462	OPN SKUL/OTH FX-BRF COMA	155
80463	OPN SKUL/OTH FX-MOD COMA	154
80464	OPN SKL/OTH FX-PROL COMA	154
80465	OPN SKL/OTH FX-DEEP COMA	154
80466	OPN SKUL/OTH FX-COMA NOS	155
80469	OPN SKULL/OTH FX-CONCUSS	155
8047	OPN SKL/OTH FX/MENIN HEM*	155
80470	OPN SKL/OTH FX/MENIN HEM	155
80471	OPN SKUL/OTH FX W/O COMA	155
80472	OPN SKUL/OTH FX-BRF COMA	155
80473	OPN SKUL/OTH FX-MOD COMA	154
80474	OPN SKL/OTH FX-PROL COMA	154
80475	OPN SKL/OTH FX-DEEP COMA	154
80476	OPN SKUL/OTH FX-COMA NOS	155
80479	OPN SKULL/OTH FX-CONCUSS	155
8048	OPN SKL W OTH FX/HEM NEC*	155
80480	OPN SKL W OTH FX/HEM NEC	155
80481	OPN SKUL/OTH FX W/O COMA	155
80482	OPN SKUL/OTH FX-BRF COMA	155
80483	OPN SKUL/OTH FX-MOD COMA	154
80484	OPN SKL/OTH FX-PROL COMA	154
80485	OPN SKL/OTH FX-DEEP COMA	154
80486	OPN SKUL/OTH FX-COMA NOS	155
80489	OPN SKULL/OTH FX-CONCUSS	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
8049	OP SKL/OTH FX/BR INJ NEC*	155
80490	OP SKL/OTH FX/BR INJ NEC	155
80491	OPN SKUL/OTH FX W/O COMA	155
80492	OPN SKUL/OTH FX-BRF COMA	155
80493	OPN SKUL/OTH FX-MOD COMA	154
80494	OPN SKL/OTH FX-PROL COMA	154
80495	OPN SKL/OTH FX-DEEP COMA	154
80496	OPN SKUL/OTH FX-COMA NOS	155
80499	OPN SKULL/OTH FX-CONCUSS	155
805	VERTEBRL FX W/O CORD INJ*	157
8050	FX CERVICAL VERTEBRA-CL*	157
80500	FX CERVICAL VERT NOS-CL	157
80501	FX C1 VERTEBRA-CLOSED	157
80502	FX C2 VERTEBRA-CLOSED	157
80503	FX C3 VERTEBRA-CLOSED	157
80504	FX C4 VERTEBRA-CLOSED	157
80505	FX C5 VERTEBRA-CLOSED	157
80506	FX C6 VERTEBRA-CLOSED	157
80507	FX C7 VERTEBRA-CLOSED	157
80508	FX MULT CERVICAL VERT-CL	157
8051	FX CERVICAL VERTEBRA-OPN*	157
80510	FX CERVICAL VERT NOS-OPN	157
80511	FX C1 VERTEBRA-OPEN	157
80512	FX C2 VERTEBRA-OPEN	157
80513	FX C3 VERTEBRA-OPEN	157
80514	FX C4 VERTEBRA-OPEN	157
80515	FX C5 VERTEBRA-OPEN	157
80516	FX C6 VERTEBRA-OPEN	157
80517	FX C7 VERTEBRA-OPEN	157
80518	FX MLT CERVICAL VERT-OPN	157
8052	FX DORSAL VERTEBRA-CLOSE	157
8053	FX DORSAL VERTEBRA-OPEN	157
8054	FX LUMBAR VERTEBRA-CLOSE	157
8055	FX LUMBAR VERTEBRA-OPEN	157
8056	FX SACRUM/COCCYX-CLOSED	157
8057	FX SACRUM/COCCYX-OPEN	157
8058	VERTEBRAL FX NOS-CLOSED	157
8059	VERTEBRAL FX NOS-OPEN	157
806	VERTEBRAL FX W CORD INJ*	69
8060	CLOS CERV FX W CORD INJ*	69

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80600	C1-C4 FX-CL/CORD INJ NOS	69
80601	C1-C4 FX-CL/COM CORD LES	67
80602	C1-C4 FX-CL/ANT CORD SYN	69
80603	C1-C4 FX-CL/CEN CORD SYN	69
80604	C1-C4 FX-CL/CORD INJ NEC	69
80605	C5-C7 FX-CL/CORD INJ NOS	69
80606	C5-C7 FX-CL/COM CORD LES	67
80607	C5-C7 FX-CL/ANT CORD SYN	69
80608	C5-C7 FX-CL/CEN CORD SYN	69
80609	C5-C7 FX-CL/CORD INJ NEC	69
8061	OPEN CERV FX W CORD INJ*	69
80610	C1-C4 FX-OP/CORD INJ NOS	69
80611	C1-C4 FX-OP/COM CORD LES	67
80612	C1-C4 FX-OP/ANT CORD SYN	69
80613	C1-C4 FX-OP/CEN CORD SYN	69
80614	C1-C4 FX-OP/CORD INJ NEC	69
80615	C5-C7 FX-OP/CORD INJ NOS	69
80616	C5-C7 FX-OP/COM CORD LES	67
80617	C5-C7 FX-OP/ANT CORD SYN	69
80618	C5-C7 FX-OP/CEN CORD SYN	69
80619	C5-C7 FX-OP/CORD INJ NEC	69
8062	CL DORSAL FX W CORD INJ*	69
80620	T1-T6 FX-CL/CORD INJ NOS	69
80621	T1-T6 FX-CL/COM CORD LES	68
80622	T1-T6 FX-CL/ANT CORD SYN	69
80623	T1-T6 FX-CL/CEN CORD SYN	69
80624	T1-T6 FX-CL/CORD INJ NEC	69
80625	T7-T12 FX-CL/CRD INJ NOS	69
80626	T7-T12 FX-CL/COM CRD LES	68
80627	T7-T12 FX-CL/ANT CRD SYN	69
80628	T7-T12 FX-CL/CEN CRD SYN	69
80629	T7-T12 FX-CL/CRD INJ NEC	69
8063	OPN DORSAL FX W CORD INJ*	69
80630	T1-T6 FX-OP/CORD INJ NOS	69
80631	T1-T6 FX-OP/COM CORD LES	68
80632	T1-T6 FX-OP/ANT CORD SYN	69
80633	T1-T6 FX-OP/CEN CORD SYN	69
80634	T1-T6 FX-OP/CORD INJ NEC	69
80635	T7-T12 FX-OP/CRD INJ NOS	69
80636	T7-T12 FX-OP/COM CRD LES	68

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
80637	T7-T12 FX-OP/ANT CRD SYN	69
80638	T7-T12 FX-OP/CEN CRD SYN	69
80639	T7-T12 FX-OP/CRD INJ NEC	69
8064	CL LUMBAR FX W CORD INJ	69
8065	OPN LUMBAR FX W CORD INJ	69
8066	FX SACRUM-CL W CORD INJ*	69
80660	FX SACRUM-CL/CRD INJ NOS	69
80661	FX SACR-CL/CAUDA EQU LES	69
80662	FX SACR-CL/CAUDA INJ NEC	69
80669	FX SACRUM-CL/CRD INJ NEC	69
8067	FX SACRUM-OPN W CORD INJ*	69
80670	FX SACRUM-OP/CRD INJ NOS	69
80671	FX SACR-OP/CAUDA EQU LES	69
80672	FX SACR-OP/CAUDA INJ NEC	69
80679	FX SACRUM-OP/CRD INJ NEC	69
8068	VERT FX NOS-CL W CRD INJ	69
8069	VERT FX NOS-OP W CRD INJ	69
808	PELVIC FRACTURE*	158
8080	FRACTURE ACETABULUM-CLOS	158
8081	FRACTURE ACETABULUM-OPEN	158
8082	FRACTURE OF PUBIS-CLOSED	158
8083	FRACTURE OF PUBIS-OPEN	158
8084	OTH PELVIC FRACTURE-CLOS*	158
80841	FRACTURE OF ILIUM-CLOSED	158
80842	FRACTURE ISCHIUM-CLOSED	158
80843	PELV FX-CLOS/PELV DISRUP	158
80849	PELVIC FRACTURE NEC-CLOS	158
8085	OTH PELVIC FRACTURE-OPEN*	158
80851	FRACTURE OF ILIUM-OPEN	158
80852	FRACTURE OF ISCHIUM-OPEN	158
80853	PELV FX-OPEN/PELV DISRUP	158
80859	PELVIC FRACTURE NEC-OPEN	158
8088	PELVIC FRACTURE NOS-CLOS	158
8089	PELVIC FRACTURE NOS-OPEN	158
820	FRACTURE NECK OF FEMUR*	158
8200	TRANSCERV FX FEMUR-CLOSE*	158
82000	FX FEMUR INTRCAPS NOS-CL	158
82001	FX UP FEMUR EPIPHY-CLOS	158
82002	FX FEMUR, MIDCERVIC-CLOS	158
82003	FX BASE FEMORAL NCK-CLOS	158

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
82009	FX FEMUR INTRCAPS NEC-CL	158
8201	TRANSCERV FX FEMUR-OPEN*	158
82010	FX FEMUR INTRCAP NOS-OPN	158
82011	FX UP FEMUR EPIPHY-OPEN	158
82012	FX FEMUR, MIDCERVIC-OPEN	158
82013	FX BASE FEMORAL NCK-OPEN	158
82019	FX FEMUR INTRCAP NEC-OPN	158
8202	PERTROCHANTERIC FX-CLOS*	158
82020	TROCHANTERIC FX NOS-CLOS	158
82021	INTERTROCHANTERIC FX-CL	158
82022	SUBTROCHANTERIC FX-CLOSE	158
8203	PERTROCHANTERIC FX-OPEN*	158
82030	TROCHANTERIC FX NOS-OPEN	158
82031	INTERTROCHANTERIC FX-OPN	158
82032	SUBTROCHANTERIC FX-OPEN	158
8208	FX NECK OF FEMUR NOS-CL	158
8209	FX NECK OF FEMUR NOS-OPN	158
821	OTHER FEMORAL FRACTURE*	158
8210	FX FEMUR SHAFT/NOS-CLOSE*	158
82100	FX FEMUR NOS-CLOSED	158
82101	FX FEMUR SHAFT-CLOSED	158
8211	FX FEMUR SHAFT/NOS-OPEN*	158
82110	FX FEMUR NOS-OPEN	158
82111	FX FEMUR SHAFT-OPEN	158
8212	FX LOWER END FEMUR-CLOSE*	158
82120	FX LOW END FEMUR NOS-CL	158
82121	FX FEMORAL CONDYLE-CLOSE	158
82122	FX LOW FEMUR EPIPHY-CLOS	158
82123	SUPRACONDYL FX FEMUR-CL	158
82129	FX LOW END FEMUR NEC-CL	158
8213	FX LOWER END FEMUR-OPEN*	158
82130	FX LOW END FEMUR NOS-OPN	158
82131	FX FEMORAL CONDYLE-OPEN	158
82132	FX LOW FEMUR EPIPHY-OPEN	158
82133	SUPRACONDYL FX FEMUR-OPN	158
82139	FX LOW END FEMUR NEC-OPN	158
835	DISLOCATION OF HIP*	158
8350	DISLOCATION HIP-CLOSED*	158
83500	DISLOCAT HIP NOS-CLOSED	158
83501	POSTERIOR DISLOC HIP-CL	158

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
83502	OBTURATOR DISLOC HIP-CL	158
83503	ANT DISLOC HIP NEC-CLOS	158
8351	DISLOCATION HIP-OPEN*	158
83510	DISLOCATION HIP NOS-OPEN	158
83511	POSTERIOR DISLOC HIP-OPN	158
83512	OBTURATOR DISLOC HIP-OPN	158
83513	ANT DISLOC HIP NEC-OPEN	158
8502	CONCUSSION-MODERATE COMA	155
8503	CONCUSSION-PROLONG COMA	155
8504	CONCUSSION-DEEP COMA	155
851	CEREBRAL LACER/CONTUSION*	155
8510	CORTEX CONTUSION*	155
85100	CEREBRAL CORTX CONTUSION	155
85101	CORTEX CONTUSION-NO COMA	155
85102	CORTEX CONTUS-BRIEF COMA	155
85103	CORTEX CONTUS-MOD COMA	154
85104	CORTX CONTUS-PROLNG COMA	154
85105	CORTEX CONTUS-DEEP COMA	154
85106	CORTEX CONTUS-COMA NOS	155
85109	CORTEX CONTUS-CONCUS NOS	155
8511	CORTEX CONTUSION/OPN WND*	155
85110	CORTEX CONTUSION/OPN WND	155
85111	OPN CORTX CONTUS-NO COMA	155
85112	OPN CORT CONTUS-BRF COMA	155
85113	OPN CORT CONTUS-MOD COMA	154
85114	OPN CORT CONTU-PROL COMA	154
85115	OPN CORT CONTU-DEEP COMA	154
85116	OPN CORT CONTUS-COMA NOS	155
85119	OPN CORTX CONTUS-CONCUSS	155
8512	CEREBRAL CORTEX LACERAT*	155
85120	CEREBRAL CORTEX LACERAT	155
85121	CORTEX LACERAT W/O COMA	155
85122	CORTEX LACERA-BRIEF COMA	155
85123	CORTEX LACERAT-MOD COMA	154
85124	CORTEX LACERAT-PROL COMA	154
85125	CORTEX LACERAT-DEEP COMA	154
85126	CORTEX LACERAT-COMA NOS	155
85129	CORTEX LACERAT-CONCUSS	155
8513	CORTEX LACER W OPN WOUND*	155
85130	CORTEX LACER W OPN WOUND	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
85131	OPN CORTEX LACER-NO COMA	155
85132	OPN CORTX LAC-BRIEF COMA	155
85133	OPN CORTX LACER-MOD COMA	154
85134	OPN CORTX LAC-PROLN COMA	154
85135	OPN CORTEX LAC-DEEP COMA	154
85136	OPN CORTX LACER-COMA NOS	155
85139	OPN CORTX LACER-CONCUSS	155
8514	CEREBEL/BRAIN STM CONTUS*	155
85140	CEREBEL/BRAIN STM CONTUS	155
85141	CEREBELL CONTUS W/O COMA	155
85142	CEREBELL CONTUS-BRF COMA	155
85143	CEREBELL CONTUS-MOD COMA	154
85144	CEREBEL CONTUS-PROL COMA	154
85145	CEREBEL CONTUS-DEEP COMA	154
85146	CEREBELL CONTUS-COMA NOS	155
85149	CEREBELL CONTUS-CONCUSS	155
8515	CEREBEL CONTUS W OPN WND*	155
85150	CEREBEL CONTUS W OPN WND	155
85151	OPN CEREBE CONT W/O COMA	155
85152	OPN CEREBE CONT-BRF COMA	155
85153	OPN CEREBE CONT-MOD COMA	154
85154	OPN CEREBE CONT-PROL COM	154
85155	OPN CEREBE CONT-DEEP COM	154
85156	OPN CEREBE CONT-COMA NOS	155
85159	OPN CEREBEL CONT-CONCUSS	155
8516	CEREBEL/BRAIN STEM LACER*	155
85160	CEREBEL/BRAIN STEM LACER	155
85161	CEREBEL LACERAT W/O COMA	155
85162	CEREBEL LACER-BRIEF COMA	155
85163	CEREBEL LACERAT-MOD COMA	154
85164	CEREBEL LACER-PROLN COMA	154
85165	CEREBELL LACER-DEEP COMA	154
85166	CEREBEL LACERAT-COMA NOS	155
85169	CEREBEL LACER-CONCUSSION	155
8517	CEREBEL LACER W OPEN WND*	155
85170	CEREBEL LACER W OPEN WND	155
85171	OPN CEREBEL LAC W/O COMA	155
85172	OPN CEREBEL LAC-BRF COMA	155
85173	OPN CEREBEL LAC-MOD COMA	154
85174	OPN CEREBE LAC-PROL COMA	154

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
85175	OPN CEREBE LAC-DEEP COMA	154
85176	OPN CEREBEL LAC-COMA NOS	155
85179	OPN CEREBELL LAC-CONCUSS	155
8518	CEREBRAL LACERATION NEC*	155
85180	BRAIN LACERATION NEC	155
85181	BRAIN LACER NEC W/O COMA	155
85182	BRAIN LAC NEC-BRIEF COMA	155
85183	BRAIN LACER NEC-MOD COMA	154
85184	BRAIN LAC NEC-PROLN COMA	154
85185	BRAIN LAC NEC-DEEP COMA	154
85186	BRAIN LACER NEC-COMA NOS	155
85189	BRAIN LACER NEC-CONCUSS	155
8519	BRAIN LAC NEC W OPEN WND*	155
85190	BRAIN LAC NEC W OPEN WND	155
85191	OPN BRAIN LACER W/O COMA	155
85192	OPN BRAIN LAC-BRIEF COMA	155
85193	OPN BRAIN LACER-MOD COMA	154
85194	OPN BRAIN LAC-PROLN COMA	154
85195	OPEN BRAIN LAC-DEEP COMA	154
85196	OPN BRAIN LACER-COMA NOS	155
85199	OPEN BRAIN LACER-CONCUSS	155
852	MENINGEAL HEM FOLLOW INJ*	155
8520	TRAUM SUBARACHNOID HEM*	155
85200	TRAUM SUBARACHNOID HEM	155
85201	SUBARACHNOID HEM-NO COMA	155
85202	SUBARACH HEM-BRIEF COMA	155
85203	SUBARACH HEM-MOD COMA	154
85204	SUBARACH HEM-PROLNG COMA	154
85205	SUBARACH HEM-DEEP COMA	154
85206	SUBARACH HEM-COMA NOS	155
85209	SUBARACH HEM-CONCUSSION	155
8521	SUBARACH HEM W OPN WOUND*	155
85210	SUBARACH HEM W OPN WOUND	155
85211	OPN SUBARACH HEM-NO COMA	155
85212	OP SUBARACH HEM-BRF COMA	155
85213	OP SUBARACH HEM-MOD COMA	154
85214	OP SUBARACH HEM-PROL COM	154
85215	OP SUBARACH HEM-DEEP COM	154
85216	OP SUBARACH HEM-COMA NOS	155
85219	OPN SUBARACH HEM-CONCUSS	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
8522	TRAUMATIC SUBDURAL HEM*	155
85220	TRAUMATIC SUBDURAL HEM	155
85221	SUBDURAL HEM W/O COMA	155
85222	SUBDURAL HEM-BRIEF COMA	155
85223	SUBDURAL HEMORR-MOD COMA	154
85224	SUBDURAL HEM-PROLNG COMA	154
85225	SUBDURAL HEM-DEEP COMA	154
85226	SUBDURAL HEMORR-COMA NOS	155
85229	SUBDURAL HEM-CONCUSSION	155
8523	SUBDURAL HEM W OPN WOUND*	155
85230	SUBDURAL HEM W OPN WOUND	155
85231	OPEN SUBDUR HEM W/O COMA	155
85232	OPN SUBDUR HEM-BRF COMA	155
85233	OPN SUBDUR HEM-MOD COMA	154
85234	OPN SUBDUR HEM-PROL COMA	154
85235	OPN SUBDUR HEM-DEEP COMA	154
85236	OPN SUBDUR HEM-COMA NOS	155
85239	OPN SUBDUR HEM-CONCUSS	155
8524	TRAUMATIC EXTRADURAL HEM*	155
85240	TRAUMATIC EXTRADURAL HEM	155
85241	EXTRADURAL HEM W/O COMA	155
85242	EXTRADUR HEM-BRIEF COMA	155
85243	EXTRADURAL HEM-MOD COMA	154
85244	EXTRADUR HEM-PROLN COMA	154
85245	EXTRADURAL HEM-DEEP COMA	154
85246	EXTRADURAL HEM-COMA NOS	155
85249	EXTADURAL HEM-CONCUSS	155
8525	EXTRADURAL HEM W OPN WND*	155
85250	EXTRADURAL HEM W OPN WND	155
85251	EXTRADURAL HEMOR-NO COMA	155
85252	EXTRADUR HEM-BRIEF COMA	155
85253	EXTRADURAL HEM-MOD COMA	154
85254	EXTRADUR HEM-PROLN COMA	154
85255	EXTRADUR HEM-DEEP COMA	154
85256	EXTRADURAL HEM-COMA NOS	155
85259	EXTRADURAL HEM-CONCUSS	155
853	OTH TRAUMATIC BRAIN HEM*	155
8530	TRAUMATIC BRAIN HEM NEC*	155
85300	TRAUMATIC BRAIN HEM NEC	155
85301	BRAIN HEM NEC W/O COMA	155

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
85302	BRAIN HEM NEC-BRIEF COMA	155
85303	BRAIN HEM NEC-MOD COMA	154
85304	BRAIN HEM NEC-PROLN COMA	154
85305	BRAIN HEM NEC-DEEP COMA	154
85306	BRAIN HEM NEC-COMA NOS	155
85309	BRAIN HEM NEC-CONCUSSION	155
8531	BRAIN HEM NEC W OPN WND*	155
85310	BRAIN HEM NEC W OPN WND	155
85311	BRAIN HEM OPN W/O COMA	155
85312	BRAIN HEM OPN-BRF COMA	155
85313	BRAIN HEM OPEN-MOD COMA	154
85314	BRAIN HEM OPN-PROLN COMA	154
85315	BRAIN HEM OPEN-DEEP COMA	154
85316	BRAIN HEM OPEN-COMA NOS	155
85319	BRAIN HEM OPN-CONCUSSION	155
854	OTHER BRAIN INJURY*	155
8540	BRAIN INJURY NEC*	155
85400	BRAIN INJURY NEC	155
85401	BRAIN INJURY NEC-NO COMA	155
85402	BRAIN INJ NEC-BRIEF COMA	155
85403	BRAIN INJ NEC-MOD COMA	154
85404	BRAIN INJ NEC-PROLN COMA	154
85405	BRAIN INJ NEC-DEEP COMA	154
85406	BRAIN INJ NEC-COMA NOS	155
85409	BRAIN INJ NEC-CONCUSSION	155
8541	BRAIN INJ NEC W OPN WND*	155
85410	BRAIN INJURY W OPN WND	155
85411	OPN BRAIN INJ W/O COMA	155
85412	OPN BRAIN INJ-BRIEF COMA	155
85413	OPN BRAIN INJ-MOD COMA	154
85414	OPN BRAIN INJ-PROLN COMA	154
85415	OPN BRAIN INJ-DEEP COMA	154
85416	OPEN BRAIN INJ-COMA NOS	155
85419	OPN BRAIN INJ-CONCUSSION	155
887	TRAUMATIC AMPUT ARM/HAND*	161
8870	AMPUT BELOW ELB, UNILAT	161
8871	AMP BELOW ELB, UNIL-COMP	161
8872	AMPUT ABV ELBOW, UNILAT	161
8873	AMPUT ABV ELB, UNIL-COMP	161
8874	AMPUTAT ARM, UNILAT NOS	161

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
8875	AMPUT ARM, UNIL NOS-COMP	161
8876	AMPUTATION ARM, BILAT	161
8877	AMPUTAT ARM, BILAT-COMPL	161
895	TRAUMATIC AMPUTATION TOE*	161
8950	AMPUTATION TOE	161
8951	AMPUTATION TOE-COMPLICAT	161
896	TRAUMATIC AMPUTAT FOOT*	161
8960	AMPUTATION FOOT, UNILAT	161
8961	AMPUT FOOT, UNILAT-COMPL	161
8962	AMPUTATION FOOT, BILAT	161
8963	AMPUTAT FOOT, BILAT-COMP	161
897	TRAUMATIC AMPUTATION LEG*	161
8970	AMPUT BELOW KNEE, UNILAT	161
8971	AMPUTAT BK, UNILAT-COMPL	161
8972	AMPUT ABOVE KNEE, UNILAT	161
8973	AMPUT ABV KN, UNIL-COMPL	161
8974	AMPUTAT LEG, UNILAT NOS	161
8975	AMPUT LEG, UNIL NOS-COMP	161
8976	AMPUTATION LEG, BILAT	161
8977	AMPUTAT LEG, BILAT-COMPL	161
9050	LATE EFFEC SKULL/FACE FX	155
9059	LATE EFF TRAUMAT AMPUTAT	177
9070	LT EFF INTRACRANIAL INJ	155
9072	LATE EFF SPINAL CORD INJ	69
94811	10-19% BDY BRN/10-19% 3D	150
94821	20-29% BDY BRN/10-19% 3D	150
94822	20-29% BDY BRN/20-29% 3D	150
94831	30-39% BDY BRN/10-19% 3D	150
94832	30-39% BDY BRN/20-29% 3D	150
94833	30-39% BDY BRN/30-39% 3D	150
94841	40-49% BDY BRN/10-19% 3D	150
94842	40-49% BDY BRN/20-29% 3D	150
94843	40-49% BDY BRN/30-39% 3D	150
94844	40-49% BDY BRN/40-49% 3D	150
94851	50-59% BDY BRN/10-19% 3D	150
94852	50-59% BDY BRN/20-29% 3D	150
94853	50-59% BDY BRN/30-39% 3D	150
94854	50-59% BDY BRN/40-49% 3D	150
94855	50-59% BDY BRN/50-59% 3D	150
94861	60-69% BDY BRN/10-19% 3D	150

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
94862	60-69% BDY BRN/20-29% 3D	150
94863	60-69% BDY BRN/30-39% 3D	150
94864	60-69% BDY BRN/40-49% 3D	150
94865	60-69% BDY BRN/50-59% 3D	150
94866	60-69% BDY BRN/60-69% 3D	150
94871	70-79% BDY BRN/10-19% 3D	150
94872	70-79% BDY BRN/20-29% 3D	150
94873	70-79% BDY BRN/30-39% 3D	150
94874	70-79% BDY BRN/40-49% 3D	150
94875	70-79% BDY BRN/50-59% 3D	150
94876	70-79% BDY BRN/60-69% 3D	150
94877	70-79% BDY BRN/70-79% 3D	150
94881	80-89% BDY BRN/10-19% 3D	150
94882	80-89% BDY BRN/20-29% 3D	150
94883	80-89% BDY BRN/30-39% 3D	150
94884	80-89% BDY BRN/40-49% 3D	150
94885	80-89% BDY BRN/50-59% 3D	150
94886	80-89% BDY BRN/60-69% 3D	150
94887	80-89% BDY BRN/70-79% 3D	150
94888	80-89% BDY BRN/80-89% 3D	150
94891	90% + BDY BRN/10-19% 3RD	150
94892	90% + BDY BRN/20-29% 3RD	150
94893	90% + BDY BRN/30-39% 3RD	150
94894	90% + BDY BRN/40-49% 3RD	150
94895	90% + BDY BRN/50-59% 3RD	150
94896	90% + BDY BRN/60-69% 3RD	150
94897	90% + BDY BRN/70-79% 3RD	150
94898	90% + BDY BRN/80-89% 3RD	150
94899	90% + BDY BRN/90% + 3RD	150
952	SPINAL CORD INJ W/O FX*	69
9520	CERVICAL SPINAL CORD INJ*	69
95200	C1-C4 SPIN CORD INJ NOS	69
95201	COMPLETE LES CORD/C1-C4	67
95202	ANTERIOR CORD SYND/C1-C4	69
95203	CENTRAL CORD SYND/C1-C4	69
95204	C1-C4 SPIN CORD INJ NEC	69
95205	C5-C7 SPIN CORD INJ NOS	69
95206	COMPLETE LES CORD/C5-C7	67
95207	ANTERIOR CORD SYND/C5-C7	69
95208	CENTRAL CORD SYND/C5-C7	69

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
95209	C5-C7 SPIN CORD INJ NEC	69
9521	DORSAL SPINAL CORD INJUR*	69
95210	T1-T6 SPIN CORD INJ NOS	69
95211	COMPLETE LES CORD/T1-T6	68
95212	ANTERIOR CORD SYND/T1-T6	69
95213	CENTRAL CORD SYND/T1-T6	69
95214	T1-T6 SPIN CORD INJ NEC	69
95215	T7-T12 SPIN CORD INJ NOS	69
95216	COMPLETE LES CORD/T7-T12	68
95217	ANTERIOR CORD SYN/T7-T12	69
95218	CENTRAL CORD SYN/T7-T12	69
95219	T7-T12 SPIN CORD INJ NEC	69
9522	LUMBAR SPINAL CORD INJUR	69
9523	SACRAL SPINAL CORD INJUR	69
9524	CAUDA EQUINA INJURY	69
9528	SPIN CORD INJ-MULT SITE	69
9529	SPINAL CORD INJURY NOS	69
958	EARLY COMPLIC OF TRAUMA*	164
9580	AIR EMBOLISM	164
9581	FAT EMBOLISM	164
9582	SECONDARY/RECUR HEMORR	164
9583	POSTTRAUM WND INFEC NEC	164
9584	TRAUMATIC SHOCK	164
9585	TRAUMATIC ANURIA	164
9586	VOLKMANN'S ISCH CONTRACT	164
9587	TRAUM SUBCUTAN EMPHYSEMA	164
9588	EARLY COMPLIC TRAUMA NEC	164
9960	MALFUNC CARD DEVIC/GRAFT*	164
99600	MALFUNC CARD DEV/GRF NOS	164
99601	MALFUNC CARDIAC PACEMAKE	164
99602	MALFUNC PROSTH HRT VALVE	164
99603	MALFUNC CORON BYPASS GRF	164
99604	MCH CMP AUTM MPLNT DFBRL	164
99609	MALFUNC CARD DEV/GRF NEC	164
9961	MALFUNC VASC DEVICE/GRAF	164
9962	MALFUN NEURO DEVICE/GRAF	164
9963	MALFUNC GU DEVICE/GRAFT*	164
99630	MALFUNC GU DEV/GRAFT NOS	164
99631	MALFUNC URETHRAL CATH	164
99632	MALFUNCTION IUD	164

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
99639	MALFUNC GU DEV/GRAFT NEC	164
9964	MALF INT ORTHPED DEV/GRF	164
9965	GRAFT	164
99651	CORNEAL GRFT MALFUNCTION	164
99652	OTH TISSUE GRAFT MALFUNC	164
99653	LENS PROSTHESIS MALFUNC	164
99654	BREAST PROSTH MALFUNC	164
99655	COMP-ARTIFICIAL SKIN GRF	164
99656	COMP-PERITON DIALYS CATH	130
99657	COMPLCATION-INSULIN PUMP	164
99659	MALFUNC OTH DEVICE/GRAFT	164
9966	INFEC/INFLAM-DEVIC/GRAFT*	164
99660	REACTION-UNSP DEVIC/GRFT	164
99661	REACT-CARDIAC DEV/GRAFT	164
99662	REACT-OTH VASC DEV/GRAFT	164
99663	REACT-NERV SYS DEV/GRAFT	164
99664	REACT-INDWELL URIN CATH	164
99665	REACT-OTH GENITOURIN DEV	164
99666	REACT-INTER JOINT PROST	164
99667	REACT-OTH INT ORTHO DEV	164
99668	REACT-PERITON DIALY CATH	130
99669	REACT-INT PROS DEVIC NEC	164
9967	COMPLIC DEVICE/GRAFT NEC*	164
99670	COMP-UNSP DEVICE/GRAFT	164
99671	COMP-HEART VALVE PROSTH	164
99672	COMP-OTH CARDIAC DEVICE	164
99673	COMP-REN DIALYS DEV/GRFT	130
99674	COMP-OTH VASC DEV/GRAFT	164
99675	COMP-NERV SYS DEV/GRAFT	164
99676	COMP-GENITOURIN DEV/GRFT	164
99677	COMP-INTERNAL JOINT PROS	164
99678	COMP-OTH INT ORTHO DEVIC	164
99679	COMP-INT PROST DEVIC NEC	164
99682	COMPL LIVER TRANSPLANT	174
99683	COMPL HEART TRANSPLANT	174
99684	COMPL LUNG TRANSPLANT	174
99685	COMPL MARROW TRANSPLANT	174
99686	COMPL PANCREAS TRANSPLNT	174
99687	COMP INTESTINE TRANSPLNT	174
9969	COMPL REATTACHED PART*	161

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
99690	COMP REATTACH EXTREM NOS	161
99691	COMPL REATTACHED FOREARM	161
99692	COMPL REATTACHED HAND	161
99693	COMPL REATTACHED FINGER	161
99694	COMPL REATTACHED ARM NEC	161
99695	COMPL REATTACHED FOOT	161
99696	COMPL REATTACHED LEG NEC	161
99699	COMPL REATTACH PART NEC	161
9970	SURG COMPLICATION-CNS*	164
99700	NERVOUS SYST COMPLC NOS	164
99701	SURG COMPLICATION - CNS	164
99702	IATROGEN CV INFARC/HMRHG	164
99709	SURG COMP NERV SYSTM NEC	164
9971	SURG COMPL-HEART	164
9972	SURG COMP-PERI VASC SYST	164
9973	SURG COMPLIC-RESPIR SYST	164
9974	SURG COMP-DIGESTV SYSTEM	164
9975	SURG COMPL-URINARY TRACT	164
9976	LATE AMPUTATION COMPLIC*	177
99760	AMPUTAT STUMP COMPL NOS	177
99761	NEUROMA AMPUTATION STUMP	177
99762	INFECTION AMPUTAT STUMP	177
99769	AMPUTAT STUMP COMPL NEC	177
9977	VASCULAR COMP	164
99771	VASC COMP MESENTERIC ART	164
99772	VASC COMP RENAL ARTERY	164
99779	VASCULAR COMP VESSEL NEC	164
9980	POSTOPERATIVE SHOCK	164
9986	PERSIST POSTOP FISTULA	164
E95	POISON	55
E950	SUIC/SELF-POIS W SOL/LIQ*	55
E9500	POISON-ANALGESICS	55
E9501	POISON-BARBITURATES	55
E9502	POISON-SEDAT/HYPNOTIC	55
E9503	POISON-PSYCHOTROPIC AGT	55
E9504	POISON-DRUG/MEDICIN NEC	55
E9505	POISON-DRUG/MEDICIN NOS	55
E9506	POISON-AGRICULT AGENT	55
E9507	POISON-CORROSIV/CAUSTIC	55
E9508	POISON-ARSENIC	55

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
E9509	POISON-SOLID/LIQUID NEC	55
E951	POISON-UTILITY GAS*	55
E9510	POISON-PIPED GAS	55
E9511	POISON-GAS IN CONTAINER	55
E9518	POISON-UTILITY GAS NEC	55
E952	POISON-GAS/VAPOR NEC*	55
E9520	POISON-EXHAUST GAS	55
E9521	POISON-CO NEC	55
E9528	POISON-GAS/VAPOR NEC	55
E9529	POISON-GAS/VAPOR NOS	55
E953	INJURY-STRANGUL/SUFFOC*	55
E9530	INJURY-HANGING	55
E9531	INJURY-SUFF W PLAS BAG	55
E9538	INJURY-STRANG/SUFF NEC	55
E9539	INJURY-STRANG/SUFF NOS	55
E954	INJURY-SUBMERSION	55
E955	INJURY-FIREARM/EXPLOSIV*	55
E9550	INJURY-HANDGUN	55
E9551	INJURY-SHOTGUN	55
E9552	INJURY-HUNTING RIFLE	55
E9553	INJURY-MILITARY FIREARM	55
E9554	INJURY-FIREARM NEC	55
E9555	INJURY-EXPLOSIVES	55
E9556	SELF INFLICT ACC-AIR GUN	55
E9557	SELF INJ-PAINTBALL GUN	55
E9559	INJURY-FIREARM/EXPL NOS	55
E956	INJURY-CUT INSTRUMENT	55
E957	INJU-JUMP FROM HI PLACE*	55
E9570	INJURY-JUMP FM RESIDENCE	55
E9571	INJURY-JUMP FM STRUC NEC	55
E9572	INJURY-JUMP FM NATUR SIT	55
E9579	INJURY-JUMP NEC	55
E958	INJURY/SELF-INJ NEC/NOS*	55
E9580	INJURY-MOVING OBJECT	55
E9581	INJURY-BURN, FIRE	55
E9582	INJURY-SCALD	55
E9583	INJURY-EXTREME COLD	55
E9584	INJURY-ELECTROCUTION	55
E9585	INJURY-MOTOR VEH CRASH	55
E9586	INJURY-AIRCRAFT CRASH	55

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
E9587	INJURY-CAUSTIC SUBSTANCE	55
E9588	INJURY-NEC	55
E9589	INJURY-NOS	55
E959	LATE EFF OF SELF-INJURY	55
V08	ASYMP HIV INFECTN STATUS	1
V421	HEART TRANSPLANT STATUS	174
V426	LUNG TRANSPLANT STATUS	174
V427	LIVER TRANSPLANT STATUS	174
V4281	TRNSPL STATUS-BNE MARROW	174
V4282	TRSPL STS-PERIP STM CELL	174
V4283	TRNSPL STATUS-PANCREAS	174
V4284	TRNSPL STATUS-INTESTINES	174
V432	HEART REPLACEMENT NEC	174
V4321	HEART ASSIST DEV REPLACE	174
V4322	ARTFICIAL HEART REPLACE	174
V44	ARTIFICIAL OPNING STATUS*	176
V440	TRACHEOSTOMY STATUS	77
V441	GASTROSTOMY STATUS	176
V442	ILEOSTOMY STATUS	176
V443	COLOSTOMY STATUS	176
V444	ENTEROSTOMY STATUS NEC	176
V445	CYSTOSTOMY STATUS*	176
V4450	CYSTOSTOMY STATUS NOS	176
V4451	CUTANEOUS-VESICOS STATUS	176
V4452	APPENDICO-VESICOS STATUS	176
V4459	CYSTOSTOMY STATUS NEC	176
V446	URINOSTOMY STATUS NEC	176
V448	ARTIF OPEN STATUS NEC	176
V449	ARTIF OPEN STATUS NOS	176
V451	RENAL DIALYSIS STATUS	130
V461	DEPENDENCE ON RESPIRATOR	77
V497	STATUS AMPUT	177
V4970	STATUS AMPUT LWR LMB NOS	177
V4971	STATUS AMPUT GREAT TOE	177
V4972	STATUS AMPUT OTHR TOE(S)	177
V4973	STATUS AMPUT FOOT	177
V4974	STATUS AMPUT ANKLE	177
V4975	STATUS AMPUT BELOW KNEE	177
V4976	STATUS AMPUT ABOVE KNEE	177
V4977	STATUS AMPUT HIP	177

ICD-9 Code	Description of ICD–9 Diagnosis Code	Disease Group/HCC
V521	FITTING ARTIFICIAL LEG	177
V55	ATTEN TO ARTIFICIAL OPEN*	176
V550	ATTEN TO TRACHEOSTOMY	77
V551	ATTEN TO GASTROSTOMY	176
V552	ATTEN TO ILEOSTOMY	176
V553	ATTEN TO COLOSTOMY	176
V554	ATTEN TO ENTEROSTOMY NEC	176
V555	ATTEN TO CYSTOSTOMY	176
V556	ATTEN TO URINOSTOMY NEC	176
V558	ATTN TO ARTIF OPEN NEC	176
V559	ATTN TO ARTIF OPEN NOS	176
V56	DIALYSIS ENCOUNTER*	130
V560	RENAL DIALYSIS ENCOUNTER	130
V561	FT/ADJ XTRCORP DIAL CATH	130
V562	FIT/ADJ PERIT DIAL CATH	130
V563	DIALYSIS	130
V5631	HEMODIALYSIS TESTING	130
V5632	PERITONEAL DIALYSIS TEST	130
V568	DIALYSIS ENCOUNTER, NEC	130

Notes: [a]ICD-9 codes 404.03, 404.13, and 404.93 are assigned to multiple HCCs.

Diagnosis Cluster Benchmarks

The following benchmarks are based on Medicare fee-for-service claims data. Your specific experience may vary significantly based on a number of factors.

- Health status of beneficiaries varies among counties and among health plans within counties.
- Health plans may utilize different collection and/or submission rules for different provider types or provider networks.
- Patterns of care and utilization of each of the provider types may vary between fee-for-service and M+C, as well as between various M+C organizations.

MEDICARE FEE-FOR-SERVICE BENCHMARKS

PROVIDER TYPE	TOTAL DIAGNOSES		MODEL DIAGNOSES		UNIQUE MODEL DX	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
PHYSICIAN	40	83.3%	12.2	85.3%	2.2	66.7%
HOSPITAL OUTPATIENT	6	12.5%	1.3	9.1%	0.4	12.1%
HOSPITAL INPATIENT	2	4.2%	0.8	5.6%	0.7	21.2%
TOTAL	48	100.0%	14.3	100.0%	3.3*	100.0%

*Unique diagnoses were not unduplicated across provider types.

Benchmark Analysis

The majority of the diagnoses come from the physician office setting, but many of these diagnoses are not in the model. Only one in four physician diagnoses is part of the CMS-HCC model. By comparison, nearly half of the inpatient diagnoses are part of the model. Also, a much higher percentage of model diagnoses are unique in the inpatient hospital setting as compared with the physician office.

We estimate that the diagnoses from the physician setting are the result of approximately 20 physician office visits per beneficiary. The inpatient diagnoses result from approximately .35 discharges per beneficiary. Therefore, when viewed in terms of visits, one hospital stay results in two unique model diagnoses, while twenty physician office visits result in 2.2 unique diagnoses. It is clearly most critical that plans capture every inpatient stay and submit the diagnoses from each stay. By contrast, missing one physician office visit is unlikely to have a major, if any, impact on risk adjustment.

Utilizing the Benchmarks

To utilize the benchmarks, M+C organizations must first analyze how they submit data, e.g., all diagnoses, only those diagnoses that are in the model. Knowing the submission criteria will steer the submitter to the appropriate column in the table above. To compare to the fee-for-service benchmarks, other considerations include comparative utilization of services (e.g., does an organization use more ambulatory surgical centers than hospital outpatient services) and comparative health status of the counties in the organization's service area.

The simplest way to utilize the benchmarks is to compare the ratios of the various provider types. Regardless of utilization patterns and submission criteria, the majority of all diagnoses will come from physician data.

JULY 28 2003

TO: Medicare+Choice (M+C) Organizations, Medicare Capitated Demonstrations, and Selected Specialty Plans

SUBJECT: Risk Adjustment Model Output Report Available for 2004 -- **ACTION**

You recently received a letter describing changes to the Monthly Membership Report (MMR) for 2004, dated 6/19/2003. The purpose of this letter is to provide details regarding an additional monthly report that organizations will receive beginning in 2004. This new report, entitled the Risk Adjustment Model Output Report, is needed as the Centers for Medicare & Medicaid Services (CMS) implements the new risk adjustment model for 2004.

The report will provide detailed information reflecting the basis for the risk adjustment score reflected in the MMR. Risk scores are calculated using the CMS Hierarchical Condition Category (CMS-HCC) model. The report will provide detailed information on the specific disease groups (called HCCs) and disease interactions triggered for an enrollee.

The Risk Adjustment Model Output Report displays the following information:

- Enrollee identifiers (Health Insurance Claim Numbers (or HICs), name, date of birth)
- Identifies the appropriate sex and age group, as well as other demographic interactions for an individual, (if applicable);
- Reflects the specific disease groups (HCCs) triggered; and
- Reflects disease interactions.

NOTE: Disease hierarchies will not be identified separately. If a hierarchy exists, then only the most severe manifestation in the hierarchy will be displayed on the report.

> **Example:** A beneficiary triggered HCC 7 (Metastatic Cancer and Acute Leukemia) and HCC 9 (Lymphatic, Head and Neck, Brain, and Other Major Cancers). The report will reflect HCC 7, not HCC9

This report is used in conjunction with the MMR and beneficiary-specific information (residence—community vs. institution, Medicaid status, disability, etc.) to verify risk scores.

<u>Accessing the Report in GROUCH</u>

The report will be available in GROUCH and can be downloaded in the same manner as your MMR. A formatted report and flat file versions will be available. See the attached layouts. After you connect to the CMS Data Center, press ENTER, select 1 – TSO from the CMS Application Menu screen, login and proceed as follows.

- At the ISPF Primary Option Menu, enter TSO GROUCH on the command line of the ISPF menu and press **ENTER** twice.

- At the GROUCH Report menu screen, type a T to the left of the RA MODEL OUTPUT and press the **ENTER** key.
- Go the TSO READY prompt by pressing F3 or enter =x on the command line of the ISPF menu.
- Click on RECEIVE FILES FROM HOST icon on the left side of the tool bar.
- In the HOST FILE NAME block, type (in single quotes) 'XXXX.@BGD5050.RECEIVE.DATA' , XXXX = userid.
- In the PC FILE NAME block, type C:/PC FILE NAME.TXT (the name the user gives the report)
- Click on options and be sure that ASCII and CRLF are typed in the box.
- Click on OK on the FILE TRANSFER OPTIONS.
- The TRANSFER MODE Box should read TEXT.
- Click on ADD TO LIST.
- Click on the file entry in the "Transfer List".
- Click on "Receive" button.

If your organization directly downloads files without building a transmission file in GROUCH, use the following data set name:
HKH.@BGD5050.PLNHXXXX.RMMYYYY.RAMODELR
HKH.@BGD5050.PLNHXXXX.RMMYYYY.RAMODELD
HXXXX = your contract number

If you have questions regarding this report, please contact Jeff Grant at jgrant1@cms.hhs.gov.
If you have questions regarding accessing this report in GROUCH, please contact the Technical Support staff person assigned to the region where your M+C organization is located.

Regions I – III, VII Sarah Brown – 410.786.6358
Regions IV – VI Sue Hartmann – 410.786.6192
Regions VIII – X Sue Mathis – 410.786.6398

Sincerely,
/s/
Cynthia Tudor, Ph.D.
Director
Division of Program Analysis and Performance Measurement
Center for Beneficiary Choices
Centers for Medicare & Medicaid Services

Model Output Beneficiary RAF File Layout

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Health Insurance Claim Account Number	BENE_CAN	Char(12)	1	12	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consist of Beneficairy Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 bytes account number.
2	Beneficiary Last Name	BENE_LST_NM	Char(12)	13	24	12	First 12 bytes of the Bene last name	Beneficiary Last Name
3	Beneficiary First Name	BENE_1ST_NM	Char(7)	25	31	7	First 7 bytes of the bene first name	Beneficiary First Name
4	Beneficiary Initial	BENE_INIT	Char(1)	32	32	1	1 byte initial	Beneficiary Initial
5	Date of Birth	BENE_DOB	Char(8)	33	40	8	Format as yyyymmdd	The date of birth of the Medicare Beneficiary
6	Sex	BENE_SEX	Char(1)	41	41	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
7	Social Security Number	BENE_SSN	Char(9)	42	50	9	Also known as SSN_NUM	The beneficiary's current identification number that was assigned by the Social Security Administration.

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
8	Age Group Female0_34	AGE_GRP_F_0034	Char(1)	51	51	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 0 through 34.
9	Age Group Female35_44	AGE_GRP_F_3544	Char(1)	52	52	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 35 through 44.
10	Age Group Female45_54	AGE_GRP_F_4554	Char(1)	53	53	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 45 through 54.
11	Age Group Female55_59	AGE_GRP_F_5559	Char(1)	54	54	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 55 through 59.
12	Age Group Female60_64	AGE_GRP_F_6064	Char(1)	55	55	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 60 through 64.
13	Age Group Female65_69	AGE_GRP_F_6569	Char(1)	56	56	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 65 through 69.
14	Age Group Female70_74	AGE_GRP_F_7074	Char(1)	57	57	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 70 through 74.
15	Age Group Female75_79	AGE_GRP_F_7579	Char(1)	58	58	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 75 through 79.

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
16	Age Group Female80_84	AGE_GRP_F_8084	Char(1)	59	59	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 80 through 84.
17	Age Group Female85_89	AGE_GRP_F_8589	Char(1)	60	60	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 85 through 89.
18	Age Group Female90_94	AGE_GRP_F_9094	Char(1)	61	61	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 90 through 94.
19	Age Group Female95_GT	AGE_GRP_F_95GT	Char(1)	62	62	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Female between age of 95 and greater.
20	Age Group Male0_34	AGE_GRP_M_0034	Char(1)	63	63	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 0 through 34.
21	Age Group Male35_44	AGE_GRP_M_3544	Char(1)	64	64	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 35 through 44.
22	Age Group Male45_54	AGE_GRP_M_4554	Char(1)	65	65	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 45 through 54.
23	Age Group Male55_59	AGE_GRP_M_5559	Char(1)	66	66	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 55 through 59.

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
24	Age Group Male60_64	AGE_GRP_M_6064	Char(1)	67	67	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 60 through 64.
25	Age Group Male65_69	AGE_GRP_M_6569	Char(1)	68	68	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 65 through 69.
26	Age Group Male70_74	AGE_GRP_M_7074	Char(1)	69	69	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 70 through 74.
27	Age Group Male75_79	AGE_GRP_M_7579	Char(1)	70	70	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 75 through 79.
28	Age Group Male80_84	AGE_GRP_M_8084	Char(1)	71	71	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 80 through 84.
29	Age Group Male85_89	AGE_GRP_M_8589	Char(1)	72	72	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 85 through 89.
30	Age Group Male90_94	AGE_GRP_M_9094	Char(1)	73	73	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 90 through 94.
31	Age Group Male95_GT	AGE_GRP_M_95GT	Char(1)	74	74	1	Set to "1" if existed, otherwise '"0"	The sex and age group for the beneficiary base on a given as of date. Male between age of 95 and greater.

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
32	Medicaid Female Disabled	MDCD_INTRCTN_F_DSBLD	Char(1)	75	75	1	Set to "1" if existed, otherwise '"0"	Beneficiary is a female disabled and also entitled to Medicaid.
33	Medicaid Female Aged	MDCD_INTRCTN_F_AGED	Char(1)	76	76	1	Set to "1" if existed, otherwise '"0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
34	Medicaid Male Disabled	MDCD_INTRCTN_M_DSBLD	Char(1)	77	77	1	Set to "1" if existed, otherwise '"0"	Beneficiary is a male disabled and also entitled to Medicaid.
35	Medicaid Male Aged	MDCD_INTRCTN_M_AGED	Char(1)	78	78	1	Set to "1" if existed, otherwise '"0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
36	Originally Disabled Female	MDCD_ORG_DSBLD_F	Char(1)	79	79	1	Set to "1" if existed, otherwise '"0"	Beneficiary is a female and original Medicare entitltement was due to disability.
37	Originally Disabled Male	MDCD_ORG_DSBLD_M	Char(1)	80	80	1	Set to "1" if existed, otherwise '"0"	Beneficiary is a male and original Medicare entitltement was due to disability.
38	Disease Coefficients HCC1	DISEASE_CFCNT_HCC1	Char(1)	81	81	1	Set to "1" if existed, otherwise '"0"	HIV/AIDS
39	Disease Coefficients HCC2	DISEASE_CFCNT_HCC2	Char(1)	82	82	1	Set to "1" if existed, otherwise '"0"	Septicemia/Shock
40	Disease Coefficients HCC5	DISEASE_CFCNT_HCC5	Char(1)	83	83	1	Set to "1" if existed, otherwise '"0"	Opportunistic Infections

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
41	Disease Coefficients HCC7	DISEASE_CFCNT_HCC7	Char(1)	84	84	1	Set to "1" if existed, otherwise '"0"	Metastatic Cancer and Acute Leukemia
42	Disease Coefficients HCC8	DISEASE_CFCNT_HCC8	Char(1)	85	85	1	Set to "1" if existed, otherwise '"0"	Lung, Upper Digestive Tract, and Other Severe Cancers
43	Disease Coefficients HCC9	DISEASE_CFCNT_HCC9	Char(1)	86	86	1	Set to "1" if existed, otherwise '"0"	Lymphatic, Head and Neck, Brain, and Other Major Cancers
44	Disease Coefficients HCC10	DISEASE_CFCNT_HCC10	Char(1)	87	87	1	Set to "1" if existed, otherwise '"0"	Breast, Prostate, Colorectal and Other Cancers and Tumors
45	Disease Coefficients HCC15	DISEASE_CFCNT_HCC15	Char(1)	88	88	1	Set to "1" if existed, otherwise '"0"	Diabetes with Renal or Peripheral Circulatory Manifestation
46	Disease Coefficients HCC16	DISEASE_CFCNT_HCC16	Char(1)	89	89	1	Set to "1" if existed, otherwise '"0"	Diabetes with Neurologic or Other Specified Manifestation
47	Disease Coefficients HCC17	DISEASE_CFCNT_HCC17	Char(1)	90	90	1	Set to "1" if existed, otherwise '"0"	Diabetes with Acute Complications
48	Disease Coefficients HCC18	DISEASE_CFCNT_HCC18	Char(1)	91	91	1	Set to "1" if existed, otherwise '"0"	Diabetes with Ophthalmologic or Unspecified Manifestation
49	Disease Coefficients HCC19	DISEASE_CFCNT_HCC19	Char(1)	92	92	1	Set to "1" if existed, otherwise '"0"	Diabetes without Complication

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
50	Disease Coefficients HCC21	DISEASE_CFCNT_HCC21	Char(1)	93	93	1	Set to "1" if existed, otherwise '"0"	Protein-Calorie Malnutrition
51	Disease Coefficients HCC25	DISEASE_CFCNT_HCC25	Char(1)	94	94	1	Set to "1" if existed, otherwise '"0"	End-Stage Liver Disease
52	Disease Coefficients HCC26	DISEASE_CFCNT_HCC26	Char(1)	95	95	1	Set to "1" if existed, otherwise '"0"	Cirrhosis of Liver
53	Disease Coefficients HCC27	DISEASE_CFCNT_HCC27	Char(1)	96	96	1	Set to "1" if existed, otherwise '"0"	Chronic Hepatitis
54	Disease Coefficients HCC31	DISEASE_CFCNT_HCC31	Char(1)	97	97	1	Set to "1" if existed, otherwise '"0"	Intestinal Obstruction/Perforation
55	Disease Coefficients HCC32	DISEASE_CFCNT_HCC32	Char(1)	98	98	1	Set to "1" if existed, otherwise '"0"	Pancreatic Disease
56	Disease Coefficients HCC33	DISEASE_CFCNT_HCC33	Char(1)	99	99	1	Set to "1" if existed, otherwise '"0"	Inflammatory Bowel Disease
57	Disease Coefficients HCC37	DISEASE_CFCNT_HCC37	Char(1)	100	100	1	Set to "1" if existed, otherwise '"0"	Bone/Joint/Muscle Infections/Necrosis
58	Disease Coefficients HCC38	DISEASE_CFCNT_HCC38	Char(1)	101	101	1	Set to "1" if existed, otherwise '"0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
59	Disease Coefficients HCC44	DISEASE_CFCNT_HCC44	Char(1)	102	102	1	Set to "1" if existed, otherwise '"0"	Severe Hematological Disorders
60	Disease Coefficients HCC45	DISEASE_CFCNT_HCC45	Char(1)	103	103	1	Set to "1" if existed, otherwise '"0"	Disorders of Immunity
61	Disease Coefficients HCC51	DISEASE_CFCNT_HCC51	Char(1)	104	104	1	Set to "1" if existed, otherwise '"0"	Drug/Alcohol Psychosis
62	Disease Coefficients HCC52	DISEASE_CFCNT_HCC52	Char(1)	105	105	1	Set to "1" if existed, otherwise '"0"	Drug/Alcohol Dependence
63	Disease Coefficients HCC54	DISEASE_CFCNT_HCC54	Char(1)	106	106	1	Set to "1" if existed, otherwise '"0"	Schizophrenia
64	Disease Coefficients HCC55	DISEASE_CFCNT_HCC55	Char(1)	107	107	1	Set to "1" if existed, otherwise '"0"	Major Depressive, Bipolar, and Paranoid Disorders
65	Disease Coefficients HCC67	DISEASE_CFCNT_HCC67	Char(1)	108	108	1	Set to "1" if existed, otherwise '"0"	Quadriplegia, Other Extensive Paralysis
66	Disease Coefficients HCC68	DISEASE_CFCNT_HCC68	Char(1)	109	109	1	Set to "1" if existed, otherwise '"0"	Paraplegia
67	Disease Coefficients HCC69	DISEASE_CFCNT_HCC69	Char(1)	110	110	1	Set to "1" if existed, otherwise '"0"	Spinal Cord Disorders/Injuries

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
68	Disease Coefficients HCC70	DISEASE_CFCNT_HCC70	Char(1)	111	111	1	Set to "1" if existed, otherwise '"0"	Muscular Dystrophy
69	Disease Coefficients HCC71	DISEASE_CFCNT_HCC71	Char(1)	112	112	1	Set to "1" if existed, otherwise '"0"	Polyneuropathy
70	Disease Coefficients HCC72	DISEASE_CFCNT_HCC72	Char(1)	113	113	1	Set to "1" if existed, otherwise '"0"	Multiple Sclerosis
71	Disease Coefficients HCC73	DISEASE_CFCNT_HCC73	Char(1)	114	114	1	Set to "1" if existed, otherwise '"0"	Parkinsons and Huntingtons Diseases
72	Disease Coefficients HCC74	DISEASE_CFCNT_HCC74	Char(1)	115	115	1	Set to "1" if existed, otherwise '"0"	Seizure Disorders and Convulsions
73	Disease Coefficients HCC75	DISEASE_CFCNT_HCC75	Char(1)	116	116	1	Set to "1" if existed, otherwise '"0"	Coma, Brain Compression/Anoxic Damage
74	Disease Coefficients HCC77	DISEASE_CFCNT_HCC77	Char(1)	117	117	1	Set to "1" if existed, otherwise '"0"	Respirator Dependence/Tracheostomy Status
75	Disease Coefficients HCC78	DISEASE_CFCNT_HCC78	Char(1)	118	118	1	Set to "1" if existed, otherwise '"0"	Respiratory Arrest
76	Disease Coefficients HCC79	DISEASE_CFCNT_HCC79	Char(1)	119	119	1	Set to "1" if existed, otherwise '"0"	Cardio-Respiratory Failure and Shock

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
77	Disease Coefficients HCC80	DISEASE_CFCNT_HCC80	Char(1)	120	120	1	Set to "1" if existed, otherwise '"0"	Congestive Heart Failure
78	Disease Coefficients HCC81	DISEASE_CFCNT_HCC81	Char(1)	121	121	1	Set to "1" if existed, otherwise '"0"	Acute Myocardial Infarction
79	Disease Coefficients HCC82	DISEASE_CFCNT_HCC82	Char(1)	122	122	1	Set to "1" if existed, otherwise '"0"	Unstable Angina and Other Acute Ischemic Heart Disease
80	Disease Coefficients HCC83	DISEASE_CFCNT_HCC83	Char(1)	123	123	1	Set to "1" if existed, otherwise '"0"	Angina Pectoris/Old Myocardial Infarction
81	Disease Coefficients HCC92	DISEASE_CFCNT_HCC92	Char(1)	124	124	1	Set to "1" if existed, otherwise '"0"	Specified Heart Arrhythmias
82	Disease Coefficients HCC95	DISEASE_CFCNT_HCC95	Char(1)	125	125	1	Set to "1" if existed, otherwise '"0"	Cerebral Hemorrhage
83	Disease Coefficients HCC96	DISEASE_CFCNT_HCC96	Char(1)	126	126	1	Set to "1" if existed, otherwise '"0"	Ischemic or Unspecified Stroke
84	Disease Coefficients HCC100	DISEASE_CFCNT_HCC100	Char(1)	127	127	1	Set to "1" if existed, otherwise '"0"	Hemiplegia/Hemiparesis
85	Disease Coefficients HCC101	DISEASE_CFCNT_HCC101	Char(1)	128	128	1	Set to "1" if existed, otherwise '"0"	Cerebral Palsy and Other Paralytic Syndromes

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
86	Disease Coefficients HCC104	DISEASE_CFCNT_HCC104	Char(1)	129	129	1	Set to "1" if existed, otherwise '"0"	Vascular Disease with Complications
87	Disease Coefficients HCC105	DISEASE_CFCNT_HCC105	Char(1)	130	130	1	Set to "1" if existed, otherwise '"0"	Vascular Disease
88	Disease Coefficients HCC107	DISEASE_CFCNT_HCC107	Char(1)	131	131	1	Set to "1" if existed, otherwise '"0"	Cystic Fibrosis
89	Disease Coefficients HCC108	DISEASE_CFCNT_HCC108	Char(1)	132	132	1	Set to "1" if existed, otherwise '"0"	Chronic Obstructive Pulmonary Disease
90	Disease Coefficients HCC111	DISEASE_CFCNT_HCC111	Char(1)	133	133	1	Set to "1" if existed, otherwise '"0"	Aspiration and Specified Bacterial Pneumonias
91	Disease Coefficients HCC112	DISEASE_CFCNT_HCC112	Char(1)	134	134	1	Set to "1" if existed, otherwise '"0"	Pneumococcal Pneumonia, Empyema, Lung Abscess
92	Disease Coefficients HCC119	DISEASE_CFCNT_HCC119	Char(1)	135	135	1	Set to "1" if existed, otherwise '"0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
93	Disease Coefficients HCC130	DISEASE_CFCNT_HCC130	Char(1)	136	136	1	Set to "1" if existed, otherwise '"0"	Dialysis Status
94	Disease Coefficients HCC131	DISEASE_CFCNT_HCC131	Char(1)	137	137	1	Set to "1" if existed, otherwise '"0"	Renal Failure

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
95	Disease Coefficients HCC132	DISEASE_CFCNT_HCC132	Char(1)	138	138	1	Set to "1" if existed, otherwise '"0"	Nephritis
96	Disease Coefficients HCC148	DISEASE_CFCNT_HCC148	Char(1)	139	139	1	Set to "1" if existed, otherwise '"0"	Decubitus Ulcer of Skin
97	Disease Coefficients HCC149	DISEASE_CFCNT_HCC149	Char(1)	140	140	1	Set to "1" if existed, otherwise '"0"	Chronic Ulcer of Skin, Except Decubitus
98	Disease Coefficients HCC150	DISEASE_CFCNT_HCC150	Char(1)	141	141	1	Set to "1" if existed, otherwise '"0"	Extensive Third-Degree Burns
99	Disease Coefficients HCC154	DISEASE_CFCNT_HCC154	Char(1)	142	142	1	Set to "1" if existed, otherwise '"0"	Severe Head Injury
100	Disease Coefficients HCC155	DISEASE_CFCNT_HCC155	Char(1)	143	143	1	Set to "1" if existed, otherwise '"0"	Major Head Injury
101	Disease Coefficients HCC157	DISEASE_CFCNT_HCC157	Char(1)	144	144	1	Set to "1" if existed, otherwise '"0"	Vertebral Fractures without Spinal Cord Injury
102	Disease Coefficients HCC158	DISEASE_CFCNT_HCC158	Char(1)	145	145	1	Set to "1" if existed, otherwise '"0"	Hip Fracture/Dislocation
103	Disease Coefficients HCC161	DISEASE_CFCNT_HCC161	Char(1)	146	146	1	Set to "1" if existed, otherwise '"0"	Traumatic Amputation

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
104	Disease Coefficients HCC164	DISEASE_CFCNT_HCC164	Char(1)	147	147	1	Set to "1" if existed, otherwise '"0"	Major Complications of Medical Care and Trauma
105	Disease Coefficients HCC174	DISEASE_CFCNT_HCC174	Char(1)	148	148	1	Set to "1" if existed, otherwise '"0"	Major Organ Transplant Status
106	Disease Coefficients HCC176	DISEASE_CFCNT_HCC176	Char(1)	149	149	1	Set to "1" if existed, otherwise '"0"	Artificial Openings for Feeding or Elimination
107	Disease Coefficients HCC177	DISEASE_CFCNT_HCC177	Char(1)	150	150	1	Set to "1" if existed, otherwise '"0"	Amputation Status, Lower Limb/Amputation Complications
108	Disabled Disease HCC5	DSBLD_DISEASE_HCC5	Char(1)	151	151	1	Set to "1" if existed, otherwise '"0"	Disabled*Opportunistic Infections
109	Disabled Disease HCC44	DSBLD_DISEASE_HCC44	Char(1)	152	152	1	Set to "1" if existed, otherwise '"0"	Disabled*Severe Hematological Disorders
110	Disabled Disease HCC51	DSBLD_DISEASE_HCC51	Char(1)	153	153	1	Set to "1" if existed, otherwise '"0"	Disabled*Drug/Alcohol Psychosis
111	Disabled Disease HCC52	DSBLD_DISEASE_HCC52	Char(1)	154	154	1	Set to "1" if existed, otherwise '"0"	Disabled*Drug/Alcohol Dependence
112	Disabled Disease HCC107	DSBLD_DISEASE_HCC107	Char(1)	155	155	1	Set to "1" if existed, otherwise '"0"	Disabled*Cystic Fibrosis

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
113	Disease Interactions INT1	DISEASE_INTRCTN_INT1	Char(1)	156	156	1	Set to "1" if existed, otherwise '"0"	DM_CHF
114	Disease Interactions INT2	DISEASE_INTRCTN_INT2	Char(1)	157	157	1	Set to "1" if existed, otherwise '"0"	DM_CVD
115	Disease Interactions INT3	DISEASE_INTRCTN_INT3	Char(1)	158	158	1	Set to "1" if existed, otherwise '"0"	CHF_COPD
116	Disease Interactions INT4	DISEASE_INTRCTN_INT4	Char(1)	159	159	1	Set to "1" if existed, otherwise '"0"	COPD_CVD_CAD
117	Disease Interactions INT5	DISEASE_INTRCTN_INT5	Char(1)	160	160	1	Set to "1" if existed, otherwise '"0"	RF_CHF
118	Disease Interactions INT6	DISEASE_INTRCTN_INT6	Char(1)	161	161	1	Set to "1" if existed, otherwise '"0"	RF_CHF_DM
					Total	161		

Contract File Header **(For each contract)**

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Contract Number	CNTRCT_NUM	Char(5)	1	5	5	Also known as MCO plan number	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.
2	Run Date	Filler	Char(8)	6	13	8	Format as yyyymmdd	The run date when this file was created.
3	Payment Year and Month	RPT_RUN_DT	Char(6)	14	19	6	Format as yyyymm	This identifies the risk adjustment payment year and month for the model run.
4	Filler	Filler	Char(142)	20	161	142	Spaces	
					Total	161		

Contract File Trailer (One per file)

Field #	Field Name	COBOL Name	Data Type	Starting Position	Ending position	Field Length	Comment	Field Description
1	Contract Number	CNTRCT_NUM	Char(5)	1	5	5	Also known as MCO plan number	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.
2	Total Record Count	TOT_REC_CNT	Dec(9,0)	6	10	5	Include all header and trailer records	
3	Filler	Filler	Char(151)	11	161	151	Spaces	
					Total	161		

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RUN DATE                          RISK ADJUSTMENT MODEL OUTPUT REPORT                          PAGE
PAYMENT MONTH YYYYMM          PLAN: XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                 RASXXXR

            LAST                                FIRST                          DATE OF
HIC         NAME                                NAME                    X      BIRTH       SEX&AGE GROUP

AAAAAAAAAAA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXX  X      YYYYMMDD    FEMALE nn_nn
MEDICAID FEMALE AGED
HHC DISEASE GROUPS:

INTERACTIONS: XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

          A JOHNSON                             JOHN                    J                  MALE     _
HHC DISEASE GROUPS:
INTERACTIONS: D_HCC     DIASBLED*SEVERE HEMATOLOGICAL DISORDER

          B LEE                                 BETTY                   L                  FEMALE   _
MEDICAID FEMALE AGED
HHC DISEASE GROUPS:
INTERACTIONS: INT       RF_CHF
```

ICD-9-CM Alphabetic Index
(Excerpt for example only – this is not complete for use as a reference)

Fracture (abduction) (adduction) (avulsion) (compression)
(crush) (dislocation) (oblique) (separation) (closed) 829.0
with
internal injuries in same region (conditions classifiable to 860-869) - see also Injury, internal,
by site pelvic region - see Fracture, pelvis
acetabulum (with visceral injury) (closed) 808.0
open 808.1
acromion (process) (closed) 811.01
open 811.11
alveolus (closed) 802.8
open 802.9
ankle (malleolus) (closed) 824.8
antrum - see Fracture, skull, base
arm (closed) 818.0
and leg(s) (any bones) 828.0
open 828.1
both (any bones) (with rib(s)) (with sternum) 819.0
open 819.1
lower 813.80
open 813.90
open 818.1
upper - see Fracture, humerus
:
compression - see also Fracture, by site
nontraumatic - see Fracture, pathologic
femur, femoral (closed) 821.00
cervicotrochanteric 820.03
open 820.13
condyles, epicondyles 821.21
open 821.31
distal end - see Fracture, femur, lower end
epiphysis (separation)
capital 820.01
open 820.11
condyles, epicondyles 821.21
open 821.31
epiphysis (separation) 821.22
open 821.32
multiple sites 821.29
open 821.39
open 821.30
specified site NEC 821.29
open 821.39
supracondylar 821.23
open 821.33
intracapsular 820.00
open 820.10
intratrochanteric 820.21
open 820.31
midcervical 820.02
Gosselin's - see Fracture, ankle
greenstick - see Fracture, by site
grenade-throwers' - see Fracture, humerus, shaft
healing
aftercare (see also Aftercare, fracture) V54.89
change of cast V54.89
complications - see condition
convalescence V66.4
removal of
cast V54.89
fixation device
external V54.89
internal V54.0
heel bone (closed) 825.0
pathologic (cause unknown) 733.10
ankle 733.16
femur (neck) 733.14
specified NEC 733.15
fibula 733.16
hip 733.14
humerus 733.11
radius (distal) 733.12
specified site NEC 733.19
tibia 733.16
ulna 733.12
vertebrae (collapse) 733.13
wrist 733.12
pedicle (of vertebral arch) - see Fracture, vertebra, by site
prosthetic device, internal - see Complications, mechanical

rib(s) (closed) 807.0
Use the following fifth-digit subclassification with categories 807.0-807.1:

0 rib(s), unspecified
1 one rib
2 two ribs
3 three ribs
4 four ribs
5 five ribs
6 six ribs
7 seven ribs
8 eight or more ribs

spontaneous-see Fracture, pathologic
tooth 873.63
ulna (alone) (closed) 813.82
vertebra, vertebral (back) (body) (column) (neural arch) (pedicle) (spine) (spinous process) (transverse process)
(closed) 805.8
cervical 806.0
collapsed 733.13
compression, not due to trauma 733.13
dorsal (closed) 805.2
lumbar (closed) 805.4
nontraumatic 733.13
pathologic (any site) 733.13
stress (any site) 733.95
thoracic (closed) 805.2
vertex - see Fracture, skull, vault
vomer (bone) 802.0
open 802.1
Wagstaffe's - see Fracture, ankle
wrist (closed) 814.00

ICD-9-CM Tabular Index
(Excerpt for training example only)

733 Other disorders of bone and cartilage
733.1 Pathologic fracture
Spontaneous fracture
Excludes:
stress fracture (733.93-733.95)
traumatic fractures (800-829)
733.10 Pathologic fracture, unspecified site
733.11 Pathologic fracture of humerus
733.12 Pathologic fracture of distal radius and ulna
Wrist NOS
733.13 Pathologic fracture of vertebrae
Collapse of vertebra NOS
733.14 Pathologic fracture of neck of femur
Femur NOS
Hip NOS
733.15 Pathologic fracture of other specified part of femur
733.16 Pathologic fracture of tibia and fibula
Ankle NOS
733.19 Pathologic fracture of other specified site

MEDICARE BENEFICIARY DATABASE USER'S MANUAL

http://www.cms.hhs.gov/healthplans/systems/MCOUsrMnl071603.pdf

AND APPLICATION FOR ACCESS