

SECTION 4

BILLING CODES

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SECTION 4 BILLING CODES

OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES

The outpatient fee schedule is designed to reimburse for actual services rendered. Only one category of service, based on the highest classification billed, is paid per claim; however, each category can include an additional reimbursement for clinical lab services plus add-ons or the total S.C. Medicaid allowed amount, whichever is less.

REIMBURSEMENT TYPE 1 – SURGICAL

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

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

762-Observation
769-Intensive Observation
636 w/J1050-Depo-Provera
636 w/J7310-Vitrasert
636 w/90378-Synagis

REIMBURSEMENT TYPE 5 – NON-SURGICAL

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

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

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

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

762-Observation
769-Intensive Observation
636 w/J1050-Depo-Provera
636 w/J7310-Vitrasert
636 w/90378-Synagis
636 w/J7307-Implanon

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

SECTION 4 BILLING CODES

OUTPATIENT FEE SCHEDULE: REIMBURSEMENT TYPES

REIMBURSEMENT TYPE 4 – TREATMENT/THERAPY/TESTING

Revenue Codes That Require Procedure Codes	Revenue Codes That Do Not Require Procedure Codes with Fee Schedule Amounts	
300	170, 171 – Nursery	\$ 483.94
301	258 – IV Solutions*	\$ 61.08
302	260, 261 – IV Therapy*	\$ 58.73
304	331 – Chemotherapy – Inject*	\$ 490.99
305	332 – Chemotherapy – Oral*	\$ 162.09
306	335 – Chemotherapy – IV*	\$ 162.09
307	380,381,382, 383, 384, 385, 386, 387 – Blood*	\$ 61.08
309	390 – Blood Storage	\$ 79.87
310	391 – Blood Administration	\$ 51.69
311	410 – Respiratory Services*	\$ 49.34
312	412 – Inhalation Services	\$ 54.03
314	413 – Hyperbaric Oxygen	\$ 178.55
319	419 – Other Respiratory	\$ 44.64
320	420 – Physical Therapy* †	\$ 49.34
321	424 – PT Evaluation*†	\$ 49.34
322	430 – Occupational Therapy*†	\$ 49.34
323	434 – OT Evaluation*†	\$ 49.34
324	440 – Speech Therapy*†	\$ 54.59
329	444 – Speech Evaluation*†	\$ 77.52
330	459 – Other ER (PEP Triage)	\$ 58.73
333	460, 469 – Pulmonary Function	\$ 434.61
340	470, 472, 479 – Audiology	\$ 434.61
341	471 – Audiology/Diagnostic	\$ 483.94
342	480, 483, 489 – Cardiology	\$ 244.32
343	481 – Cardiac Cath Lab	\$ 728.26
349	482 – Cardiac Stress Test	\$ 145.65
350	636 w/J1050 – Depo-Provera	\$ 43.50
351	636 w/J7310 – Vitrasert	\$17,600.00
352	636 w/90378 – Synagis* - 50 mg \$1161.31 and 100mg	\$2192.89
359	636 w/J7307 – Implanon	\$ 615.04
400	721 – Labor Room	\$ 70.48
401	730, 739 – EKG/ECG	\$ 119.81
402†	731 – Holter Monitor	\$ 434.61
403	732 – Telemetry	\$ 256.07
404	740, 749 – EEG	\$ 256.07
420	750, 759 – Gastro Intestinal Svcs	\$ 434.61
424†	762 – Observation	\$ 244.32
430†	769 – Intensive Observation	\$ 364.13
434†	820, 821, 830, 831, 840, 841, 850, 851 – Dialysis Services*	\$ 291.30
440†	900 – Psychiatric Treatment*	\$ 84.57
444†	901 – Electroshock Therapy	\$ 223.18
610	910 – Psychiatric Services*	\$ 89.27
611	914 – Individual Therapy*	\$ 49.34
612	915 – Group Therapy*	\$ 44.64
614	916 – Family Therapy*	\$ 49.34
615	918 – Psychiatric Testing	\$ 49.34
616	920 – Other Diagnostic Services	\$ 145.65
618	921 – Peripheral Vascular	\$ 453.40
619	922 – Electromyogram	\$ 86.92
634	924 – Allergy Test	\$ 70.48
635	929 – Other Diagnostic Services*	\$ 162.09
636	940 – Other Therapeutic Services	\$ 115.12
923	943 – Cardiac Rehab Therapy*	\$ 54.03

* Pays listed rate for each unit of service billed.

† Revenue code requires CPT code as of 6/1/12

SECTION 4 BILLING CODES

REVENUE CODES

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

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

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES

REVENUE CODES

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES

REVENUE CODES

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES

REVENUE CODES

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

SECTION 4 BILLING CODES**REVENUE CODES**

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

SECTION 4 BILLING CODES

APR-DRGS AND RELATIVE WEIGHTS

Effective: October 1, 2015

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
001-1	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	7.63	\$98,000	No	7.4839	Miscellaneous	Gastroent
001-2	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	8.57	\$98,000	No	7.5257	Miscellaneous	Gastroent
001-3	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	12.52	\$98,000	No	8.8396	Miscellaneous	Gastroent
001-4	LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	31.57	\$98,000	No	15.3728	Miscellaneous	Gastroent
002-1	HEART &/OR LUNG TRANSPLANT	9.37	\$98,000	No	8.1602	Miscellaneous	Miscellaneous
002-2	HEART &/OR LUNG TRANSPLANT	14.70	\$98,000	No	9.6671	Miscellaneous	Miscellaneous
002-3	HEART &/OR LUNG TRANSPLANT	21.53	\$98,000	No	12.0550	Miscellaneous	Miscellaneous
002-4	HEART &/OR LUNG TRANSPLANT	36.72	\$98,000	No	18.0801	Miscellaneous	Miscellaneous
003-1	BONE MARROW TRANSPLANT	16.93	\$70,038	No	4.2402	Miscellaneous	Miscellaneous
003-2	BONE MARROW TRANSPLANT	22.57	\$98,000	No	6.2664	Miscellaneous	Miscellaneous
003-3	BONE MARROW TRANSPLANT	32.80	\$98,000	No	10.1363	Miscellaneous	Miscellaneous
003-4	BONE MARROW TRANSPLANT	51.19	\$98,000	No	18.2162	Miscellaneous	Miscellaneous
004-1	ECMO OR TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE	22.90	\$98,000	No	6.4916	Miscellaneous	Miscellaneous
004-2	ECMO OR TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE	20.60	\$98,000	No	6.7502	Miscellaneous	Miscellaneous
004-3	ECMO OR TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE	26.40	\$98,000	No	9.2479	Miscellaneous	Miscellaneous
004-4	ECMO OR TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W EXTENSIVE PROCEDURE	38.59	\$98,000	No	14.1600	Miscellaneous	Miscellaneous
005-1	TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE	27.74	\$98,000	No	4.9003	Miscellaneous	Miscellaneous
005-2	TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE	19.47	\$98,000	No	5.2326	Miscellaneous	Miscellaneous
005-3	TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE	23.94	\$98,000	No	6.7135	Miscellaneous	Miscellaneous
005-4	TRACHEOSTOMY W LONG TERM MECHANICAL VENTILATION W/O EXTENSIVE PROCEDURE	32.79	\$98,000	No	9.5917	Miscellaneous	Miscellaneous
006-1	PANCREAS TRANSPLANT	5.90	\$98,000	No	7.5340	Miscellaneous	Gastroent
006-2	PANCREAS TRANSPLANT	8.13	\$98,000	No	8.4835	Miscellaneous	Gastroent
006-3	PANCREAS TRANSPLANT	10.16	\$98,000	No	9.0983	Miscellaneous	Gastroent

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
006-4	PANCREAS TRANSPLANT	24.71	\$98,000	No	13.9742	Miscellaneous	Gastroent
020-1	CRANIOTOMY FOR TRAUMA	5.41	\$42,560	No	1.7474	Miscellaneous	Miscellaneous
020-2	CRANIOTOMY FOR TRAUMA	6.37	\$59,388	No	2.2987	Miscellaneous	Miscellaneous
020-3	CRANIOTOMY FOR TRAUMA	9.94	\$95,576	No	3.2365	Miscellaneous	Miscellaneous
020-4	CRANIOTOMY FOR TRAUMA	16.89	\$98,000	No	5.7909	Miscellaneous	Miscellaneous
021-1	CRANIOTOMY EXCEPT FOR TRAUMA	3.99	\$45,136	No	1.9469	Miscellaneous	Miscellaneous
021-2	CRANIOTOMY EXCEPT FOR TRAUMA	5.80	\$53,941	No	2.5682	Miscellaneous	Miscellaneous
021-3	CRANIOTOMY EXCEPT FOR TRAUMA	10.38	\$61,884	No	3.7498	Miscellaneous	Miscellaneous
021-4	CRANIOTOMY EXCEPT FOR TRAUMA	18.50	\$98,000	No	6.2980	Miscellaneous	Miscellaneous
022-1	VENTRICULAR SHUNT PROCEDURES	2.81	\$33,000	No	1.1880	Miscellaneous	Miscellaneous
022-2	VENTRICULAR SHUNT PROCEDURES	5.36	\$33,000	No	1.5662	Miscellaneous	Miscellaneous
022-3	VENTRICULAR SHUNT PROCEDURES	11.09	\$98,000	No	2.8925	Miscellaneous	Miscellaneous
022-4	VENTRICULAR SHUNT PROCEDURES	18.29	\$98,000	No	5.1610	Miscellaneous	Miscellaneous
023-1	SPINAL PROCEDURES	3.30	\$33,000	No	1.3295	Miscellaneous	Miscellaneous
023-2	SPINAL PROCEDURES	5.76	\$33,457	No	1.8228	Miscellaneous	Miscellaneous
023-3	SPINAL PROCEDURES	10.33	\$98,000	No	3.7131	Miscellaneous	Miscellaneous
023-4	SPINAL PROCEDURES	20.28	\$98,000	No	6.4257	Miscellaneous	Miscellaneous
024-1	EXTRACRANIAL VASCULAR PROCEDURES	1.55	\$38,570	No	1.0743	Miscellaneous	Miscellaneous
024-2	EXTRACRANIAL VASCULAR PROCEDURES	2.91	\$50,072	No	1.4223	Miscellaneous	Miscellaneous
024-3	EXTRACRANIAL VASCULAR PROCEDURES	7.49	\$98,000	No	2.7477	Miscellaneous	Miscellaneous
024-4	EXTRACRANIAL VASCULAR PROCEDURES	13.61	\$98,000	No	5.2766	Miscellaneous	Miscellaneous
026-1	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	2.61	\$33,000	No	1.1695	Miscellaneous	Miscellaneous
026-2	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	4.45	\$54,250	No	1.5931	Miscellaneous	Miscellaneous
026-3	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	9.13	\$74,692	No	2.4162	Miscellaneous	Miscellaneous
026-4	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	21.04	\$98,000	No	4.8720	Miscellaneous	Miscellaneous
040-1	SPINAL DISORDERS & INJURIES	3.62	\$33,000	No	0.7950	Miscellaneous	Miscellaneous
040-2	SPINAL DISORDERS & INJURIES	4.97	\$33,000	No	0.9647	Miscellaneous	Miscellaneous
040-3	SPINAL DISORDERS & INJURIES	7.97	\$35,999	No	1.3170	Miscellaneous	Miscellaneous
040-4	SPINAL DISORDERS & INJURIES	16.13	\$80,230	No	2.6793	Miscellaneous	Miscellaneous
041-1	NERVOUS SYSTEM MALIGNANCY	3.07	\$33,000	No	0.6835	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
041-2	NERVOUS SYSTEM MALIGNANCY	3.89	\$33,000	No	0.7312	Miscellaneous	Miscellaneous
041-3	NERVOUS SYSTEM MALIGNANCY	6.14	\$33,000	No	1.0508	Miscellaneous	Miscellaneous
041-4	NERVOUS SYSTEM MALIGNANCY	9.93	\$79,710	No	1.7616	Miscellaneous	Miscellaneous
042-1	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	5.21	\$33,000	No	0.5230	Miscellaneous	Miscellaneous
042-2	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	8.86	\$33,000	No	0.7626	Miscellaneous	Miscellaneous
042-3	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	9.18	\$51,919	No	1.0113	Miscellaneous	Miscellaneous
042-4	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	13.30	\$77,617	No	2.1932	Miscellaneous	Miscellaneous
043-1	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	3.57	\$33,000	No	0.6705	Miscellaneous	Miscellaneous
043-2	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	4.79	\$33,000	No	0.8542	Miscellaneous	Miscellaneous
043-3	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	8.27	\$35,914	No	1.3082	Miscellaneous	Miscellaneous
043-4	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	16.51	\$93,277	No	2.8853	Miscellaneous	Miscellaneous
044-1	INTRACRANIAL HEMORRHAGE	3.50	\$33,000	No	0.6526	Miscellaneous	Miscellaneous
044-2	INTRACRANIAL HEMORRHAGE	4.62	\$34,939	No	0.8877	Miscellaneous	Miscellaneous
044-3	INTRACRANIAL HEMORRHAGE	5.47	\$48,544	No	1.1157	Miscellaneous	Miscellaneous
044-4	INTRACRANIAL HEMORRHAGE	8.98	\$82,600	No	2.0771	Miscellaneous	Miscellaneous
045-1	CVA & PRECEREBRAL OCCLUSION W INFARCT	2.79	\$33,000	No	0.7518	Miscellaneous	Miscellaneous
045-2	CVA & PRECEREBRAL OCCLUSION W INFARCT	3.92	\$33,000	No	0.9090	Miscellaneous	Miscellaneous
045-3	CVA & PRECEREBRAL OCCLUSION W INFARCT	6.17	\$37,978	No	1.2516	Miscellaneous	Miscellaneous
045-4	CVA & PRECEREBRAL OCCLUSION W INFARCT	11.02	\$98,000	No	2.3311	Miscellaneous	Miscellaneous
046-1	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	2.62	\$33,000	No	0.6594	Miscellaneous	Miscellaneous
046-2	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	3.27	\$33,000	No	0.8050	Miscellaneous	Miscellaneous
046-3	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	5.02	\$33,000	No	1.0523	Miscellaneous	Miscellaneous
046-4	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	9.50	\$56,439	No	1.8762	Miscellaneous	Miscellaneous
047-1	TRANSIENT ISCHEMIA	1.93	\$33,000	No	0.5943	Miscellaneous	Miscellaneous
047-2	TRANSIENT ISCHEMIA	2.52	\$33,000	No	0.6664	Miscellaneous	Miscellaneous
047-3	TRANSIENT ISCHEMIA	3.83	\$33,000	No	0.8503	Miscellaneous	Miscellaneous
047-4	TRANSIENT ISCHEMIA	8.77	\$46,963	No	1.7352	Miscellaneous	Miscellaneous
048-1	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	2.76	\$33,000	No	0.5447	Miscellaneous	Miscellaneous
048-2	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	3.81	\$33,000	No	0.6543	Miscellaneous	Miscellaneous
048-3	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	5.38	\$33,000	No	0.8920	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
048-4	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	12.92	\$62,458	No	2.1686	Miscellaneous	Miscellaneous
049-1	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	5.43	\$33,000	No	0.8284	Miscellaneous	Miscellaneous
049-2	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	6.70	\$43,222	No	1.6420	Miscellaneous	Miscellaneous
049-3	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	10.61	\$75,997	No	2.0963	Miscellaneous	Miscellaneous
049-4	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	16.01	\$98,000	No	3.6169	Miscellaneous	Miscellaneous
050-1	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	3.92	\$33,000	No	0.5934	Miscellaneous	Miscellaneous
050-2	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	5.58	\$33,000	No	0.9905	Miscellaneous	Miscellaneous
050-3	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	8.82	\$34,471	No	1.6195	Miscellaneous	Miscellaneous
050-4	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	15.59	\$98,000	No	3.7266	Miscellaneous	Miscellaneous
051-1	VIRAL MENINGITIS	2.63	\$33,000	No	0.4819	Miscellaneous	Miscellaneous
051-2	VIRAL MENINGITIS	3.77	\$33,000	No	0.7310	Miscellaneous	Miscellaneous
051-3	VIRAL MENINGITIS	6.47	\$33,000	No	1.2961	Miscellaneous	Miscellaneous
051-4	VIRAL MENINGITIS	12.70	\$76,519	No	3.0542	Miscellaneous	Miscellaneous
052-1	NONTRAUMATIC STUPOR & COMA	2.13	\$33,000	No	0.5281	Miscellaneous	Miscellaneous
052-2	NONTRAUMATIC STUPOR & COMA	3.22	\$33,000	No	0.6260	Miscellaneous	Miscellaneous
052-3	NONTRAUMATIC STUPOR & COMA	5.18	\$33,000	No	0.8795	Miscellaneous	Miscellaneous
052-4	NONTRAUMATIC STUPOR & COMA	10.99	\$73,331	No	2.0139	Miscellaneous	Miscellaneous
053-1	SEIZURE	2.31	\$33,000	No	0.4455	Miscellaneous	Miscellaneous
053-2	SEIZURE	2.92	\$33,000	No	0.5716	Miscellaneous	Miscellaneous
053-3	SEIZURE	4.41	\$33,000	No	0.8166	Miscellaneous	Miscellaneous
053-4	SEIZURE	9.78	\$64,469	No	2.0593	Miscellaneous	Miscellaneous
054-1	MIGRAINE & OTHER HEADACHES	2.37	\$33,000	No	0.4789	Miscellaneous	Miscellaneous
054-2	MIGRAINE & OTHER HEADACHES	2.82	\$33,000	No	0.5953	Miscellaneous	Miscellaneous
054-3	MIGRAINE & OTHER HEADACHES	3.92	\$33,000	No	0.7614	Miscellaneous	Miscellaneous
054-4	MIGRAINE & OTHER HEADACHES	6.87	\$42,173	No	1.2141	Miscellaneous	Miscellaneous
055-1	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	2.27	\$33,000	No	0.5689	Miscellaneous	Miscellaneous
055-2	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	3.57	\$33,000	No	0.7922	Miscellaneous	Miscellaneous
055-3	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	5.37	\$33,000	No	1.2059	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
055-4	HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	10.42	\$98,000	No	2.3924	Miscellaneous	Miscellaneous
056-1	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	2.27	\$33,000	No	0.5776	Miscellaneous	Miscellaneous
056-2	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	3.68	\$33,000	No	0.8299	Miscellaneous	Miscellaneous
056-3	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	5.99	\$47,589	No	1.3057	Miscellaneous	Miscellaneous
056-4	BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	13.35	\$84,559	No	3.1575	Miscellaneous	Miscellaneous
057-1	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA	1.52	\$33,000	No	0.5206	Miscellaneous	Miscellaneous
057-2	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA	2.43	\$33,000	No	0.7483	Miscellaneous	Miscellaneous
057-3	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA	4.41	\$33,000	No	1.1393	Miscellaneous	Miscellaneous
057-4	CONCUSSION, CLOSED SKULL FX NOS, UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HR OR NO COMA	10.35	\$72,330	No	2.5044	Miscellaneous	Miscellaneous
058-1	OTHER DISORDERS OF NERVOUS SYSTEM	2.78	\$33,000	No	0.5742	Miscellaneous	Miscellaneous
058-2	OTHER DISORDERS OF NERVOUS SYSTEM	4.09	\$33,000	No	0.7054	Miscellaneous	Miscellaneous
058-3	OTHER DISORDERS OF NERVOUS SYSTEM	6.16	\$33,000	No	0.9583	Miscellaneous	Miscellaneous
058-4	OTHER DISORDERS OF NERVOUS SYSTEM	12.35	\$61,498	No	1.9421	Miscellaneous	Miscellaneous
070-1	ORBITAL PROCEDURES	2.13	\$33,000	No	0.7704	Miscellaneous	Miscellaneous
070-2	ORBITAL PROCEDURES	3.76	\$33,000	No	1.1459	Miscellaneous	Miscellaneous
070-3	ORBITAL PROCEDURES	6.77	\$55,003	No	2.0583	Miscellaneous	Miscellaneous
070-4	ORBITAL PROCEDURES	13.19	\$98,000	No	4.1149	Miscellaneous	Miscellaneous
073-1	EYE PROCEDURES EXCEPT ORBIT	2.27	\$33,000	No	0.7118	Miscellaneous	Miscellaneous
073-2	EYE PROCEDURES EXCEPT ORBIT	3.13	\$33,000	No	0.8959	Miscellaneous	Miscellaneous
073-3	EYE PROCEDURES EXCEPT ORBIT	5.45	\$34,253	No	1.3025	Miscellaneous	Miscellaneous
073-4	EYE PROCEDURES EXCEPT ORBIT	18.55	\$84,143	No	3.0347	Miscellaneous	Miscellaneous
080-1	ACUTE MAJOR EYE INFECTIONS	2.94	\$33,000	No	0.3772	Miscellaneous	Miscellaneous
080-2	ACUTE MAJOR EYE INFECTIONS	3.94	\$33,000	No	0.5292	Miscellaneous	Miscellaneous
080-3	ACUTE MAJOR EYE INFECTIONS	6.24	\$33,000	No	0.8869	Miscellaneous	Miscellaneous
080-4	ACUTE MAJOR EYE INFECTIONS	12.04	\$60,163	No	2.2853	Miscellaneous	Miscellaneous
082-1	EYE DISORDERS EXCEPT MAJOR INFECTIONS	2.30	\$33,000	No	0.4191	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
082-2	EYE DISORDERS EXCEPT MAJOR INFECTIONS	2.81	\$33,000	No	0.5782	Miscellaneous	Miscellaneous
082-3	EYE DISORDERS EXCEPT MAJOR INFECTIONS	4.32	\$34,392	No	0.8004	Miscellaneous	Miscellaneous
082-4	EYE DISORDERS EXCEPT MAJOR INFECTIONS	15.89	\$73,209	No	1.8093	Miscellaneous	Miscellaneous
089-1	MAJOR CRANIAL/FACIAL BONE PROCEDURES	2.31	\$45,329	No	1.4058	Miscellaneous	Miscellaneous
089-2	MAJOR CRANIAL/FACIAL BONE PROCEDURES	3.85	\$58,203	No	1.8500	Miscellaneous	Miscellaneous
089-3	MAJOR CRANIAL/FACIAL BONE PROCEDURES	8.77	\$98,000	No	3.2437	Miscellaneous	Miscellaneous
089-4	MAJOR CRANIAL/FACIAL BONE PROCEDURES	16.34	\$98,000	No	5.7616	Miscellaneous	Miscellaneous
090-1	MAJOR LARYNX & TRACHEA PROCEDURES	2.60	\$33,000	No	0.7158	Miscellaneous	Miscellaneous
090-2	MAJOR LARYNX & TRACHEA PROCEDURES	8.09	\$54,466	No	2.2218	Miscellaneous	Miscellaneous
090-3	MAJOR LARYNX & TRACHEA PROCEDURES	13.56	\$82,761	No	3.5815	Miscellaneous	Miscellaneous
090-4	MAJOR LARYNX & TRACHEA PROCEDURES	25.02	\$98,000	No	7.1443	Miscellaneous	Miscellaneous
091-1	OTHER MAJOR HEAD & NECK PROCEDURES	3.24	\$33,000	No	1.3026	Miscellaneous	Miscellaneous
091-2	OTHER MAJOR HEAD & NECK PROCEDURES	4.64	\$80,206	No	1.8978	Miscellaneous	Miscellaneous
091-3	OTHER MAJOR HEAD & NECK PROCEDURES	9.60	\$98,000	No	3.5965	Miscellaneous	Miscellaneous
091-4	OTHER MAJOR HEAD & NECK PROCEDURES	19.19	\$98,000	No	6.3239	Miscellaneous	Miscellaneous
092-1	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	2.01	\$33,000	No	0.9831	Miscellaneous	Miscellaneous
092-2	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	2.93	\$49,907	No	1.3810	Miscellaneous	Miscellaneous
092-3	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	6.06	\$60,961	No	2.2378	Miscellaneous	Miscellaneous
092-4	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	14.11	\$98,000	No	4.9305	Miscellaneous	Miscellaneous
093-1	SINUS & MASTOID PROCEDURES	2.36	\$33,000	No	0.9483	Miscellaneous	Miscellaneous
093-2	SINUS & MASTOID PROCEDURES	3.89	\$33,000	No	1.2524	Miscellaneous	Miscellaneous
093-3	SINUS & MASTOID PROCEDURES	7.25	\$50,478	No	1.9561	Miscellaneous	Miscellaneous
093-4	SINUS & MASTOID PROCEDURES	12.68	\$81,406	No	3.0863	Miscellaneous	Miscellaneous
095-1	CLEFT LIP & PALATE REPAIR	1.43	\$33,000	No	0.6260	Miscellaneous	Miscellaneous
095-2	CLEFT LIP & PALATE REPAIR	2.07	\$33,000	No	0.7686	Miscellaneous	Miscellaneous
095-3	CLEFT LIP & PALATE REPAIR	4.04	\$33,000	No	1.1912	Miscellaneous	Miscellaneous
095-4	CLEFT LIP & PALATE REPAIR	10.96	\$98,000	No	2.1518	Miscellaneous	Miscellaneous
097-1	TONSIL & ADENOID PROCEDURES	1.56	\$33,000	No	0.4084	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
097-2	TONSIL & ADENOID PROCEDURES	2.75	\$33,000	No	0.6213	Miscellaneous	Miscellaneous
097-3	TONSIL & ADENOID PROCEDURES	5.72	\$34,342	No	1.2162	Miscellaneous	Miscellaneous
097-4	TONSIL & ADENOID PROCEDURES	15.20	\$93,523	No	3.2627	Miscellaneous	Miscellaneous
098-1	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	2.11	\$33,000	No	0.7047	Miscellaneous	Miscellaneous
098-2	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	3.27	\$33,000	No	0.9495	Miscellaneous	Miscellaneous
098-3	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	6.80	\$64,107	No	1.5476	Miscellaneous	Miscellaneous
098-4	OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	14.61	\$92,329	No	3.2522	Miscellaneous	Miscellaneous
110-1	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	2.92	\$33,000	No	0.4895	Miscellaneous	Miscellaneous
110-2	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	4.29	\$33,000	No	0.7037	Miscellaneous	Miscellaneous
110-3	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	6.94	\$36,171	No	1.1056	Miscellaneous	Miscellaneous
110-4	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	12.74	\$73,685	No	2.2409	Miscellaneous	Miscellaneous
111-1	VERTIGO & OTHER LABYRINTH DISORDERS	2.01	\$33,000	No	0.4864	Miscellaneous	Miscellaneous
111-2	VERTIGO & OTHER LABYRINTH DISORDERS	2.52	\$33,000	No	0.5693	Miscellaneous	Miscellaneous
111-3	VERTIGO & OTHER LABYRINTH DISORDERS	3.50	\$33,000	No	0.7226	Miscellaneous	Miscellaneous
111-4	VERTIGO & OTHER LABYRINTH DISORDERS	7.48	\$33,000	No	1.3868	Miscellaneous	Miscellaneous
113-1	INFECTIONS OF UPPER RESPIRATORY TRACT	1.88	\$33,000	No	0.2599	Respiratory	Respiratory
113-2	INFECTIONS OF UPPER RESPIRATORY TRACT	2.52	\$33,000	No	0.4024	Respiratory	Respiratory
113-3	INFECTIONS OF UPPER RESPIRATORY TRACT	3.96	\$33,000	No	0.6701	Respiratory	Respiratory
113-4	INFECTIONS OF UPPER RESPIRATORY TRACT	7.33	\$33,000	No	1.3455	Respiratory	Respiratory
114-1	DENTAL & ORAL DISEASES & INJURIES	2.21	\$33,000	No	0.3711	Miscellaneous	Miscellaneous
114-2	DENTAL & ORAL DISEASES & INJURIES	2.97	\$33,000	No	0.5697	Miscellaneous	Miscellaneous
114-3	DENTAL & ORAL DISEASES & INJURIES	5.46	\$33,000	No	0.9274	Miscellaneous	Miscellaneous
114-4	DENTAL & ORAL DISEASES & INJURIES	10.61	\$54,408	No	1.9812	Miscellaneous	Miscellaneous
115-1	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	2.30	\$33,000	No	0.4062	Miscellaneous	Miscellaneous
115-2	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	2.99	\$33,000	No	0.5955	Miscellaneous	Miscellaneous
115-3	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	4.83	\$33,000	No	0.8754	Miscellaneous	Miscellaneous
115-4	OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	9.64	\$50,290	No	1.8371	Miscellaneous	Miscellaneous
120-1	MAJOR RESPIRATORY & CHEST PROCEDURES	4.87	\$45,575	No	1.7189	Respiratory	Respiratory
120-2	MAJOR RESPIRATORY & CHEST PROCEDURES	6.78	\$60,941	No	2.1945	Respiratory	Respiratory
120-3	MAJOR RESPIRATORY & CHEST PROCEDURES	11.38	\$91,934	No	3.1960	Respiratory	Respiratory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
120-4	MAJOR RESPIRATORY & CHEST PROCEDURES	19.39	\$98,000	No	5.7404	Respiratory	Respiratory
121-1	OTHER RESPIRATORY & CHEST PROCEDURES	3.49	\$33,000	No	1.1883	Respiratory	Respiratory
121-2	OTHER RESPIRATORY & CHEST PROCEDURES	5.48	\$35,348	No	1.5313	Respiratory	Respiratory
121-3	OTHER RESPIRATORY & CHEST PROCEDURES	10.28	\$45,091	No	2.4687	Respiratory	Respiratory
121-4	OTHER RESPIRATORY & CHEST PROCEDURES	19.37	\$98,000	No	5.0342	Respiratory	Respiratory
130-1	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	14.54	\$96,136	No	2.8511	Respiratory	Respiratory
130-2	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	12.63	\$58,092	No	3.0423	Respiratory	Respiratory
130-3	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	14.49	\$98,000	No	3.6434	Respiratory	Respiratory
130-4	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	19.67	\$98,000	No	4.8144	Respiratory	Respiratory
131-1	CYSTIC FIBROSIS - PULMONARY DISEASE	6.96	\$33,000	No	1.1407	Respiratory	Respiratory
131-2	CYSTIC FIBROSIS - PULMONARY DISEASE	8.20	\$42,370	No	1.4020	Respiratory	Respiratory
131-3	CYSTIC FIBROSIS - PULMONARY DISEASE	10.28	\$58,196	No	1.8525	Respiratory	Respiratory
131-4	CYSTIC FIBROSIS - PULMONARY DISEASE	13.22	\$63,225	No	2.5460	Respiratory	Respiratory
132-1	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	3.45	\$33,000	No	0.4233	Respiratory	Respiratory
132-2	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	4.42	\$33,000	No	0.5181	Respiratory	Respiratory
132-3	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	7.10	\$35,897	No	0.8051	Respiratory	Respiratory
132-4	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	10.49	\$33,000	No	1.4927	Respiratory	Respiratory
133-1	PULMONARY EDEMA & RESPIRATORY FAILURE	2.56	\$33,000	No	0.5454	Respiratory	Respiratory
133-2	PULMONARY EDEMA & RESPIRATORY FAILURE	4.09	\$33,000	No	0.7561	Respiratory	Respiratory
133-3	PULMONARY EDEMA & RESPIRATORY FAILURE	5.82	\$36,225	No	1.0996	Respiratory	Respiratory
133-4	PULMONARY EDEMA & RESPIRATORY FAILURE	7.54	\$55,692	No	1.7495	Respiratory	Respiratory
134-1	PULMONARY EMBOLISM	3.66	\$33,000	No	0.7118	Respiratory	Respiratory
134-2	PULMONARY EMBOLISM	4.54	\$33,000	No	0.9026	Respiratory	Respiratory
134-3	PULMONARY EMBOLISM	6.34	\$33,000	No	1.2877	Respiratory	Respiratory
134-4	PULMONARY EMBOLISM	8.66	\$55,546	No	1.9730	Respiratory	Respiratory
135-1	MAJOR CHEST & RESPIRATORY TRAUMA	2.83	\$33,000	No	0.6398	Respiratory	Respiratory
135-2	MAJOR CHEST & RESPIRATORY TRAUMA	3.66	\$33,000	No	0.8152	Respiratory	Respiratory
135-3	MAJOR CHEST & RESPIRATORY TRAUMA	5.76	\$33,000	No	1.1912	Respiratory	Respiratory
135-4	MAJOR CHEST & RESPIRATORY TRAUMA	8.34	\$35,655	No	2.1261	Respiratory	Respiratory
136-1	RESPIRATORY MALIGNANCY	3.25	\$33,000	No	0.4458	Respiratory	Respiratory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
136-2	RESPIRATORY MALIGNANCY	4.20	\$33,000	No	0.7139	Respiratory	Respiratory
136-3	RESPIRATORY MALIGNANCY	6.65	\$34,412	No	1.1635	Respiratory	Respiratory
136-4	RESPIRATORY MALIGNANCY	9.45	\$56,043	No	1.8352	Respiratory	Respiratory
137-1	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	4.70	\$33,000	No	0.6367	Respiratory	Respiratory
137-2	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	5.30	\$33,000	No	0.8482	Respiratory	Respiratory
137-3	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	7.24	\$33,000	No	1.2031	Respiratory	Respiratory
137-4	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	10.34	\$59,686	No	1.9132	Respiratory	Respiratory
138-1	BRONCHIOLITIS & RSV PNEUMONIA	2.39	\$33,000	No	0.2804	Respiratory	Respiratory
138-2	BRONCHIOLITIS & RSV PNEUMONIA	3.12	\$33,000	No	0.3844	Respiratory	Respiratory
138-3	BRONCHIOLITIS & RSV PNEUMONIA	5.34	\$33,000	No	0.7518	Respiratory	Respiratory
138-4	BRONCHIOLITIS & RSV PNEUMONIA	9.14	\$50,702	No	1.8352	Respiratory	Respiratory
139-1	OTHER PNEUMONIA	2.73	\$33,000	No	0.4202	Respiratory	Respiratory
139-2	OTHER PNEUMONIA	3.78	\$33,000	No	0.6402	Respiratory	Respiratory
139-3	OTHER PNEUMONIA	5.64	\$33,000	No	0.9947	Respiratory	Respiratory
139-4	OTHER PNEUMONIA	8.72	\$47,487	No	1.7261	Respiratory	Respiratory
140-1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	3.11	\$33,000	No	0.5252	Respiratory	Respiratory
140-2	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	3.81	\$33,000	No	0.6665	Respiratory	Respiratory
140-3	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	5.19	\$33,000	No	0.9076	Respiratory	Respiratory
140-4	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	8.75	\$43,309	No	1.6690	Respiratory	Respiratory
141-1	ASTHMA	2.19	\$33,000	No	0.3408	Respiratory	Respiratory
141-2	ASTHMA	3.07	\$33,000	No	0.5015	Respiratory	Respiratory
141-3	ASTHMA	4.35	\$33,000	No	0.7486	Respiratory	Respiratory
141-4	ASTHMA	5.60	\$42,221	No	1.3503	Respiratory	Respiratory
142-1	INTERSTITIAL LUNG DISEASE	3.32	\$33,000	No	0.5787	Respiratory	Respiratory
142-2	INTERSTITIAL LUNG DISEASE	4.22	\$33,000	No	0.7445	Respiratory	Respiratory
142-3	INTERSTITIAL LUNG DISEASE	6.33	\$39,713	No	1.0873	Respiratory	Respiratory
142-4	INTERSTITIAL LUNG DISEASE	10.35	\$51,089	No	1.9559	Respiratory	Respiratory
143-1	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	2.86	\$33,000	No	0.4353	Respiratory	Respiratory
143-2	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	3.77	\$33,000	No	0.6616	Respiratory	Respiratory
143-3	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	5.65	\$33,000	No	0.9962	Respiratory	Respiratory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
143-4	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	8.63	\$38,642	No	1.5730	Respiratory	Respiratory
144-1	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	2.16	\$33,000	No	0.4363	Respiratory	Respiratory
144-2	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	2.95	\$33,000	No	0.5598	Respiratory	Respiratory
144-3	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	4.29	\$33,000	No	0.7748	Respiratory	Respiratory
144-4	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	7.23	\$33,000	No	1.3057	Respiratory	Respiratory
160-1	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	4.70	\$66,544	No	3.1306	Miscellaneous	Circulatory
160-2	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	6.17	\$75,910	No	3.4602	Miscellaneous	Circulatory
160-3	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	10.39	\$98,000	No	5.0014	Miscellaneous	Circulatory
160-4	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	26.06	\$98,000	No	9.7328	Miscellaneous	Circulatory
161-1	CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	3.19	\$70,678	No	4.0098	Miscellaneous	Circulatory
161-2	CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	7.87	\$98,000	No	5.3013	Miscellaneous	Circulatory
161-3	CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	15.89	\$98,000	No	8.4070	Miscellaneous	Circulatory
161-4	CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	31.03	\$98,000	No	19.9842	Miscellaneous	Circulatory
162-1	CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION	8.01	\$94,601	No	4.4218	Miscellaneous	Circulatory
162-2	CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION	9.19	\$98,000	No	4.9501	Miscellaneous	Circulatory
162-3	CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION	13.23	\$98,000	No	6.3338	Miscellaneous	Circulatory
162-4	CARDIAC VALVE PROCEDURES W CARDIAC CATHETERIZATION	20.98	\$98,000	No	9.6985	Miscellaneous	Circulatory
163-1	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	5.67	\$83,855	No	3.8077	Miscellaneous	Circulatory
163-2	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	6.51	\$92,405	No	4.2090	Miscellaneous	Circulatory
163-3	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	9.25	\$98,000	No	5.1794	Miscellaneous	Circulatory
163-4	CARDIAC VALVE PROCEDURES W/O CARDIAC CATHETERIZATION	17.99	\$98,000	No	8.8228	Miscellaneous	Circulatory
165-1	CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	6.76	\$77,694	No	3.8444	Miscellaneous	Circulatory
165-2	CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	8.18	\$98,000	No	4.3860	Miscellaneous	Circulatory
165-3	CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	10.53	\$76,887	No	5.3253	Miscellaneous	Circulatory
165-4	CORONARY BYPASS W CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	17.13	\$98,000	No	8.0347	Miscellaneous	Circulatory
166-1	CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	5.03	\$60,759	No	3.0631	Miscellaneous	Circulatory
166-2	CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	6.12	\$84,567	No	3.4369	Miscellaneous	Circulatory
166-3	CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC PROCEDURE	8.56	\$98,000	No	4.2566	Miscellaneous	Circulatory
166-4	CORONARY BYPASS W/O CARDIAC CATH OR PERCUTANEOUS CARDIAC	16.15	\$98,000	No	7.1276	Miscellaneous	Circulatory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	PROCEDURE						
167-1	OTHER CARDIOTHORACIC PROCEDURES	4.38	\$62,971	No	2.8491	Miscellaneous	Circulatory
167-2	OTHER CARDIOTHORACIC PROCEDURES	5.83	\$73,858	No	3.2690	Miscellaneous	Circulatory
167-3	OTHER CARDIOTHORACIC PROCEDURES	9.15	\$98,000	No	4.1582	Miscellaneous	Circulatory
167-4	OTHER CARDIOTHORACIC PROCEDURES	18.60	\$98,000	No	7.2603	Miscellaneous	Circulatory
169-1	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	4.34	\$38,022	No	1.7710	Miscellaneous	Circulatory
169-2	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	5.70	\$98,000	No	2.3017	Miscellaneous	Circulatory
169-3	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	8.99	\$91,011	No	3.5766	Miscellaneous	Circulatory
169-4	MAJOR THORACIC & ABDOMINAL VASCULAR PROCEDURES	16.26	\$98,000	No	6.3593	Miscellaneous	Circulatory
170-1	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	4.68	\$51,433	No	2.2837	Miscellaneous	Circulatory
170-2	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	5.35	\$53,142	No	2.4595	Miscellaneous	Circulatory
170-3	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	9.01	\$67,152	No	3.0320	Miscellaneous	Circulatory
170-4	PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	16.48	\$98,000	No	4.8851	Miscellaneous	Circulatory
171-1	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	2.58	\$34,713	No	1.6061	Miscellaneous	Circulatory
171-2	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	3.89	\$49,549	No	1.9059	Miscellaneous	Circulatory
171-3	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	6.52	\$65,476	No	2.4627	Miscellaneous	Circulatory
171-4	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	13.23	\$98,000	No	4.2111	Miscellaneous	Circulatory
173-1	OTHER VASCULAR PROCEDURES	2.49	\$35,070	No	1.7171	Miscellaneous	Circulatory
173-2	OTHER VASCULAR PROCEDURES	4.13	\$52,565	No	2.0932	Miscellaneous	Circulatory
173-3	OTHER VASCULAR PROCEDURES	8.35	\$69,343	No	2.8552	Miscellaneous	Circulatory
173-4	OTHER VASCULAR PROCEDURES	16.98	\$98,000	No	5.2542	Miscellaneous	Circulatory
174-1	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI	2.43	\$33,000	No	2.0862	Miscellaneous	Circulatory
174-2	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI	3.10	\$35,643	No	2.2374	Miscellaneous	Circulatory
174-3	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI	5.33	\$56,833	No	2.7863	Miscellaneous	Circulatory
174-4	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI	8.59	\$98,000	No	4.0669	Miscellaneous	Circulatory
175-1	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	1.72	\$36,210	No	1.7736	Miscellaneous	Circulatory
175-2	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	2.53	\$36,979	No	1.9933	Miscellaneous	Circulatory
175-3	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W/O AMI	5.17	\$51,550	No	2.5842	Miscellaneous	Circulatory
175-4	PERCUTANEOUS CARDIOVASCULAR	10.38	\$98,000	No		Miscellaneous	Circulatory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	PROCEDURES W/O AMI				4.2121		
176-1	CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	2.91	\$33,000	No	1.3019	Miscellaneous	Circulatory
176-2	CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	2.54	\$59,783	No	2.4037	Miscellaneous	Circulatory
176-3	CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	4.47	\$66,684	No	2.7424	Miscellaneous	Circulatory
176-4	CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	13.36	\$98,000	No	4.5070	Miscellaneous	Circulatory
177-1	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	2.60	\$33,000	No	1.0211	Miscellaneous	Circulatory
177-2	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	4.05	\$33,000	No	1.3637	Miscellaneous	Circulatory
177-3	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	7.49	\$53,290	No	2.1173	Miscellaneous	Circulatory
177-4	CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	15.60	\$98,000	No	4.0225	Miscellaneous	Circulatory
180-1	OTHER CIRCULATORY SYSTEM PROCEDURES	4.16	\$33,000	No	1.0497	Miscellaneous	Circulatory
180-2	OTHER CIRCULATORY SYSTEM PROCEDURES	5.93	\$35,440	No	1.4143	Miscellaneous	Circulatory
180-3	OTHER CIRCULATORY SYSTEM PROCEDURES	9.63	\$52,365	No	2.1255	Miscellaneous	Circulatory
180-4	OTHER CIRCULATORY SYSTEM PROCEDURES	15.89	\$98,000	No	3.9764	Miscellaneous	Circulatory
190-1	ACUTE MYOCARDIAL INFARCTION	2.13	\$33,000	No	0.6920	Miscellaneous	Circulatory
190-2	ACUTE MYOCARDIAL INFARCTION	3.15	\$33,000	No	0.8341	Miscellaneous	Circulatory
190-3	ACUTE MYOCARDIAL INFARCTION	5.19	\$33,000	No	1.1427	Miscellaneous	Circulatory
190-4	ACUTE MYOCARDIAL INFARCTION	7.65	\$96,226	No	1.8575	Miscellaneous	Circulatory
191-1	CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE	2.50	\$33,000	No	1.0129	Miscellaneous	Circulatory
191-2	CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE	3.57	\$33,000	No	1.1962	Miscellaneous	Circulatory
191-3	CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE	5.89	\$33,000	No	1.5321	Miscellaneous	Circulatory
191-4	CARDIAC CATHETERIZATION W CIRC DISORD EXC ISCHEMIC HEART DISEASE	11.58	\$85,413	No	3.0798	Miscellaneous	Circulatory
192-1	CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE	1.90	\$33,000	No	0.8840	Miscellaneous	Circulatory
192-2	CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE	2.57	\$33,000	No	1.0294	Miscellaneous	Circulatory
192-3	CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE	4.40	\$33,000	No	1.3642	Miscellaneous	Circulatory
192-4	CARDIAC CATHETERIZATION FOR ISCHEMIC HEART DISEASE	7.34	\$55,026	No	2.1517	Miscellaneous	Circulatory
193-1	ACUTE & SUBACUTE ENDOCARDITIS	5.50	\$33,000	No	0.7894	Miscellaneous	Circulatory
193-2	ACUTE & SUBACUTE ENDOCARDITIS	6.95	\$33,000	No	1.0373	Miscellaneous	Circulatory
193-3	ACUTE & SUBACUTE ENDOCARDITIS	10.02	\$41,903	No	1.5660	Miscellaneous	Circulatory
193-4	ACUTE & SUBACUTE ENDOCARDITIS	14.92	\$72,244	No	2.5224	Miscellaneous	Circulatory
194-1	HEART FAILURE	2.93	\$33,000	No	0.5100	Miscellaneous	Circulatory
194-2	HEART FAILURE	3.75	\$33,000	No		Miscellaneous	Circulatory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
					0.6549		
194-3	HEART FAILURE	5.66	\$33,000	No	0.9785	Miscellaneous	Circulatory
194-4	HEART FAILURE	9.56	\$46,018	No	1.7820	Miscellaneous	Circulatory
196-1	CARDIAC ARREST	2.92	\$33,000	No	0.3448	Miscellaneous	Circulatory
196-2	CARDIAC ARREST	2.28	\$33,000	No	0.4918	Miscellaneous	Circulatory
196-3	CARDIAC ARREST	2.52	\$33,000	No	0.7133	Miscellaneous	Circulatory
196-4	CARDIAC ARREST	4.63	\$41,091	No	1.7165	Miscellaneous	Circulatory
197-1	PERIPHERAL & OTHER VASCULAR DISORDERS	3.25	\$33,000	No	0.4538	Miscellaneous	Circulatory
197-2	PERIPHERAL & OTHER VASCULAR DISORDERS	4.06	\$33,000	No	0.6186	Miscellaneous	Circulatory
197-3	PERIPHERAL & OTHER VASCULAR DISORDERS	5.55	\$33,000	No	0.9349	Miscellaneous	Circulatory
197-4	PERIPHERAL & OTHER VASCULAR DISORDERS	9.94	\$54,973	No	1.8138	Miscellaneous	Circulatory
198-1	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1.65	\$33,000	No	0.4222	Miscellaneous	Circulatory
198-2	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	2.15	\$33,000	No	0.5100	Miscellaneous	Circulatory
198-3	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	3.44	\$33,000	No	0.6999	Miscellaneous	Circulatory
198-4	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	7.96	\$41,164	No	1.3777	Miscellaneous	Circulatory
199-1	HYPERTENSION	1.99	\$33,000	No	0.4431	Miscellaneous	Circulatory
199-2	HYPERTENSION	2.61	\$33,000	No	0.5438	Miscellaneous	Circulatory
199-3	HYPERTENSION	4.08	\$33,000	No	0.7709	Miscellaneous	Circulatory
199-4	HYPERTENSION	7.75	\$41,996	No	1.6234	Miscellaneous	Circulatory
200-1	CARDIAC STRUCTURAL & VALVULAR DISORDERS	2.38	\$33,000	No	0.4556	Miscellaneous	Circulatory
200-2	CARDIAC STRUCTURAL & VALVULAR DISORDERS	3.16	\$33,000	No	0.5692	Miscellaneous	Circulatory
200-3	CARDIAC STRUCTURAL & VALVULAR DISORDERS	5.18	\$33,000	No	0.8445	Miscellaneous	Circulatory
200-4	CARDIAC STRUCTURAL & VALVULAR DISORDERS	10.05	\$55,187	No	1.6354	Miscellaneous	Circulatory
201-1	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	1.99	\$33,000	No	0.4273	Miscellaneous	Circulatory
201-2	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2.90	\$33,000	No	0.5624	Miscellaneous	Circulatory
201-3	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	4.67	\$33,000	No	0.8589	Miscellaneous	Circulatory
201-4	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	8.64	\$60,979	No	1.7456	Miscellaneous	Circulatory
203-1	CHEST PAIN	1.48	\$33,000	No	0.4179	Miscellaneous	Circulatory
203-2	CHEST PAIN	1.96	\$33,000	No	0.5129	Miscellaneous	Circulatory
203-3	CHEST PAIN	3.06	\$33,000	No	0.6846	Miscellaneous	Circulatory
203-4	CHEST PAIN	7.26	\$37,910	No		Miscellaneous	Circulatory

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
					1.3334		
204-1	SYNCOPE & COLLAPSE	2.02	\$33,000	No	0.4877	Miscellaneous	Circulatory
204-2	SYNCOPE & COLLAPSE	2.64	\$33,000	No	0.5856	Miscellaneous	Circulatory
204-3	SYNCOPE & COLLAPSE	3.89	\$33,000	No	0.7586	Miscellaneous	Circulatory
204-4	SYNCOPE & COLLAPSE	8.58	\$39,588	No	1.5564	Miscellaneous	Circulatory
205-1	CARDIOMYOPATHY	2.38	\$33,000	No	0.4349	Miscellaneous	Circulatory
205-2	CARDIOMYOPATHY	3.08	\$33,000	No	0.5715	Miscellaneous	Circulatory
205-3	CARDIOMYOPATHY	4.97	\$33,000	No	0.8342	Miscellaneous	Circulatory
205-4	CARDIOMYOPATHY	9.27	\$58,727	No	1.8259	Miscellaneous	Circulatory
206-1	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2.27	\$33,000	No	0.4451	Miscellaneous	Circulatory
206-2	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	3.45	\$33,000	No	0.5753	Miscellaneous	Circulatory
206-3	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	5.73	\$33,000	No	0.9435	Miscellaneous	Circulatory
206-4	MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	11.16	\$35,046	No	2.0324	Miscellaneous	Circulatory
207-1	OTHER CIRCULATORY SYSTEM DIAGNOSES	2.40	\$33,000	No	0.4971	Miscellaneous	Circulatory
207-2	OTHER CIRCULATORY SYSTEM DIAGNOSES	3.28	\$33,000	No	0.6454	Miscellaneous	Circulatory
207-3	OTHER CIRCULATORY SYSTEM DIAGNOSES	4.80	\$48,833	No	0.9118	Miscellaneous	Circulatory
207-4	OTHER CIRCULATORY SYSTEM DIAGNOSES	8.51	\$35,066	No	1.7338	Miscellaneous	Circulatory
220-1	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	3.70	\$33,000	No	1.3178	Miscellaneous	Gastroent
220-2	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	7.29	\$40,153	No	1.9373	Miscellaneous	Gastroent
220-3	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	12.22	\$77,022	No	3.1782	Miscellaneous	Gastroent
220-4	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	21.05	\$98,000	No	5.9607	Miscellaneous	Gastroent
221-1	MAJOR SMALL & LARGE BOWEL PROCEDURES	4.87	\$33,000	No	1.3985	Miscellaneous	Gastroent
221-2	MAJOR SMALL & LARGE BOWEL PROCEDURES	7.12	\$50,016	No	1.8317	Miscellaneous	Gastroent
221-3	MAJOR SMALL & LARGE BOWEL PROCEDURES	12.16	\$98,000	No	2.9391	Miscellaneous	Gastroent
221-4	MAJOR SMALL & LARGE BOWEL PROCEDURES	20.07	\$98,000	No	5.5350	Miscellaneous	Gastroent
222-1	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2.27	\$33,000	No	0.8125	Miscellaneous	Gastroent
222-2	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	3.70	\$48,849	No	1.2067	Miscellaneous	Gastroent
222-3	OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	8.35	\$51,735	No	1.9612	Miscellaneous	Gastroent
222-4	OTHER STOMACH, ESOPHAGEAL &	18.21	\$98,000	No		Miscellaneous	Gastroent

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	DUODENAL PROCEDURES				4.4248		
223-1	OTHER SMALL & LARGE BOWEL PROCEDURES	4.42	\$33,000	No	1.0740	Miscellaneous	Gastroent
223-2	OTHER SMALL & LARGE BOWEL PROCEDURES	6.43	\$48,603	No	1.4465	Miscellaneous	Gastroent
223-3	OTHER SMALL & LARGE BOWEL PROCEDURES	10.92	\$53,067	No	2.3665	Miscellaneous	Gastroent
223-4	OTHER SMALL & LARGE BOWEL PROCEDURES	19.67	\$98,000	No	4.9104	Miscellaneous	Gastroent
224-1	PERITONEAL ADHESIOLYSIS	5.41	\$33,000	No	1.2216	Miscellaneous	Gastroent
224-2	PERITONEAL ADHESIOLYSIS	7.88	\$43,821	No	1.6811	Miscellaneous	Gastroent
224-3	PERITONEAL ADHESIOLYSIS	11.50	\$57,376	No	2.5159	Miscellaneous	Gastroent
224-4	PERITONEAL ADHESIOLYSIS	17.46	\$98,000	No	4.4116	Miscellaneous	Gastroent
225-1	APPENDECTOMY	1.57	\$33,000	No	0.7869	Miscellaneous	Gastroent
225-2	APPENDECTOMY	3.76	\$33,000	No	1.1108	Miscellaneous	Gastroent
225-3	APPENDECTOMY	7.27	\$42,939	No	1.8822	Miscellaneous	Gastroent
225-4	APPENDECTOMY	13.58	\$88,159	No	3.6506	Miscellaneous	Gastroent
226-1	ANAL PROCEDURES	2.56	\$33,000	No	0.6250	Miscellaneous	Gastroent
226-2	ANAL PROCEDURES	4.14	\$33,000	No	0.8567	Miscellaneous	Gastroent
226-3	ANAL PROCEDURES	7.38	\$35,497	No	1.3988	Miscellaneous	Gastroent
226-4	ANAL PROCEDURES	13.02	\$74,432	No	2.8079	Miscellaneous	Gastroent
227-1	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2.90	\$33,000	No	1.0044	Miscellaneous	Gastroent
227-2	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	4.44	\$33,000	No	1.3150	Miscellaneous	Gastroent
227-3	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	8.14	\$54,212	No	2.1598	Miscellaneous	Gastroent
227-4	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	15.03	\$98,000	No	4.3085	Miscellaneous	Gastroent
228-1	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2.01	\$33,000	No	0.7221	Miscellaneous	Gastroent
228-2	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	3.45	\$33,000	No	0.9757	Miscellaneous	Gastroent
228-3	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	6.29	\$35,970	No	1.5210	Miscellaneous	Gastroent
228-4	INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	13.21	\$84,887	No	3.2407	Miscellaneous	Gastroent
229-1	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	3.87	\$33,000	No	1.0849	Miscellaneous	Gastroent
229-2	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	5.52	\$33,000	No	1.4345	Miscellaneous	Gastroent
229-3	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	9.76	\$66,484	No	2.2850	Miscellaneous	Gastroent
229-4	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	17.60	\$98,000	No	4.2571	Miscellaneous	Gastroent
240-1	DIGESTIVE MALIGNANCY	3.71	\$33,000	No	0.5526	Miscellaneous	Gastroent
240-2	DIGESTIVE MALIGNANCY	4.29	\$33,000	No		Miscellaneous	Gastroent

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
					0.7343		
240-3	DIGESTIVE MALIGNANCY	6.85	\$53,507	No	1.1112	Miscellaneous	Gastroent
240-4	DIGESTIVE MALIGNANCY	12.26	\$36,452	No	2.0337	Miscellaneous	Gastroent
241-1	PEPTIC ULCER & GASTRITIS	2.52	\$33,000	No	0.5506	Miscellaneous	Gastroent
241-2	PEPTIC ULCER & GASTRITIS	3.26	\$33,000	No	0.7186	Miscellaneous	Gastroent
241-3	PEPTIC ULCER & GASTRITIS	4.85	\$33,000	No	1.0583	Miscellaneous	Gastroent
241-4	PEPTIC ULCER & GASTRITIS	10.13	\$59,869	No	2.3301	Miscellaneous	Gastroent
242-1	MAJOR ESOPHAGEAL DISORDERS	2.30	\$33,000	No	0.5079	Miscellaneous	Gastroent
242-2	MAJOR ESOPHAGEAL DISORDERS	3.19	\$33,000	No	0.6929	Miscellaneous	Gastroent
242-3	MAJOR ESOPHAGEAL DISORDERS	4.60	\$33,000	No	1.0170	Miscellaneous	Gastroent
242-4	MAJOR ESOPHAGEAL DISORDERS	10.14	\$39,347	No	2.2354	Miscellaneous	Gastroent
243-1	OTHER ESOPHAGEAL DISORDERS	1.90	\$33,000	No	0.4492	Miscellaneous	Gastroent
243-2	OTHER ESOPHAGEAL DISORDERS	2.81	\$33,000	No	0.6060	Miscellaneous	Gastroent
243-3	OTHER ESOPHAGEAL DISORDERS	4.79	\$33,000	No	0.9094	Miscellaneous	Gastroent
243-4	OTHER ESOPHAGEAL DISORDERS	10.29	\$43,948	No	2.0341	Miscellaneous	Gastroent
244-1	DIVERTICULITIS & DIVERTICULOSIS	2.93	\$33,000	No	0.5246	Miscellaneous	Gastroent
244-2	DIVERTICULITIS & DIVERTICULOSIS	3.61	\$33,000	No	0.6624	Miscellaneous	Gastroent
244-3	DIVERTICULITIS & DIVERTICULOSIS	5.45	\$33,000	No	1.0053	Miscellaneous	Gastroent
244-4	DIVERTICULITIS & DIVERTICULOSIS	11.04	\$55,836	No	2.1700	Miscellaneous	Gastroent
245-1	INFLAMMATORY BOWEL DISEASE	3.39	\$33,000	No	0.5754	Miscellaneous	Gastroent
245-2	INFLAMMATORY BOWEL DISEASE	4.13	\$33,000	No	0.7028	Miscellaneous	Gastroent
245-3	INFLAMMATORY BOWEL DISEASE	6.27	\$33,000	No	1.0226	Miscellaneous	Gastroent
245-4	INFLAMMATORY BOWEL DISEASE	12.07	\$50,424	No	1.9439	Miscellaneous	Gastroent
246-1	GASTROINTESTINAL VASCULAR INSUFFICIENCY	3.16	\$33,000	No	0.6451	Miscellaneous	Gastroent
246-2	GASTROINTESTINAL VASCULAR INSUFFICIENCY	4.05	\$33,000	No	0.7942	Miscellaneous	Gastroent
246-3	GASTROINTESTINAL VASCULAR INSUFFICIENCY	6.02	\$33,000	No	1.1319	Miscellaneous	Gastroent
246-4	GASTROINTESTINAL VASCULAR INSUFFICIENCY	9.83	\$53,702	No	1.9309	Miscellaneous	Gastroent
247-1	INTESTINAL OBSTRUCTION	2.89	\$33,000	No	0.4874	Miscellaneous	Gastroent
247-2	INTESTINAL OBSTRUCTION	3.79	\$33,000	No	0.6267	Miscellaneous	Gastroent
247-3	INTESTINAL OBSTRUCTION	5.96	\$33,000	No	0.9525	Miscellaneous	Gastroent
247-4	INTESTINAL OBSTRUCTION	11.04	\$56,422	No		Miscellaneous	Gastroent

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
					1.9303		
248-1	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	3.34	\$33,000	No	0.5084	Miscellaneous	Gastroent
248-2	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	4.73	\$33,000	No	0.7215	Miscellaneous	Gastroent
248-3	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	7.10	\$34,912	No	1.0667	Miscellaneous	Gastroent
248-4	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	12.39	\$69,502	No	2.0496	Miscellaneous	Gastroent
249-1	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	2.19	\$33,000	No	0.3648	Miscellaneous	Gastroent
249-2	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	2.90	\$33,000	No	0.5057	Miscellaneous	Gastroent
249-3	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	4.32	\$33,000	No	0.7201	Miscellaneous	Gastroent
249-4	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	9.39	\$33,000	No	1.5934	Miscellaneous	Gastroent
251-1	ABDOMINAL PAIN	2.17	\$33,000	No	0.4492	Miscellaneous	Gastroent
251-2	ABDOMINAL PAIN	2.88	\$33,000	No	0.5785	Miscellaneous	Gastroent
251-3	ABDOMINAL PAIN	4.19	\$33,000	No	0.7857	Miscellaneous	Gastroent
251-4	ABDOMINAL PAIN	8.14	\$41,765	No	1.4149	Miscellaneous	Gastroent
252-1	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	3.31	\$33,000	No	0.4904	Miscellaneous	Gastroent
252-2	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	4.12	\$33,000	No	0.6490	Miscellaneous	Gastroent
252-3	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	6.36	\$33,000	No	0.9832	Miscellaneous	Gastroent
252-4	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	12.48	\$98,000	No	1.9840	Miscellaneous	Gastroent
253-1	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2.52	\$33,000	No	0.5108	Miscellaneous	Gastroent
253-2	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	3.35	\$33,000	No	0.6777	Miscellaneous	Gastroent
253-3	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	5.05	\$33,000	No	1.0020	Miscellaneous	Gastroent
253-4	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	8.78	\$47,996	No	1.8601	Miscellaneous	Gastroent
254-1	OTHER DIGESTIVE SYSTEM DIAGNOSES	2.52	\$33,000	No	0.4518	Miscellaneous	Gastroent
254-2	OTHER DIGESTIVE SYSTEM DIAGNOSES	3.54	\$33,000	No	0.6281	Miscellaneous	Gastroent
254-3	OTHER DIGESTIVE SYSTEM DIAGNOSES	5.30	\$33,000	No	0.9116	Miscellaneous	Gastroent
254-4	OTHER DIGESTIVE SYSTEM DIAGNOSES	10.66	\$47,268	No	1.8053	Miscellaneous	Gastroent
260-1	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	4.69	\$38,091	No	1.5085	Miscellaneous	Gastroent
260-2	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	6.12	\$59,063	No	1.9595	Miscellaneous	Gastroent
260-3	MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	10.82	\$98,000	No	3.1028	Miscellaneous	Gastroent
260-4	MAJOR PANCREAS, LIVER & SHUNT	21.81	\$98,000	No		Miscellaneous	Gastroent

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	PROCEDURES				6.3823		
261-1	MAJOR BILIARY TRACT PROCEDURES	4.50	\$33,000	No	1.3049	Miscellaneous	Gastroent
261-2	MAJOR BILIARY TRACT PROCEDURES	7.07	\$42,516	No	1.8249	Miscellaneous	Gastroent
261-3	MAJOR BILIARY TRACT PROCEDURES	11.17	\$62,635	No	2.5711	Miscellaneous	Gastroent
261-4	MAJOR BILIARY TRACT PROCEDURES	19.94	\$98,000	No	5.0241	Miscellaneous	Gastroent
262-1	CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	4.06	\$33,000	No	1.1851	Miscellaneous	Gastroent
262-2	CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	5.68	\$40,595	No	1.5636	Miscellaneous	Gastroent
262-3	CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	8.99	\$52,832	No	2.3607	Miscellaneous	Gastroent
262-4	CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	17.51	\$98,000	No	4.6362	Miscellaneous	Gastroent
263-1	LAPAROSCOPIC CHOLECYSTECTOMY	2.37	\$33,000	No	0.9344	Miscellaneous	Gastroent
263-2	LAPAROSCOPIC CHOLECYSTECTOMY	3.65	\$33,000	No	1.2309	Miscellaneous	Gastroent
263-3	LAPAROSCOPIC CHOLECYSTECTOMY	6.36	\$34,338	No	1.7676	Miscellaneous	Gastroent
263-4	LAPAROSCOPIC CHOLECYSTECTOMY	13.84	\$90,246	No	3.6726	Miscellaneous	Gastroent
264-1	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	4.54	\$33,448	No	1.2525	Miscellaneous	Gastroent
264-2	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	5.44	\$33,000	No	1.3731	Miscellaneous	Gastroent
264-3	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	10.68	\$61,470	No	2.3158	Miscellaneous	Gastroent
264-4	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	21.48	\$98,000	No	5.1900	Miscellaneous	Gastroent
279-1	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2.80	\$33,000	No	0.4711	Miscellaneous	Gastroent
279-2	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	3.61	\$33,000	No	0.5945	Miscellaneous	Gastroent
279-3	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	5.81	\$33,000	No	0.9593	Miscellaneous	Gastroent
279-4	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	11.58	\$62,382	No	2.3269	Miscellaneous	Gastroent
280-1	ALCOHOLIC LIVER DISEASE	2.99	\$33,000	No	0.4733	Miscellaneous	Gastroent
280-2	ALCOHOLIC LIVER DISEASE	3.44	\$33,000	No	0.6141	Miscellaneous	Gastroent
280-3	ALCOHOLIC LIVER DISEASE	5.33	\$33,000	No	0.9717	Miscellaneous	Gastroent
280-4	ALCOHOLIC LIVER DISEASE	10.47	\$48,708	No	2.1421	Miscellaneous	Gastroent
281-1	MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	3.57	\$33,000	No	0.5079	Miscellaneous	Gastroent
281-2	MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	4.22	\$33,000	No	0.7553	Miscellaneous	Gastroent
281-3	MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	6.10	\$33,000	No	1.0729	Miscellaneous	Gastroent
281-4	MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	9.74	\$33,000	No	1.7518	Miscellaneous	Gastroent
282-1	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	3.18	\$33,000	No	0.5507	Miscellaneous	Gastroent
282-2	DISORDERS OF PANCREAS EXCEPT	4.03	\$33,000	No		Miscellaneous	Gastroent

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	MALIGNANCY				0.7066		
282-3	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	6.49	\$33,000	No	1.1213	Miscellaneous	Gastroent
282-4	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	13.81	\$77,977	No	2.7862	Miscellaneous	Gastroent
283-1	OTHER DISORDERS OF THE LIVER	2.86	\$33,000	No	0.4912	Miscellaneous	Gastroent
283-2	OTHER DISORDERS OF THE LIVER	3.39	\$33,000	No	0.6300	Miscellaneous	Gastroent
283-3	OTHER DISORDERS OF THE LIVER	5.05	\$33,000	No	0.9245	Miscellaneous	Gastroent
283-4	OTHER DISORDERS OF THE LIVER	9.48	\$50,739	No	1.8497	Miscellaneous	Gastroent
284-1	DISORDERS OF GALLBLADDER & BILIARY TRACT	2.45	\$33,000	No	0.5402	Miscellaneous	Gastroent
284-2	DISORDERS OF GALLBLADDER & BILIARY TRACT	3.45	\$33,000	No	0.7446	Miscellaneous	Gastroent
284-3	DISORDERS OF GALLBLADDER & BILIARY TRACT	5.36	\$33,000	No	1.0803	Miscellaneous	Gastroent
284-4	DISORDERS OF GALLBLADDER & BILIARY TRACT	10.60	\$59,886	No	2.1256	Miscellaneous	Gastroent
301-1	HIP JOINT REPLACEMENT	3.66	\$33,000	No	1.8139	Miscellaneous	Miscellaneous
301-2	HIP JOINT REPLACEMENT	3.97	\$34,978	No	1.9689	Miscellaneous	Miscellaneous
301-3	HIP JOINT REPLACEMENT	5.36	\$73,021	No	2.5026	Miscellaneous	Miscellaneous
301-4	HIP JOINT REPLACEMENT	12.81	\$93,920	No	3.9990	Miscellaneous	Miscellaneous
302-1	KNEE JOINT REPLACEMENT	2.96	\$33,000	No	1.7428	Miscellaneous	Miscellaneous
302-2	KNEE JOINT REPLACEMENT	3.39	\$34,481	No	1.9131	Miscellaneous	Miscellaneous
302-3	KNEE JOINT REPLACEMENT	5.20	\$63,724	No	2.3798	Miscellaneous	Miscellaneous
302-4	KNEE JOINT REPLACEMENT	12.49	\$98,000	No	4.3468	Miscellaneous	Miscellaneous
303-1	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	4.51	\$98,000	No	4.7039	Miscellaneous	Miscellaneous
303-2	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	5.71	\$98,000	No	5.5422	Miscellaneous	Miscellaneous
303-3	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	8.57	\$98,000	No	7.7549	Miscellaneous	Miscellaneous
303-4	DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	16.07	\$98,000	No	10.5743	Miscellaneous	Miscellaneous
304-1	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3.00	\$50,366	No	2.9719	Miscellaneous	Miscellaneous
304-2	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	4.05	\$71,945	No	3.5298	Miscellaneous	Miscellaneous
304-3	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	7.36	\$98,000	No	4.9644	Miscellaneous	Miscellaneous
304-4	DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	17.76	\$98,000	No	8.1662	Miscellaneous	Miscellaneous
305-1	AMPUTATION OF LOWER LIMB EXCEPT TOES	5.41	\$33,000	No	1.0653	Miscellaneous	Miscellaneous
305-2	AMPUTATION OF LOWER LIMB EXCEPT TOES	7.38	\$33,000	No	1.4042	Miscellaneous	Miscellaneous
305-3	AMPUTATION OF LOWER LIMB EXCEPT TOES	11.38	\$43,479	No	2.1842	Miscellaneous	Miscellaneous
305-4	AMPUTATION OF LOWER LIMB EXCEPT	19.88	\$80,033	No		Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	TOES				4.2155		
308-1	HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT	4.19	\$33,000	No	1.3100	Miscellaneous	Miscellaneous
308-2	HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT	4.96	\$33,000	No	1.5854	Miscellaneous	Miscellaneous
308-3	HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT	6.98	\$62,321	No	2.1517	Miscellaneous	Miscellaneous
308-4	HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT	12.65	\$98,000	No	3.6506	Miscellaneous	Miscellaneous
309-1	HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT	2.78	\$33,000	No	1.1481	Miscellaneous	Miscellaneous
309-2	HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT	4.91	\$33,000	No	1.6231	Miscellaneous	Miscellaneous
309-3	HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT	8.66	\$74,835	No	2.3287	Miscellaneous	Miscellaneous
309-4	HIP & FEMUR PROCEDURES FOR NON-TRAUMA EXCEPT JOINT REPLACEMENT	18.87	\$98,000	No	4.2408	Miscellaneous	Miscellaneous
310-1	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	1.81	\$33,000	No	0.8925	Miscellaneous	Miscellaneous
310-2	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3.03	\$33,000	No	1.1887	Miscellaneous	Miscellaneous
310-3	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	6.25	\$61,320	No	1.7910	Miscellaneous	Miscellaneous
310-4	INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	16.23	\$98,000	No	4.1661	Miscellaneous	Miscellaneous
312-1	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	5.39	\$36,347	No	1.2554	Miscellaneous	Miscellaneous
312-2	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	9.40	\$52,640	No	1.8446	Miscellaneous	Miscellaneous
312-3	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	18.47	\$82,391	No	3.1355	Miscellaneous	Miscellaneous
312-4	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	32.85	\$98,000	No	7.1147	Miscellaneous	Miscellaneous
313-1	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	2.70	\$33,000	No	1.0852	Miscellaneous	Miscellaneous
313-2	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	4.44	\$45,267	No	1.5212	Miscellaneous	Miscellaneous
313-3	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	7.86	\$55,898	No	2.2742	Miscellaneous	Miscellaneous
313-4	KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	16.60	\$98,000	No	4.3349	Miscellaneous	Miscellaneous
314-1	FOOT & TOE PROCEDURES	2.58	\$33,000	No	0.9291	Miscellaneous	Miscellaneous
314-2	FOOT & TOE PROCEDURES	5.08	\$33,000	No	1.1319	Miscellaneous	Miscellaneous
314-3	FOOT & TOE PROCEDURES	8.10	\$34,744	No	1.6006	Miscellaneous	Miscellaneous
314-4	FOOT & TOE PROCEDURES	15.79	\$90,039	No	3.2885	Miscellaneous	Miscellaneous
315-1	SHOULDER, UPPER ARM & FOREARM PROCEDURES	1.85	\$33,000	No	0.8387	Miscellaneous	Miscellaneous
315-2	SHOULDER, UPPER ARM & FOREARM PROCEDURES	2.68	\$38,079	No	1.5911	Miscellaneous	Miscellaneous
315-3	SHOULDER, UPPER ARM & FOREARM PROCEDURES	6.50	\$67,500	No	2.2542	Miscellaneous	Miscellaneous
315-4	SHOULDER, UPPER ARM & FOREARM	14.73	\$98,000	No		Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	PROCEDURES				4.4542		
316-1	HAND & WRIST PROCEDURES	2.29	\$33,000	No	0.7195	Miscellaneous	Miscellaneous
316-2	HAND & WRIST PROCEDURES	3.96	\$33,000	No	1.0563	Miscellaneous	Miscellaneous
316-3	HAND & WRIST PROCEDURES	7.28	\$44,461	No	1.7143	Miscellaneous	Miscellaneous
316-4	HAND & WRIST PROCEDURES	14.30	\$89,465	No	3.4567	Miscellaneous	Miscellaneous
317-1	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3.00	\$33,000	No	0.8204	Miscellaneous	Miscellaneous
317-2	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	5.45	\$41,176	No	1.1763	Miscellaneous	Miscellaneous
317-3	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	10.31	\$57,003	No	1.9738	Miscellaneous	Miscellaneous
317-4	TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	20.38	\$98,000	No	4.3377	Miscellaneous	Miscellaneous
320-1	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	2.29	\$33,000	No	0.9313	Miscellaneous	Miscellaneous
320-2	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	4.74	\$46,811	No	1.4085	Miscellaneous	Miscellaneous
320-3	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	9.00	\$53,357	No	2.1497	Miscellaneous	Miscellaneous
320-4	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	18.44	\$98,000	No	4.0942	Miscellaneous	Miscellaneous
321-1	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	1.74	\$33,332	No	1.6799	Miscellaneous	Miscellaneous
321-2	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3.23	\$54,567	No	2.1291	Miscellaneous	Miscellaneous
321-3	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	8.70	\$98,000	No	3.5736	Miscellaneous	Miscellaneous
321-4	CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	17.40	\$98,000	No	6.5431	Miscellaneous	Miscellaneous
340-1	FRACTURE OF FEMUR	3.07	\$33,000	No	0.4052	Miscellaneous	Miscellaneous
340-2	FRACTURE OF FEMUR	3.51	\$33,000	No	0.5212	Miscellaneous	Miscellaneous
340-3	FRACTURE OF FEMUR	5.08	\$33,000	No	0.7741	Miscellaneous	Miscellaneous
340-4	FRACTURE OF FEMUR	7.18	\$40,631	No	1.3544	Miscellaneous	Miscellaneous
341-1	FRACTURE OF PELVIS OR DISLOCATION OF HIP	3.02	\$33,000	No	0.4685	Miscellaneous	Miscellaneous
341-2	FRACTURE OF PELVIS OR DISLOCATION OF HIP	3.65	\$33,000	No	0.5732	Miscellaneous	Miscellaneous
341-3	FRACTURE OF PELVIS OR DISLOCATION OF HIP	4.80	\$33,000	No	0.7834	Miscellaneous	Miscellaneous
341-4	FRACTURE OF PELVIS OR DISLOCATION OF HIP	9.82	\$51,616	No	1.9346	Miscellaneous	Miscellaneous
342-1	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	2.24	\$33,000	No	0.4198	Miscellaneous	Miscellaneous
342-2	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3.36	\$33,000	No	0.6015	Miscellaneous	Miscellaneous
342-3	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	5.23	\$33,000	No	0.9030	Miscellaneous	Miscellaneous
342-4	FRACTURES & DISLOCATIONS EXCEPT	10.73	\$53,772	No		Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	FEMUR, PELVIS & BACK				1.9467		
343-1	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3.82	\$33,000	No	0.6312	Miscellaneous	Miscellaneous
343-2	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	4.63	\$33,000	No	0.7918	Miscellaneous	Miscellaneous
343-3	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	7.68	\$33,582	No	1.2981	Miscellaneous	Miscellaneous
343-4	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	12.78	\$61,927	No	2.2511	Miscellaneous	Miscellaneous
344-1	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	5.10	\$33,000	No	0.6188	Miscellaneous	Miscellaneous
344-2	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	6.24	\$33,000	No	0.8269	Miscellaneous	Miscellaneous
344-3	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	9.97	\$36,841	No	1.2368	Miscellaneous	Miscellaneous
344-4	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	17.27	\$79,789	No	2.0625	Miscellaneous	Miscellaneous
346-1	CONNECTIVE TISSUE DISORDERS	3.13	\$33,000	No	0.5245	Miscellaneous	Miscellaneous
346-2	CONNECTIVE TISSUE DISORDERS	4.18	\$55,153	No	0.7180	Miscellaneous	Miscellaneous
346-3	CONNECTIVE TISSUE DISORDERS	7.43	\$33,000	No	1.2230	Miscellaneous	Miscellaneous
346-4	CONNECTIVE TISSUE DISORDERS	15.07	\$92,159	No	2.9853	Miscellaneous	Miscellaneous
347-1	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	2.89	\$33,000	No	0.5201	Miscellaneous	Miscellaneous
347-2	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3.88	\$33,000	No	0.7037	Miscellaneous	Miscellaneous
347-3	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	5.34	\$33,000	No	0.9894	Miscellaneous	Miscellaneous
347-4	OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	11.84	\$60,582	No	2.3176	Miscellaneous	Miscellaneous
349-1	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	2.27	\$33,000	No	0.4380	Miscellaneous	Miscellaneous
349-2	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	4.81	\$33,000	No	0.6458	Miscellaneous	Miscellaneous
349-3	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	8.07	\$33,425	No	1.0302	Miscellaneous	Miscellaneous
349-4	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	13.87	\$61,222	No	1.9260	Miscellaneous	Miscellaneous
351-1	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	2.53	\$33,000	No	0.4073	Miscellaneous	Miscellaneous
351-2	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3.52	\$33,000	No	0.5668	Miscellaneous	Miscellaneous
351-3	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	5.44	\$33,000	No	0.8930	Miscellaneous	Miscellaneous
351-4	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	11.12	\$50,591	No	1.9108	Miscellaneous	Miscellaneous
361-1	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	4.07	\$33,000	No	1.1096	Miscellaneous	Miscellaneous
361-2	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	7.59	\$49,403	No	1.4459	Miscellaneous	Miscellaneous
361-3	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	13.93	\$59,947	No	2.1415	Miscellaneous	Miscellaneous
361-4	SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	28.57	\$98,000	No	4.5411	Miscellaneous	Miscellaneous
362-1	MASTECTOMY PROCEDURES	1.80	\$33,000	No	1.0090	Miscellaneous	Miscellaneous
362-2	MASTECTOMY PROCEDURES	2.33	\$41,240	No		Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
					1.3553		
362-3	MASTECTOMY PROCEDURES	5.98	\$45,892	No	1.7862	Miscellaneous	Miscellaneous
362-4	MASTECTOMY PROCEDURES	13.81	\$98,000	No	3.8257	Miscellaneous	Miscellaneous
363-1	BREAST PROCEDURES EXCEPT MASTECTOMY	2.10	\$33,000	No	0.8797	Miscellaneous	Miscellaneous
363-2	BREAST PROCEDURES EXCEPT MASTECTOMY	3.14	\$37,443	No	1.4900	Miscellaneous	Miscellaneous
363-3	BREAST PROCEDURES EXCEPT MASTECTOMY	5.32	\$55,292	No	1.9039	Miscellaneous	Miscellaneous
363-4	BREAST PROCEDURES EXCEPT MASTECTOMY	17.06	\$98,000	No	3.5420	Miscellaneous	Miscellaneous
364-1	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	2.89	\$33,000	No	0.7644	Miscellaneous	Miscellaneous
364-2	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	5.09	\$33,000	No	1.0877	Miscellaneous	Miscellaneous
364-3	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	9.44	\$54,058	No	1.6986	Miscellaneous	Miscellaneous
364-4	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	19.20	\$98,000	No	3.0642	Miscellaneous	Miscellaneous
380-1	SKIN ULCERS	4.17	\$33,000	No	0.5289	Miscellaneous	Miscellaneous
380-2	SKIN ULCERS	4.98	\$33,000	No	0.6545	Miscellaneous	Miscellaneous
380-3	SKIN ULCERS	7.84	\$33,000	No	0.9424	Miscellaneous	Miscellaneous
380-4	SKIN ULCERS	16.62	\$89,395	No	1.7199	Miscellaneous	Miscellaneous
381-1	MAJOR SKIN DISORDERS	3.00	\$33,000	No	0.3883	Miscellaneous	Miscellaneous
381-2	MAJOR SKIN DISORDERS	4.29	\$33,000	No	0.5747	Miscellaneous	Miscellaneous
381-3	MAJOR SKIN DISORDERS	6.71	\$33,000	No	0.9734	Miscellaneous	Miscellaneous
381-4	MAJOR SKIN DISORDERS	14.06	\$96,473	No	2.7512	Miscellaneous	Miscellaneous
382-1	MALIGNANT BREAST DISORDERS	3.81	\$33,000	No	0.3521	Miscellaneous	Miscellaneous
382-2	MALIGNANT BREAST DISORDERS	4.32	\$33,000	No	0.5612	Miscellaneous	Miscellaneous
382-3	MALIGNANT BREAST DISORDERS	6.45	\$33,000	No	0.9634	Miscellaneous	Miscellaneous
382-4	MALIGNANT BREAST DISORDERS	10.04	\$53,520	No	1.5729	Miscellaneous	Miscellaneous
383-1	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	2.95	\$33,000	No	0.4148	Miscellaneous	Miscellaneous
383-2	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	4.13	\$33,000	No	0.5905	Miscellaneous	Miscellaneous
383-3	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	6.17	\$33,000	No	0.9147	Miscellaneous	Miscellaneous
383-4	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	11.99	\$51,724	No	1.9560	Miscellaneous	Miscellaneous
384-1	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	1.93	\$33,000	No	0.4751	Miscellaneous	Miscellaneous
384-2	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3.01	\$33,000	No	0.6220	Miscellaneous	Miscellaneous
384-3	CONTUSION, OPEN WOUND & OTHER	4.93	\$33,000	No		Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	TRAUMA TO SKIN & SUBCUTANEOUS TISSUE				0.8932		
384-4	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	11.35	\$58,366	No	2.0168	Miscellaneous	Miscellaneous
385-1	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	2.49	\$33,000	No	0.3495	Miscellaneous	Miscellaneous
385-2	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3.54	\$33,000	No	0.5103	Miscellaneous	Miscellaneous
385-3	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	5.65	\$33,000	No	0.7973	Miscellaneous	Miscellaneous
385-4	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	12.95	\$64,697	No	1.9127	Miscellaneous	Miscellaneous
401-1	PITUITARY & ADRENAL PROCEDURES	3.04	\$33,000	No	1.3697	Miscellaneous	Miscellaneous
401-2	PITUITARY & ADRENAL PROCEDURES	4.27	\$43,515	No	1.8346	Miscellaneous	Miscellaneous
401-3	PITUITARY & ADRENAL PROCEDURES	8.45	\$73,279	No	2.9058	Miscellaneous	Miscellaneous
401-4	PITUITARY & ADRENAL PROCEDURES	24.52	\$98,000	No	7.1913	Miscellaneous	Miscellaneous
403-1	PROCEDURES FOR OBESITY	1.84	\$37,118	No	1.2812	Miscellaneous	Miscellaneous
403-2	PROCEDURES FOR OBESITY	2.23	\$44,656	No	1.4411	Miscellaneous	Miscellaneous
403-3	PROCEDURES FOR OBESITY	4.97	\$50,526	No	2.1530	Miscellaneous	Miscellaneous
403-4	PROCEDURES FOR OBESITY	18.67	\$98,000	No	6.1151	Miscellaneous	Miscellaneous
404-1	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	1.31	\$33,000	No	0.7364	Miscellaneous	Miscellaneous
404-2	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	2.17	\$33,000	No	0.9479	Miscellaneous	Miscellaneous
404-3	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	6.59	\$48,997	No	1.8990	Miscellaneous	Miscellaneous
404-4	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	16.38	\$98,000	No	4.2519	Miscellaneous	Miscellaneous
405-1	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4.19	\$33,000	No	1.1123	Miscellaneous	Miscellaneous
405-2	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	5.71	\$35,671	No	1.4210	Miscellaneous	Miscellaneous
405-3	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	9.66	\$59,097	No	2.1421	Miscellaneous	Miscellaneous
405-4	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	21.31	\$98,000	No	4.8796	Miscellaneous	Miscellaneous
420-1	DIABETES	2.61	\$33,000	No	0.3896	Miscellaneous	Miscellaneous
420-2	DIABETES	2.76	\$33,000	No	0.5301	Miscellaneous	Miscellaneous
420-3	DIABETES	4.28	\$33,000	No	0.7861	Miscellaneous	Miscellaneous
420-4	DIABETES	9.35	\$89,964	No	1.9671	Miscellaneous	Miscellaneous
421-1	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	3.52	\$33,000	No	0.3210	Miscellaneous	Miscellaneous
421-2	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4.83	\$33,000	No	0.5226	Miscellaneous	Miscellaneous
421-3	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	6.76	\$33,000	No	0.8189	Miscellaneous	Miscellaneous
421-4	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	13.76	\$85,517	No	1.7445	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
422-1	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	2.00	\$33,000	No	0.2847	Miscellaneous	Miscellaneous
422-2	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	2.92	\$33,000	No	0.4625	Miscellaneous	Miscellaneous
422-3	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4.45	\$40,637	No	0.6828	Miscellaneous	Miscellaneous
422-4	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	9.15	\$64,843	No	1.4444	Miscellaneous	Miscellaneous
423-1	INBORN ERRORS OF METABOLISM	2.73	\$33,000	No	0.4421	Miscellaneous	Miscellaneous
423-2	INBORN ERRORS OF METABOLISM	3.64	\$33,000	No	0.5846	Miscellaneous	Miscellaneous
423-3	INBORN ERRORS OF METABOLISM	5.73	\$61,814	No	0.9539	Miscellaneous	Miscellaneous
423-4	INBORN ERRORS OF METABOLISM	15.04	\$87,800	No	2.7384	Miscellaneous	Miscellaneous
424-1	OTHER ENDOCRINE DISORDERS	2.59	\$33,000	No	0.4341	Miscellaneous	Miscellaneous
424-2	OTHER ENDOCRINE DISORDERS	3.98	\$33,000	No	0.6514	Miscellaneous	Miscellaneous
424-3	OTHER ENDOCRINE DISORDERS	6.05	\$33,000	No	0.9767	Miscellaneous	Miscellaneous
424-4	OTHER ENDOCRINE DISORDERS	11.48	\$57,886	No	2.1520	Miscellaneous	Miscellaneous
425-1	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	2.42	\$33,000	No	0.4017	Miscellaneous	Miscellaneous
425-2	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	3.03	\$33,000	No	0.5131	Miscellaneous	Miscellaneous
425-3	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4.61	\$33,000	No	0.7666	Miscellaneous	Miscellaneous
425-4	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	9.46	\$47,486	No	1.6767	Miscellaneous	Miscellaneous
440-1	KIDNEY TRANSPLANT	4.58	\$98,000	No	4.4667	Miscellaneous	Miscellaneous
440-2	KIDNEY TRANSPLANT	5.62	\$98,000	No	5.0077	Miscellaneous	Miscellaneous
440-3	KIDNEY TRANSPLANT	8.64	\$98,000	No	6.0561	Miscellaneous	Miscellaneous
440-4	KIDNEY TRANSPLANT	20.88	\$98,000	No	9.9171	Miscellaneous	Miscellaneous
441-1	MAJOR BLADDER PROCEDURES	4.74	\$33,000	No	1.4386	Miscellaneous	Miscellaneous
441-2	MAJOR BLADDER PROCEDURES	7.27	\$53,491	No	2.1566	Miscellaneous	Miscellaneous
441-3	MAJOR BLADDER PROCEDURES	9.95	\$67,771	No	2.9549	Miscellaneous	Miscellaneous
441-4	MAJOR BLADDER PROCEDURES	21.97	\$98,000	No	6.1841	Miscellaneous	Miscellaneous
442-1	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	3.25	\$33,000	No	1.3138	Miscellaneous	Miscellaneous
442-2	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4.22	\$38,954	No	1.5537	Miscellaneous	Miscellaneous
442-3	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	7.95	\$44,716	No	2.3455	Miscellaneous	Miscellaneous
442-4	KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	16.72	\$98,000	No	4.9225	Miscellaneous	Miscellaneous
443-1	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	2.54	\$33,000	No	1.0883	Miscellaneous	Miscellaneous
443-2	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	3.56	\$37,144	No	1.2833	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
443-3	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	8.02	\$52,618	No	1.8814	Miscellaneous	Miscellaneous
443-4	KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	17.52	\$98,000	No	4.0742	Miscellaneous	Miscellaneous
444-1	RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	2.64	\$33,000	No	0.9409	Miscellaneous	Miscellaneous
444-2	RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4.47	\$33,000	No	1.2604	Miscellaneous	Miscellaneous
444-3	RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	9.34	\$44,311	No	2.0686	Miscellaneous	Miscellaneous
444-4	RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	16.17	\$98,000	No	3.8829	Miscellaneous	Miscellaneous
445-1	OTHER BLADDER PROCEDURES	1.90	\$33,000	No	0.8552	Miscellaneous	Miscellaneous
445-2	OTHER BLADDER PROCEDURES	3.19	\$33,000	No	1.1609	Miscellaneous	Miscellaneous
445-3	OTHER BLADDER PROCEDURES	7.81	\$43,245	No	1.5964	Miscellaneous	Miscellaneous
445-4	OTHER BLADDER PROCEDURES	15.45	\$82,023	No	3.1569	Miscellaneous	Miscellaneous
446-1	URETHRAL & TRANSURETHRAL PROCEDURES	1.89	\$33,000	No	0.6757	Miscellaneous	Miscellaneous
446-2	URETHRAL & TRANSURETHRAL PROCEDURES	2.62	\$33,000	No	0.8689	Miscellaneous	Miscellaneous
446-3	URETHRAL & TRANSURETHRAL PROCEDURES	6.13	\$34,738	No	1.4201	Miscellaneous	Miscellaneous
446-4	URETHRAL & TRANSURETHRAL PROCEDURES	13.63	\$74,615	No	3.0173	Miscellaneous	Miscellaneous
447-1	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	2.29	\$33,000	No	1.1479	Miscellaneous	Miscellaneous
447-2	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	3.65	\$74,801	No	1.3293	Miscellaneous	Miscellaneous
447-3	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	7.28	\$48,297	No	1.9661	Miscellaneous	Miscellaneous
447-4	OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	17.87	\$98,000	No	4.3932	Miscellaneous	Miscellaneous
460-1	RENAL FAILURE	3.00	\$33,000	No	0.4323	Miscellaneous	Miscellaneous
460-2	RENAL FAILURE	3.77	\$33,000	No	0.6060	Miscellaneous	Miscellaneous
460-3	RENAL FAILURE	4.97	\$33,000	No	0.7895	Miscellaneous	Miscellaneous
460-4	RENAL FAILURE	11.15	\$80,603	No	1.9936	Miscellaneous	Miscellaneous
461-1	KIDNEY & URINARY TRACT MALIGNANCY	2.72	\$33,000	No	0.4315	Miscellaneous	Miscellaneous
461-2	KIDNEY & URINARY TRACT MALIGNANCY	3.75	\$33,000	No	0.5992	Miscellaneous	Miscellaneous
461-3	KIDNEY & URINARY TRACT MALIGNANCY	6.02	\$33,000	No	0.9498	Miscellaneous	Miscellaneous
461-4	KIDNEY & URINARY TRACT MALIGNANCY	11.09	\$54,020	No	1.6929	Miscellaneous	Miscellaneous
462-1	NEPHRITIS & NEPHROSIS	2.60	\$33,000	No	0.3798	Miscellaneous	Miscellaneous
462-2	NEPHRITIS & NEPHROSIS	3.70	\$33,000	No	0.5297	Miscellaneous	Miscellaneous
462-3	NEPHRITIS & NEPHROSIS	6.57	\$33,000	No	0.9438	Miscellaneous	Miscellaneous
462-4	NEPHRITIS & NEPHROSIS	13.60	\$63,364	No	2.3904	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
463-1	KIDNEY & URINARY TRACT INFECTIONS	2.69	\$33,000	No	0.4120	Miscellaneous	Miscellaneous
463-2	KIDNEY & URINARY TRACT INFECTIONS	3.52	\$33,000	No	0.5627	Miscellaneous	Miscellaneous
463-3	KIDNEY & URINARY TRACT INFECTIONS	5.07	\$33,000	No	0.7878	Miscellaneous	Miscellaneous
463-4	KIDNEY & URINARY TRACT INFECTIONS	9.10	\$39,245	No	1.4066	Miscellaneous	Miscellaneous
465-1	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	1.65	\$33,000	No	0.4374	Miscellaneous	Miscellaneous
465-2	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	2.03	\$33,000	No	0.5548	Miscellaneous	Miscellaneous
465-3	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	3.80	\$33,000	No	0.8751	Miscellaneous	Miscellaneous
465-4	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	8.60	\$45,544	No	1.8921	Miscellaneous	Miscellaneous
466-1	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	2.22	\$33,000	No	0.3576	Miscellaneous	Miscellaneous
466-2	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	3.43	\$33,000	No	0.5752	Miscellaneous	Miscellaneous
466-3	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	5.34	\$33,000	No	0.8973	Miscellaneous	Miscellaneous
466-4	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	9.71	\$48,112	No	1.7498	Miscellaneous	Miscellaneous
468-1	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	2.47	\$33,000	No	0.4151	Miscellaneous	Miscellaneous
468-2	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	3.36	\$33,000	No	0.5934	Miscellaneous	Miscellaneous
468-3	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	5.10	\$33,000	No	0.8697	Miscellaneous	Miscellaneous
468-4	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	10.57	\$38,589	No	1.8660	Miscellaneous	Miscellaneous
480-1	MAJOR MALE PELVIC PROCEDURES	1.80	\$33,000	No	1.2119	Miscellaneous	Miscellaneous
480-2	MAJOR MALE PELVIC PROCEDURES	2.42	\$33,000	No	1.3476	Miscellaneous	Miscellaneous
480-3	MAJOR MALE PELVIC PROCEDURES	6.18	\$48,495	No	2.0991	Miscellaneous	Miscellaneous
480-4	MAJOR MALE PELVIC PROCEDURES	14.22	\$98,000	No	4.5258	Miscellaneous	Miscellaneous
481-1	PENIS PROCEDURES	2.29	\$33,000	No	0.6793	Miscellaneous	Miscellaneous
481-2	PENIS PROCEDURES	2.68	\$33,000	No	1.1921	Miscellaneous	Miscellaneous
481-3	PENIS PROCEDURES	8.30	\$45,188	No	1.7938	Miscellaneous	Miscellaneous
481-4	PENIS PROCEDURES	18.11	\$98,000	No	4.1143	Miscellaneous	Miscellaneous
482-1	TRANSURETHRAL PROSTATECTOMY	1.70	\$33,000	No	0.5917	Miscellaneous	Miscellaneous
482-2	TRANSURETHRAL PROSTATECTOMY	2.79	\$33,000	No	0.7555	Miscellaneous	Miscellaneous
482-3	TRANSURETHRAL PROSTATECTOMY	7.16	\$35,168	No	1.4662	Miscellaneous	Miscellaneous
482-4	TRANSURETHRAL PROSTATECTOMY	13.42	\$72,594	No	3.0716	Miscellaneous	Miscellaneous
483-1	TESTES & SCROTAL PROCEDURES	2.04	\$33,000	No	0.6074	Miscellaneous	Miscellaneous
483-2	TESTES & SCROTAL PROCEDURES	5.41	\$33,000	No	1.1326	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
483-3	TESTES & SCROTAL PROCEDURES	11.27	\$54,662	No	2.2017	Miscellaneous	Miscellaneous
483-4	TESTES & SCROTAL PROCEDURES	19.70	\$98,000	No	4.4243	Miscellaneous	Miscellaneous
484-1	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	2.50	\$33,000	No	0.7704	Miscellaneous	Miscellaneous
484-2	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	1.91	\$33,000	No	1.1762	Miscellaneous	Miscellaneous
484-3	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5.03	\$35,917	No	1.5177	Miscellaneous	Miscellaneous
484-4	OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	15.79	\$81,598	No	3.6554	Miscellaneous	Miscellaneous
500-1	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	2.66	\$33,000	No	0.3789	Miscellaneous	Miscellaneous
500-2	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	4.32	\$33,000	No	0.5903	Miscellaneous	Miscellaneous
500-3	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	6.02	\$33,000	No	0.9171	Miscellaneous	Miscellaneous
500-4	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	11.09	\$48,987	No	1.7461	Miscellaneous	Miscellaneous
501-1	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	2.59	\$33,000	No	0.4044	Miscellaneous	Miscellaneous
501-2	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	3.52	\$33,000	No	0.5541	Miscellaneous	Miscellaneous
501-3	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5.48	\$33,000	No	0.8321	Miscellaneous	Miscellaneous
501-4	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	10.75	\$45,981	No	1.6765	Miscellaneous	Miscellaneous
510-1	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	2.45	\$53,220	No	1.1433	Miscellaneous	Miscellaneous
510-2	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	3.87	\$58,399	No	1.4140	Miscellaneous	Miscellaneous
510-3	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	8.93	\$65,673	No	2.5806	Miscellaneous	Miscellaneous
510-4	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	17.87	\$98,000	No	5.2317	Miscellaneous	Miscellaneous
511-1	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	3.30	\$33,000	No	1.1911	Miscellaneous	Miscellaneous
511-2	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	4.89	\$34,289	No	1.4922	Miscellaneous	Miscellaneous
511-3	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	8.62	\$53,324	No	2.2750	Miscellaneous	Miscellaneous
511-4	UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	17.78	\$98,000	No	4.9887	Miscellaneous	Miscellaneous
512-1	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	2.18	\$33,000	No	1.0602	Miscellaneous	Miscellaneous
512-2	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	3.08	\$33,000	No	1.2409	Miscellaneous	Miscellaneous
512-3	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	6.83	\$46,662	No	1.9879	Miscellaneous	Miscellaneous
512-4	UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	16.30	\$98,000	No	4.5702	Miscellaneous	Miscellaneous
513-1	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	1.87	\$33,000	No	0.8514	Miscellaneous	Miscellaneous
513-2	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	2.52	\$33,000	No	1.0025	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
513-3	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5.65	\$47,899	No	1.6282	Miscellaneous	Miscellaneous
513-4	UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	15.08	\$98,000	No	4.0387	Miscellaneous	Miscellaneous
514-1	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.40	\$33,000	No	0.7297	Miscellaneous	Miscellaneous
514-2	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.72	\$33,000	No	0.9617	Miscellaneous	Miscellaneous
514-3	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5.29	\$38,282	No	1.5881	Miscellaneous	Miscellaneous
514-4	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	15.58	\$98,000	No	4.0690	Miscellaneous	Miscellaneous
517-1	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	1.93	\$33,000	No	0.6030	Miscellaneous	Miscellaneous
517-2	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	2.89	\$33,000	No	0.8035	Miscellaneous	Miscellaneous
517-3	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	6.64	\$35,468	No	1.3632	Miscellaneous	Miscellaneous
517-4	DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	13.64	\$70,788	No	2.9709	Miscellaneous	Miscellaneous
518-1	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	2.23	\$33,000	No	0.6924	Miscellaneous	Miscellaneous
518-2	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	3.82	\$33,591	No	1.0039	Miscellaneous	Miscellaneous
518-3	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	8.37	\$47,076	No	1.8032	Miscellaneous	Miscellaneous
518-4	OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	18.28	\$98,000	No	4.4555	Miscellaneous	Miscellaneous
519-1	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	2.07	\$33,000	No	0.8286	Miscellaneous	Miscellaneous
519-2	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	2.79	\$33,000	No	1.0051	Miscellaneous	Miscellaneous
519-3	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	6.13	\$40,404	No	1.7505	Miscellaneous	Miscellaneous
519-4	UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	14.85	\$98,000	No	3.9432	Miscellaneous	Miscellaneous
530-1	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	3.10	\$33,000	No	0.4420	Miscellaneous	Miscellaneous
530-2	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	3.86	\$33,000	No	0.6163	Miscellaneous	Miscellaneous
530-3	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	6.44	\$33,000	No	0.9992	Miscellaneous	Miscellaneous
530-4	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	11.78	\$56,921	No	1.8971	Miscellaneous	Miscellaneous
531-1	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	2.67	\$33,000	No	0.4544	Miscellaneous	Miscellaneous
531-2	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	3.83	\$33,000	No	0.6406	Miscellaneous	Miscellaneous
531-3	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	6.38	\$33,000	No	0.9987	Miscellaneous	Miscellaneous
531-4	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	13.03	\$61,221	No	2.0594	Miscellaneous	Miscellaneous
532-1	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	1.78	\$33,000	No	0.3921	Miscellaneous	Miscellaneous
532-2	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	2.38	\$33,000	No	0.4786	Miscellaneous	Miscellaneous
532-3	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	4.35	\$33,000	No	0.7941	Miscellaneous	Miscellaneous
532-4	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	10.04	\$45,915	No	1.7650	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
540-1	CESAREAN DELIVERY	2.99	\$33,000	No	0.5654	Obstetrics	Obstetrics
540-2	CESAREAN DELIVERY	3.91	\$33,000	No	0.6863	Obstetrics	Obstetrics
540-3	CESAREAN DELIVERY	6.35	\$33,000	No	0.9354	Obstetrics	Obstetrics
540-4	CESAREAN DELIVERY	10.54	\$54,053	No	2.3718	Obstetrics	Obstetrics
541-1	VAGINAL DELIVERY W STERILIZATION &/OR D&C	2.12	\$33,000	Yes	0.5628	Obstetrics	Obstetrics
541-2	VAGINAL DELIVERY W STERILIZATION &/OR D&C	2.49	\$33,000	Yes	0.6075	Obstetrics	Obstetrics
541-3	VAGINAL DELIVERY W STERILIZATION &/OR D&C	4.92	\$33,000	Yes	0.8660	Obstetrics	Obstetrics
541-4	VAGINAL DELIVERY W STERILIZATION &/OR D&C	8.39	\$57,852	Yes	2.3515	Obstetrics	Obstetrics
542-1	VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	2.16	\$33,000	No	0.3695	Obstetrics	Obstetrics
542-2	VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	2.96	\$33,000	No	0.4647	Obstetrics	Obstetrics
542-3	VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	6.15	\$33,000	No	0.8571	Obstetrics	Obstetrics
542-4	VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	9.94	\$95,132	No	3.6194	Obstetrics	Obstetrics
544-1	D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	1.37	\$33,000	No	0.4585	Obstetrics	Obstetrics
544-2	D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	2.01	\$33,000	No	0.5897	Obstetrics	Obstetrics
544-3	D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	4.08	\$33,000	No	0.9821	Obstetrics	Obstetrics
544-4	D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	9.15	\$76,503	No	2.5061	Obstetrics	Obstetrics
545-1	ECTOPIC PREGNANCY PROCEDURE	1.64	\$33,000	No	0.6988	Obstetrics	Obstetrics
545-2	ECTOPIC PREGNANCY PROCEDURE	1.91	\$33,000	No	0.8147	Obstetrics	Obstetrics
545-3	ECTOPIC PREGNANCY PROCEDURE	2.66	\$33,000	No	1.0539	Obstetrics	Obstetrics
545-4	ECTOPIC PREGNANCY PROCEDURE	5.76	\$49,438	No	1.9944	Obstetrics	Obstetrics
546-1	OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	2.86	\$33,000	No	0.5022	Obstetrics	Obstetrics
546-2	OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	4.55	\$33,000	No	0.7207	Obstetrics	Obstetrics
546-3	OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	7.55	\$33,000	No	1.3294	Obstetrics	Obstetrics
546-4	OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	14.46	\$98,000	No	4.3377	Obstetrics	Obstetrics

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
560-1	VAGINAL DELIVERY	2.03	\$33,000	Yes	0.3307	Obstetrics	Obstetrics
560-2	VAGINAL DELIVERY	2.38	\$33,000	Yes	0.3855	Obstetrics	Obstetrics
560-3	VAGINAL DELIVERY	3.85	\$33,000	Yes	0.5399	Obstetrics	Obstetrics
560-4	VAGINAL DELIVERY	9.35	\$46,712	Yes	1.5061	Obstetrics	Obstetrics
561-1	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	2.11	\$33,000	No	0.2510	Obstetrics	Obstetrics
561-2	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	2.58	\$33,000	No	0.3907	Obstetrics	Obstetrics
561-3	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	3.93	\$33,000	No	0.6071	Obstetrics	Obstetrics
561-4	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	6.88	\$98,000	No	1.5616	Obstetrics	Obstetrics
563-1	THREATENED ABORTION	2.59	\$33,000	No	0.2580	Obstetrics	Obstetrics
563-2	THREATENED ABORTION	3.92	\$33,000	No	0.3376	Obstetrics	Obstetrics
563-3	THREATENED ABORTION	7.47	\$33,000	No	0.5162	Obstetrics	Obstetrics
563-4	THREATENED ABORTION	7.20	\$33,000	No	0.9651	Obstetrics	Obstetrics
564-1	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	1.38	\$33,000	No	0.2880	Obstetrics	Obstetrics
564-2	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	1.71	\$33,000	No	0.3462	Obstetrics	Obstetrics
564-3	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	2.77	\$33,000	No	0.4901	Obstetrics	Obstetrics
564-4	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	8.09	\$56,037	No	1.6676	Obstetrics	Obstetrics
565-1	FALSE LABOR	1.24	\$33,000	Yes	0.1245	Obstetrics	Obstetrics
565-2	FALSE LABOR	1.86	\$33,000	Yes	0.1781	Obstetrics	Obstetrics
565-3	FALSE LABOR	7.35	\$33,000	Yes	0.2687	Obstetrics	Obstetrics
565-4	FALSE LABOR	8.09	\$33,000	Yes	0.2985	Obstetrics	Obstetrics
566-1	OTHER ANTEPARTUM DIAGNOSES	2.12	\$33,000	No	0.2442	Obstetrics	Obstetrics
566-2	OTHER ANTEPARTUM DIAGNOSES	2.94	\$33,000	No	0.3252	Obstetrics	Obstetrics
566-3	OTHER ANTEPARTUM DIAGNOSES	5.44	\$33,000	No	0.4790	Obstetrics	Obstetrics
566-4	OTHER ANTEPARTUM DIAGNOSES	8.43	\$49,133	No	1.4726	Obstetrics	Obstetrics
580-1	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	1.44	\$33,000	No	0.2397	Neonate	Neonate
580-2	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	1.60	\$33,000	No	0.3209	Neonate	Neonate
580-3	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	1.82	\$33,000	No	0.5010	Neonate	Neonate
580-4	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	1.65	\$33,000	No	0.8511	Neonate	Neonate
581-1	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	1.25	\$33,000	No	0.0981	Neonate	Neonate
581-2	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	1.29	\$33,000	No	0.1476	Neonate	Neonate

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
581-3	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	1.26	\$33,000	No	0.2362	Neonate	Neonate
581-4	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	1.36	\$33,000	No	0.4408	Neonate	Neonate
583-1	NEONATE W ECMO	20.70	\$33,000	No	9.9740	Neonate	Neonate
583-2	NEONATE W ECMO	23.00	\$98,000	No	15.7495	Neonate	Neonate
583-3	NEONATE W ECMO	30.78	\$98,000	No	17.3245	Neonate	Neonate
583-4	NEONATE W ECMO	48.87	\$98,000	No	24.0893	Neonate	Neonate
588-1	NEONATE BWT <1500G W MAJOR PROCEDURE	44.42	\$33,000	No	4.8409	Neonate	Neonate
588-2	NEONATE BWT <1500G W MAJOR PROCEDURE	49.36	\$98,000	No	7.0034	Neonate	Neonate
588-3	NEONATE BWT <1500G W MAJOR PROCEDURE	77.14	\$98,000	No	14.2903	Neonate	Neonate
588-4	NEONATE BWT <1500G W MAJOR PROCEDURE	102.07	\$98,000	No	21.6659	Neonate	Neonate
589-1	NEONATE BWT <500G	58.43	\$98,000	No	11.5467	Neonate	Neonate
589-2	NEONATE BWT <500G	50.42	\$98,000	No	10.4971	Neonate	Neonate
589-3	NEONATE BWT <500G	30.36	\$98,000	No	9.5429	Neonate	Neonate
589-4	NEONATE BWT <500G	2.66	\$47,938	No	0.4453	Neonate	Neonate
591-1	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	2.11	\$33,000	No	0.1574	Neonate	Neonate
591-2	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	37.10	\$98,000	No	5.5672	Neonate	Neonate
591-3	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	50.61	\$98,000	No	8.8282	Neonate	Neonate
591-4	NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	72.21	\$98,000	No	13.2286	Neonate	Neonate
593-1	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	19.28	\$58,745	No	1.5109	Neonate	Neonate
593-2	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	48.51	\$98,000	No	5.1913	Neonate	Neonate
593-3	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	59.66	\$98,000	No	8.2800	Neonate	Neonate
593-4	NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	71.43	\$98,000	No	12.2454	Neonate	Neonate
602-1	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	25.13	\$79,263	No	2.9634	Neonate	Neonate
602-2	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	44.03	\$98,000	No	5.8706	Neonate	Neonate
602-3	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	53.24	\$98,000	No	7.7592	Neonate	Neonate
602-4	NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	63.07	\$98,000	No	10.4732	Neonate	Neonate
603-1	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	22.34	\$65,742	No	1.7223	Neonate	Neonate
603-2	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	36.20	\$98,000	No	4.2525	Neonate	Neonate
603-3	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	48.44	\$98,000	No	6.5587	Neonate	Neonate
603-4	NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	53.96	\$98,000	No	7.0749	Neonate	Neonate

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
607-1	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	25.09	\$75,529	No	2.7503	Neonate	Neonate
607-2	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	35.82	\$98,000	No	4.7485	Neonate	Neonate
607-3	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	43.42	\$98,000	No	6.1883	Neonate	Neonate
607-4	NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	49.58	\$98,000	No	7.9508	Neonate	Neonate
608-1	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	19.81	\$54,084	No	2.1292	Neonate	Neonate
608-2	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	30.04	\$81,009	No	3.6047	Neonate	Neonate
608-3	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	38.47	\$98,000	No	5.2684	Neonate	Neonate
608-4	NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	44.15	\$98,000	No	6.0424	Neonate	Neonate
609-1	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	19.34	\$69,222	No	2.7332	Neonate	Neonate
609-2	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	22.11	\$94,281	No	3.8628	Neonate	Neonate
609-3	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	38.04	\$98,000	No	6.5635	Neonate	Neonate
609-4	NEONATE BWT 1500-2499G W MAJOR PROCEDURE	62.67	\$98,000	No	11.9134	Neonate	Neonate
611-1	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	13.14	\$40,099	No	1.1779	Neonate	Neonate
611-2	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	21.24	\$53,823	No	2.5158	Neonate	Neonate
611-3	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	31.33	\$87,450	No	4.0556	Neonate	Neonate
611-4	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	36.15	\$98,000	No	5.2441	Neonate	Neonate
612-1	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	17.57	\$38,869	No	2.1879	Neonate	Neonate
612-2	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	24.42	\$57,571	No	3.2223	Neonate	Neonate
612-3	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	32.49	\$96,592	No	4.6803	Neonate	Neonate
612-4	NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	38.34	\$98,000	No	6.2296	Neonate	Neonate
613-1	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	14.39	\$43,683	No	1.6593	Neonate	Neonate
613-2	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	21.54	\$68,285	No	2.6830	Neonate	Neonate
613-3	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	28.54	\$89,555	No	3.7601	Neonate	Neonate
613-4	NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	33.39	\$98,000	No	4.8827	Neonate	Neonate
614-1	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	11.24	\$33,000	No	0.9240	Neonate	Neonate
614-2	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	20.09	\$44,537	No	2.2768	Neonate	Neonate
614-3	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	28.53	\$88,327	No	3.6402	Neonate	Neonate
614-4	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	36.41	\$98,000	No	5.0802	Neonate	Neonate
621-1	NEONATE BWT 2000-2499G W MAJOR ANOMALY	8.21	\$33,000	No	0.6081	Neonate	Neonate
621-2	NEONATE BWT 2000-2499G W MAJOR ANOMALY	13.98	\$42,779	No	1.5378	Neonate	Neonate

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
621-3	NEONATE BWT 2000-2499G W MAJOR ANOMALY	21.25	\$73,614	No	2.7205	Neonate	Neonate
621-4	NEONATE BWT 2000-2499G W MAJOR ANOMALY	24.17	\$98,000	No	3.8100	Neonate	Neonate
622-1	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	11.19	\$33,000	No	1.3665	Neonate	Neonate
622-2	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	15.14	\$37,924	No	2.0912	Neonate	Neonate
622-3	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	19.78	\$56,625	No	2.9736	Neonate	Neonate
622-4	NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	22.85	\$98,000	No	4.7202	Neonate	Neonate
623-1	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	9.25	\$33,000	No	0.9933	Neonate	Neonate
623-2	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	13.99	\$45,559	No	1.6799	Neonate	Neonate
623-3	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	18.72	\$64,130	No	2.5086	Neonate	Neonate
623-4	NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	27.38	\$98,000	No	3.8931	Neonate	Neonate
625-1	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	11.58	\$33,000	No	1.1469	Neonate	Neonate
625-2	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	16.21	\$43,307	No	1.8626	Neonate	Neonate
625-3	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	19.25	\$52,331	No	2.3297	Neonate	Neonate
625-4	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	20.15	\$81,179	No	2.9193	Neonate	Neonate
626-1	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	2.80	\$33,000	No	0.1386	Normal newborn	Normal newborn
626-2	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	4.57	\$33,000	No	0.2586	Normal newborn	Normal newborn
626-3	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	8.65	\$33,000	No	0.7679	Normal newborn	Normal newborn
626-4	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	18.39	\$41,499	No	2.2819	Normal newborn	Normal newborn
630-1	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	4.86	\$46,706	No	2.0467	Neonate	Neonate
630-2	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	9.40	\$84,914	No	3.2885	Neonate	Neonate
630-3	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	14.48	\$98,000	No	5.2249	Neonate	Neonate
630-4	NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	39.12	\$98,000	No	11.2071	Neonate	Neonate
631-1	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	3.36	\$33,000	No	0.9217	Neonate	Neonate
631-2	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	8.87	\$98,000	No	1.6766	Neonate	Neonate
631-3	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	22.80	\$98,000	No	3.7480	Neonate	Neonate
631-4	NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	51.12	\$98,000	No	9.6324	Neonate	Neonate
633-1	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	2.97	\$33,000	No	0.1971	Neonate	Neonate
633-2	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6.51	\$33,000	No	0.5798	Neonate	Neonate

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
633-3	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	12.26	\$55,002	No	1.3891	Neonate	Neonate
633-4	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	23.82	\$98,000	No	3.9727	Neonate	Neonate
634-1	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	4.66	\$33,000	No	0.4885	Neonate	Neonate
634-2	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	7.49	\$33,000	No	0.9445	Neonate	Neonate
634-3	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	12.61	\$36,754	No	2.0176	Neonate	Neonate
634-4	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	22.33	\$98,000	No	4.6933	Neonate	Neonate
636-1	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	5.58	\$33,000	No	0.5581	Neonate	Neonate
636-2	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	7.80	\$33,000	No	0.8839	Neonate	Neonate
636-3	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	11.64	\$51,363	No	1.5558	Neonate	Neonate
636-4	NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	18.97	\$98,000	No	3.0612	Neonate	Neonate
639-1	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	4.41	\$33,000	No	0.3286	Neonate	Neonate
639-2	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	7.04	\$48,610	No	0.6622	Neonate	Neonate
639-3	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	9.99	\$54,346	No	1.1809	Neonate	Neonate
639-4	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	16.53	\$91,288	No	2.7285	Neonate	Neonate
640-1	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	2.10	\$33,000	Yes	0.1012	Normal newborn	Normal newborn
640-2	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	2.45	\$33,000	Yes	0.1352	Normal newborn	Normal newborn
640-3	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	3.77	\$33,000	Yes	0.2863	Normal newborn	Normal newborn
640-4	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	12.06	\$39,863	Yes	1.4726	Normal newborn	Normal newborn
650-1	SPLENECTOMY	3.48	\$33,000	No	1.2985	Miscellaneous	Miscellaneous
650-2	SPLENECTOMY	5.37	\$40,088	No	1.7964	Miscellaneous	Miscellaneous
650-3	SPLENECTOMY	8.48	\$64,554	No	2.5202	Miscellaneous	Miscellaneous
650-4	SPLENECTOMY	15.64	\$98,000	No	5.0825	Miscellaneous	Miscellaneous
651-1	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	3.31	\$33,000	No	0.9233	Miscellaneous	Miscellaneous
651-2	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	4.72	\$33,000	No	1.3695	Miscellaneous	Miscellaneous
651-3	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	9.63	\$56,577	No	2.1005	Miscellaneous	Miscellaneous
651-4	OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	24.26	\$98,000	No	5.9540	Miscellaneous	Miscellaneous
660-1	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	3.06	\$33,000	No	0.5398	Miscellaneous	Miscellaneous
660-2	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	4.09	\$33,000	No	0.7218	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
660-3	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6.49	\$52,055	No	1.1819	Miscellaneous	Miscellaneous
660-4	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	14.35	\$98,000	No	3.0180	Miscellaneous	Miscellaneous
661-1	COAGULATION & PLATELET DISORDERS	2.76	\$33,000	No	0.6473	Miscellaneous	Miscellaneous
661-2	COAGULATION & PLATELET DISORDERS	3.76	\$33,000	No	0.8098	Miscellaneous	Miscellaneous
661-3	COAGULATION & PLATELET DISORDERS	5.66	\$33,000	No	1.2432	Miscellaneous	Miscellaneous
661-4	COAGULATION & PLATELET DISORDERS	12.65	\$97,035	No	2.7856	Miscellaneous	Miscellaneous
662-1	SICKLE CELL ANEMIA CRISIS	4.12	\$33,000	No	0.5044	Miscellaneous	Miscellaneous
662-2	SICKLE CELL ANEMIA CRISIS	5.39	\$33,000	No	0.7003	Miscellaneous	Miscellaneous
662-3	SICKLE CELL ANEMIA CRISIS	7.85	\$33,000	No	1.0777	Miscellaneous	Miscellaneous
662-4	SICKLE CELL ANEMIA CRISIS	13.03	\$68,923	No	2.3937	Miscellaneous	Miscellaneous
663-1	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	2.33	\$33,000	No	0.4474	Miscellaneous	Miscellaneous
663-2	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	3.01	\$33,000	No	0.5958	Miscellaneous	Miscellaneous
663-3	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	4.51	\$33,000	No	0.8512	Miscellaneous	Miscellaneous
663-4	OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	9.01	\$49,527	No	1.6106	Miscellaneous	Miscellaneous
680-1	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	4.09	\$33,031	No	1.3701	Miscellaneous	Miscellaneous
680-2	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6.34	\$46,102	No	1.8600	Miscellaneous	Miscellaneous
680-3	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	11.85	\$83,034	No	3.2002	Miscellaneous	Miscellaneous
680-4	MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	24.56	\$98,000	No	6.6288	Miscellaneous	Miscellaneous
681-1	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	2.68	\$33,000	No	0.9799	Miscellaneous	Miscellaneous
681-2	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	5.07	\$33,307	No	1.3647	Miscellaneous	Miscellaneous
681-3	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	11.12	\$76,878	No	2.4596	Miscellaneous	Miscellaneous
681-4	OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	25.11	\$98,000	No	5.9169	Miscellaneous	Miscellaneous
690-1	ACUTE LEUKEMIA	4.95	\$33,000	No	0.7040	Miscellaneous	Miscellaneous
690-2	ACUTE LEUKEMIA	7.41	\$33,000	No	1.1868	Miscellaneous	Miscellaneous
690-3	ACUTE LEUKEMIA	14.62	\$98,000	No	2.3550	Miscellaneous	Miscellaneous
690-4	ACUTE LEUKEMIA	24.86	\$98,000	No	5.2503	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
691-1	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	3.89	\$33,000	No	0.7076	Miscellaneous	Miscellaneous
691-2	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	5.40	\$33,000	No	0.9840	Miscellaneous	Miscellaneous
691-3	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	8.62	\$57,095	No	1.5476	Miscellaneous	Miscellaneous
691-4	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	15.86	\$98,000	No	3.1411	Miscellaneous	Miscellaneous
692-1	RADIOTHERAPY	3.90	\$33,000	No	0.6075	Miscellaneous	Miscellaneous
692-2	RADIOTHERAPY	4.83	\$37,152	No	1.2583	Miscellaneous	Miscellaneous
692-3	RADIOTHERAPY	8.69	\$54,687	No	1.7422	Miscellaneous	Miscellaneous
692-4	RADIOTHERAPY	15.81	\$98,000	No	2.9316	Miscellaneous	Miscellaneous
693-1	CHEMOTHERAPY	2.82	\$33,000	No	0.6251	Miscellaneous	Miscellaneous
693-2	CHEMOTHERAPY	3.68	\$33,000	No	0.7880	Miscellaneous	Miscellaneous
693-3	CHEMOTHERAPY	7.85	\$43,989	No	1.3636	Miscellaneous	Miscellaneous
693-4	CHEMOTHERAPY	24.10	\$98,000	No	4.9083	Miscellaneous	Miscellaneous
694-1	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	3.05	\$33,000	No	0.4842	Miscellaneous	Miscellaneous
694-2	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	4.04	\$33,000	No	0.6831	Miscellaneous	Miscellaneous
694-3	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6.75	\$33,000	No	1.1114	Miscellaneous	Miscellaneous
694-4	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	11.65	\$64,705	No	2.1000	Miscellaneous	Miscellaneous
710-1	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	5.11	\$33,000	No	1.0635	Miscellaneous	Miscellaneous
710-2	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	6.80	\$33,338	No	1.5963	Miscellaneous	Miscellaneous
710-3	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	11.12	\$61,014	No	2.5572	Miscellaneous	Miscellaneous
710-4	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	18.20	\$98,000	No	4.9381	Miscellaneous	Miscellaneous
711-1	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	4.71	\$33,000	No	1.0079	Miscellaneous	Miscellaneous
711-2	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	6.93	\$43,625	No	1.4143	Miscellaneous	Miscellaneous
711-3	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	11.31	\$82,814	No	2.3598	Miscellaneous	Miscellaneous
711-4	POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	20.88	\$98,000	No	5.0574	Miscellaneous	Miscellaneous
720-1	SEPTICEMIA & DISSEMINATED INFECTIONS	3.54	\$33,000	No	0.5431	Miscellaneous	Miscellaneous
720-2	SEPTICEMIA & DISSEMINATED INFECTIONS	4.45	\$33,000	No	0.7612	Miscellaneous	Miscellaneous
720-3	SEPTICEMIA & DISSEMINATED INFECTIONS	6.33	\$34,506	No	1.1532	Miscellaneous	Miscellaneous
720-4	SEPTICEMIA & DISSEMINATED INFECTIONS	10.04	\$98,000	No	2.1705	Miscellaneous	Miscellaneous
721-1	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	3.68	\$33,000	No	0.5286	Miscellaneous	Miscellaneous
721-2	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	4.70	\$33,000	No	0.7208	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
721-3	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7.05	\$48,013	No	1.1618	Miscellaneous	Miscellaneous
721-4	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	11.54	\$86,244	No	2.2025	Miscellaneous	Miscellaneous
722-1	FEVER	2.30	\$33,000	No	0.3423	Miscellaneous	Miscellaneous
722-2	FEVER	3.03	\$33,000	No	0.5223	Miscellaneous	Miscellaneous
722-3	FEVER	4.30	\$33,000	No	0.7629	Miscellaneous	Miscellaneous
722-4	FEVER	7.40	\$33,000	No	1.3141	Miscellaneous	Miscellaneous
723-1	VIRAL ILLNESS	2.16	\$33,000	No	0.3193	Miscellaneous	Miscellaneous
723-2	VIRAL ILLNESS	2.80	\$33,000	No	0.4737	Miscellaneous	Miscellaneous
723-3	VIRAL ILLNESS	4.70	\$33,000	No	0.7794	Miscellaneous	Miscellaneous
723-4	VIRAL ILLNESS	13.17	\$74,873	No	2.4233	Miscellaneous	Miscellaneous
724-1	OTHER INFECTIOUS & PARASITIC DISEASES	4.01	\$33,000	No	0.5512	Miscellaneous	Miscellaneous
724-2	OTHER INFECTIOUS & PARASITIC DISEASES	4.77	\$33,000	No	0.7130	Miscellaneous	Miscellaneous
724-3	OTHER INFECTIOUS & PARASITIC DISEASES	6.80	\$34,284	No	1.1401	Miscellaneous	Miscellaneous
724-4	OTHER INFECTIOUS & PARASITIC DISEASES	13.37	\$44,677	No	2.4698	Miscellaneous	Miscellaneous
740-1	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	6.79	\$33,724	No	1.0899	Mental health	Mental health
740-2	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	12.84	\$35,801	No	1.3904	Mental health	Mental health
740-3	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	20.34	\$63,365	No	2.4355	Mental health	Mental health
740-4	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	24.22	\$93,346	No	3.7755	Mental health	Mental health
750-1	SCHIZOPHRENIA	10.82	\$33,935	No	0.5713	Mental health	Mental health
750-2	SCHIZOPHRENIA	11.80	\$42,770	No	0.6699	Mental health	Mental health
750-3	SCHIZOPHRENIA	15.39	\$59,000	No	0.9201	Mental health	Mental health
750-4	SCHIZOPHRENIA	28.48	\$51,423	No	1.9282	Mental health	Mental health
751-1	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	5.29	\$33,000	No	0.3571	Mental health	Mental health
751-2	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7.25	\$33,000	No	0.5018	Mental health	Mental health
751-3	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	10.55	\$33,000	No	0.8096	Mental health	Mental health
751-4	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	20.29	\$39,404	No	1.5922	Mental health	Mental health
752-1	DISORDERS OF PERSONALITY & IMPULSE CONTROL	5.04	\$33,000	No	0.3398	Mental health	Mental health
752-2	DISORDERS OF PERSONALITY & IMPULSE CONTROL	6.59	\$33,000	No	0.4497	Mental health	Mental health
752-3	DISORDERS OF PERSONALITY & IMPULSE CONTROL	14.73	\$33,000	No	0.9061	Mental health	Mental health
752-4	DISORDERS OF PERSONALITY & IMPULSE CONTROL	73.00	\$98,000	No	1.4934	Mental health	Mental health

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
753-1	BIPOLAR DISORDERS	6.02	\$33,000	No	0.4000	Mental health	Mental health
753-2	BIPOLAR DISORDERS	8.09	\$33,000	No	0.5365	Mental health	Mental health
753-3	BIPOLAR DISORDERS	12.05	\$33,000	No	0.8265	Mental health	Mental health
753-4	BIPOLAR DISORDERS	19.48	\$37,025	No	1.4926	Mental health	Mental health
754-1	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	4.24	\$33,000	No	0.2943	Mental health	Mental health
754-2	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	5.59	\$33,000	No	0.3998	Mental health	Mental health
754-3	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7.27	\$33,000	No	0.5676	Mental health	Mental health
754-4	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	16.65	\$33,000	No	1.1553	Mental health	Mental health
755-1	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	3.88	\$33,000	No	0.2738	Mental health	Mental health
755-2	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	6.23	\$33,000	No	0.4363	Mental health	Mental health
755-3	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	9.00	\$33,000	No	0.6225	Mental health	Mental health
755-4	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	8.13	\$33,000	No	0.8767	Mental health	Mental health
756-1	ACUTE ANXIETY & DELIRIUM STATES	3.31	\$33,000	No	0.4060	Mental health	Mental health
756-2	ACUTE ANXIETY & DELIRIUM STATES	3.81	\$33,000	No	0.5308	Mental health	Mental health
756-3	ACUTE ANXIETY & DELIRIUM STATES	4.57	\$33,000	No	0.6065	Mental health	Mental health
756-4	ACUTE ANXIETY & DELIRIUM STATES	9.43	\$38,541	No	1.3981	Mental health	Mental health
757-1	ORGANIC MENTAL HEALTH DISTURBANCES	8.73	\$33,000	No	0.5861	Mental health	Mental health
757-2	ORGANIC MENTAL HEALTH DISTURBANCES	9.34	\$33,000	No	0.7234	Mental health	Mental health
757-3	ORGANIC MENTAL HEALTH DISTURBANCES	10.88	\$91,828	No	0.8953	Mental health	Mental health
757-4	ORGANIC MENTAL HEALTH DISTURBANCES	16.41	\$44,635	No	1.3798	Mental health	Mental health
758-1	CHILDHOOD BEHAVIORAL DISORDERS	6.95	\$33,000	No	0.3873	Mental health	Mental health
758-2	CHILDHOOD BEHAVIORAL DISORDERS	9.81	\$33,000	No	0.5129	Mental health	Mental health
758-3	CHILDHOOD BEHAVIORAL DISORDERS	12.26	\$33,000	No	0.6541	Mental health	Mental health
758-4	CHILDHOOD BEHAVIORAL DISORDERS	43.00	\$80,288	No	1.1332	Mental health	Mental health
759-1	EATING DISORDERS	19.91	\$33,000	No	0.6560	Mental health	Mental health
759-2	EATING DISORDERS	12.97	\$33,000	No	0.6961	Mental health	Mental health
759-3	EATING DISORDERS	14.03	\$33,000	No	1.0053	Mental health	Mental health
759-4	EATING DISORDERS	23.03	\$58,468	No	1.6605	Mental health	Mental health
760-1	OTHER MENTAL HEALTH DISORDERS	7.49	\$33,000	No	0.4839	Mental health	Mental health
760-2	OTHER MENTAL HEALTH DISORDERS	7.66	\$33,000	No	0.6172	Mental health	Mental health

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
760-3	OTHER MENTAL HEALTH DISORDERS	9.12	\$33,000	No	0.7573	Mental health	Mental health
760-4	OTHER MENTAL HEALTH DISORDERS	12.04	\$33,907	No	1.4133	Mental health	Mental health
770-1	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	2.54	\$33,000	No	0.2239	Miscellaneous	Miscellaneous
770-2	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	2.48	\$33,000	No	0.2622	Miscellaneous	Miscellaneous
770-3	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	3.32	\$33,000	No	0.5475	Miscellaneous	Miscellaneous
770-4	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7.95	\$50,490	No	1.6842	Miscellaneous	Miscellaneous
772-1	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	14.35	\$33,000	No	0.5441	Miscellaneous	Miscellaneous
772-2	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	15.52	\$33,000	No	0.6915	Miscellaneous	Miscellaneous
772-3	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	12.90	\$33,000	No	0.7008	Miscellaneous	Miscellaneous
772-4	ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	23.85	\$72,950	No	2.4529	Miscellaneous	Miscellaneous
773-1	OPIOID ABUSE & DEPENDENCE	3.38	\$33,000	No	0.2662	Miscellaneous	Miscellaneous
773-2	OPIOID ABUSE & DEPENDENCE	4.15	\$33,000	No	0.3466	Miscellaneous	Miscellaneous
773-3	OPIOID ABUSE & DEPENDENCE	5.08	\$33,000	No	0.5963	Miscellaneous	Miscellaneous
773-4	OPIOID ABUSE & DEPENDENCE	9.92	\$46,941	No	1.8605	Miscellaneous	Miscellaneous
774-1	COCAINE ABUSE & DEPENDENCE	3.65	\$33,000	No	0.3040	Miscellaneous	Miscellaneous
774-2	COCAINE ABUSE & DEPENDENCE	4.13	\$33,000	No	0.3627	Miscellaneous	Miscellaneous
774-3	COCAINE ABUSE & DEPENDENCE	4.79	\$33,000	No	0.6447	Miscellaneous	Miscellaneous
774-4	COCAINE ABUSE & DEPENDENCE	14.25	\$78,479	No	2.4682	Miscellaneous	Miscellaneous
775-1	ALCOHOL ABUSE & DEPENDENCE	3.24	\$33,000	No	0.3312	Miscellaneous	Miscellaneous
775-2	ALCOHOL ABUSE & DEPENDENCE	3.78	\$33,000	No	0.4638	Miscellaneous	Miscellaneous
775-3	ALCOHOL ABUSE & DEPENDENCE	5.72	\$40,654	No	0.8596	Miscellaneous	Miscellaneous
775-4	ALCOHOL ABUSE & DEPENDENCE	12.63	\$98,000	No	2.4910	Miscellaneous	Miscellaneous
776-1	OTHER DRUG ABUSE & DEPENDENCE	3.89	\$33,000	No	0.3157	Miscellaneous	Miscellaneous
776-2	OTHER DRUG ABUSE & DEPENDENCE	3.98	\$33,000	No	0.4546	Miscellaneous	Miscellaneous
776-3	OTHER DRUG ABUSE & DEPENDENCE	4.97	\$33,000	No	0.7886	Miscellaneous	Miscellaneous
776-4	OTHER DRUG ABUSE & DEPENDENCE	9.34	\$42,327	No	1.6112	Miscellaneous	Miscellaneous
791-1	O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	3.15	\$33,000	No	0.8635	Miscellaneous	Miscellaneous
791-2	O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	5.16	\$49,582	No	1.2676	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
791-3	O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	9.90	\$42,546	No	2.1979	Miscellaneous	Miscellaneous
791-4	O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	20.09	\$98,000	No	4.9311	Miscellaneous	Miscellaneous
811-1	ALLERGIC REACTIONS	1.52	\$33,000	No	0.2707	Miscellaneous	Miscellaneous
811-2	ALLERGIC REACTIONS	2.02	\$33,000	No	0.3854	Miscellaneous	Miscellaneous
811-3	ALLERGIC REACTIONS	3.90	\$33,000	No	0.8277	Miscellaneous	Miscellaneous
811-4	ALLERGIC REACTIONS	9.14	\$59,901	No	2.2176	Miscellaneous	Miscellaneous
812-1	POISONING OF MEDICINAL AGENTS	1.65	\$33,000	No	0.3468	Miscellaneous	Miscellaneous
812-2	POISONING OF MEDICINAL AGENTS	2.25	\$33,000	No	0.4331	Miscellaneous	Miscellaneous
812-3	POISONING OF MEDICINAL AGENTS	3.47	\$33,000	No	0.7708	Miscellaneous	Miscellaneous
812-4	POISONING OF MEDICINAL AGENTS	6.94	\$38,755	No	1.7418	Miscellaneous	Miscellaneous
813-1	OTHER COMPLICATIONS OF TREATMENT	2.61	\$33,000	No	0.4393	Miscellaneous	Miscellaneous
813-2	OTHER COMPLICATIONS OF TREATMENT	3.44	\$33,000	No	0.6056	Miscellaneous	Miscellaneous
813-3	OTHER COMPLICATIONS OF TREATMENT	5.94	\$33,000	No	0.9631	Miscellaneous	Miscellaneous
813-4	OTHER COMPLICATIONS OF TREATMENT	13.45	\$66,734	No	1.9959	Miscellaneous	Miscellaneous
815-1	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	1.69	\$33,000	No	0.4210	Miscellaneous	Miscellaneous
815-2	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	2.77	\$33,000	No	0.5011	Miscellaneous	Miscellaneous
815-3	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	4.57	\$33,000	No	0.8128	Miscellaneous	Miscellaneous
815-4	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8.80	\$63,963	No	2.2714	Miscellaneous	Miscellaneous
816-1	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	1.73	\$33,000	No	0.4162	Miscellaneous	Miscellaneous
816-2	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	2.41	\$33,000	No	0.4914	Miscellaneous	Miscellaneous
816-3	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	3.47	\$33,000	No	0.7864	Miscellaneous	Miscellaneous
816-4	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	7.36	\$79,015	No	1.8134	Miscellaneous	Miscellaneous
841-1	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	22.00	\$98,000	No	3.1148	Miscellaneous	Miscellaneous
841-2	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	9.67	\$50,880	No	3.4263	Miscellaneous	Miscellaneous
841-3	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	26.00	\$98,000	No	6.4067	Miscellaneous	Miscellaneous
841-4	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	40.69	\$98,000	No	15.9153	Miscellaneous	Miscellaneous
842-1	FULL THICKNESS BURNS W SKIN GRAFT	7.51	\$33,000	No	1.4151	Miscellaneous	Miscellaneous
842-2	FULL THICKNESS BURNS W SKIN GRAFT	10.72	\$33,000	No	2.1416	Miscellaneous	Miscellaneous
842-3	FULL THICKNESS BURNS W SKIN GRAFT	17.35	\$41,925	No	3.8718	Miscellaneous	Miscellaneous
842-4	FULL THICKNESS BURNS W SKIN GRAFT	30.11	\$98,000	No	9.5053	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
843-1	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	3.39	\$33,000	No	0.4751	Miscellaneous	Miscellaneous
843-2	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	4.87	\$33,000	No	0.6660	Miscellaneous	Miscellaneous
843-3	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	7.13	\$34,060	No	1.1618	Miscellaneous	Miscellaneous
843-4	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	11.14	\$98,000	No	3.2620	Miscellaneous	Miscellaneous
844-1	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT	3.11	\$33,000	No	0.4336	Miscellaneous	Miscellaneous
844-2	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT	4.97	\$33,000	No	0.6964	Miscellaneous	Miscellaneous
844-3	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT	7.43	\$35,244	No	1.2192	Miscellaneous	Miscellaneous
844-4	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT	17.82	\$98,000	No	4.8020	Miscellaneous	Miscellaneous
850-1	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	2.67	\$37,381	No	1.1756	Rehab	Rehab
850-2	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	5.57	\$36,246	No	1.4064	Rehab	Rehab
850-3	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	16.19	\$45,703	No	2.4869	Rehab	Rehab
850-4	PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	31.49	\$98,000	No	4.6520	Rehab	Rehab
860-1	REHABILITATION	9.33	\$33,000	No	0.7226	Rehab	Rehab
860-2	REHABILITATION	11.47	\$33,000	No	0.9854	Rehab	Rehab
860-3	REHABILITATION	14.76	\$35,425	No	1.3879	Rehab	Rehab
860-4	REHABILITATION	17.95	\$39,250	No	1.7876	Rehab	Rehab
861-1	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	2.54	\$33,000	No	0.2858	Miscellaneous	Miscellaneous
861-2	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	3.40	\$33,000	No	0.5246	Miscellaneous	Miscellaneous
861-3	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	4.98	\$33,000	No	0.7657	Miscellaneous	Miscellaneous
861-4	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	9.17	\$42,593	No	1.4497	Miscellaneous	Miscellaneous
862-1	OTHER AFTERCARE & CONVALESCENCE	6.99	\$33,000	No	0.2895	Miscellaneous	Miscellaneous
862-2	OTHER AFTERCARE & CONVALESCENCE	11.23	\$33,000	No	0.5851	Miscellaneous	Miscellaneous
862-3	OTHER AFTERCARE & CONVALESCENCE	13.58	\$33,000	No	0.7865	Miscellaneous	Miscellaneous
862-4	OTHER AFTERCARE & CONVALESCENCE	18.72	\$47,882	No	1.1351	Miscellaneous	Miscellaneous
863-1	NEONATAL AFTERCARE	8.53	\$33,000	No	0.5959	Neonate	Neonate
863-2	NEONATAL AFTERCARE	17.58	\$33,000	No	1.6126	Neonate	Neonate
863-3	NEONATAL AFTERCARE	27.72	\$57,670	No	3.0507	Neonate	Neonate
863-4	NEONATAL AFTERCARE	46.43	\$98,000	No	6.1445	Neonate	Neonate

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
890-1	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	1.67	\$33,000	No	0.7051	Miscellaneous	Miscellaneous
890-2	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	6.92	\$33,000	No	1.0224	Miscellaneous	Miscellaneous
890-3	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	9.21	\$60,353	No	1.4770	Miscellaneous	Miscellaneous
890-4	HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	15.15	\$89,406	No	3.0013	Miscellaneous	Miscellaneous
892-1	HIV W MAJOR HIV RELATED CONDITION	5.88	\$33,000	No	0.5646	Miscellaneous	Miscellaneous
892-2	HIV W MAJOR HIV RELATED CONDITION	4.88	\$33,000	No	0.7762	Miscellaneous	Miscellaneous
892-3	HIV W MAJOR HIV RELATED CONDITION	6.69	\$33,000	No	1.0877	Miscellaneous	Miscellaneous
892-4	HIV W MAJOR HIV RELATED CONDITION	11.53	\$59,340	No	1.9374	Miscellaneous	Miscellaneous
893-1	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	4.99	\$33,000	No	0.7762	Miscellaneous	Miscellaneous
893-2	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	4.96	\$33,000	No	0.8218	Miscellaneous	Miscellaneous
893-3	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	7.99	\$33,000	No	1.2806	Miscellaneous	Miscellaneous
893-4	HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	14.22	\$65,810	No	2.4296	Miscellaneous	Miscellaneous
894-1	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	3.41	\$33,000	No	0.5218	Miscellaneous	Miscellaneous
894-2	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	3.94	\$33,000	No	0.6496	Miscellaneous	Miscellaneous
894-3	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	6.27	\$33,000	No	0.9773	Miscellaneous	Miscellaneous
894-4	HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	11.22	\$56,504	No	1.9427	Miscellaneous	Miscellaneous
910-1	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	11.00	\$68,614	No	2.8785	Miscellaneous	Miscellaneous
910-2	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	7.75	\$74,246	No	3.1984	Miscellaneous	Miscellaneous
910-3	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	10.57	\$98,000	No	4.1627	Miscellaneous	Miscellaneous
910-4	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	18.31	\$98,000	No	7.2114	Miscellaneous	Miscellaneous
911-1	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	5.12	\$33,000	No	1.5159	Miscellaneous	Miscellaneous
911-2	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	6.20	\$46,871	No	2.0188	Miscellaneous	Miscellaneous
911-3	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	7.96	\$68,352	No	2.6724	Miscellaneous	Miscellaneous
911-4	EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	16.88	\$98,000	No	5.8038	Miscellaneous	Miscellaneous
912-1	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	5.59	\$60,528	No	2.0950	Miscellaneous	Miscellaneous
912-2	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	6.08	\$65,041	No	2.2758	Miscellaneous	Miscellaneous
912-3	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE	9.86	\$94,482	No	3.6409	Miscellaneous	Miscellaneous

SECTION 4 BILLING CODES

APR-DRGs AND RELATIVE WEIGHTS

APR-DRG	APR-DRG Description	National ALOS	Outlier Threshold	Same Day & One Day Exempt	HSRV Relative Weight	Medicaid Care Category	
						Pediatric	Adult
	SIGNIFICANT TRAUMA						
912-4	MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	17.82	\$98,000	No	6.8884	Miscellaneous	Miscellaneous
930-1	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	3.22	\$33,000	No	0.7825	Miscellaneous	Miscellaneous
930-2	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	3.71	\$33,000	No	0.9593	Miscellaneous	Miscellaneous
930-3	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	5.97	\$40,617	No	1.5857	Miscellaneous	Miscellaneous
930-4	MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	11.27	\$98,000	No	3.3896	Miscellaneous	Miscellaneous
950-1	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3.62	\$50,938	No	1.3229	Miscellaneous	Miscellaneous
950-2	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	6.23	\$53,369	No	2.0029	Miscellaneous	Miscellaneous
950-3	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	11.66	\$81,500	No	3.1827	Miscellaneous	Miscellaneous
950-4	EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	22.61	\$98,000	No	6.0092	Miscellaneous	Miscellaneous
951-1	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3.30	\$33,000	No	0.9755	Miscellaneous	Miscellaneous
951-2	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	5.17	\$35,542	No	1.4319	Miscellaneous	Miscellaneous
951-3	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	10.02	\$65,949	No	2.4054	Miscellaneous	Miscellaneous
951-4	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	19.74	\$98,000	No	4.6875	Miscellaneous	Miscellaneous
952-1	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	2.75	\$33,000	No	0.7736	Miscellaneous	Miscellaneous
952-2	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	5.04	\$33,000	No	1.1590	Miscellaneous	Miscellaneous
952-3	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9.69	\$54,893	No	2.0368	Miscellaneous	Miscellaneous
952-4	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	18.95	\$85,849	No	3.9176	Miscellaneous	Miscellaneous
955-0	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	-				Error DRG	Error DRG
956-0	UNGROUPABLE	-				Error DRG	Error DRG

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

OUTPATIENT HOSPITAL SURGERIES CPT CODES

For the following CPT codes for outpatient hospital surgeries, please submit a request to the QIO (KEPRO) for prior authorization:

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

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
21899	NECK/CHEST SURGERY
22600	NECK SPINE FUSION
22610	THORAX SPINE FUSION
22612	LUMBAR SPINE FUSION
22614	EXTRA SPINE FUSION
22630	LUMBAR SPINE FUSION
22800	FUSION OF SPINE
22802	FUSION OF SPINE
22804	FUSION OF SPINE
22808	FUSION OF SPINE
22810	FUSION OF SPINE
22812	FUSION OF SPINE
22830	EXPLORATION OF SPINAL
22840	INSERT SPINE FIXATION
22841	INSERT SPINE FIXATION
22842	INSERT SPINE FIXATION
22843	INSERT SPINE FIXATION
22844	INSERT SPINE FIXATION
22845	INSERT SPINE FIXATION
22846	INSERT SPINE FIXATION
22847	INSERT SPINE FIXATION
22848	INSERT PELV FIXATION
22849	REINSERT SPINAL FIXATION
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
	CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22899	SPINE SURGERY PROCEDURE
37788	PENILE REVAS ART W VEIN GRAFT
43644	LAP, SURG, GAST RESTRIC;W/BYPASS & ROUX-EN-Y
43645	LAP, SURG, GAST RESTRIC; BYPASS & SM INT REC
43770	LAP, SURG, GASTRIC RESTRC PROC, PLC ADJ BAND
43771	LAP, SURG, GASTRIC RESTRC PROC, REV ADJ BAND
43773	LAP, SURG, GASTRIC RESTRC PROC; REMV-REPL BND
43842	GASTRIC RESTRIC PROC, V-BAND GASTROPLASTY
43847	GASTRIC RESTRIC PROC, SM INTES RECONSTRUC
51925	CLOS VESICOUTERINE FISTULA W HYSTERECTOM
54235	INJECT CORPORA CAVRN W PHARM AGENTS(S)
54400	INSERT PENILE PROSTH NON-INFLAT (SEMI-RIG)
54401	INSERT PENILE PROSTH INFLAT SLF-CONT
54405	INSERT MULTI-COMPONEN, INFLAT PENILE PROS
54690	LAPAROCOPY SURGICAL ORCHIECTOMY
57291	CONSTRUCTION ARTIFICIAL VAGINA WITHOUT GRAF
57292	CONSTRUCTION ARTIFICIAL VAGINA WITH GRAF
57295	REV OF PROSTH VAG GRAFT, VAGINAL APPROACH
58180	SUPRACERVICAL HYSTERECTOMY
58260	VAGINAL HYSTERECTOMY; UTERUS <=250 GRAMS
58262	VAGINAL HYSTER., REMOVE TUBES &/OR OVARYS
58263	VAG HYST, REMV TUB/OVAR&ENTEROCELE REPAIR
58267	VAG HYST W/URINARY REPAIR
58270	VAG HYST W/ENTEROCELE REPAIR
58275	VAG HYSTER, W/TOTAL-PARTIAL VAGINECTOMY
58280	VAG HYSTER W/COLPECT W/REPAIR OF ENTEROCE

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
58285	VAG HYSTER RADICAL SCHAUTA TYPE OPERAT
58290	VAGINAL HYSTERECTOMY, FOR UTERUS >250 GM
58291	VAG HYSTERECTMY,UTER>250 GM, REMV TUB&OVAR
58293	VAG HYSTERECTMY, W/COLPO-URETHROCYSTOPEXY
58294	VAGINAL HYSTERECTOMY, REPAIR ENTEROCELE
58541	LAPAROSCOPY, SUPRACERV HYSTERECTOMY, 250G<
58542	LAP, SUPRACERV HYSTER, 250G<,REMO TUBE/OVA
58543	LAPAPROSCOPY,SUPERACERV HYSTERECTMY,>250G
58544	LAP,SUPRACERV HYSTER, >250 G, REMO TUBE/OVA
58548	LAPROSCOPY, RADICAL HYSTERECTOMY
58550	LAPROSCOPY SURGICAL, W/VAGINAL HYSTERECTM
58552	LAPAROSCOPY, VAG HYSTERECTOMY/TUBES/OVARI
58553	LAPAROSCOPY VAG HYSTERECTOMY, COMPLEX
58554	LAP VAG HYSTERECTOMY, REMV TUB&OVA COMPLX
58570	LAP, SURG, W/TOTAL TLH, UTER<=250G HYSTEREC
58571	LAP, W/TOTAL HYST, UT<=250G HYST, TUBE REMV
58572	LAP, W/TOTAL HYSTERECTOMY, UTERUS > 250G
58573	LAP, W/TOT HYSTERECY, UT>250G; REM TUBE/OVA
58952	RESECT OVARI PERIT MALIGN/RADICA DISSECT
58953	BILAT SALP-OOPH, TAH & DISECT FOR DEBLKNG
58954	BILAT SALP-OOPH, TAH & DISECT; LYMPHDECTMY
58956	BIL SAL-OOPH W OMENT., ABD HYST F MALIGN
61885	OMCOS & SUBCUT PLACEM CRANIAL NEUROSTIMULA
61886	CRANIAL NEUROSTUM PUL GEN REC INCIS SUBCT
63001	REMOVAL OF SPINAL LAMINA
63003	REMOVAL OF SPINAL LAMINA
63005	REMOVAL OF SPINAL LAMINA
63011	REMOVAL OF SPINAL LAMINA
63012	REMOVAL OF SPINAL LAMINA
63015	REMOVAL OF SPINAL LAMINA
63016	REMOVAL OF SPINAL LAMINA
63017	REMOVAL OF SPINAL LAMINA

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
63020	NECK SPINE DISK SURGERY
63030	LOW BACK DISK SURGERY
63035	SPINAL DISK SURGERY ADD ON
63040	SINGLE CERVIAL LAMINOTOMY
63042	SINGLE LUMBAR LAMINOTOMY
63045	REMOVAL OF SPINAL LAMINA
63046	REMOVAL OF SPINAL LAMINA
63047	REMOVAL OF SPINAL LAMINA
63050	CERVICAL LAMINOPLASTY
63051	C-LAMINOPLASTY WITH GRAPH/PLATE
63055	DECOMPRESS SPINAL CORD
63056	DECOMPRESS SPINAL CORD
63064	DECOMPRESS SPINAL CORD
63075	NECK SPINE DISK SURGERY
63077	THORAX SPINE DISK SURGERY
63081	REMOVAL OF VERTEBRAL BODY
63085	REMOVAL OF VERTEBRAL BODY
63087	REMOVAL OF VERTEBRAL BODY
63090	REMOVAL OF VERTEBRAL BODY
63170	INCISE SPINAL CORD TRACT(S)
63172	DRAINAGE OF SPINA CYST
63173	DRAINAGE OF SPINA CYST
63180	REVISE SPINAL CORD LIGAMENTS
63182	REVISE SPINAL CORD LIGAMENTS
63185	INCISE SPINAL COLUMN/NERVES
63190	INCISE SPINAL
63191	INCISE SPINAL
63194	INCISE SPINAL COLUMN &
63195	INCISE SPINAL COLUMN &
63196	INCISE SPINAL COLUMN &
63197	INCISE SPINAL COLUMN &
63198	INCISE SPINAL COLUMN &

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
63199	INCISE SPINAL COLUMN &
63200	INCISE SPINAL COLUMN &
63650	PERC IMPLANTATION NEUROSTIM ELECTRODES
63655	LAMINECTOMY IMPLANTATION NEUROSTIM ELECT
63661	REMOV SPINAL NEUROSTIM ELEC PERCUT ARRAY
63662	REMOV SPINAL NEUROSTIM ELEC PLATE VIA LAM
63663	REV W/REPL, SPIN NEUROSTIM ELEC PERCUT AR
63664	REV W/REPL, SPIN NEUROSTIM ELEC PLATE/PAD
63685	INCIS SUBCUTAN SPINAL NEUROSTIM GENERATO
63688	REV/REM SPINAL NEUROSTIM GEMERA/RECEIVER
69300	OTOPLASTY, PROTRUDING EAR; W/WO REDUCTION
69710	IMPLANT-REPLA BONE CONDUCT DEVICE TEMPOR
69714	IMPLANT, OSSEOINTEGRATE;W/O MASTOIDECTOMY
69715	IMPLANT, OSSEOINTEGRATE;W/MASTOIDECTOMY
69718	REPLACE, OSSEOINTEGR IMPL; W/MASTOIDECTO
69930	COCHLEAR DEVICE IMPLANT W/WO MASTOIDECTO

ICD-9-CM PRIOR AUTHORIZATION CODES

For dates of service on or before **September 30, 2015**, the following ICD-9-CM codes require prior authorization from the QIO, KEPRO:

ICD-9 CODE	DESCRIPTION
33.50	LUNG TRANSPLANTATION NOS
33.51	UNILATERAL LUNG TRANSPLANTATION
33.52	BILATERAL LUNG TRANSPLANTATION
33.6	COMBINED HEART-LUNG TRANSPLANT
37.51	HEART TRANSPLANTATION
37.60	IMPL/INSRT BIVENTRIC EXTR HEART AST SYS*
37.62	IMPLANT HRT ASST SYS NEC
37.64	REMOVE HEART ASSIST SYS
37.65	IMPLANT EXT, PULSATILE HEART ASSIST SYST
37.66	IMPLANT IMPLANTABLE, PULS HRT ASSIST SYS
45.63	TOTAL REMOVAL SM BOWEL
46.97	TRANSPLANT OF INTESTINE

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-9 CODE	DESCRIPTION
46.99	INTESTINAL OP NEC
50.22	PARTIAL HEPATECTOMY
50.3	HEPATIC LOBECTOMY
50.4	TOTAL HEPATECTOMY
50.51	AUXILIARY LIVER TRANSPLANT
50.59	OTHER TRANSPLANT OF LIVER
52.59	PARTIAL PANCREATECT NEC
52.6	TOTAL PANCREATECTOMY
52.80	PANCREATIC TRANSPLANT NOS
52.81	REIMPLANTATION OF PANCREATIC TISSUE
52.82	HOMOTRANSPLANT OF PANCREAS
52.83	HETEROTRANSPLANT OF PANCREAS
68.31	LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY
68.39	OTH&UNSPEC SUBTOTAL ABDOMINAL HYSTERECTMY
68.41	LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOM
68.49	OTH&UNSPEC TOTAL ABDOMINAL HYSTERECTOMY
68.51	LAPAROSCOPI ASSIST VAGINL HYSTERTMY(LAVH)
68.59	OTHER & UNSPECIFIED VAGINAL HYSTERECTOMY
68.61	LAPAROSCOPIC RADICAL ABDOMINAL HYSTERECTOMY
68.69	OTH&UNSPEC RADICAL ABDOMINAL HYSTERECTOM
68.71	LAPAROSCOPIC RADICAL VAGINAL HYSTERECTOM
68.79	OTH&UNSPEC RADICAL VAGINAL HYSTERECTOMY
68.8	PELVIC EVISCERATION
68.9	HYSTERECTOMY, OTHER AND UNSPECIFIED

ICD-10-CM PRIOR AUTHORIZATION CODES

October 2016 Update

For dates of service on or after **October 1, 2016**, the following ICD-10-CM codes require prior authorization from KEPRO. For dates of service prior to October 1, 2016, refer to the October 2015 Update included in this section.

ICD-10 CODE	DESCRIPTION
02HA0QZ	INSERTION OF IMPLANT HEART ASSIST INTO HEART, OPEN APPROACH
02HA0RS	INSERT OF BIVENT EXT HEART ASSIST INTO HEART, OPEN APPROACH
02HA0RZ	INSERTION OF EXT HEART ASSIST INTO HEART, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

02HA3QZ	INSERTION OF IMPLANT HEART ASSIST INTO HEART, PERC APPROACH
02HA3RS	INSERT OF BIVENT EXT HEART ASSIST INTO HEART, PERC APPROACH
02HA3RZ	INSERTION OF EXT HEART ASSIST INTO HEART, PERC APPROACH
02HA4QZ	INSERT IMPLANT HEART ASSIST IN HEART, PERC ENDO
02HA4RS	INSERT BIVENT EXT HEART ASSIST IN HEART, PERC ENDO
02HA4RZ	INSERTION OF EXT HEART ASSIST INTO HEART, PERC ENDO APPROACH
02PA0RZ	REMOVAL OF EXT HEART ASSIST FROM HEART, OPEN APPROACH
02PA3RZ	REMOVAL OF EXT HEART ASSIST FROM HEART, PERC APPROACH
02PA4RZ	REMOVAL OF EXT HEART ASSIST FROM HEART, PERC ENDO APPROACH
02YA0Z0	TRANSPLANTATION OF HEART, ALLOGENEIC, OPEN APPROACH
02YA0Z1	TRANSPLANTATION OF HEART, SYNGENEIC, OPEN APPROACH
02YA0Z2	TRANSPLANTATION OF HEART, ZOOPLASTIC, OPEN APPROACH
0BYC0Z0	TRANSPLANTATION OF R UP LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYC0Z1	TRANSPLANTATION OF R UP LUNG LOBE, SYNGEN, OPEN APPROACH
0BYC0Z2	TRANSPLANTATION OF R UP LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYD0Z0	TRANSPLANTATION OF R MID LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYD0Z1	TRANSPLANTATION OF R MID LUNG LOBE, SYNGEN, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0BYD0Z2	TRANSPLANTATION OF R MID LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYF0Z0	TRANSPLANTATION OF R LOW LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYF0Z1	TRANSPLANTATION OF R LOW LUNG LOBE, SYNGEN, OPEN APPROACH
0BYF0Z2	TRANSPLANTATION OF R LOW LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYG0Z0	TRANSPLANTATION OF L UP LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYG0Z1	TRANSPLANTATION OF L UP LUNG LOBE, SYNGEN, OPEN APPROACH
0BYG0Z2	TRANSPLANTATION OF L UP LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYH0Z0	TRANSPLANTATION OF LUNG LINGULA, ALLOGENEIC, OPEN APPROACH
0BYH0Z1	TRANSPLANTATION OF LUNG LINGULA, SYNGENEIC, OPEN APPROACH
0BYH0Z2	TRANSPLANTATION OF LUNG LINGULA, ZOOPLASTIC, OPEN APPROACH
0BYJ0Z0	TRANSPLANTATION OF L LOW LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYJ0Z1	TRANSPLANTATION OF L LOW LUNG LOBE, SYNGEN, OPEN APPROACH
0BYJ0Z2	TRANSPLANTATION OF L LOW LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYK0Z0	TRANSPLANTATION OF RIGHT LUNG, ALLOGENEIC, OPEN APPROACH
0BYK0Z1	TRANSPLANTATION OF RIGHT LUNG, SYNGENEIC, OPEN APPROACH
0BYK0Z2	TRANSPLANTATION OF RIGHT LUNG, ZOOPLASTIC, OPEN APPROACH
0BYL0Z0	TRANSPLANTATION OF LEFT LUNG, ALLOGENEIC, OPEN APPROACH
0BYL0Z1	TRANSPLANTATION OF LEFT LUNG, SYNGENEIC, OPEN APPROACH
0BYL0Z2	TRANSPLANTATION OF LEFT LUNG, ZOOPLASTIC, OPEN APPROACH
0BYM0Z0	TRANSPLANTATION OF BILATERAL LUNGS, ALLOGEN, OPEN APPROACH
0BYM0Z1	TRANSPLANTATION OF BILATERAL LUNGS, SYNGENEIC, OPEN APPROACH
0BYM0Z2	TRANSPLANTATION OF BILATERAL LUNGS, ZOOPLAST, OPEN APPROACH
0DL80CZ	OCCLUSION OF SMALL INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DL80DZ	OCCLUSION OF SMALL INTEST WITH INTRALUM DEV, OPEN APPROACH
0DL80ZZ	OCCLUSION OF SMALL INTESTINE, OPEN APPROACH
0DL83CZ	OCCLUSION OF SMALL INTEST WITH EXTRALUM DEV, PERC APPROACH
0DL83DZ	OCCLUSION OF SMALL INTEST WITH INTRALUM DEV, PERC APPROACH
0DL83ZZ	OCCLUSION OF SMALL INTESTINE, PERCUTANEOUS APPROACH
0DL84CZ	OCCLUSION SMALL INTEST W EXTRALUM DEV, PERC ENDO
0DL84DZ	OCCLUSION SMALL INTEST W INTRALUM DEV, PERC ENDO
0DL84ZZ	OCCLUSION OF SMALL INTESTINE, PERC ENDO APPROACH
0DL87DZ	OCCLUSION OF SMALL INTESTINE WITH INTRALUM DEV, VIA OPENING
0DL87ZZ	OCCLUSION OF SMALL INTESTINE, VIA OPENING
0DL88DZ	OCCLUSION OF SMALL INTESTINE WITH INTRALUMINAL DEVICE, ENDO

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DL88ZZ	OCCLUSION OF SMALL INTESTINE, ENDO
0DL90CZ	OCCLUSION OF DUODENUM WITH EXTRALUM DEV, OPEN APPROACH
0DL90DZ	OCCLUSION OF DUODENUM WITH INTRALUM DEV, OPEN APPROACH
0DL90ZZ	OCCLUSION OF DUODENUM, OPEN APPROACH
0DL93CZ	OCCLUSION OF DUODENUM WITH EXTRALUM DEV, PERC APPROACH
0DL93DZ	OCCLUSION OF DUODENUM WITH INTRALUM DEV, PERC APPROACH
0DL93ZZ	OCCLUSION OF DUODENUM, PERCUTANEOUS APPROACH
0DL94CZ	OCCLUSION OF DUODENUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DL94DZ	OCCLUSION OF DUODENUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DL94ZZ	OCCLUSION OF DUODENUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DL97DZ	OCCLUSION OF DUODENUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DL97ZZ	OCCLUSION OF DUODENUM, VIA NATURAL OR ARTIFICIAL OPENING
0DL98DZ	OCCLUSION OF DUODENUM WITH INTRALUMINAL DEVICE, ENDO
0DL98ZZ	OCCLUSION OF DUODENUM, ENDO
0DLA0CZ	OCCLUSION OF JEJUNUM WITH EXTRALUMINAL DEVICE, OPEN APPROACH
0DLA0DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, OPEN APPROACH
0DLA0ZZ	OCCLUSION OF JEJUNUM, OPEN APPROACH
0DLA3CZ	OCCLUSION OF JEJUNUM WITH EXTRALUMINAL DEVICE, PERC APPROACH
0DLA3DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, PERC APPROACH
0DLA3ZZ	OCCLUSION OF JEJUNUM, PERCUTANEOUS APPROACH
0DLA4CZ	OCCLUSION OF JEJUNUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLA4DZ	OCCLUSION OF JEJUNUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DLA4ZZ	OCCLUSION OF JEJUNUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLA7DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DLA7ZZ	OCCLUSION OF JEJUNUM, VIA NATURAL OR ARTIFICIAL OPENING
0DLA8DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, ENDO
0DLA8ZZ	OCCLUSION OF JEJUNUM, ENDO
0DLB0CZ	OCCLUSION OF ILEUM WITH EXTRALUMINAL DEVICE, OPEN APPROACH
0DLB0DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, OPEN APPROACH
0DLB0ZZ	OCCLUSION OF ILEUM, OPEN APPROACH
0DLB3CZ	OCCLUSION OF ILEUM WITH EXTRALUMINAL DEVICE, PERC APPROACH
0DLB3DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, PERC APPROACH
0DLB3ZZ	OCCLUSION OF ILEUM, PERCUTANEOUS APPROACH
0DLB4CZ	OCCLUSION OF ILEUM WITH EXTRALUM DEV, PERC ENDO APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLB4DZ	OCCLUSION OF ILEUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DLB4ZZ	OCCLUSION OF ILEUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLB7DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DLB7ZZ	OCCLUSION OF ILEUM, VIA NATURAL OR ARTIFICIAL OPENING
0DLB8DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, ENDO
0DLB8ZZ	OCCLUSION OF ILEUM, ENDO
0DLC0CZ	OCCLUSION ILEOCECAL VALVE W EXTRALUM DEV, OPEN
0DLC0DZ	OCCLUSION ILEOCECAL VALVE W INTRALUM DEV, OPEN
0DLC0ZZ	OCCLUSION OF ILEOCECAL VALVE, OPEN APPROACH
0DLC3CZ	OCCLUSION ILEOCECAL VALVE W EXTRALUM DEV, PERC
0DLC3DZ	OCCLUSION ILEOCECAL VALVE W INTRALUM DEV, PERC
0DLC3ZZ	OCCLUSION OF ILEOCECAL VALVE, PERCUTANEOUS APPROACH
0DLC4CZ	OCCLUSION ILEOCECAL VALVE W EXTRALUM DEV, PERC ENDO
0DLC4DZ	OCCLUSION ILEOCECAL VALVE W INTRALUM DEV, PERC ENDO
0DLC4ZZ	OCCLUSION OF ILEOCECAL VALVE, PERC ENDO APPROACH
0DLC7DZ	OCCLUSION OF ILEOCECAL VALVE WITH INTRALUM DEV, VIA OPENING
0DLC7ZZ	OCCLUSION OF ILEOCECAL VALVE, VIA OPENING
0DLC8DZ	OCCLUSION OF ILEOCECAL VALVE WITH INTRALUMINAL DEVICE, ENDO
0DLC8ZZ	OCCLUSION OF ILEOCECAL VALVE, ENDO
0DLE0CZ	OCCLUSION OF LG INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DLE0DZ	OCCLUSION OF LG INTEST WITH INTRALUM DEV, OPEN APPROACH
0DLE0ZZ	OCCLUSION OF LARGE INTESTINE, OPEN APPROACH
0DLE3CZ	OCCLUSION OF LG INTEST WITH EXTRALUM DEV, PERC APPROACH
0DLE3DZ	OCCLUSION OF LG INTEST WITH INTRALUM DEV, PERC APPROACH
0DLE3ZZ	OCCLUSION OF LARGE INTESTINE, PERCUTANEOUS APPROACH
0DLE4CZ	OCCLUSION OF LG INTEST WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLE4DZ	OCCLUSION OF LG INTEST WITH INTRALUM DEV, PERC ENDO APPROACH
0DLE4ZZ	OCCLUSION OF LARGE INTESTINE, PERC ENDO APPROACH
0DLE7DZ	OCCLUSION OF LARGE INTESTINE WITH INTRALUM DEV, VIA OPENING
0DLE7ZZ	OCCLUSION OF LARGE INTESTINE, VIA OPENING
0DLE8DZ	OCCLUSION OF LARGE INTESTINE WITH INTRALUMINAL DEVICE, ENDO
0DLE8ZZ	OCCLUSION OF LARGE INTESTINE, ENDO
0DLF0CZ	OCCLUSION OF R LG INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DLF0DZ	OCCLUSION OF R LG INTEST WITH INTRALUM DEV, OPEN APPROACH
0DLF0ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, OPEN APPROACH
0DLF3CZ	OCCLUSION OF R LG INTEST WITH EXTRALUM DEV, PERC APPROACH
0DLF3DZ	OCCLUSION OF R LG INTEST WITH INTRALUM DEV, PERC APPROACH
0DLF3ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, PERCUTANEOUS APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLF4CZ	OCCLUSION R LG INTEST W EXTRALUM DEV, PERC ENDO
0DLF4DZ	OCCLUSION R LG INTEST W INTRALUM DEV, PERC ENDO
0DLF4ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, PERC ENDO APPROACH
0DLF7DZ	OCCLUSION OF R LG INTEST WITH INTRALUM DEV, VIA OPENING
0DLF7ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, VIA OPENING
0DLF8DZ	OCCLUSION OF RIGHT LARGE INTESTINE WITH INTRALUM DEV, ENDO
0DLF8ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, ENDO
0DLG0CZ	OCCLUSION OF L LG INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DLG0DZ	OCCLUSION OF L LG INTEST WITH INTRALUM DEV, OPEN APPROACH
0DLG0ZZ	OCCLUSION OF LEFT LARGE INTESTINE, OPEN APPROACH
0DLG3CZ	OCCLUSION OF L LG INTEST WITH EXTRALUM DEV, PERC APPROACH
0DLG3DZ	OCCLUSION OF L LG INTEST WITH INTRALUM DEV, PERC APPROACH
0DLG3ZZ	OCCLUSION OF LEFT LARGE INTESTINE, PERCUTANEOUS APPROACH
0DLG4CZ	OCCLUSION L LG INTEST W EXTRALUM DEV, PERC ENDO
0DLG4DZ	OCCLUSION L LG INTEST W INTRALUM DEV, PERC ENDO
0DLG4ZZ	OCCLUSION OF LEFT LARGE INTESTINE, PERC ENDO APPROACH
0DLG7DZ	OCCLUSION OF L LG INTEST WITH INTRALUM DEV, VIA OPENING
0DLG7ZZ	OCCLUSION OF LEFT LARGE INTESTINE, VIA OPENING
0DLG8DZ	OCCLUSION OF LEFT LARGE INTESTINE WITH INTRALUM DEV, ENDO
0DLG8ZZ	OCCLUSION OF LEFT LARGE INTESTINE, ENDO
0DLH0CZ	OCCLUSION OF CECUM WITH EXTRALUMINAL DEVICE, OPEN APPROACH
0DLH0DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, OPEN APPROACH
0DLH0ZZ	OCCLUSION OF CECUM, OPEN APPROACH
0DLH3CZ	OCCLUSION OF CECUM WITH EXTRALUMINAL DEVICE, PERC APPROACH
0DLH3DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, PERC APPROACH
0DLH3ZZ	OCCLUSION OF CECUM, PERCUTANEOUS APPROACH
0DLH4CZ	OCCLUSION OF CECUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLH4DZ	OCCLUSION OF CECUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DLH4ZZ	OCCLUSION OF CECUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLH7DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DLH7ZZ	OCCLUSION OF CECUM, VIA NATURAL OR ARTIFICIAL OPENING
0DLH8DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, ENDO
0DLH8ZZ	OCCLUSION OF CECUM, ENDO
0DLK0CZ	OCCLUSION OF ASC COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLK0DZ	OCCLUSION OF ASC COLON WITH INTRALUM DEV, OPEN APPROACH
0DLK0ZZ	OCCLUSION OF ASCENDING COLON, OPEN APPROACH
0DLK3CZ	OCCLUSION OF ASC COLON WITH EXTRALUM DEV, PERC APPROACH
0DLK3DZ	OCCLUSION OF ASC COLON WITH INTRALUM DEV, PERC APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLK3ZZ	OCCLUSION OF ASCENDING COLON, PERCUTANEOUS APPROACH
0DLK4CZ	OCCLUSION OF ASC COLON WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLK4DZ	OCCLUSION OF ASC COLON WITH INTRALUM DEV, PERC ENDO APPROACH
0DLK4ZZ	OCCLUSION OF ASCENDING COLON, PERC ENDO APPROACH
0DLK7DZ	OCCLUSION OF ASCENDING COLON WITH INTRALUM DEV, VIA OPENING
0DLK7ZZ	OCCLUSION OF ASCENDING COLON, VIA OPENING
0DLK8DZ	OCCLUSION OF ASCENDING COLON WITH INTRALUMINAL DEVICE, ENDO
0DLK8ZZ	OCCLUSION OF ASCENDING COLON, ENDO
0DLL0CZ	OCCLUSION OF TRANS COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLL0DZ	OCCLUSION OF TRANS COLON WITH INTRALUM DEV, OPEN APPROACH
0DLL0ZZ	OCCLUSION OF TRANSVERSE COLON, OPEN APPROACH
0DLL3CZ	OCCLUSION OF TRANS COLON WITH EXTRALUM DEV, PERC APPROACH
0DLL3DZ	OCCLUSION OF TRANS COLON WITH INTRALUM DEV, PERC APPROACH
0DLL3ZZ	OCCLUSION OF TRANSVERSE COLON, PERCUTANEOUS APPROACH
0DLL4CZ	OCCLUSION TRANS COLON W EXTRALUM DEV, PERC ENDO
0DLL4DZ	OCCLUSION TRANS COLON W INTRALUM DEV, PERC ENDO
0DLL4ZZ	OCCLUSION OF TRANSVERSE COLON, PERC ENDO APPROACH
0DLL7DZ	OCCLUSION OF TRANSVERSE COLON WITH INTRALUM DEV, VIA OPENING
0DLL7ZZ	OCCLUSION OF TRANSVERSE COLON, VIA OPENING
0DLL8DZ	OCCLUSION OF TRANSVERSE COLON WITH INTRALUMINAL DEVICE, ENDO
0DLL8ZZ	OCCLUSION OF TRANSVERSE COLON, ENDO
0DLM0CZ	OCCLUSION OF DESCEND COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLM0DZ	OCCLUSION OF DESCEND COLON WITH INTRALUM DEV, OPEN APPROACH
0DLM0ZZ	OCCLUSION OF DESCENDING COLON, OPEN APPROACH
0DLM3CZ	OCCLUSION OF DESCEND COLON WITH EXTRALUM DEV, PERC APPROACH
0DLM3DZ	OCCLUSION OF DESCEND COLON WITH INTRALUM DEV, PERC APPROACH
0DLM3ZZ	OCCLUSION OF DESCENDING COLON, PERCUTANEOUS APPROACH
0DLM4CZ	OCCLUSION DESCEND COLON W EXTRALUM DEV, PERC ENDO
0DLM4DZ	OCCLUSION DESCEND COLON W INTRALUM DEV, PERC ENDO
0DLM4ZZ	OCCLUSION OF DESCENDING COLON, PERC ENDO APPROACH
0DLM7DZ	OCCLUSION OF DESCENDING COLON WITH INTRALUM DEV, VIA OPENING
0DLM7ZZ	OCCLUSION OF DESCENDING COLON, VIA OPENING

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLM8DZ	OCCLUSION OF DESCENDING COLON WITH INTRALUMINAL DEVICE, ENDO
0DLM8ZZ	OCCLUSION OF DESCENDING COLON, ENDO
0DLN0CZ	OCCLUSION OF SIGMOID COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLN0DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUM DEV, OPEN APPROACH
0DLN0ZZ	OCCLUSION OF SIGMOID COLON, OPEN APPROACH
0DLN3CZ	OCCLUSION OF SIGMOID COLON WITH EXTRALUM DEV, PERC APPROACH
0DLN3DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUM DEV, PERC APPROACH
0DLN3ZZ	OCCLUSION OF SIGMOID COLON, PERCUTANEOUS APPROACH
0DLN4CZ	OCCLUSION SIGMOID COLON W EXTRALUM DEV, PERC ENDO
0DLN4DZ	OCCLUSION SIGMOID COLON W INTRALUM DEV, PERC ENDO
0DLN4ZZ	OCCLUSION OF SIGMOID COLON, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLN7DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUM DEV, VIA OPENING
0DLN7ZZ	OCCLUSION OF SIGMOID COLON, VIA OPENING
0DLN8DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUMINAL DEVICE, ENDO
0DLN8ZZ	OCCLUSION OF SIGMOID COLON, ENDO
0DQ80ZZ	REPAIR SMALL INTESTINE, OPEN APPROACH
0DQ83ZZ	REPAIR SMALL INTESTINE, PERCUTANEOUS APPROACH
0DQ84ZZ	REPAIR SMALL INTESTINE, PERCUTANEOUS ENDOSCOPIC APPROACH
0DQ87ZZ	REPAIR SMALL INTESTINE, VIA NATURAL OR ARTIFICIAL OPENING
0DQ88ZZ	REPAIR SMALL INTESTINE, ENDO
0DQE0ZZ	REPAIR LARGE INTESTINE, OPEN APPROACH
0DQE3ZZ	REPAIR LARGE INTESTINE, PERCUTANEOUS APPROACH
0DQE4ZZ	REPAIR LARGE INTESTINE, PERCUTANEOUS ENDOSCOPIC APPROACH
0DQE7ZZ	REPAIR LARGE INTESTINE, VIA NATURAL OR ARTIFICIAL OPENING
0DQE8ZZ	REPAIR LARGE INTESTINE, ENDO
0DT80ZZ	RESECTION OF SMALL INTESTINE, OPEN APPROACH
0DT84ZZ	RESECTION OF SMALL INTESTINE, PERC ENDO APPROACH
0DT87ZZ	RESECTION OF SMALL INTESTINE, VIA OPENING
0DT88ZZ	RESECTION OF SMALL INTESTINE, ENDO
0DT90ZZ	RESECTION OF DUODENUM, OPEN APPROACH
0DT94ZZ	RESECTION OF DUODENUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DT97ZZ	RESECTION OF DUODENUM, VIA NATURAL OR ARTIFICIAL OPENING
0DT98ZZ	RESECTION OF DUODENUM, ENDO
0DTN0ZZ	RESECTION OF SIGMOID COLON, OPEN APPROACH
0DTP0ZZ	RESECTION OF RECTUM, OPEN APPROACH
0DY80Z0	TRANSPLANTATION OF SMALL INTESTINE, ALLOGEN, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DY80Z1	TRANSPLANTATION OF SMALL INTESTINE, SYNGENEIC, OPEN APPROACH
0DY80Z2	TRANSPLANTATION OF SMALL INTESTINE, ZOOPLAST, OPEN APPROACH
0DYE0Z0	TRANSPLANTATION OF LARGE INTESTINE, ALLOGEN, OPEN APPROACH
0DYE0Z1	TRANSPLANTATION OF LARGE INTESTINE, SYNGENEIC, OPEN APPROACH
0DYE0Z2	TRANSPLANTATION OF LARGE INTESTINE, ZOOPLAST, OPEN APPROACH
0FB00ZZ	EXCISION OF LIVER, OPEN APPROACH
0FB03ZZ	EXCISION OF LIVER, PERCUTANEOUS APPROACH
0FB04ZZ	EXCISION OF LIVER, PERCUTANEOUS ENDOSCOPIC APPROACH
0FB10ZZ	EXCISION OF RIGHT LOBE LIVER, OPEN APPROACH
0FB13ZZ	EXCISION OF RIGHT LOBE LIVER, PERCUTANEOUS APPROACH
0FB14ZZ	EXCISION OF RIGHT LOBE LIVER, PERC ENDO APPROACH
0FB20ZZ	EXCISION OF LEFT LOBE LIVER, OPEN APPROACH
0FB23ZZ	EXCISION OF LEFT LOBE LIVER, PERCUTANEOUS APPROACH
0FB24ZZ	EXCISION OF LEFT LOBE LIVER, PERC ENDO APPROACH
0FBG0ZZ	EXCISION OF PANCREAS, OPEN APPROACH
0FBG3ZZ	EXCISION OF PANCREAS, PERCUTANEOUS APPROACH
0FBG4ZZ	EXCISION OF PANCREAS, PERCUTANEOUS ENDOSCOPIC APPROACH
0FSG0ZZ	REPOSITION PANCREAS, OPEN APPROACH
0FSG4ZZ	REPOSITION PANCREAS, PERCUTANEOUS ENDOSCOPIC APPROACH
0FT00ZZ	RESECTION OF LIVER, OPEN APPROACH
0FT04ZZ	RESECTION OF LIVER, PERCUTANEOUS ENDOSCOPIC APPROACH
0FT10ZZ	RESECTION OF RIGHT LOBE LIVER, OPEN APPROACH
0FT14ZZ	RESECTION OF RIGHT LOBE LIVER, PERC ENDO APPROACH
0FT20ZZ	RESECTION OF LEFT LOBE LIVER, OPEN APPROACH
0FT24ZZ	RESECTION OF LEFT LOBE LIVER, PERC ENDO APPROACH
0FTG0ZZ	RESECTION OF PANCREAS, OPEN APPROACH
0FTG4ZZ	RESECTION OF PANCREAS, PERCUTANEOUS ENDOSCOPIC APPROACH
0FY00Z0	TRANSPLANTATION OF LIVER, ALLOGENEIC, OPEN APPROACH
0FY00Z1	TRANSPLANTATION OF LIVER, SYNGENEIC, OPEN APPROACH
0FY00Z2	TRANSPLANTATION OF LIVER, ZOOPLASTIC, OPEN APPROACH
0FYG0Z0	TRANSPLANTATION OF PANCREAS, ALLOGENEIC, OPEN APPROACH
0FYG0Z1	TRANSPLANTATION OF PANCREAS, SYNGENEIC, OPEN APPROACH
0FYG0Z2	TRANSPLANTATION OF PANCREAS, ZOOPLASTIC, OPEN APPROACH
5A02116	ASSIST WITH CARDIAC OUTPUT USING OTHER PUMP, INTERMITTENT
5A02216	ASSISTANCE WITH CARDIAC OUTPUT USING OTHER PUMP, CONTINUOUS
0TTB0ZZ	RESECTION OF BLADDER, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0TTD0ZZ	RESECTION OF URETHRA, OPEN APPROACH
0OUT40ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, OPEN APPROACH
0OUT44ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, PERCUTANEOUS ENDOSCOPIC APPROACH
0OUT47ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, VIA NATURAL OR ARTIFICIAL OPENING
0OUT48ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0OUT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH
0WY20Z0	TRANSPLANTATION OF FACE, ALLOGENEIC, OPEN APPROACH
0WY20Z1	TRANSPLANTATION OF FACE, SYNGENEIC, OPEN APPROACH
0XYJ0Z0	TRANSPLANTATION OF RIGHT HAND, ALLOGENEIC, OPEN APPROACH
0XYJ0Z1	TRANSPLANTATION OF RIGHT HAND, SYNGENEIC, OPEN APPROACH
0XYK0Z0	TRANSPLANTATION OF LEFT HAND, ALLOGENEIC, OPEN APPROACH
0XYK0Z1	TRANSPLANTATION OF LEFT HAND, SYNGENEIC, OPEN APPROACH

October 2015 Update

For dates of service on or after October 1, 2015, the following ICD-10-CM codes require prior authorization from KEPRO. For dates of service prior to October 1, 2016, refer to the October 2016 Update included in this section.

ICD-10 CODE	DESCRIPTION
02HA0QZ	INSERTION OF IMPLANT HEART ASSIST INTO HEART, OPEN APPROACH
02HA0RS	INSERT OF BIVENT EXT HEART ASSIST INTO HEART, OPEN APPROACH
02HA0RZ	INSERTION OF EXT HEART ASSIST INTO HEART, OPEN APPROACH
02HA3QZ	INSERTION OF IMPLANT HEART ASSIST INTO HEART, PERC APPROACH
02HA3RS	INSERT OF BIVENT EXT HEART ASSIST INTO HEART, PERC APPROACH
02HA3RZ	INSERTION OF EXT HEART ASSIST INTO HEART, PERC APPROACH
02HA4QZ	INSERT IMPLANT HEART ASSIST IN HEART, PERC ENDO
02HA4RS	INSERT BIVENT EXT HEART ASSIST IN HEART, PERC ENDO
02HA4RZ	INSERTION OF EXT HEART ASSIST INTO HEART, PERC ENDO APPROACH
02PA0RZ	REMOVAL OF EXT HEART ASSIST FROM HEART, OPEN APPROACH
02PA3RZ	REMOVAL OF EXT HEART ASSIST FROM HEART, PERC APPROACH
02PA4RZ	REMOVAL OF EXT HEART ASSIST FROM HEART, PERC ENDO APPROACH
02YA0Z0	TRANSPLANTATION OF HEART, ALLOGENEIC, OPEN APPROACH
02YA0Z1	TRANSPLANTATION OF HEART, SYNGENEIC, OPEN APPROACH
02YA0Z2	TRANSPLANTATION OF HEART, ZOOPLASTIC, OPEN APPROACH
0BYC0Z0	TRANSPLANTATION OF R UP LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYC0Z1	TRANSPLANTATION OF R UP LUNG LOBE, SYNGEN, OPEN APPROACH
0BYC0Z2	TRANSPLANTATION OF R UP LUNG LOBE, ZOOPLAST, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0BYD0Z0	TRANSPLANTATION OF R MID LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYD0Z1	TRANSPLANTATION OF R MID LUNG LOBE, SYNGEN, OPEN APPROACH
0BYD0Z2	TRANSPLANTATION OF R MID LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYF0Z0	TRANSPLANTATION OF R LOW LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYF0Z1	TRANSPLANTATION OF R LOW LUNG LOBE, SYNGEN, OPEN APPROACH
0BYF0Z2	TRANSPLANTATION OF R LOW LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYG0Z0	TRANSPLANTATION OF L UP LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYG0Z1	TRANSPLANTATION OF L UP LUNG LOBE, SYNGEN, OPEN APPROACH
0BYG0Z2	TRANSPLANTATION OF L UP LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYH0Z0	TRANSPLANTATION OF LUNG LINGULA, ALLOGENEIC, OPEN APPROACH
0BYH0Z1	TRANSPLANTATION OF LUNG LINGULA, SYNGENEIC, OPEN APPROACH
0BYH0Z2	TRANSPLANTATION OF LUNG LINGULA, ZOOPLASTIC, OPEN APPROACH
0BYJ0Z0	TRANSPLANTATION OF L LOW LUNG LOBE, ALLOGEN, OPEN APPROACH
0BYJ0Z1	TRANSPLANTATION OF L LOW LUNG LOBE, SYNGEN, OPEN APPROACH
0BYJ0Z2	TRANSPLANTATION OF L LOW LUNG LOBE, ZOOPLAST, OPEN APPROACH
0BYK0Z0	TRANSPLANTATION OF RIGHT LUNG, ALLOGENEIC, OPEN APPROACH
0BYK0Z1	TRANSPLANTATION OF RIGHT LUNG, SYNGENEIC, OPEN APPROACH
0BYK0Z2	TRANSPLANTATION OF RIGHT LUNG, ZOOPLASTIC, OPEN APPROACH
0BYL0Z0	TRANSPLANTATION OF LEFT LUNG, ALLOGENEIC, OPEN APPROACH
0BYL0Z1	TRANSPLANTATION OF LEFT LUNG, SYNGENEIC, OPEN APPROACH
0BYL0Z2	TRANSPLANTATION OF LEFT LUNG, ZOOPLASTIC, OPEN APPROACH
0BYM0Z0	TRANSPLANTATION OF BILATERAL LUNGS, ALLOGEN, OPEN APPROACH
0BYM0Z1	TRANSPLANTATION OF BILATERAL LUNGS, SYNGENEIC, OPEN APPROACH
0BYM0Z2	TRANSPLANTATION OF BILATERAL LUNGS, ZOOPLAST, OPEN APPROACH
0DL80CZ	OCCLUSION OF SMALL INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DL80DZ	OCCLUSION OF SMALL INTEST WITH INTRALUM DEV, OPEN APPROACH
0DL80ZZ	OCCLUSION OF SMALL INTESTINE, OPEN APPROACH
0DL83CZ	OCCLUSION OF SMALL INTEST WITH EXTRALUM DEV, PERC APPROACH
0DL83DZ	OCCLUSION OF SMALL INTEST WITH INTRALUM DEV, PERC APPROACH
0DL83ZZ	OCCLUSION OF SMALL INTESTINE, PERCUTANEOUS APPROACH
0DL84CZ	OCCLUSION SMALL INTEST W EXTRALUM DEV, PERC ENDO
0DL84DZ	OCCLUSION SMALL INTEST W INTRALUM DEV, PERC ENDO
0DL84ZZ	OCCLUSION OF SMALL INTESTINE, PERC ENDO APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DL87DZ	OCCLUSION OF SMALL INTESTINE WITH INTRALUM DEV, VIA OPENING
0DL87ZZ	OCCLUSION OF SMALL INTESTINE, VIA OPENING
0DL88DZ	OCCLUSION OF SMALL INTESTINE WITH INTRALUMINAL DEVICE, ENDO
0DL88ZZ	OCCLUSION OF SMALL INTESTINE, ENDO
0DL90CZ	OCCLUSION OF DUODENUM WITH EXTRALUM DEV, OPEN APPROACH
0DL90DZ	OCCLUSION OF DUODENUM WITH INTRALUM DEV, OPEN APPROACH
0DL90ZZ	OCCLUSION OF DUODENUM, OPEN APPROACH
0DL93CZ	OCCLUSION OF DUODENUM WITH EXTRALUM DEV, PERC APPROACH
0DL93DZ	OCCLUSION OF DUODENUM WITH INTRALUM DEV, PERC APPROACH
0DL93ZZ	OCCLUSION OF DUODENUM, PERCUTANEOUS APPROACH
0DL94CZ	OCCLUSION OF DUODENUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DL94DZ	OCCLUSION OF DUODENUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DL94ZZ	OCCLUSION OF DUODENUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DL97DZ	OCCLUSION OF DUODENUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DL97ZZ	OCCLUSION OF DUODENUM, VIA NATURAL OR ARTIFICIAL OPENING
0DL98DZ	OCCLUSION OF DUODENUM WITH INTRALUMINAL DEVICE, ENDO
0DL98ZZ	OCCLUSION OF DUODENUM, ENDO
0DLA0CZ	OCCLUSION OF JEJUNUM WITH EXTRALUMINAL DEVICE, OPEN APPROACH
0DLA0DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, OPEN APPROACH
0DLA0ZZ	OCCLUSION OF JEJUNUM, OPEN APPROACH
0DLA3CZ	OCCLUSION OF JEJUNUM WITH EXTRALUMINAL DEVICE, PERC APPROACH
0DLA3DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, PERC APPROACH
0DLA3ZZ	OCCLUSION OF JEJUNUM, PERCUTANEOUS APPROACH
0DLA4CZ	OCCLUSION OF JEJUNUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLA4DZ	OCCLUSION OF JEJUNUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DLA4ZZ	OCCLUSION OF JEJUNUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLA7DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DLA7ZZ	OCCLUSION OF JEJUNUM, VIA NATURAL OR ARTIFICIAL OPENING
0DLA8DZ	OCCLUSION OF JEJUNUM WITH INTRALUMINAL DEVICE, ENDO
0DLA8ZZ	OCCLUSION OF JEJUNUM, ENDO
0DLB0CZ	OCCLUSION OF ILEUM WITH EXTRALUMINAL DEVICE, OPEN APPROACH
0DLB0DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, OPEN APPROACH
0DLB0ZZ	OCCLUSION OF ILEUM, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLB3CZ	OCCLUSION OF ILEUM WITH EXTRALUMINAL DEVICE, PERC APPROACH
0DLB3DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, PERC APPROACH
0DLB3ZZ	OCCLUSION OF ILEUM, PERCUTANEOUS APPROACH
0DLB4CZ	OCCLUSION OF ILEUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLB4DZ	OCCLUSION OF ILEUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DLB4ZZ	OCCLUSION OF ILEUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLB7DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DLB7ZZ	OCCLUSION OF ILEUM, VIA NATURAL OR ARTIFICIAL OPENING
0DLB8DZ	OCCLUSION OF ILEUM WITH INTRALUMINAL DEVICE, ENDO
0DLB8ZZ	OCCLUSION OF ILEUM, ENDO
0DLC0CZ	OCCLUSION ILEOCECAL VALVE W EXTRALUM DEV, OPEN
0DLC0DZ	OCCLUSION ILEOCECAL VALVE W INTRALUM DEV, OPEN
0DLC0ZZ	OCCLUSION OF ILEOCECAL VALVE, OPEN APPROACH
0DLC3CZ	OCCLUSION ILEOCECAL VALVE W EXTRALUM DEV, PERC
0DLC3DZ	OCCLUSION ILEOCECAL VALVE W INTRALUM DEV, PERC
0DLC3ZZ	OCCLUSION OF ILEOCECAL VALVE, PERCUTANEOUS APPROACH
0DLC4CZ	OCCLUSION ILEOCECAL VALVE W EXTRALUM DEV, PERC ENDO
0DLC4DZ	OCCLUSION ILEOCECAL VALVE W INTRALUM DEV, PERC ENDO
0DLC4ZZ	OCCLUSION OF ILEOCECAL VALVE, PERC ENDO APPROACH
0DLC7DZ	OCCLUSION OF ILEOCECAL VALVE WITH INTRALUM DEV, VIA OPENING
0DLC7ZZ	OCCLUSION OF ILEOCECAL VALVE, VIA OPENING
0DLC8DZ	OCCLUSION OF ILEOCECAL VALVE WITH INTRALUMINAL DEVICE, ENDO
0DLC8ZZ	OCCLUSION OF ILEOCECAL VALVE, ENDO
0DLE0CZ	OCCLUSION OF LG INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DLE0DZ	OCCLUSION OF LG INTEST WITH INTRALUM DEV, OPEN APPROACH
0DLE0ZZ	OCCLUSION OF LARGE INTESTINE, OPEN APPROACH
0DLE3CZ	OCCLUSION OF LG INTEST WITH EXTRALUM DEV, PERC APPROACH
0DLE3DZ	OCCLUSION OF LG INTEST WITH INTRALUM DEV, PERC APPROACH
0DLE3ZZ	OCCLUSION OF LARGE INTESTINE, PERCUTANEOUS APPROACH
0DLE4CZ	OCCLUSION OF LG INTEST WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLE4DZ	OCCLUSION OF LG INTEST WITH INTRALUM DEV, PERC ENDO APPROACH
0DLE4ZZ	OCCLUSION OF LARGE INTESTINE, PERC ENDO APPROACH
0DLE7DZ	OCCLUSION OF LARGE INTESTINE WITH INTRALUM DEV, VIA OPENING
0DLE7ZZ	OCCLUSION OF LARGE INTESTINE, VIA OPENING
0DLE8DZ	OCCLUSION OF LARGE INTESTINE WITH INTRALUMINAL DEVICE, ENDO
0DLE8ZZ	OCCLUSION OF LARGE INTESTINE, ENDO
0DLF0CZ	OCCLUSION OF R LG INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DLF0DZ	OCCLUSION OF R LG INTEST WITH INTRALUM DEV, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLF0ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, OPEN APPROACH
0DLF3CZ	OCCLUSION OF R LG INTEST WITH EXTRALUM DEV, PERC APPROACH
0DLF3DZ	OCCLUSION OF R LG INTEST WITH INTRALUM DEV, PERC APPROACH
0DLF3ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, PERCUTANEOUS APPROACH
0DLF4CZ	OCCLUSION R LG INTEST W EXTRALUM DEV, PERC ENDO
0DLF4DZ	OCCLUSION R LG INTEST W INTRALUM DEV, PERC ENDO
0DLF4ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, PERC ENDO APPROACH
0DLF7DZ	OCCLUSION OF R LG INTEST WITH INTRALUM DEV, VIA OPENING
0DLF7ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, VIA OPENING
0DLF8DZ	OCCLUSION OF RIGHT LARGE INTESTINE WITH INTRALUM DEV, ENDO
0DLF8ZZ	OCCLUSION OF RIGHT LARGE INTESTINE, ENDO
0DLG0CZ	OCCLUSION OF L LG INTEST WITH EXTRALUM DEV, OPEN APPROACH
0DLG0DZ	OCCLUSION OF L LG INTEST WITH INTRALUM DEV, OPEN APPROACH
0DLG0ZZ	OCCLUSION OF LEFT LARGE INTESTINE, OPEN APPROACH
0DLG3CZ	OCCLUSION OF L LG INTEST WITH EXTRALUM DEV, PERC APPROACH
0DLG3DZ	OCCLUSION OF L LG INTEST WITH INTRALUM DEV, PERC APPROACH
0DLG3ZZ	OCCLUSION OF LEFT LARGE INTESTINE, PERCUTANEOUS APPROACH
0DLG4CZ	OCCLUSION L LG INTEST W EXTRALUM DEV, PERC ENDO
0DLG4DZ	OCCLUSION L LG INTEST W INTRALUM DEV, PERC ENDO
0DLG4ZZ	OCCLUSION OF LEFT LARGE INTESTINE, PERC ENDO APPROACH
0DLG7DZ	OCCLUSION OF L LG INTEST WITH INTRALUM DEV, VIA OPENING
0DLG7ZZ	OCCLUSION OF LEFT LARGE INTESTINE, VIA OPENING
0DLG8DZ	OCCLUSION OF LEFT LARGE INTESTINE WITH INTRALUM DEV, ENDO
0DLG8ZZ	OCCLUSION OF LEFT LARGE INTESTINE, ENDO
0DLH0CZ	OCCLUSION OF CECUM WITH EXTRALUMINAL DEVICE, OPEN APPROACH
0DLH0DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, OPEN APPROACH
0DLH0ZZ	OCCLUSION OF CECUM, OPEN APPROACH
0DLH3CZ	OCCLUSION OF CECUM WITH EXTRALUMINAL DEVICE, PERC APPROACH
0DLH3DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, PERC APPROACH
0DLH3ZZ	OCCLUSION OF CECUM, PERCUTANEOUS APPROACH
0DLH4CZ	OCCLUSION OF CECUM WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLH4DZ	OCCLUSION OF CECUM WITH INTRALUM DEV, PERC ENDO APPROACH
0DLH4ZZ	OCCLUSION OF CECUM, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLH7DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, VIA OPENING
0DLH7ZZ	OCCLUSION OF CECUM, VIA NATURAL OR ARTIFICIAL OPENING
0DLH8DZ	OCCLUSION OF CECUM WITH INTRALUMINAL DEVICE, ENDO
0DLH8ZZ	OCCLUSION OF CECUM, ENDO

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLK0CZ	OCCLUSION OF ASC COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLK0DZ	OCCLUSION OF ASC COLON WITH INTRALUM DEV, OPEN APPROACH
0DLK0ZZ	OCCLUSION OF ASCENDING COLON, OPEN APPROACH
0DLK3CZ	OCCLUSION OF ASC COLON WITH EXTRALUM DEV, PERC APPROACH
0DLK3DZ	OCCLUSION OF ASC COLON WITH INTRALUM DEV, PERC APPROACH
0DLK3ZZ	OCCLUSION OF ASCENDING COLON, PERCUTANEOUS APPROACH
0DLK4CZ	OCCLUSION OF ASC COLON WITH EXTRALUM DEV, PERC ENDO APPROACH
0DLK4DZ	OCCLUSION OF ASC COLON WITH INTRALUM DEV, PERC ENDO APPROACH
0DLK4ZZ	OCCLUSION OF ASCENDING COLON, PERC ENDO APPROACH
0DLK7DZ	OCCLUSION OF ASCENDING COLON WITH INTRALUM DEV, VIA OPENING
0DLK7ZZ	OCCLUSION OF ASCENDING COLON, VIA OPENING
0DLK8DZ	OCCLUSION OF ASCENDING COLON WITH INTRALUMINAL DEVICE, ENDO
0DLK8ZZ	OCCLUSION OF ASCENDING COLON, ENDO
0DLL0CZ	OCCLUSION OF TRANS COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLL0DZ	OCCLUSION OF TRANS COLON WITH INTRALUM DEV, OPEN APPROACH
0DLL0ZZ	OCCLUSION OF TRANSVERSE COLON, OPEN APPROACH
0DLL3CZ	OCCLUSION OF TRANS COLON WITH EXTRALUM DEV, PERC APPROACH
0DLL3DZ	OCCLUSION OF TRANS COLON WITH INTRALUM DEV, PERC APPROACH
0DLL3ZZ	OCCLUSION OF TRANSVERSE COLON, PERCUTANEOUS APPROACH
0DLL4CZ	OCCLUSION TRANS COLON W EXTRALUM DEV, PERC ENDO
0DLL4DZ	OCCLUSION TRANS COLON W INTRALUM DEV, PERC ENDO
0DLL4ZZ	OCCLUSION OF TRANSVERSE COLON, PERC ENDO APPROACH
0DLL7DZ	OCCLUSION OF TRANSVERSE COLON WITH INTRALUM DEV, VIA OPENING
0DLL7ZZ	OCCLUSION OF TRANSVERSE COLON, VIA OPENING
0DLL8DZ	OCCLUSION OF TRANSVERSE COLON WITH INTRALUMINAL DEVICE, ENDO
0DLL8ZZ	OCCLUSION OF TRANSVERSE COLON, ENDO
0DLM0CZ	OCCLUSION OF DESCEND COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLM0DZ	OCCLUSION OF DESCEND COLON WITH INTRALUM DEV, OPEN APPROACH
0DLM0ZZ	OCCLUSION OF DESCENDING COLON, OPEN APPROACH
0DLM3CZ	OCCLUSION OF DESCEND COLON WITH EXTRALUM DEV, PERC APPROACH
0DLM3DZ	OCCLUSION OF DESCEND COLON WITH INTRALUM DEV, PERC APPROACH
0DLM3ZZ	OCCLUSION OF DESCENDING COLON, PERCUTANEOUS APPROACH
0DLM4CZ	OCCLUSION DESCEND COLON W EXTRALUM DEV, PERC ENDO

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DLM4DZ	OCCLUSION DESCEND COLON W INTRALUM DEV, PERC ENDO
0DLM4ZZ	OCCLUSION OF DESCENDING COLON, PERC ENDO APPROACH
0DLM7DZ	OCCLUSION OF DESCENDING COLON WITH INTRALUM DEV, VIA OPENING
0DLM7ZZ	OCCLUSION OF DESCENDING COLON, VIA OPENING
0DLM8DZ	OCCLUSION OF DESCENDING COLON WITH INTRALUMINAL DEVICE, ENDO
0DLM8ZZ	OCCLUSION OF DESCENDING COLON, ENDO
0DLN0CZ	OCCLUSION OF SIGMOID COLON WITH EXTRALUM DEV, OPEN APPROACH
0DLN0DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUM DEV, OPEN APPROACH
0DLN0ZZ	OCCLUSION OF SIGMOID COLON, OPEN APPROACH
0DLN3CZ	OCCLUSION OF SIGMOID COLON WITH EXTRALUM DEV, PERC APPROACH
0DLN3DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUM DEV, PERC APPROACH
0DLN3ZZ	OCCLUSION OF SIGMOID COLON, PERCUTANEOUS APPROACH
0DLN4CZ	OCCLUSION SIGMOID COLON W EXTRALUM DEV, PERC ENDO
0DLN4DZ	OCCLUSION SIGMOID COLON W INTRALUM DEV, PERC ENDO
0DLN4ZZ	OCCLUSION OF SIGMOID COLON, PERCUTANEOUS ENDOSCOPIC APPROACH
0DLN7DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUM DEV, VIA OPENING
0DLN7ZZ	OCCLUSION OF SIGMOID COLON, VIA OPENING
0DLN8DZ	OCCLUSION OF SIGMOID COLON WITH INTRALUMINAL DEVICE, ENDO
0DLN8ZZ	OCCLUSION OF SIGMOID COLON, ENDO
0DQ80ZZ	REPAIR SMALL INTESTINE, OPEN APPROACH
0DQ83ZZ	REPAIR SMALL INTESTINE, PERCUTANEOUS APPROACH
0DQ84ZZ	REPAIR SMALL INTESTINE, PERCUTANEOUS ENDOSCOPIC APPROACH
0DQ87ZZ	REPAIR SMALL INTESTINE, VIA NATURAL OR ARTIFICIAL OPENING
0DQ88ZZ	REPAIR SMALL INTESTINE, ENDO
0DQE0ZZ	REPAIR LARGE INTESTINE, OPEN APPROACH
0DQE3ZZ	REPAIR LARGE INTESTINE, PERCUTANEOUS APPROACH
0DQE4ZZ	REPAIR LARGE INTESTINE, PERCUTANEOUS ENDOSCOPIC APPROACH
0DQE7ZZ	REPAIR LARGE INTESTINE, VIA NATURAL OR ARTIFICIAL OPENING
0DQE8ZZ	REPAIR LARGE INTESTINE, ENDO
0DT80ZZ	RESECTION OF SMALL INTESTINE, OPEN APPROACH
0DT84ZZ	RESECTION OF SMALL INTESTINE, PERC ENDO APPROACH
0DT87ZZ	RESECTION OF SMALL INTESTINE, VIA OPENING
0DT88ZZ	RESECTION OF SMALL INTESTINE, ENDO
0DT90ZZ	RESECTION OF DUODENUM, OPEN APPROACH
0DT94ZZ	RESECTION OF DUODENUM, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0DT97ZZ	RESECTION OF DUODENUM, VIA NATURAL OR ARTIFICIAL OPENING
0DT98ZZ	RESECTION OF DUODENUM, ENDO
0DTN0ZZ	RESECTION OF SIGMOID COLON, OPEN APPROACH
0DTP0ZZ	RESECTION OF RECTUM, OPEN APPROACH
0DY80Z0	TRANSPLANTATION OF SMALL INTESTINE, ALLOGEN, OPEN APPROACH
0DY80Z1	TRANSPLANTATION OF SMALL INTESTINE, SYNGENEIC, OPEN APPROACH
0DY80Z2	TRANSPLANTATION OF SMALL INTESTINE, ZOOPLAST, OPEN APPROACH
0DYE0Z0	TRANSPLANTATION OF LARGE INTESTINE, ALLOGEN, OPEN APPROACH
0DYE0Z1	TRANSPLANTATION OF LARGE INTESTINE, SYNGENEIC, OPEN APPROACH
0DYE0Z2	TRANSPLANTATION OF LARGE INTESTINE, ZOOPLAST, OPEN APPROACH
0FB00ZZ	EXCISION OF LIVER, OPEN APPROACH
0FB03ZZ	EXCISION OF LIVER, PERCUTANEOUS APPROACH
0FB04ZZ	EXCISION OF LIVER, PERCUTANEOUS ENDOSCOPIC APPROACH
0FB10ZZ	EXCISION OF RIGHT LOBE LIVER, OPEN APPROACH
0FB13ZZ	EXCISION OF RIGHT LOBE LIVER, PERCUTANEOUS APPROACH
0FB14ZZ	EXCISION OF RIGHT LOBE LIVER, PERC ENDO APPROACH
0FB20ZZ	EXCISION OF LEFT LOBE LIVER, OPEN APPROACH
0FB23ZZ	EXCISION OF LEFT LOBE LIVER, PERCUTANEOUS APPROACH
0FB24ZZ	EXCISION OF LEFT LOBE LIVER, PERC ENDO APPROACH
0FBG0ZZ	EXCISION OF PANCREAS, OPEN APPROACH
0FBG3ZZ	EXCISION OF PANCREAS, PERCUTANEOUS APPROACH
0FBG4ZZ	EXCISION OF PANCREAS, PERCUTANEOUS ENDOSCOPIC APPROACH
0FSG0ZZ	REPOSITION PANCREAS, OPEN APPROACH
0FSG4ZZ	REPOSITION PANCREAS, PERCUTANEOUS ENDOSCOPIC APPROACH
0FT00ZZ	RESECTION OF LIVER, OPEN APPROACH
0FT04ZZ	RESECTION OF LIVER, PERCUTANEOUS ENDOSCOPIC APPROACH
0FT10ZZ	RESECTION OF RIGHT LOBE LIVER, OPEN APPROACH
0FT14ZZ	RESECTION OF RIGHT LOBE LIVER, PERC ENDO APPROACH
0FT20ZZ	RESECTION OF LEFT LOBE LIVER, OPEN APPROACH
0FT24ZZ	RESECTION OF LEFT LOBE LIVER, PERC ENDO APPROACH
0FTG0ZZ	RESECTION OF PANCREAS, OPEN APPROACH
0FTG4ZZ	RESECTION OF PANCREAS, PERCUTANEOUS ENDOSCOPIC APPROACH
0FY00Z0	TRANSPLANTATION OF LIVER, ALLOGENEIC, OPEN APPROACH
0FY00Z1	TRANSPLANTATION OF LIVER, SYNGENEIC, OPEN APPROACH
0FY00Z2	TRANSPLANTATION OF LIVER, ZOOPLASTIC, OPEN APPROACH
0FYG0Z0	TRANSPLANTATION OF PANCREAS, ALLOGENEIC, OPEN APPROACH
0FYG0Z1	TRANSPLANTATION OF PANCREAS, SYNGENEIC, OPEN APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

ICD-10 CODE	DESCRIPTION
0FYG0Z2	TRANSPLANTATION OF PANCREAS, ZOOPLASTIC, OPEN APPROACH
5A02116	ASSIST WITH CARDIAC OUTPUT USING OTHER PUMP, INTERMITTENT
5A02216	ASSISTANCE WITH CARDIAC OUTPUT USING OTHER PUMP, CONTINUOUS
0TTB0ZZ	RESECTION OF BLADDER, OPEN APPROACH
0TTD0ZZ	RESECTION OF URETHRA, OPEN APPROACH
0UT20ZZ	RESECTION OF BILATERAL OVARIES, OPEN APPROACH
0UT40ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, OPEN APPROACH
0UT44ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UT47ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, VIA NATURAL OR ARTIFICIAL OPENING
0UT48ZZ	RESECTION OF UTERINE SUPPORTING STRUCTURE, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC
0UT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH

PT, OT, AND SPEECH THERAPY CPT CODES

Please submit a prior authorization requests to the QIO (KEPRO) for the following CPT codes:

CODE	DESCRIPTION
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; A CLINICAL PRESENTATION WITH STABLE AND/OR UNCOMPLICATED CHARACTERISTICS; AND CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; AN EVOLVING CLINICAL PRESENTATION WITH CHANGING CHARACTERISTICS; AND CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; A CLINICAL PRESENTATION WITH UNSTABLE AND UNPREDICTABLE CHARACTERISTICS; AND CLINICAL DECISION MAKING OF HIGH COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
97165	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE, RELATING TO PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND/OR PARTICIPATION RESTRICTIONS; AND CLINICAL DECISION MAKING OF LOW COMPLEXITY, WHICH INCLUDES AN ANALYSIS OF THE OCCUPATIONAL PROFILE, ANALYSIS OF DATA FROM PROBLEM-FOCUSED ASSESSMENT(S), AND CONSIDERATION OF A LIMITED NUMBER OF TREATMENT OPTIONS. PATIENT PRESENTS WITH NO COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. MODIFICATION OF TASKS OR ASSISTANCE (EG, PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NOT NECESSARY TO ENABLE COMPLETION OF EVALUATION COMPONENT. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97166	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES AN EXPANDED REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; AN ASSESSMENT(S) THAT IDENTIFIES 3-5 PERFORMANCE DEFICITS (IE, RELATING TO PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND/OR PARTICIPATION RESTRICTIONS; AND CLINICAL DECISION MAKING OF MODERATE ANALYTIC COMPLEXITY, WHICH INCLUDES AN ANALYSIS OF THE OCCUPATIONAL PROFILE, ANALYSIS OF DATA FROM DETAILED ASSESSMENT(S), AND CONSIDERATION OF SEVERAL TREATMENT OPTIONS. PATIENT MAY PRESENT WITH COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. MINIMAL TO MODERATE MODIFICATION OF TASKS OR ASSISTANCE (EG, PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NECESSARY TO ENABLE PATIENT TO COMPLETE EVALUATION COMPONENT. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; AN ASSESSMENT(S) THAT IDENTIFIES 5 OR MORE PERFORMANCE DEFICITS (IE, RELATING TO PHYSICAL, COGNITIVE, OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND/OR PARTICIPATION RESTRICTIONS; AND CLINICAL DECISION MAKING OF HIGH ANALYTIC COMPLEXITY, WHICH INCLUDES AN ANALYSIS OF THE PATIENT PROFILE, ANALYSIS OF DATA FROM COMPREHENSIVE ASSESSMENT(S), AND CONSIDERATION OF MULTIPLE TREATMENT OPTIONS. PATIENT PRESENTS WITH COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. SIGNIFICANT MODIFICATION OF TASKS OR ASSISTANCE (EG, PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NECESSARY TO ENABLE PATIENT TO COMPLETE EVALUATION COMPONENT. TYPICALLY, 60 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CONDITION OR ENVIRONMENT THAT AFFECT FUTURE INTERVENTIONS AND/OR GOALS; AND A REVISED PLAN OF CARE. A FORMAL REEVALUATION IS PERFORMED WHEN THERE IS A DOCUMENTED CHANGE IN FUNCTIONAL STATUS OR A SIGNIFICANT CHANGE TO THE PLAN OF CARE IS REQUIRED. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
97012	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL
97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES
97018	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH
97022	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE)
97026	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; INFRARED
97028	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRAVIOLET
97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES
97033	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES
97034	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES
97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES
97036	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISE TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY
97112	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES
97113	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES
97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)
97124	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

CODE	DESCRIPTION
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED EPIDERMIS AND/OR DERMIS, EXUDATE, DEBRIS, BIOFILM), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA; FIRST 20 SQ CM OR LESS
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED EPIDERMIS AND/OR DERMIS, EXUDATE, DEBRIS, BIOFILM), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE GREATER THAN OR EQUAL TO 50 SQUARE CENTIMETERS
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXISTING FUNCTION, OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, WITH WRITTEN REPORT, EACH 15 MINUTES
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES

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

CODE	DESCRIPTION
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, 15 MINUTES

SECTION 4 BILLING CODES

BILLING CODES REQUIRING PRIOR AUTHORIZATION

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SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

OUTPATIENT HOSPITAL SERVICES

The following CPT codes for outpatient hospital services require a review of support documentation by the QIO, KEPRO:

CODE	DESCRIPTION
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (WASSMUND)
21208	OSTEOPLASTY, FACIAL BONES AUGMENT (IMPLANT)
21209	OSTEOPLASTY, FACIAL BONES REDUCTION
21210	GRAFT BONE NASAL MAXI-MALAR (INC GRAF)
21215	GRAFT BONE MANDIBLE (INC OBTAIN GRAFT)
21235	GRAFT EAR CART; AUTOG, TO NOSE OR EAR
21243	ARTHROPLASTY TMJ WITH PROSTHETIC JOINT
21246	RECONSTRU MAND/MAXIL IMPLANT COMPLETE
21256	RECONSTR ORBIT W OSTEOTOMIES & BONE GRAFTS
21260	ORBIT HYPER CORR (PERIOR) EXCRAN APPROACH
21261	PERIOR OSTOMY FR HYPERT INTRA A EXTRACR
21263	ORBIT HYPER (PERIOB) WITH FOREHEA ADVANC
21267	ORBIT REPOS PERI OST UNILAT W GRFT EXTRC
21270	MALAR AUGMENT, PROSTHETIC MATERIAL
21275	SECNRY REVIS ORBITOCRAINIOFACL RECNSRUCT
21282	LATERAL CANTHOPEXY
21295	REDUCT MASSETER MUSCLE/BONE EXTRAORAL AP
21296	REDUCT MASSETER MUSCLE/BONE INTRAORAL AP
36592	COLLECT BLOOD FROM CNTRL/PERIPH CATH, NOS
36593	DECLOT THROMBOLYTIC AGNT OF VASCULAR DEV
55200	VASOTOMY CANNULI W/WO INCIS VAS UNI/BILA
55250	VASECTOMY UNI/BIL (SEP PRO) INC POSTOP SE
55450	LIGATION (PERCUTAN) VAS DEFERNIS UNI/BILAT
59200	INSERT CERVICAL DILATOR (EG. LAMINAR, PROST)
59840	INDUCED ABORTION PER D&C
59841	INDUCE ABORT, DILATION & EVAC
59850	INDUCE ABORT, BY INJECT INCLD HOSP ADM, DV

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
59851	INDUCE ABORT, D&C &/OR EVACUATION
59852	INDUCED AB BY AMNIO INJ W HYSTEROTOMY
59855	INDUCE ABORT BY VAG SUPPOSIT INC HOS ADM
59856	INDUCE ABORT VAG SUPPOS HOSP ADM W/D&C
59857	INDUCE ABORT VAG SUPPOS HOSP ADM W/HYST
67912	CX LAGOPHTHALMOS, UP EYELID LID LOAD IMPL
74740	PHYSTOSALPINGOGRAPHY SUPERVIS/INTER

ICD-9-CM SURGICAL CODES

For dates of service on or before **September 30, 2015**, the following ICD-9-CM surgical codes require a review of support documentation by the QIO, KEPRO:

ICD-9 CODE	DESCRIPTION
05.9	OTHER NERVOUS SYSTEM OPS
08.59	ADJUST LID POSITION NEC
44.39	GASTROE NTEROSTOMY NEC
63.99	CORD/EPID/VAS OPS NEC
66.97	BURY FIMBRIAE IN UTERUS
69.01	D&C FOR PREG TERMI
69.51	ASPIRAT CURET-PREG TERMI
69.93	INSERTION OF LAMINARIA
74.91	HYSTEROTOMY TO TERMIN PG
75.0	INTRA-AMNION INJ FOR AB
76.69	FACIAL BONE REPAIR NEC

ICD-10-CM SURGICAL CODES

For dates of service on or after **October 1, 2015**, the following ICD-10-CM surgical codes require a review of support documentation by the QIO, KEPRO:

CODE	DESCRIPTION
00Q00ZZ	REPAIR BRAIN, OPEN APPROACH
00Q03ZZ	REPAIR BRAIN, PERCUTANEOUS APPROACH
00Q04ZZ	REPAIR BRAIN, PERCUTANEOUS ENDOSCOPIC APPROACH
08SN0ZZ	REPOSITION RIGHT UPPER EYELID, OPEN APPROACH
08SN3ZZ	REPOSITION RIGHT UPPER EYELID, PERCUTANEOUS APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
08SNXZZ	REPOSITION RIGHT UPPER EYELID, EXTERNAL APPROACH
08SP0ZZ	REPOSITION LEFT UPPER EYELID, OPEN APPROACH
08SP3ZZ	REPOSITION LEFT UPPER EYELID, PERCUTANEOUS APPROACH
08SPXZZ	REPOSITION LEFT UPPER EYELID, EXTERNAL APPROACH
08SQ0ZZ	REPOSITION RIGHT LOWER EYELID, OPEN APPROACH
08SQ3ZZ	REPOSITION RIGHT LOWER EYELID, PERCUTANEOUS APPROACH
08SQXZZ	REPOSITION RIGHT LOWER EYELID, EXTERNAL APPROACH
08SR0ZZ	REPOSITION LEFT LOWER EYELID, OPEN APPROACH
08SR3ZZ	REPOSITION LEFT LOWER EYELID, PERCUTANEOUS APPROACH
08SRXZZ	REPOSITION LEFT LOWER EYELID, EXTERNAL APPROACH
0D16079	BYPASS STOMACH TO DUODENUM WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0D1607A	BYPASS STOMACH TO JEJUNUM WITH AUTOL SUB, OPEN APPROACH
0D1607B	BYPASS STOMACH TO ILEUM WITH AUTOL SUB, OPEN APPROACH
0D1607L	BYPASS STOMACH TO TRANS COLON WITH AUTOL SUB, OPEN APPROACH
0D160J9	BYPASS STOMACH TO DUODENUM WITH SYNTH SUB, OPEN APPROACH
0D160JA	BYPASS STOMACH TO JEJUNUM WITH SYNTH SUB, OPEN APPROACH
0D160JB	BYPASS STOMACH TO ILEUM WITH SYNTH SUB, OPEN APPROACH
0D160JL	BYPASS STOMACH TO TRANS COLON WITH SYNTH SUB, OPEN APPROACH
0D160K9	BYPASS STOMACH TO DUODENUM WITH NONAUT SUB, OPEN APPROACH
0D160KA	BYPASS STOMACH TO JEJUNUM WITH NONAUT SUB, OPEN APPROACH
0D160KB	BYPASS STOMACH TO ILEUM WITH NONAUT SUB, OPEN APPROACH
0D160KL	BYPASS STOMACH TO TRANS COLON WITH NONAUT SUB, OPEN APPROACH
0D160Z9	BYPASS STOMACH TO DUODENUM, OPEN APPROACH
0D160ZA	BYPASS STOMACH TO JEJUNUM, OPEN APPROACH
0D160ZB	BYPASS STOMACH TO ILEUM, OPEN APPROACH
0D160ZL	BYPASS STOMACH TO TRANSVERSE COLON, OPEN APPROACH
0D16879	BYPASS STOMACH TO DUODENUM WITH AUTOL SUB, ENDO
0D1687A	BYPASS STOMACH TO JEJUNUM WITH AUTOL SUB, ENDO
0D1687B	BYPASS STOMACH TO ILEUM WITH AUTOL SUB, ENDO
0D1687L	BYPASS STOMACH TO TRANSVERSE COLON WITH AUTOL SUB, ENDO
0D168J9	BYPASS STOMACH TO DUODENUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JA	BYPASS STOMACH TO JEJUNUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JB	BYPASS STOMACH TO ILEUM WITH SYNTHETIC SUBSTITUTE, ENDO
0D168JL	BYPASS STOMACH TO TRANSVERSE COLON WITH SYNTH SUB, ENDO
0D168K9	BYPASS STOMACH TO DUODENUM WITH NONAUT SUB, ENDO
0D168KA	BYPASS STOMACH TO JEJUNUM WITH NONAUT SUB, ENDO
0D168KB	BYPASS STOMACH TO ILEUM WITH NONAUT SUB, ENDO

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
0D168KL	BYPASS STOMACH TO TRANSVERSE COLON WITH NONAUT SUB, ENDO
0D168Z9	BYPASS STOMACH TO DUODENUM, ENDO
0D168ZA	BYPASS STOMACH TO JEJUNUM, ENDO
0D168ZB	BYPASS STOMACH TO ILEUM, ENDO
0D168ZL	BYPASS STOMACH TO TRANSVERSE COLON, ENDO
0VLN0DZ	OCCLUSION OF R VAS DEFERENS WITH INTRALUM DEV, OPEN APPROACH
0VLN3DZ	OCCLUSION OF R VAS DEFERENS WITH INTRALUM DEV, PERC APPROACH
0VLN4DZ	OCCLUSION R VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLP0DZ	OCCLUSION OF L VAS DEFERENS WITH INTRALUM DEV, OPEN APPROACH
0VLP3DZ	OCCLUSION OF L VAS DEFERENS WITH INTRALUM DEV, PERC APPROACH
0VLP4DZ	OCCLUSION L VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VLQ0DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, OPEN
0VLQ3DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, PERC
0VLQ4DZ	OCCLUSION BI VAS DEFERENS W INTRALUM DEV, PERC ENDO
0VNJ0ZZ	RELEASE RIGHT EPIDIDYMIS, OPEN APPROACH
0VNJ3ZZ	RELEASE RIGHT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNJ4ZZ	RELEASE RIGHT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VNK0ZZ	RELEASE LEFT EPIDIDYMIS, OPEN APPROACH
0VNK3ZZ	RELEASE LEFT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNK4ZZ	RELEASE LEFT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VNL0ZZ	RELEASE BILATERAL EPIDIDYMIS, OPEN APPROACH
0VNL3ZZ	RELEASE BILATERAL EPIDIDYMIS, PERCUTANEOUS APPROACH
0VNL4ZZ	RELEASE BILATERAL EPIDIDYMIS, PERC ENDO APPROACH
0VQF0ZZ	REPAIR RIGHT SPERMATIC CORD, OPEN APPROACH
0VQF3ZZ	REPAIR RIGHT SPERMATIC CORD, PERCUTANEOUS APPROACH
0VQF4ZZ	REPAIR RIGHT SPERMATIC CORD, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQG0ZZ	REPAIR LEFT SPERMATIC CORD, OPEN APPROACH
0VQG3ZZ	REPAIR LEFT SPERMATIC CORD, PERCUTANEOUS APPROACH
0VQG4ZZ	REPAIR LEFT SPERMATIC CORD, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQH0ZZ	REPAIR BILATERAL SPERMATIC CORDS, OPEN APPROACH
0VQH3ZZ	REPAIR BILATERAL SPERMATIC CORDS, PERCUTANEOUS APPROACH
0VQH4ZZ	REPAIR BILATERAL SPERMATIC CORDS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQJ0ZZ	REPAIR RIGHT EPIDIDYMIS, OPEN APPROACH
0VQJ3ZZ	REPAIR RIGHT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQJ4ZZ	REPAIR RIGHT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQK0ZZ	REPAIR LEFT EPIDIDYMIS, OPEN APPROACH
0VQK3ZZ	REPAIR LEFT EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQK4ZZ	REPAIR LEFT EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
0VQL0ZZ	REPAIR BILATERAL EPIDIDYMIS, OPEN APPROACH
0VQL3ZZ	REPAIR BILATERAL EPIDIDYMIS, PERCUTANEOUS APPROACH
0VQL4ZZ	REPAIR BILATERAL EPIDIDYMIS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQN0ZZ	REPAIR RIGHT VAS DEFERENS, OPEN APPROACH
0VQN3ZZ	REPAIR RIGHT VAS DEFERENS, PERCUTANEOUS APPROACH
0VQN4ZZ	REPAIR RIGHT VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQP0ZZ	REPAIR LEFT VAS DEFERENS, OPEN APPROACH
0VQP3ZZ	REPAIR LEFT VAS DEFERENS, PERCUTANEOUS APPROACH
0VQP4ZZ	REPAIR LEFT VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0VQQ0ZZ	REPAIR BILATERAL VAS DEFERENS, OPEN APPROACH
0VQQ3ZZ	REPAIR BILATERAL VAS DEFERENS, PERCUTANEOUS APPROACH
0VQQ4ZZ	REPAIR BILATERAL VAS DEFERENS, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS ENDOSCOPIC APPROACH
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS ENDOSCOPIC APPROACH
10A07ZZ	ABORTION OF PRODUCTS OF CONCEPTION, VIA OPENING
10A08ZZ	ABORTION OF PRODUCTS OF CONCEPTION, ENDO
10A07ZW	ABORTION OF PRODUCTS OF CONCEPTION, LAMINARIA, VIA NATURAL OR ARTIFICIAL OPENING
10A00ZZ	ABORTION OF PRODUCTS OF CONCEPTION, OPEN APPROACH
10A03ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS APPROACH
10A04ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS ENDOSCOPIC APPROACH
10A07ZX	ABORTION OF PRODUCTS OF CONCEPTION, ABORTIFACIENT, VIA NATURAL OR ARTIFICIAL OPENING
0NNC0ZZ	RELEASE RIGHT SPHENOID BONE, OPEN APPROACH
0NNC3ZZ	RELEASE RIGHT SPHENOID BONE, PERCUTANEOUS APPROACH
0NNC4ZZ	RELEASE RIGHT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NND0ZZ	RELEASE LEFT SPHENOID BONE, OPEN APPROACH
0NND3ZZ	RELEASE LEFT SPHENOID BONE, PERCUTANEOUS APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
0NND4ZZ	RELEASE LEFT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNF0ZZ	RELEASE RIGHT ETHMOID BONE, OPEN APPROACH
0NNF3ZZ	RELEASE RIGHT ETHMOID BONE, PERCUTANEOUS APPROACH
0NNF4ZZ	RELEASE RIGHT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNG0ZZ	RELEASE LEFT ETHMOID BONE, OPEN APPROACH
0NNG3ZZ	RELEASE LEFT ETHMOID BONE, PERCUTANEOUS APPROACH
0NNG4ZZ	RELEASE LEFT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNH0ZZ	RELEASE RIGHT LACRIMAL BONE, OPEN APPROACH
0NNH3ZZ	RELEASE RIGHT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NNH4ZZ	RELEASE RIGHT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNJ0ZZ	RELEASE LEFT LACRIMAL BONE, OPEN APPROACH
0NNJ3ZZ	RELEASE LEFT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NNJ4ZZ	RELEASE LEFT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNK0ZZ	RELEASE RIGHT PALATINE BONE, OPEN APPROACH
0NNK3ZZ	RELEASE RIGHT PALATINE BONE, PERCUTANEOUS APPROACH
0NNK4ZZ	RELEASE RIGHT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNL0ZZ	RELEASE LEFT PALATINE BONE, OPEN APPROACH
0NNL3ZZ	RELEASE LEFT PALATINE BONE, PERCUTANEOUS APPROACH
0NNL4ZZ	RELEASE LEFT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNM0ZZ	RELEASE RIGHT ZYGOMATIC BONE, OPEN APPROACH
0NNM3ZZ	RELEASE RIGHT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NNM4ZZ	RELEASE RIGHT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNN0ZZ	RELEASE LEFT ZYGOMATIC BONE, OPEN APPROACH
0NNN3ZZ	RELEASE LEFT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NNN4ZZ	RELEASE LEFT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNP0ZZ	RELEASE RIGHT ORBIT, OPEN APPROACH
0NNP3ZZ	RELEASE RIGHT ORBIT, PERCUTANEOUS APPROACH
0NNP4ZZ	RELEASE RIGHT ORBIT, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNQ0ZZ	RELEASE LEFT ORBIT, OPEN APPROACH
0NNQ3ZZ	RELEASE LEFT ORBIT, PERCUTANEOUS APPROACH
0NNQ4ZZ	RELEASE LEFT ORBIT, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNR0ZZ	RELEASE RIGHT MAXILLA, OPEN APPROACH
0NNR3ZZ	RELEASE RIGHT MAXILLA, PERCUTANEOUS APPROACH
0NNR4ZZ	RELEASE RIGHT MAXILLA, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNS0ZZ	RELEASE LEFT MAXILLA, OPEN APPROACH
0NNS3ZZ	RELEASE LEFT MAXILLA, PERCUTANEOUS APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
0NNS4ZZ	RELEASE LEFT MAXILLA, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNT0ZZ	RELEASE RIGHT MANDIBLE, OPEN APPROACH
0NNT3ZZ	RELEASE RIGHT MANDIBLE, PERCUTANEOUS APPROACH
0NNT4ZZ	RELEASE RIGHT MANDIBLE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NNV0ZZ	RELEASE LEFT MANDIBLE, OPEN APPROACH
0NNV3ZZ	RELEASE LEFT MANDIBLE, PERCUTANEOUS APPROACH
0NNV4ZZ	RELEASE LEFT MANDIBLE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQC0ZZ	REPAIR RIGHT SPHENOID BONE, OPEN APPROACH
0NQC3ZZ	REPAIR RIGHT SPHENOID BONE, PERCUTANEOUS APPROACH
0NQC4ZZ	REPAIR RIGHT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQCXZZ	REPAIR RIGHT SPHENOID BONE, EXTERNAL APPROACH
0NQD0ZZ	REPAIR LEFT SPHENOID BONE, OPEN APPROACH
0NQD3ZZ	REPAIR LEFT SPHENOID BONE, PERCUTANEOUS APPROACH
0NQD4ZZ	REPAIR LEFT SPHENOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQDXZZ	REPAIR LEFT SPHENOID BONE, EXTERNAL APPROACH
0NQF0ZZ	REPAIR RIGHT ETHMOID BONE, OPEN APPROACH
0NQF3ZZ	REPAIR RIGHT ETHMOID BONE, PERCUTANEOUS APPROACH
0NQF4ZZ	REPAIR RIGHT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQFXZZ	REPAIR RIGHT ETHMOID BONE, EXTERNAL APPROACH
0NQG0ZZ	REPAIR LEFT ETHMOID BONE, OPEN APPROACH
0NQG3ZZ	REPAIR LEFT ETHMOID BONE, PERCUTANEOUS APPROACH
0NQG4ZZ	REPAIR LEFT ETHMOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQGXXZZ	REPAIR LEFT ETHMOID BONE, EXTERNAL APPROACH
0NQH0ZZ	REPAIR RIGHT LACRIMAL BONE, OPEN APPROACH
0NQH3ZZ	REPAIR RIGHT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NQH4ZZ	REPAIR RIGHT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQHXZZ	REPAIR RIGHT LACRIMAL BONE, EXTERNAL APPROACH
0NQJ0ZZ	REPAIR LEFT LACRIMAL BONE, OPEN APPROACH
0NQJ3ZZ	REPAIR LEFT LACRIMAL BONE, PERCUTANEOUS APPROACH
0NQJ4ZZ	REPAIR LEFT LACRIMAL BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQJXZZ	REPAIR LEFT LACRIMAL BONE, EXTERNAL APPROACH
0NQK0ZZ	REPAIR RIGHT PALATINE BONE, OPEN APPROACH
0NQK3ZZ	REPAIR RIGHT PALATINE BONE, PERCUTANEOUS APPROACH
0NQK4ZZ	REPAIR RIGHT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQKXZZ	REPAIR RIGHT PALATINE BONE, EXTERNAL APPROACH
0NQL0ZZ	REPAIR LEFT PALATINE BONE, OPEN APPROACH
0NQL3ZZ	REPAIR LEFT PALATINE BONE, PERCUTANEOUS APPROACH
0NQL4ZZ	REPAIR LEFT PALATINE BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQLXZZ	REPAIR LEFT PALATINE BONE, EXTERNAL APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
0NQM0ZZ	REPAIR RIGHT ZYGOMATIC BONE, OPEN APPROACH
0NQM3ZZ	REPAIR RIGHT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NQM4ZZ	REPAIR RIGHT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQMXZZ	REPAIR RIGHT ZYGOMATIC BONE, EXTERNAL APPROACH
0NQN0ZZ	REPAIR LEFT ZYGOMATIC BONE, OPEN APPROACH
0NQN3ZZ	REPAIR LEFT ZYGOMATIC BONE, PERCUTANEOUS APPROACH
0NQN4ZZ	REPAIR LEFT ZYGOMATIC BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQNXZZ	REPAIR LEFT ZYGOMATIC BONE, EXTERNAL APPROACH
0NQX0ZZ	REPAIR HYOID BONE, OPEN APPROACH
0NQX3ZZ	REPAIR HYOID BONE, PERCUTANEOUS APPROACH
0NQX4ZZ	REPAIR HYOID BONE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NQXXZZ	REPAIR HYOID BONE, EXTERNAL APPROACH
0NRR07Z	REPLACEMENT OF RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRR0JZ	REPLACEMENT OF RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NRR0KZ	REPLACEMENT OF RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRR37Z	REPLACEMENT OF RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR3JZ	REPLACEMENT OF RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR3KZ	REPLACEMENT OF RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRR47Z	REPLACEMENT OF RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRR4JZ	REPLACEMENT OF RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRR4KZ	REPLACEMENT OF RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRS07Z	REPLACEMENT OF LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRS0JZ	REPLACEMENT OF LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NRS0KZ	REPLACEMENT OF LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NRS37Z	REPLACEMENT OF LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRS3JZ	REPLACEMENT OF LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NRS3KZ	REPLACEMENT OF LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NRS47Z	REPLACEMENT OF LEFT MAXILLA WITH AUTOLOGOUS TISSUE

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
	SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRS4JZ	REPLACEMENT OF LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NRS4KZ	REPLACEMENT OF LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR07Z	SUPPLEMENT RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUR0JZ	SUPPLEMENT RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NUR0KZ	SUPPLEMENT RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUR37Z	SUPPLEMENT RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR3JZ	SUPPLEMENT RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR3KZ	SUPPLEMENT RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUR47Z	SUPPLEMENT RIGHT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR4JZ	SUPPLEMENT RIGHT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUR4KZ	SUPPLEMENT RIGHT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUS07Z	SUPPLEMENT LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUS0JZ	SUPPLEMENT LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH
0NUS0KZ	SUPPLEMENT LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, OPEN APPROACH
0NUS37Z	SUPPLEMENT LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUS3JZ	SUPPLEMENT LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS APPROACH
0NUS3KZ	SUPPLEMENT LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS APPROACH
0NUS47Z	SUPPLEMENT LEFT MAXILLA WITH AUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUS4JZ	SUPPLEMENT LEFT MAXILLA WITH SYNTHETIC SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0NUS4KZ	SUPPLEMENT LEFT MAXILLA WITH NONAUTOLOGOUS TISSUE SUBSTITUTE, PERCUTANEOUS ENDOSCOPIC APPROACH
0RNC0ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, OPEN APPROACH
0RNC3ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS APPROACH
0RNC4ZZ	RELEASE RIGHT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS ENDOSCOPIC APPROACH

SECTION 4 BILLING CODES

BILLING CODES REQUIRING SUPPORT DOCUMENTATION

CODE	DESCRIPTION
0RND0ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, OPEN APPROACH
0RND3ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS APPROACH
0RND4ZZ	RELEASE LEFT TEMPOROMANDIBULAR JOINT, PERCUTANEOUS ENDOSCOPIC APPROACH

ICD-9-CM DIAGNOSIS CODES

For dates of service on or before **September 30, 2015**, the following ICD-9-CM diagnosis codes require review of support documentation by the QIO, KEPRO:

ICD-9 CODE	DESCRIPTION
701.4	KELOID SCAR
709.2	SCAR & FIBROSIS OF SKIN

ICD-10-CM DIAGNOSIS CODES

For dates of service on or after **October 1, 2015**, the following ICD-10-CM diagnosis codes require review of support documentation by the QIO, KEPRO:

ICD-10 CODE	DESCRIPTION
L91.0	HYPERTROPHIC SCAR
L90.5	SCAR CONDITIONS AND FIBROSIS OF SKIN

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

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

FAMILY PLANNING PROCEDURE CODES

<u>Code</u>	<u>Code</u>
J1050	J7301
J1950	J7307
11976	11976
11977	11981
58301	11982
58600	11983
58615	58340
58670	58565
58671	58600
J7297	58615
J7298	58670
J7300	58671

FAMILY PLANNING DIAGNOSIS CODES

Family Planning ICD-9-CM Diagnosis Codes

For dates of service on or before **September 30, 2015**, please the following ICD-9-CM diagnosis codes:

ICD-9 CODE	DESCRIPTION
V25.01	PRESCRIPTION – ORAL CONTRACEPTION
V25.02	INITIATE CONTRACEPTION NEC
V25.09	FAMILY PLANNING ADVICE
V25.1	INSERTION OF IUD
V25.2	STERILIZATION
V25.40	CONTRACEPTION SURVEILLANCE, NOS
V25.41	CONTRACEPTION PILL SURVEILLANCE

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

ICD-9 CODE	DESCRIPTION
V25.42	IUD SURVEILLANCE
V25.43	IMPLANTABLE SUBDERMAL CONTRACEPTION
V25.49	CONTRACEPTION SURVEILLANCE, NECESSARY
V 25.5	FAMILY PLANNING DEVICE
V25.8	CONTRACEPTIVE MANAGEMENT, NECESSARY
V25.9	CONTRACEPTIVE MANAGEMENT, NOS

Family Planning ICD-10- CM Diagnosis Codes

October 2016 Update

For dates of service on or after **October 1, 2016**, please use the following ICD-10-CM diagnosis codes. For dates of service prior to October 1, 2016, refer to the October 2015 Update included in this section.

ICD-10 CODE	DESCRIPTION
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.011	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVE PILLS
Z30.013	ENCOUNTER FOR INITIAL PRESCRIPTION OF INJECTABLE CONTRACEPTIVE
Z30.014	ENCOUNTER FOR INITIAL PRESCRIPTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.015	ENCOUNTER FOR INITIAL PRESCRIPTION OF VAGINAL RING HORMONAL CONTRACEPTIVE
Z30.016	ENCOUNTER FOR INITIAL PRESCRIPTION OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE
Z30.017	ENCOUNTER FOR INITIAL PRESCRIPTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.018	ENCOUNTER FOR INITIAL PRESCRIPTION OF OTHER CONTRACEPTIVES
Z30.019	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVES, UNSPECIFIED
Z30.09	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION
Z30.2	ENCOUNTER FOR STERILIZATION
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

ICD-10 CODE	DESCRIPTION
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEP DEV
Z30.44	ENCOUNTER FOR SURVEILLANCE OF VAGINAL RING HORMONAL CONTRACEPTIVE DEVICE
Z30.45	ENCOUNTER FOR SURVEILLANCE OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE
Z30.46	ENCOUNTER FOR SURVEILLANCE OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED

October 2015 Update

For dates of service on or after October 1, 2015, please use the following ICD-10-CM diagnosis codes. For dates of service on or after October 1, 2016, refer to the October 2016 Update included in this section.

ICD-10 CODE	DESCRIPTION
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.011	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVE PILLS
Z30.013	ENCOUNTER FOR INITIAL PRESCRIPTION OF INJECTABLE CONTRACEPTIVE
Z30.014	ENCOUNTER FOR INITIAL PRESCRIPTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.018	ENCOUNTER FOR INITIAL PRESCRIPTION OF OTHER CONTRACEPTIVES
Z30.019	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVES, UNSPECIFIED
Z30.09	ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION
Z30.2	ENCOUNTER FOR STERILIZATION
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEP DEV
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

APPROVED SEXUALLY TRANSMITTED INFECTION (STI) DRUG LIST

DRUG NAME	DOSAGE
ACYCLOVIR	200 MG
ACYCLOVIR	400 MG
AZITHROMYCIN	1GM
AZITHROMYCIN	2 GM
BENZATHINE PENICILLIN G	2.4 MILLION UNITS
BUTOCONAZOLE 2% CREAM	5 G INTRAVAGINALLY
CEFTRIAZONE	2 GM
CEFTRIAZONE	125 MG
CEFIXIME	400 MG
CIPROFLOXIN	500 MG
CLOTRIMAZOLE 1% CREAM	5 G INTRAVAGINALLY
CLOTRIMAZOLE	100 MG VAGINAL TABLET
DOXYCYCLINE	100 MG

DRUG NAME	DOSAGE
ERYTHROMYCIN BASE	500 MG
ERYTHROMYCIN ETHYLSUCCINATE	800 MG
FAMCICLOVIR	250 MG
FLUCONAZOLE	150 MG
LEVOFLOXACIN	250 MG
LEVOFLOXACIN	500 MG
METRONIDAZOLE	2 G
METRONIDAZOLE	500 MG
OFLOXACIN	300 MG
OFLOXACIN	400 MG
TETRACYCLINE	500 MG
TINIDAZOLE	2 G
VALACYCLOVIR	1 G

FAMILY PLANNING APPROVED STI DIAGNOSIS CODES

Family Planning Approved ICD-9-CM STI Diagnosis Codes

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

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

For dates of service on or before **September 30, 2015**, please use the following approved ICD-9-CM STI diagnosis codes.

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

STI DIAGNOSIS	ICD-9 CODE
SYPHILIS	
GENITAL SYPHILIS (PRIMARY)	091.0
PRIMARY ANAL SYPHILIS	091.1
OTHER PRIMARY SYPHILIS	091.2
EARLY SYPHILIS, LATENT, SEROLOGICAL RELAPSE AFTER TREATMENT	092.0
EARLY SYPHILIS, LATENT, UNSPECIFIED	092.9
SYPHILITIC CERVICITIS	095.8
CHLAMYDIA	
OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE	078.88
CHLAMYDIA TRACHOMATIS	099.41
LOWER GENITOURINARY SITES	099.53
GONORRHEA	
ACUTE, OR LOWER GU TRACT	098.0
GONOCOCCAL INFECTION (ACUTE) OF UPPER GU TRACT, SITE UNSPECIFIED	098.10
GONOCOCCAL CYSTITIS (ACUTE)	098.11
GONOCOCCAL CERVICITIS (ACUTE)	098.15
GONOCOCCAL ENDOMETRITIS (ACUTE)	098.16
GONOCOCCAL SALPINGITIS, ACUTE	098.17
OTHER	098.19
CHRONIC, OF LOWER GU TRACT	098.2
CHRONIC, GONOCOCCAL INFECTION OF UPPER GU TRACT, SITE UNSPECIFIED	098.30
GONOCOCCAL CYSTITIS, CHRONIC	098.31
GONOCOCCAL CERVICITIS, CHRONIC	098.35
GONOCOCCAL ENDOMETRITIS, CHRONIC	098.36
GONOCOCCAL SALPINGITIS (CHRONIC)	098.37
OTHER	098.39
GONOCOCCAL INFECTION OF PHARYNX	098.6
GONOCOCCAL INFECTION OF ANUS AND RECTUM	098.7
HERPES	
GENITAL HERPES	054.10
HERPETIC VULVOVAGINITIS	054.11
HERPETIC ULCERATION OF VULVA	054.12
CANDIDIASIS	
OF VULVA AND VAGINA	112.1
OF OTHER UROGENITAL SITES	112.2
TRICHOMONIASIS	
UROGENITAL TRICHOMONIASIS, UNSPECIFIED	131.00

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

STI DIAGNOSIS	ICD-9 CODE
TRICHOMONAL VULVOVAGINITIS	131.01
TRICHOMONAL URETHRITIS	131.02
OTHER	131.09
OTHER SPECIFIED SITES	131.8
TRICHOMONIASIS, UNSPECIFIED	131.9

Family Planning Approved
ICD-10-CM STI Diagnosis
Codes

For dates of service on or after **October 1, 2015**, please use the following approved ICD-10-CM STI diagnosis codes:

STI DIAGNOSIS	ICD-10 CODE
SYPHILIS	
PRIMARY GENITAL SYPHILIS	A51.0
PRIMARY ANAL SYPHILIS	A51.1
PRIMARY SYPHILIS OF OTHER SITES	A51.2
EARLY SYPHILIS, LATENT	A51.5
EARLY SYPHILIS, UNSPECIFIED	A51.9
SYMPTOMATIC LATE SYPHILIS OF OTHER RESPIRATORY ORGANS	A52.73
OTHER GENITOURINARY SYMPTOMATIC LATE SYPHILIS	A52.76
OTHER SYMPTOMATIC LATE SYPHILIS	A52.79
CHLAMYDIA	
CHLAMYDIAL INFECTION OF LOWER GENITOURINARY TRACT, UNSP	A56.00
CHLAMYDIAL CYSTITIS AND URETHRITIS	A56.01
CHLAMYDIAL VULVOVAGINITIS	A56.02
OTHER CHLAMYDIAL INFECTION OF LOWER GENITOURINARY TRACT	A56.09
OTHER CHLAMYDIAL DISEASES	A74.89
NONSPECIFIC URETHRITIS	N34.1
GONORRHEA	
GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT, UNSP	A54.00
GONOCOCCAL CYSTITIS AND URETHRITIS, UNSPECIFIED	A54.01
GONOCOCCAL VULVOVAGINITIS, UNSPECIFIED	A54.02
GONOCOCCAL CERVICITIS, UNSPECIFIED	A54.03
OTHER GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT	A54.09
GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT WITH PERIURETHRAL AND ACCESSORY GLAND ABSCESS	A54.1
GONOCOCCAL INFECTION OF KIDNEY AND URETER	A54.21

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

STI DIAGNOSIS	ICD-10 CODE
GONOCOCCAL FEMALE PELVIC INFLAMMATORY DISEASE	A54.24
OTHER GONOCOCCAL GENITOURINARY INFECTIONS	A54.29
GONOCOCCAL PHARYNGITIS	A54.5
GONOCOCCAL INFECTION OF ANUS AND RECTUM	A54.6
HERPES	
HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	A60.00
HERPESVIRAL VULVOVAGINITIS	A60.04
HERPESVIRAL INFECTION OF OTHER UROGENITAL TRACT	A60.09
ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED	A60.9
CANDIDIASIS	
CANDIDIASIS OF VULVA AND VAGINA	B37.3
CANDIDAL CYSTITIS AND URETHRITIS	B37.41
CANDIDAL BALANITIS	B37.42
OTHER UROGENITAL CANDIDIASIS	B37.49
TRICHOMONIASIS	
UROGENITAL TRICHOMONIASIS, UNSPECIFIED	A59.00
TRICHOMONAL VULVOVAGINITIS	A59.01
TRICHOMONAL CYSTITIS AND URETHRITIS	A59.03
OTHER UROGENITAL TRICHOMONIASIS	A59.09
TRICHOMONIASIS OF OTHER SITES	A59.8
TRICHOMONIASIS, UNSPECIFIED	A59.9

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

FAMILY PLANNING CPT/HCPCS SERVICES

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; TUBAL LIGATION/TRANSECTION			MAY ONLY BE BILLED WITH STERILIZATION PROCEDURE
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX, OR ENDOMETRIUM); HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY			MAY ONLY BE BILLED WITH STERILIZATION PROCEDURE
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	X		
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	X		MAY BE BILLED WITH IMPLANON
11982	REMOVAL, NON BIODEGRADABLE DRUG DELIVERY	X		MAY BE BILLED WITH IMPLANON
11983	REMOVAL, WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	X		MAY BE BILLED WITH IMPLANON
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	X		
45331	SIGMOIDOSCOPY, FLEX;W/BIOP, SINGLE/MULTI	X		
45378	COLONOSCOPY, FLEXIBLE, DIAGNOSTIC, WITH/ WITHOUT SPECIMEN			
57170	DIAPHRAGM OR CERVICAL CAP FITTING W/INSTRUCTIONS	X		
58300	INSERTION OF INTRAUTERINE DEVICE	X		
58301	REMOVAL OF INTRAUTERINE DEVICE	X		
58340	CATHETERIZATION AND INDUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY	X		MAY ONLY BE BILLED WITH ESSURE PROCEDURE

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
58565	CATHETERIZATION AND INDUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58600	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58615	LIGATION OR TRANSACTION OF FALLOPIAN TUBE(S), AND OR VAGINAL UNILATERAL OR BILATERAL	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58670	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (E.G., BAND, CLIP VAGINAL OR SUPRAPUBIC APPROACH	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
58671	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	X		REQUIRES COMPLETED STERILIZATION FORM PRIOR TO PROCEDURE
71010	RADIOLOGIC EXAMINATION, CHEST, SINGLE VIEW, FRONTAL	X		
71250	COMPUTER TOMOGRAPHY THORAX W/O CONTRAST	X		
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		MAY ONLY BE BILLED AFTER ESSURE PROCEDURE
76830	ULTRASOUND, TRANSVAGINAL	X		
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	X		
76857	LIMITED OR FOLLOW-UP (E.G., FOR FOLLICLES)	X		
77067	MAMMOGRAPHY OF BOTH BREASTS	X		
77066	MAMMOGRAPHY OF BOTH BREASTS	X		

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
77067	MAMMOGRAPHY OF BOTH BREASTS	X		
80048	BASIC METABOLIC PANEL	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
80061	LIPID PANEL	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81001	AUTOMATED, WITH MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81002	NON-AUTOMATED, WITHOUT MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81003	AUTOMATED, WITH MICROSCOPY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAY KIT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81007	BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE, COMMERCIAL KIT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81015	MICROSCOPIC ONLY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81020	2 OR 3 GLASS TEST	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
81025	URINE PREGNANCY TES, BY VISUAL COLOR COMPARISON METHODS	X		

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
82270	BLOOD,OCULT/PEROXIDAS ACTIVTY,QUAL;FECES	X		
82274	BLOOD OCCULT,FECAL HEMOG;1-3 DETERMIN	X		
82465	CHOLESTEROL SERUM OR WHOLE BLOOD,TOTAL	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
82947	GLUCOSE;QUANTITA BLOOD EXCP REAGNT STRIP	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
82950	GLUCOSE POST GLUCOSE DOSE (INC GLUCOSE)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
82951	GLUCOSE TOLERANCE TEST(GTT)3SPEC(INC GL)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	X		
83718	LIPOPRO,DIR MSRMNT;HGH DNSTY CHLSTR(HDL)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	X		
84703	QUALITATIVE	X		
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85008	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT DIFFERENTIAL WBC COUNT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85009	MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85013	SPUN MICROHEMATOCRIT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
85014	HEMATOCRIT (Hct)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85018	HEMAGLOBIN (Hgb)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
85025	COMPLETE CBC, AUTOMATED (Hgb, Hct, RBC, WBC, AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
85027	COMPLETE CBC, AUTOMATED (Hgb, Hct, RBC, WBC, AND PLATELET COUNT)	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
85032	MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE OR PLATELET)EACH	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY: SCREEN, EACH ANTIBODY	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL,RPR, ART)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86593	QUANTITATIVE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86689	ANTIBODY, HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (E.G., WESTERN BLOT)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86695	HERPES SIMPLEX, TYPE 1	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86696	HERPES SIMPLEX, TYPE 2	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
86701	ANTIBODY, HIV-1	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86702	HIV-2	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86703	HIV-1 AND HIV-2, SINGLE ASSAY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86780	ANTIBODY; TREPONEMA PALLIDUM	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
86803	HEPATITIS C ANTIBODY	X		
86804	HEPATITIS C ANTIBODY;CONFIRM TST(IMMUNOB	X		
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87110	CULTURE,CHLAMYDIA, ANY SOURCE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87164	DARK FIELD EXAMINATION, ANY SOURCE (E.G., PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87206	FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, PARASITES, VIRUSES, OR CELL TYPES	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (E.G., MALARIA COCCIDIA, MICROSPORIDIA, TRYPANOSOMES, HERPES VIRUS)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87209	COMPLEX SPECIAL STAIN (E.G., TRICHROME, IRON HEMOTOXYLIN) FOR OVA AND PARASITES	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87210	WET MOUNT FOR INFECTIOUS AGENTS (E.G., SALINE, INDIA INK, KOH PREPS)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (E.G., SCABIES)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CHLAMYDIA TRACHOMATIS	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87481	CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87482	CANDIDA SPECIES, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
87511	GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87512	GARDNERELLA VAGINALIS, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); Herpes simplex virus, direct probe technique	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87529	HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87530	HERPES SIMPLEX VIRUS, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87531	HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87532	HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87533	HERPES VIRUS -6, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87534	HIV-1, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87535	HIV-1, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87536	HIV-1 QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87537	HIV-2, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
87539	HIV-2, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87591	NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87592	NEISSERIA GONORRHEA, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87620	PAPILLOMAVIRUS, HUMAN, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87621	PAPILLOMAVIRUS, HUMAN AMPLIFIED PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87622	PAPILLOMAVIRUS, HUMAN, QUANTIFICATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED; DIRECT PROBE TECHNIQUE, EACH ORGANISM	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
87850	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHEA	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (E.G., SACCOMANNO TECHNIQUE)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING INTERPRETATION BY PHYSICIAN	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88143	WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88148	SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88152	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88153	WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88154	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG., MATURATION INDEX, KARYOPYKNOTIC INDEX ESTROGENIC INDEX)(LIST SEPARATELY IN ADDITION TO CODE 9S) FOR OTHER TECHNICAL AND INTERPRETATION SERVICES)	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88161	PREPARATION, SCREENING, AND INTERPRETATION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88162	EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88165	WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88166	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88167	WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY
88173	INTERPRETATION AND REPORT	X		MAY BE BILLED WITH INITIAL OR ANNUAL VISIT ONLY

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	X		
88175	WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
88300	LEVEL I SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
88302	LEVEL II SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
88305	LEVEL IV SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	X		STERILIZATION, COLONOSCOPY POLYPS AND BIOPSY
96372	THERAPEUTIC, PHROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
99000	HANDLING AND OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIANS OFFICE TO THE LABORATORY	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
99071	EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, PROVIDED BY THE PHYSICIAN FOR THE PATIENT'S EDUCATION AT COST TO THE PHYSICIAN	X		MAY BE BILLED WITH STERILIZATION PROCEDURE ONLY
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	X		TO BE USED FOR A NEW PATIENT ALSO, MUST FOLLOW CPT GUIDELINES FOR COMPONENTS
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	X		TO BE USED FOR AN ESTABLISHED PATIENT. MAY BE USED AS SUPPLY VISIT BY HEALTH DEPARTMENT
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	X		TO BE USED FOR ESTABLISHED PATIENT
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	X		TO BE USED FOR ESTABLISHED PATIENT
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	X		TO BE USED FOR ESTABLISHED PATIENT
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	X		TO BE USED FOR ESTABLISHED PATIENT

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	X		TO BE USED FOR AN ESTABLISHED PATIENT.
99239	MORE THAN 30 MINUTES	X		TO BE USED FOR AN ESTABLISHED PATIENT.
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	X		MAY BE USED WHEN A PROVIDER REFERS A RECIPIENT TO ANOTHER PROVIDER FOR A STERILIZATION PROCEDURE ONLY. MUST FOLLOW CPT GUIDELINES

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
99401	PREVENTATIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 15 MINUTES	X		CANNOT BE USED ON THE SAME DAY AS AN OFFICE/CLINIC VISIT
99402	PREVENTATIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 30 MINUTES	X		CANNOT BE USED ON THE SAME DAY AS AN OFFICE/CLINIC VISIT
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	X		
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	X		
A4268	CONTRACEPTIVE SUPPLY, CONDOM FEMALE		X	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE	X		
A4550	MAJOR SURGICAL TRAY (INCLUDES ANESTHESIA INJECTION)		X	
G0105	SCREENING COLONOSCOPY	X		
G0202	SCR MAMMO BI INCL CAD	X		
G0438	ANNUAL WELLNESS VISIT W/PREV PLAN, INITIAL	X		
G0439	ANNUAL WELLNESS VISIT W/PREVENTATIVE CARE SUBSEQUENT VISIT (ESTABLISHED PATIENT)	X		
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100,000 UNITS	X		
J0567	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	X		
J0696	INJECTION, CEFTRIXONE SODIUM, PER 250 MG			
J1050	INJECTION MEDROXYPROGESTERONE ACETATE (DEPO-PROVERA)	X		

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
J1056	INJECTION MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPINATE 25 MIG/GMG (LUNELLE)	X		
J1950	INJECTION, LEUPROLIDE ACETATE, PER 3.75 MG	X		
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	X		
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	X		
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	X		
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	X		
J7303	CONTRACEPTIVE HORMONE W/VAGINAL RING	X		
J7304	CONTRACEPTIVE SUPPLY HORMONE PATCH	X		
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	X		
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (NEW CODE FOR IMPLANON)	X		
Q0111	WET MOUNT	X		
A0112	ALL POTASSIUM HYDROXIDE (KOH)	X		
S0316	DISEASE MANAGEMENT FOLLOW UP REASSESSMENT		X	
S0320	PH CALL/RN- DISEASE MEM/MONITR; MON		X	
S3645	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE	X		
S4981	INSERTION OF LEVONORGESTREL RELEASING INTRAUTERINE SYSTEM	X		

SECTION 4 BILLING CODES

BILLING CODES FOR FAMILY PLANNING

CPT/ HCPCS CODE	DESCRIPTION	REQUIRES FP	FAMILY PLANNING CODES THAT ARE NOT TO BE CODED WITH FP MODIFIER	COMMENTS
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	X		
S9445	PATIENT EDUCATION, INDIVIDUAL, NOT OTHERWISE CLASSIFIED, NON PHYSICIAN PROVIDER	X		CODE ONLY ALLOWED FOR MEDICAID ADOLESCENT PREGANCY SERVICES (MAPPS)
S9446	PATIENT EDUCATION, GROUP, NOT OTHERWISE CLASSIFIED, NON PHYSICIAN PROVIDER	X		CODE ONLY ALLOWED FOR MEDICAID ADOLESCENT PREGANCY SERVICES (MAPPS)
T1015	CLIMIN VISIT ENCOUNTER; ALL INCLUSIVE	X		CODE ONLY ALLOWED FOR FQHC/RHC PROVIDERS. ONLY ONE ENCOUNTER SERVICE PER DAY IS PERMITTED
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL	X		CODE ONLY ALLOWED FOR MEDICAID ADOLESCENT PREGANCY SERVICES (MAPPS)

SECTION 4 BILLING CODES

BILLING CODES FOR ABORTIONS

NON-ELECTIVE ABORTIONS PROCEDURE CODES

Outpatient Hospital Non- Elective Abortion Procedure Codes

Please use the following procedure codes for outpatient hospital services. These procedure codes should be used for spontaneous, incomplete, inevitable, missed, septic, hydatidiform mole, or other non-elective abortions with appropriate diagnosis code.

PROCEDURE CODES	
59812	59820
59821	59830
59870	59200

Inpatient Hospital ICD-9- CM Non-Elective Abortion Surgical Procedure Codes

For dates of service on or before **September 30, 2015**, please use the following ICD-9-CM surgical procedure codes. These procedure codes should be used for spontaneous, incomplete, inevitable, missed, septic, hydatidiform mole, or other non-elective abortions with appropriate diagnosis code.

ICD-9 CODES
68.0
69.02
69.52
69.93
96.49

SECTION 4 BILLING CODES

ABORTION SURGICAL CODES

Inpatient Hospital ICD-10-CM Non-Elective Abortion Surgical Procedure Codes

For dates of service on or after **October 1, 2015**, please use the following ICD-10-CM Non-Elective Abortion surgical procedure codes. These procedure codes should be used for spontaneous, incomplete, inevitable, missed, septic, hydatidiform mole, or other non-elective abortions with appropriate diagnosis code.

ICD-10 CODE	DESCRIPTION
0U9900Z	DRAINAGE OF UTERUS WITH DRAINAGE DEVICE, OPEN APPROACH
0U990ZZ	DRAINAGE OF UTERUS, OPEN APPROACH
0U9930Z	DRAINAGE OF UTERUS WITH DRAINAGE DEVICE, PERC APPROACH
0U993ZZ	DRAINAGE OF UTERUS, PERCUTANEOUS APPROACH
0U9940Z	DRAINAGE OF UTERUS WITH DRAINAGE DEVICE, PERC ENDO APPROACH
0U994ZZ	DRAINAGE OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH
0U9970Z	DRAINAGE OF UTERUS WITH DRAINAGE DEVICE, VIA OPENING
0U997ZZ	DRAINAGE OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING
0U9980Z	DRAINAGE OF UTERUS WITH DRAINAGE DEVICE, ENDO
0U998ZZ	DRAINAGE OF UTERUS, ENDO
0UC90ZZ	EXTIRPATION OF MATTER FROM UTERUS, OPEN APPROACH
0UC93ZZ	EXTIRPATION OF MATTER FROM UTERUS, PERCUTANEOUS APPROACH
0UC94ZZ	EXTIRPATION OF MATTER FROM UTERUS, PERC ENDO APPROACH
0UJD0ZZ	INSPECTION OF UTERUS AND CERVIX, OPEN APPROACH
0UJD3ZZ	INSPECTION OF UTERUS AND CERVIX, PERCUTANEOUS APPROACH
0UJD4ZZ	INSPECTION OF UTERUS AND CERVIX, PERC ENDO APPROACH
0UPD00Z	REMOVAL OF DRAIN DEV FROM UTERUS & CERVIX, OPEN APPROACH
0UPD01Z	REMOVAL OF RADIOACT ELEM FROM UTERUS & CERVIX, OPEN APPROACH
0UPD03Z	REMOVAL OF INFUSION DEV FROM UTERUS & CERVIX, OPEN APPROACH
0UPD07Z	REMOVAL OF AUTOL SUB FROM UTERUS & CERVIX, OPEN APPROACH
0UPD0DZ	REMOVAL OF INTRALUM DEV FROM UTERUS & CERVIX, OPEN APPROACH
0UPD0HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, OPEN APPROACH
0UPD0JZ	REMOVAL OF SYNTH SUB FROM UTERUS & CERVIX, OPEN APPROACH
0UPD0KZ	REMOVAL OF NONAUT SUB FROM UTERUS & CERVIX, OPEN APPROACH
0UPD30Z	REMOVAL OF DRAIN DEV FROM UTERUS & CERVIX, PERC APPROACH
0UPD31Z	REMOVAL OF RADIOACT ELEM FROM UTERUS & CERVIX, PERC APPROACH
0UPD33Z	REMOVAL OF INFUSION DEV FROM UTERUS & CERVIX, PERC APPROACH

SECTION 4 BILLING CODES**ABORTION SURGICAL CODES**

ICD-10 CODE	DESCRIPTION
0UPD37Z	REMOVAL OF AUTOL SUB FROM UTERUS & CERVIX, PERC APPROACH
0UPD3DZ	REMOVAL OF INTRALUM DEV FROM UTERUS & CERVIX, PERC APPROACH
0UPD3HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, PERC APPROACH
0UPD3JZ	REMOVAL OF SYNTH SUB FROM UTERUS & CERVIX, PERC APPROACH
0UPD3KZ	REMOVAL OF NONAUT SUB FROM UTERUS & CERVIX, PERC APPROACH
0UPD40Z	REMOVE OF DRAIN DEV FROM UTERUS & CERVIX, PERC ENDO APPROACH
0UPD41Z	REMOVE RADIOACT ELEM FROM UTERUS & CERVIX, PERC ENDO
0UPD43Z	REMOVE INFUSION DEV FROM UTERUS & CERVIX, PERC ENDO
0UPD47Z	REMOVE OF AUTOL SUB FROM UTERUS & CERVIX, PERC ENDO APPROACH
0UPD4DZ	REMOVE INTRALUM DEV FROM UTERUS & CERVIX, PERC ENDO
0UPD4HZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, PERC ENDO
0UPD4JZ	REMOVE OF SYNTH SUB FROM UTERUS & CERVIX, PERC ENDO APPROACH
0UPD4KZ	REMOVE NONAUT SUB FROM UTERUS & CERVIX, PERC ENDO
0UPD70Z	REMOVAL OF DRAINAGE DEVICE FROM UTERUS & CERVIX, VIA OPENING
0UPD71Z	REMOVAL OF RADIOACT ELEM FROM UTERUS & CERVIX, VIA OPENING
0UPD73Z	REMOVAL OF INFUSION DEVICE FROM UTERUS & CERVIX, VIA OPENING
0UPD77Z	REMOVAL OF AUTOL SUB FROM UTERUS & CERVIX, VIA OPENING
0UPD7DZ	REMOVAL OF INTRALUM DEV FROM UTERUS & CERVIX, VIA OPENING
0UPD7JZ	REMOVAL OF SYNTH SUB FROM UTERUS & CERVIX, VIA OPENING
0UPD7KZ	REMOVAL OF NONAUT SUB FROM UTERUS & CERVIX, VIA OPENING
0UPD80Z	REMOVAL OF DRAINAGE DEVICE FROM UTERUS AND CERVIX, ENDO
0UPD81Z	REMOVAL OF RADIOACTIVE ELEMENT FROM UTERUS AND CERVIX, ENDO
0UPD83Z	REMOVAL OF INFUSION DEVICE FROM UTERUS AND CERVIX, ENDO
0UPD87Z	REMOVAL OF AUTOL SUB FROM UTERUS & CERVIX, ENDO
0UPD8DZ	REMOVAL OF INTRALUMINAL DEVICE FROM UTERUS AND CERVIX, ENDO
0UPD8JZ	REMOVAL OF SYNTHETIC SUBSTITUTE FROM UTERUS AND CERVIX, ENDO
0UPD8KZ	REMOVAL OF NONAUT SUB FROM UTERUS & CERVIX, ENDO
0UWD00Z	REVISION OF DRAIN DEV IN UTERUS & CERVIX, OPEN APPROACH
0UWD01Z	REVISION OF RADIOACT ELEM IN UTERUS & CERVIX, OPEN APPROACH
0UWD03Z	REVISION OF INFUSION DEV IN UTERUS & CERVIX, OPEN APPROACH

SECTION 4 BILLING CODES**ABORTION SURGICAL CODES**

ICD-10 CODE	DESCRIPTION
0UWD07Z	REVISION OF AUTOL SUB IN UTERUS & CERVIX, OPEN APPROACH
0UWD0DZ	REVISION OF INTRALUM DEV IN UTERUS & CERVIX, OPEN APPROACH
0UWD0HZ	REVISION OF CONTRACEP DEV IN UTERUS & CERVIX, OPEN APPROACH
0UWD0JZ	REVISION OF SYNTH SUB IN UTERUS & CERVIX, OPEN APPROACH
0UWD0KZ	REVISION OF NONAUT SUB IN UTERUS & CERVIX, OPEN APPROACH
0UWD30Z	REVISION OF DRAIN DEV IN UTERUS & CERVIX, PERC APPROACH
0UWD31Z	REVISION OF RADIOACT ELEM IN UTERUS & CERVIX, PERC APPROACH
0UWD33Z	REVISION OF INFUSION DEV IN UTERUS & CERVIX, PERC APPROACH
0UWD37Z	REVISION OF AUTOL SUB IN UTERUS & CERVIX, PERC APPROACH
0UWD3DZ	REVISION OF INTRALUM DEV IN UTERUS & CERVIX, PERC APPROACH
0UWD3HZ	REVISION OF CONTRACEP DEV IN UTERUS & CERVIX, PERC APPROACH
0UWD3JZ	REVISION OF SYNTH SUB IN UTERUS & CERVIX, PERC APPROACH
0UWD3KZ	REVISION OF NONAUT SUB IN UTERUS & CERVIX, PERC APPROACH
0UWD40Z	REVISION OF DRAIN DEV IN UTERUS & CERVIX, PERC ENDO APPROACH
0UWD41Z	REVISE RADIOACT ELEM IN UTERUS & CERVIX, PERC ENDO
0UWD43Z	REVISE INFUSION DEV IN UTERUS & CERVIX, PERC ENDO
0UWD47Z	REVISION OF AUTOL SUB IN UTERUS & CERVIX, PERC ENDO APPROACH
0UWD4DZ	REVISE INTRALUM DEV IN UTERUS & CERVIX, PERC ENDO
0UWD4HZ	REVISE CONTRACEP DEV IN UTERUS & CERVIX, PERC ENDO
0UWD4JZ	REVISION OF SYNTH SUB IN UTERUS & CERVIX, PERC ENDO APPROACH
0UWD4KZ	REVISE OF NONAUT SUB IN UTERUS & CERVIX, PERC ENDO APPROACH
0UWD70Z	REVISION OF DRAINAGE DEVICE IN UTERUS & CERVIX, VIA OPENING
0UWD71Z	REVISION OF RADIOACT ELEM IN UTERUS & CERVIX, VIA OPENING
0UWD73Z	REVISION OF INFUSION DEVICE IN UTERUS & CERVIX, VIA OPENING
0UWD77Z	REVISION OF AUTOL SUB IN UTERUS & CERVIX, VIA OPENING
0UWD7DZ	REVISION OF INTRALUM DEV IN UTERUS & CERVIX, VIA OPENING
0UWD7HZ	REVISION OF CONTRACEP DEV IN UTERUS & CERVIX, VIA OPENING
0UWD7JZ	REVISION OF SYNTH SUB IN UTERUS & CERVIX, VIA OPENING
0UWD7KZ	REVISION OF NONAUT SUB IN UTERUS & CERVIX, VIA OPENING
0UWD80Z	REVISION OF DRAINAGE DEVICE IN UTERUS AND CERVIX, ENDO
0UWD81Z	REVISION OF RADIOACTIVE ELEMENT IN UTERUS AND CERVIX, ENDO
0UWD83Z	REVISION OF INFUSION DEVICE IN UTERUS AND CERVIX, ENDO
0UWD87Z	REVISION OF AUTOL SUB IN UTERUS & CERVIX, ENDO
0UWD8DZ	REVISION OF INTRALUMINAL DEVICE IN UTERUS AND CERVIX, ENDO
0UWD8HZ	REVISION OF CONTRACEPTIVE DEVICE IN UTERUS AND CERVIX,

SECTION 4 BILLING CODES

ABORTION SURGICAL CODES

ICD-10 CODE	DESCRIPTION
	ENDO
0UWD8JZ	REVISION OF SYNTHETIC SUBSTITUTE IN UTERUS AND CERVIX, ENDO
0UWD8KZ	REVISION OF NONAUT SUB IN UTERUS & CERVIX, ENDO
10D17ZZ	EXTRACTION OF PRODUCTS OF CONCEPTION, RETAINED, VIA OPENING
10D18ZZ	EXTRACTION OF PRODUCTS OF CONCEPTION, RETAINED, ENDO
10A07ZW	ABORTION OF PRODUCTS OF CONCEPTION, LAMINARIA, VIA OPENING
0WHR73Z	INSERTION OF INFUSION DEVICE INTO GU TRACT, VIA OPENING
0WHR7YZ	INSERTION OF OTHER DEVICE INTO GU TRACT, VIA OPENING
10A07ZX	ABORTION OF POC, ABORTIFACIENT, VIA OPENING
3E1K78X	IRRIGATION OF GU TRACT USING IRRIGAT, VIA OPENING, DIAGN
3E1K78Z	IRRIGATION OF GENITOURINARY TRACT USING IRRIGAT, VIA OPENING
3E1K88X	IRRIGATION OF GENITOURINARY TRACT USING IRRIGAT, ENDO, DIAGN
3E1K88Z	IRRIGATION OF GENITOURINARY TRACT USING IRRIGAT, ENDO

ELECTIVE THERAPEUTIC ABORTION PROCEDURE CODES

Outpatient Hospital Elective Therapeutic Abortion Procedure Codes

Please use the following elective therapeutic abortion procedure codes for outpatient hospital services:

PROCEDURE CODES			
59840	59841	59850	59851
59852	59855	59856	59857

Inpatient Elective Therapeutic Abortion ICD-9-CM Surgical Codes

For dates of service on or before **September 30, 2015**, please use the following inpatient elective therapeutic abortion ICD-9-CM surgical procedure codes:

PROCEDURE CODES			
69.01	69.51	74.91	75.0

SECTION 4 BILLING CODES

ABORTION SURGICAL CODES

**Inpatient Elective
Therapeutic Abortion
ICD-10-CM Surgical
Codes**

For dates of service on or after **October 1, 2015**, please use the following inpatient elective therapeutic abortion ICD-10-CM surgical procedure codes:

ICD-10 CODE	DESCRIPTION
O04.5	GENITAL TRACT AND PELVIC INFECTION FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.6	DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.7	EMBOLISM FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.80	(INDUCED) TERMINATION OF PREGNANCY WITH UNSPECIFIED COMPLICATIONS
O04.81	SHOCK FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.82	RENAL FAILURE FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.83	METABOLIC DISORDER FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.84	DAMAGE TO PELVIC ORGANS FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.85	OTHER VENOUS COMPLICATIONS FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.86	CARDIAC ARREST FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.87	SEPSIS FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.88	URINARY TRACT INFECTION FOLLOWING (INDUCED) TERMINATION OF PREGNANCY
O04.89	(INDUCED) TERMINATION OF PREGNANCY WITH OTHER COMPLICATIONS
Z33.2	ENCOUNTER FOR ELECTIVE TERMINATION OF PREGNANCY

**Inpatient Elective
Therapeutic Abortion
ICD-10 PCS Surgical
Codes**

For dates of service on or after **October 1, 2015**, please use the following inpatient elective therapeutic abortion ICD-10 PCS surgical procedure codes:

ICD-10 PCS CODE	DESCRIPTION
10A07ZZ	ABORTION OF PRODUCTS OF CONCEPTION, VIA OPENING
10A08ZZ	ABORTION OF PRODUCTS OF CONCEPTION, ENDO
10A00ZZ	ABORTION OF PRODUCTS OF CONCEPTION, OPEN APPROACH
10A03ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERCUTANEOUS APPROACH
10A04ZZ	ABORTION OF PRODUCTS OF CONCEPTION, PERC ENDO APPROACH
10A07ZX	ABORTION OF POC, ABORTIFACIENT, VIA OPENING