

Medicare Severity Grouper with Medicare Code Editor Software

# **Installation and User's Manual ICD-10 Version**

For personal computers

Software version 38.0 Test Grouper October 2020

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# ICD-10

## Version 38.0

This Medicare Severity (MS) Grouper with Medicare Code Editor (MCE) ICD-10 software contains both ICD-9-CM and ICD-10 codes (see "Program versions (page [9](#))"). This software is intended to give users the opportunity to group and edit claims using ICD-9-CM, ICD-10-CM and ICD-10 PCS codes based on discharge date. If the discharge date is out of range for this component, the program will default to the current version.



# About this document

## Purpose of the manual

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

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

## Information in the manual

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

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

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





# Chapter 1: Introduction

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

The software:

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

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

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

## Program versions

This v38.0 NPRM preliminary grouper test release of MS grouper with MCE software for Windows-based personal computers supports the versions shown in the following table. To process a claim using a CMS grouper prior to version 16.0, you must use the earlier version of CMS Grouper with MCE software.

**Note:** The purpose for the 38.0 release is for end users to evaluate the proposed changes to the MS DRG grouper. No changes were made to MCE edits and any new codes would not be recognized by the MCE software.

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

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

MS grouper version	MCE version	Effective date range
38.0 (ICD-10)	38.0	10/01/2020–09/30/2021
37.1 (ICD-10)	37.1	04/01/2020–09/30/2020
37.0 (ICD-10)	37.0	10/01/2019–03/31/2020
36.0 (ICD-10)	36.0	10/01/2018–09/30/2019
35.0 (ICD-10)	35.0	10/01/2017–09/30/2018

<b>MS grouper version</b>	<b>MCE version</b>	<b>Effective date range</b>
34.0 (ICD-10)	34.0	10/01/2016–09/30/2017
33.0 (ICD-10)	33.0	10/01/2015–09/30/2016
32.0	32.0	10/01/2014–09/30/2015
31.0	31.0	10/01/2013–09/30/2014
30.0	30.0	10/01/2012–09/30/2013
29.0	28.0	10/01/2011–09/30/2012
28.0	27.0	10/01/2010–09/30/2011
27.0	26.0	10/01/2009–09/30/2010
26.0	25.0	10/01/2008–09/30/2009
25.1	24.1	04/01/2008–09/30/2008
25.0	24.0	10/01/2007–03/31/2008
24.0	23.0	10/01/2006–09/30/2007
23.0	22.0	10/01/2005–09/30/2006
22.0	21.0	10/01/2004–09/30/2005
21.0	20.0	10/01/2003–09/30/2004
20.0	19.0	10/01/2002–09/30/2003
19.0	18.0	10/01/2001–09/30/2002
18.0	17.0	10/01/2000–09/30/2001
17.0	16.0	10/01/1999–09/30/2000
16.0	15.1*	07/01/1999–09/30/1999
16.0	15.0	10/01/1998–06/30/1999

There are specific rules for the discharge date field as it relates to the discharge status and the version of software used to process a claim. See the "Data entry fields" table (page [21](#)) for details.

# Chapter 2: Installing the software

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

## Hardware and system requirements

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

**Table 2. Hardware requirements**

Component	Requirement
Operating system	Microsoft® Windows® 8.1 Microsoft Windows 7 (32 bit or 64 bit)
RAM	1 GB
Available disk space	220 MB
Monitor	Super VGA color (1024x768) resolution)
Windows permissions	Administrative status

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

## Pre-installation note

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

## Installing the current software product

To install the current version of MS grouper with MCE software, follow the steps below. The installation automatically checks for the appropriate operating system, screen resolution, free disk space, administrator status, and previously installed MSG/MCE software versions. If any requirement is not met, you will see a message stating the nature of the problem during the installation. Correct the problem and begin the installation again. At any time, you can click Cancel to end the installation process.

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

The installation process begins and you see the Welcome screen.

**Note:** If you see a User Account Control or Security Policy warning message pop up, select Yes or Allow to continue with the install.

6. On the Welcome screen, read the setup information, then select Next to continue.
7. Review the information on the Read Me screen, then select Next to continue.
8. On the Choose Install Location screen, specify the folder where you want to install the product.

The default folder is C:\Program Files\MSG MCE SOFTWARE I10.

- To choose a different folder, select Browse... and browse to the folder you want to use.
- If you want to restore the default folder after making a change, select Restore Default Folder.

9. After choosing an install folder, select Install.
10. On the Install Complete screen, select Finish.

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

## Description files

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

**Table 3. Description files**

File name	Contains descriptions for...
icd9dx.vxxx	ICD-9-CM diagnosis codes
icd9sg.vxxx	ICD-9-CM procedure codes
icd10dx.vxxx	ICD-10-CM diagnosis codes
icd10sg.vxxx	ICD-10-PCS procedure codes
icd9msdrg3.vxxx	ICD-9 3-digit DRGs
icd10msdrg3.vxxx	ICD-10 3-digit DRGs
icd9msdrg4.vxxx	ICD-9 4-digit DRGs
icd10msdrg4.vxxx	ICD-10 4-digit DRGs
msmdc.vxxx	MDCs

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

## Installed program functions

The installation places the three functions, shown in the following table, in the MSG MCE SOFTWARE I10 folder of Programs in the Start menu on your PC.

**Table 4. Installed program functions**

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

### Accessing the functions

To access any of the functions in the previous table:

1. Go to the Start menu.
2. Select All Programs > MSG MCE SOFTWARE I10.
3. Select the appropriate function.
  - For information on interactive claims processing, go to "Interactive data processing" (page [17](#))
  - or
  - For information on batch processing, go to "Batch processing" (page [41](#)).

## Uninstalling grouper versions

The following instructions explain how to uninstall this software.

1. Launch the uninstall process from the Windows Control Panel or from the product directory.
    - a. To launch the uninstall process from the Control Panel
      1. Select Start > Control Panel > Programs > Programs and Features.  
(Windows 7 users, select Start > Control Panel > Programs and Features.)
      2. From the list of installed products, select MSG MCE SOFTWARE I10.
      3. Right-click, then select Uninstall/Change.
    - b. To launch the uninstall process from the product directory
      1. Locate the product directory. The default directory is C:\Program Files\MSG MCE SOFTWARE I10.
      2. Double-click Uninstall.exe.
- Note:** If you see a User Account Control warning message, select Yes to continue with the uninstall.
2. On the Welcome screen, read the uninstall information, then select Next to continue.
  3. On the MSG MCE Software Uninstall screen, read the message summarizing the uninstall process, then select Uninstall.
  4. On the Uninstall Complete screen, select Finish.





# Chapter 3: Interactive data processing

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

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

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

Sections in this chapter give you information on:

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

## Data entry

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

## Grouper selection

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

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

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

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

## Steps for entering data

Follow these steps for interactive data entry:

1. From the Start menu, select All Programs > MSG MCE SOFTWARE I10 > MSGMCE Interactive.

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

The data entry window is organized into three sections:

- Patient Information
- Patient Stay Information
- Codes

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

Annotations on the left side of the image:

- Title bar →
- Menus →
- Sections →
- Command buttons →

Figure 1: Data entry window

2. Enter data into the appropriate fields.

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

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

What do you want to do?	Help
Find specific data entry field information	See the "Data entry fields" table (page <a href="#">20</a> ).
Work with text on the window	Use standard Windows options (e.g., cut, copy, paste).
Make a menu selection	See the "Data entry menu items" table (page <a href="#">26</a> ).
Correct an entry in the patient information or patient stay information section	Simply highlight and overwrite the entry with the correct information.
Delete a code entry row in the codes section	For the Admit Dx, tab to the field and use the backspace key to delete the content. For other codes, tab to the field (or use the up/down arrow key), then press Delete to remove the entry.  For more information, see the Diagnoses and Procedures field descriptions in the "Data entry fields" table (page <a href="#">25</a> ); also see the "Data entry menu items" table (page <a href="#">26</a> ), and the "Data entry command buttons" table (page <a href="#">27</a> ) for additional information on the Delete and Clear functions.
View a long field description or edit message associated with a code	Column can be re-sized.
Eliminate an error message	Select OK to close the dialog box and correct the problem. See the "Interactive error messages" table (page <a href="#">28</a> ) for a list of error messages that can occur, with their descriptions.

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

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

"Viewing interactive output" (page [31](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [29](#)).

## Data entry fields

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

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

Field name	Length	Description
Name	31	Name of the patient. Alphanumeric. First and last names can be entered in any order.
Medical record number	13	Patient's medical record number. Alphanumeric.
Birth date	10	Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddyy.  A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1896 cannot be entered.  The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age.
Age in years*	3	Age of the patient. Valid values: 0–124 years. Age can be an entered or a calculated value. Calculated age (admit date minus birth date) takes precedence over entered age. For more information, see the Birth date field description.
Sex*	1	Patient gender. Select a value from the drop-down list: 0, u, U = Unknown 1, m. M = Male 2, f, F = Female

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

Field name	Length	Description
Account number	17	Patient account number. Alphanumeric.
Primary payer	2	Primary payer for the service provided. Select a value from the drop-down list: 01: Medicare (default) 02: Medicaid 03: Title V 04: Other Govt 05: Work Comp 06: Blue Cross 07: Insur Co 08: Self Pay 09: Other 10: No Charge
Admit date	10	Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddyy. A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. An admit date prior to 01/01/1896 cannot be entered.  The birth and admit dates are used to calculate the age of the patient; for more information, see the Birth date field description. The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS. Calculated LOS must be in the range of 00000 to 45291 days.

Field name	Length	Description
Discharge date	10	<p>Date of discharge from the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddyy.</p> <p>A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. A discharge date prior to 01/01/1896 cannot be entered.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available and the output report includes a USED BY DEFAULT notation (<i>see also Discharge status, below</i>).</p> <p>The discharge and admit dates are used to calculate LOS; for more information, see the Admit date field description.</p>
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (<i>see also Discharge date, above</i>). When a discharge status is selected first, and is invalid for a discharge date entered, the Discharge Status selection is cleared.</p> <p>All available discharge status codes are listed below.</p> <p>01 = Home or self-care</p> <p>02 = Disch/trans to another short term hosp</p> <p>03 = Disch/trans to SNF</p> <p>04 = Disch/trans to ICF (valid until 09/30/09)</p> <p>04 = Custodial/supportive care (revised 10/01/09)</p> <p>05 = Disch/trans to another type of facility (valid until 03/31/08)</p> <p>05 = Disch/trans to a designated cancer center or children's hospital (revised 04/01/08)</p> <p>06 = Care of home health service</p> <p>07 = Left against medical advice</p>

Field name	Length	Description
		08 = Home IV service (valid until 09/30/2005) 20 = Died 21 = Disch/trans to court/law enforcement (added 10/01/09) 30 = Still a patient 43 = Fed hospital (added 10/01/03) 50 = Hospice-home 51 = Hospice-medical facility 61 = Swing Bed (added 10/01/2001) 62 = Rehab fac/unit (added 10/01/2001) 63 = LTC hospital (added 10/01/2001) 64 = Nursing facility–Medicaid certified (added 10/01/02) 65 = Psych hosp/unit (added 10/01/03) 66 = Critical access hospital (added 10/01/05) 69 = Designated Disaster Alternative Care Site (added 10/01/13) 70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08) 71 = OP services-other facility (10/01/01–09/30/03 only) 72 = OP services-this facility (10/01/01–09/30/03 only) 81 = Home-Self care w Planned Readmission (added 10/01/13) 82 = Short Term Hospital w Planned Readmission (added 10/01/13)

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



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

Field name	Length	Description
Admit Dx*	7	<p>Enter diagnosis codes without decimals. Lower case is automatically converted to upper case. The code description is displayed as you type the code. If the code is not valid, "No description found" displays in the description field.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven digits for ICD–10 processing.</p>
Apply HAC (hospital-acquired condition) logic	1	The checked box indicates that HAC logic will be applied. By default, this box will always be checked.
Diagnoses: PDX (principal diagnosis)* Diagnoses 2–25	7	<p>Enter diagnosis codes without decimals. Lower case is automatically converted to upper case. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank diagnosis code field moves focus to the first blank procedure code field.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" table (page <a href="#">36</a>) for a list of code edits.</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven digits for ICD–10 processing.</p>
Present on Admission Indicators	1	<p>Enter one of the following Present on Admission Indicators, required for a diagnosis other than the admit diagnosis:</p> <p>Y = Yes, present at the time of inpatient admission</p> <p>N = No, not present at the time of inpatient admission</p> <p>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p>

Field name	Length	Description
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter procedure codes without decimals. The code description and any applicable edits are displayed as you type the code. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank procedure code field moves focus to the Report button.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" table (page <a href="#">38</a>) for a list of code edits.</p> <p>If you enter a procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row.</p> <p><b>Note:</b> The interactive program accepts procedure codes of up to four digits for ICD-9 processing and seven digits for ICD-10 processing.</p>

## Data entry menu options

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

**Table 9. Data entry menu items**

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

Function	Description	Accelerator keys	Menu-based keystrokes
Delete	Deletes the selected text, or the selected row in the Codes section.	Delete	On Edit menu (Alt + E), select Delete (key = D)
About	Displays the About box with current version information.	n/a	On Help menu (Alt + H), select About (key = A)

## Data entry command buttons

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

**Table 10. Data entry command buttons**

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits.
Report	Displays a pre-formatted output report that can be printed or saved. Alt+R also displays reports. An error message displays in place of the report when any required fields are missing or invalid; correct the error, then tab to Report or press Alt+R to open the report again. Data output is discussed in "Program output" (page <a href="#">29</a> ).

## Interactive error messages

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

**Table 11. Interactive error messages**

Message	Description
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be entered in this format: mm/dd/yyyy, mm/dd/yy, mmdyyy, mmdyy, mm.dd.yyyy, mm.dd.yy, mm-dd-yyyy, or mm-dd-yy.	The value entered for the month, day or year is outside the valid range. See the "Data entry fields" table (page <a href="#">21</a> ) for more information on date fields.
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Admit date cannot precede 01/01/1896.	A valid date is on or after 01/01/1896.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.
Age is invalid. Calculated age must be between 0 and 124 years.	The valid range for age in years is 0–124.
Birth date cannot be after Admit date.	The program checks for logical sequencing of dates.
Birth date cannot be after current date	The program checks for logical sequencing of dates
Birth date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Birth date cannot precede 01/01/1896.	A valid date is on or after 01/01/1896.
Discharge date cannot precede 01/01/1896.	A valid date is on or after 01/01/1896.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.

Message	Description
Discharge status invalid for discharge date entered.	When the discharge status is entered before the discharge date, and the discharge status is invalid for the entered discharge date, this message is displayed. To avoid this message, enter the discharge date before selecting a discharge status.
Length of stay (LOS) is invalid. Calculated length of stay must be between 00000 and 45291 days.	The entered or calculated LOS exceeds the upper limit allowed for the field.
The following required fields are missing and/or invalid: Age in years Sex Discharge status Admit Dx PDX	You cannot produce an output report when a required field contains invalid data or is blank. The program sets the focus to the first invalid or blank required field.

## Program output

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

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

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

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

- ☐ To display the output report, (page [30](#)) select Report on the data entry window or press Alt+R.

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

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

- A title line giving the version of the grouper that processed the claim.

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

**Title**  
**Line** \_\_\_\_\_ MS-DRG Assignment with Medicare Code Editor vXX.X

**Patient Information** \_\_\_\_\_

Patient Name: Jane Smith      Medical Record Number: 1234567

Admit Date: 10/01/2016    Discharge Date: 10/06/2016      Birth Date: 09/09/1943

Optional Information:

Patient Account Number: 891011

Age in Years: 73      Sex: Female

Discharge Status: 01 Home or self-care

**Grouping Information** \_\_\_\_\_

MDC: 10 ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS

Final

DRG: 638 Diabetes w CC

Cost Weight: 00.8382

MS-DRG Grouper version 34.0 (October 1, 2016) used.

HAC Status: Not Applicable.

**Clinical Information** \_\_\_\_\_

Admitting Diagnosis:

E109    Type 1 diabetes mellitus without complications

Principal Diagnosis:

E109    Type 1 diabetes mellitus without complications (DRG)

POA: Yes, present at the time of inpatient admission

Secondary Diagnoses:

E109    Type 1 diabetes mellitus without complications

POA: Yes, present at the time of inpatient admission

Edit: Duplicate of principal diagnosis (MCE)

N390    Urinary tract infection, site not specified (CC) (DRG)

POA: No, not present at the time of inpatient admission

I10      Essential (primary) hypertension

POA:

N469    Male infertility, unspecified

POA: Yes, present at the time of inpatient admission

Edit: Sex conflict (MCE)

**POA Indicator** \_\_\_\_\_

**Edit** \_\_\_\_\_

Principal Procedure:

No principal procedure.

Secondary Procedures:

No secondary procedures.

Initial

DRG: 638 Diabetes w CC

Primary Payer:    01 Medicare

Actual LOS: 5

Patient Summary Edits:

MCE pre-payment errors only

□

Figure 2: Sample output report

## Viewing interactive output

Output report fields are described in the "Interactive output report fields" table (page [31](#)).

Use the menu options described in the "Output report menu options" table. (page [35](#))

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

## Exiting the report window

With the output report displayed on your screen:

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

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

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

## Output report fields

The following table describes the fields on the output report.

**Table 12. Interactive output report fields**

Name	Description
Patient name Medical record number Admit date Discharge date Birth date Optional information Patient account number Age in years Sex Discharge status Primary payer Length of stay (LOS)	These output fields carry over the data entry information. <i>See the "Data entry fields" table (page <a href="#">20</a>) for information on these fields.</i>

Name	Description
<p>Grouping information (MDC, final DRG, final cost weight, grouper version used, HAC status)</p>	<p>The Major Diagnostic Category (MDC) and Final Diagnosis Related Group (DRG) assigned to the record based on the age, sex, discharge status, Hospital Acquired Conditions (HAC), Present on Admission (POA) indicators, and codes entered from the record. The MS-designated DRG cost weight shows under the DRG line. <i>For a list of DRGs and associated cost weights in the "Current MDCs and DRGs (page 95)".</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) will not have an assigned valid MDC. In these cases, "MDC: No MDC Assigned" is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> <li>▪ Invalid principal diagnosis</li> <li>▪ Invalid age (&lt;0 or &gt;124)</li> <li>▪ Invalid discharge date</li> <li>▪ Invalid sex (not 1 or 2)</li> <li>▪ Invalid discharge status (batch only)</li> <li>▪ Record does not meet criteria for any DRG</li> <li>▪ Illogical principal diagnosis (not applicable for ICD-10)</li> <li>▪ Diagnosis code cannot be used as principal diagnosis</li> <li>▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only</li> <li>▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only</li> <li>▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only</li> <li>▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only</li> </ul> <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing, see the "Data entry fields" table (page 21) for discharge date information.</p>



Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <p><b>DRG:</b> Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p><b>HAC:</b> Indicates a code flagged as a Hospital Acquired Condition.</p> <p><b>MCC:</b> Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p><b>CC:</b> Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p><b>OR:</b> Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p><b>MCC excluded:</b> Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p><b>CC excluded:</b> Indicates a diagnosis is a CC but not considered due to PDX/SDX exclusion.</p>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. <i>See the "Program edits (page 36)" table for a description of each edit and why they occur.</i>
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.

Name	Description
Patient summary edits	<p>This section is where clinical edits and data entry error messages not pertaining to a specific code are displayed.</p> <p>Edits are flagged as pre-payment or post-payment errors, noted as one of the following:</p> <ul style="list-style-type: none"> <li>MCE pre-payment errors only</li> <li>MCE post-payment errors only</li> <li>MCE pre- and post-payment errors</li> <li>No MCE pre- or post-payment errors</li> </ul> <p>For this flag, edits are categorized as follows:</p> <p><u>Pre-payment</u></p> <ul style="list-style-type: none"> <li>Age conflict</li> <li>Duplicate of principal diagnosis</li> <li>E-code as principal diagnosis (ICD-9)</li> <li>V, W, X, or Y codes as principal diagnosis (ICD-10)</li> <li>Invalid ICD-9-CM code (ICD-9)</li> <li>Invalid ICD-10-CM code or Invalid ICD-10-PCS code (ICD-10)</li> <li>Manifestation code as principal diagnosis</li> <li>Non-covered procedure</li> <li>Questionable admission</li> <li>Questionable obstetric admission</li> <li>Sex conflict</li> <li>Unacceptable principal diagnosis/Requires secondary diagnosis</li> <li>Invalid age</li> <li>Invalid sex</li> <li>Invalid discharge status</li> <li>Limited coverage</li> <li>Wrong procedure performed</li> <li>Procedure inconsistent with LOS</li> </ul> <p><u>Post-payment</u></p> <ul style="list-style-type: none"> <li>Open biopsy check (discontinued 10/01/2010)</li> <li>Bilateral procedure (ICD-9)</li> <li>Non-specific diagnosis (discontinued 10/01/07)</li> <li>Non-specific O.R. procedure (discontinued 10/01/07)</li> <li>MSP Alert (discontinued 10/01/01)</li> </ul>

## Output report menu options

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

**Table 13. Output report menu items**

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

## Output report command button

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

**Table 14. Output report command button**

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

## Program edits

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

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

Message	Description
Age conflict	Some diagnoses are unlikely for specific ages (e.g., a 5-year old with prostatic hypertrophy). Codes can be assigned to four age categories: Perinatal/Newborn - age of 0 years Pediatric - age 0–17 years inclusive Maternity - age 9–64 years inclusive Adult - age 15–124 years inclusive
Duplicate of principal diagnosis	When the same code is entered as the principal and a secondary diagnosis, this edit appears after the secondary diagnosis code. If the code happens to be on the CC list, the DRG assignment could be affected.
E-code as principal diagnosis	E-codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis (applicable in ICD-9).
Invalid ICD-9-CM code or Invalid ICD-10-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable.  <b>Note:</b> Diagnoses presented as all blank or all zeros are ignored (i.e. are not marked as invalid) except for the principal diagnosis.

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

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

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

Message	Description
Open biopsy check (If not open biopsy, code XXXX)	<p>Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy.</p> <p><b>Note:</b> This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.</p>
Sex conflict	Some codes are specific to gender. The edit indicates when a procedure code (e.g., prostatectomy) is inconsistent with the gender of the patient (female).
Procedure inconsistent with LOS	The code should only be coded on claims greater than four days.
Questionable obstetric admission	ICD-10-PCS procedure codes describing a cesarean section or vaginal delivery are considered to be a questionable admission except when reported with a corresponding secondary diagnosis code describing the outcome of delivery.

**Table 17. Program edits - invalid**

Message	Description
Invalid age <sup>a</sup>	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex <sup>a</sup>	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status <sup>a</sup>	A patient's discharge status is sometimes necessary for appropriate DRG determination. Discharge status must be coded according to the UB-04 conventions. For a list of valid entries, see the "Data entry fields" table (page <a href="#">21</a> ).

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





# Chapter 4: Batch processing

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

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

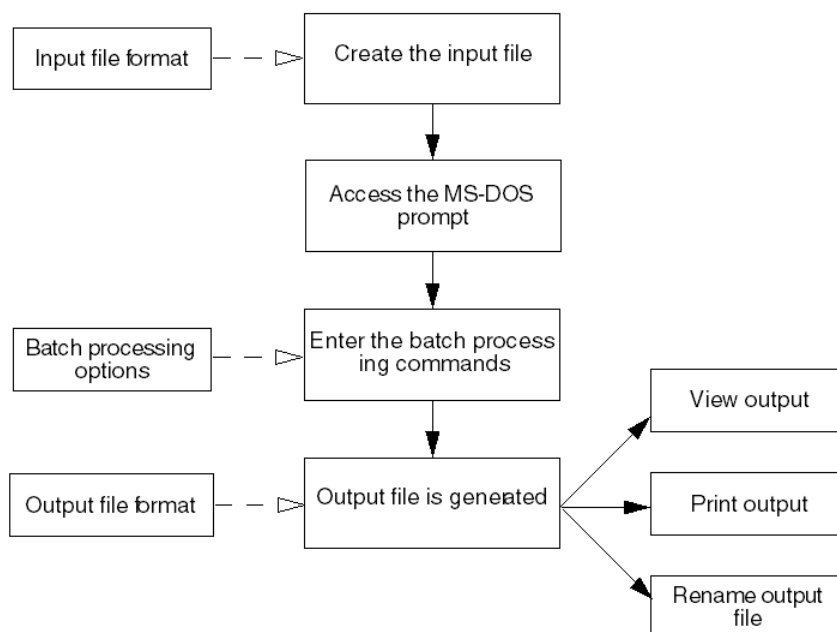
This chapter discusses the batch method of claim processing. Batch processing enables you to process many records at a time by entering data into an input file, and then running that file through the grouper. This method uses an MS-DOS environment to run an input file and to produce a file of formatted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

Sections in this chapter give you information on:

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

## Steps in batch processing

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



*Figure 3: Batch processing overview*

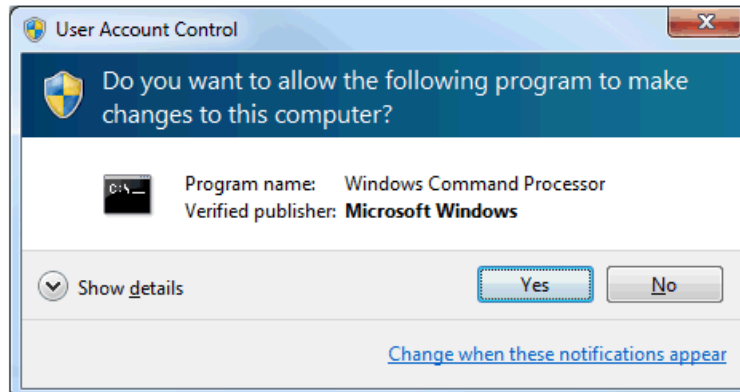
Follow these procedural steps to perform batch processing

1. Create the input file.

*See "Input file format" (page [44](#)) for detailed information on formatting the input field information.*

2. From the Start menu, select All Programs > MSG MCE SOFTWARE I10 > MS-DOS prompt.  
A window with the MS-DOS prompt is displayed.

**Note:** If you see a message similar to the one below, click Yes to proceed to the MS-DOS prompt with Windows administrator status.



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

The command line must contain:

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

*See "Command line processing options" (page [49](#)) for information on processing options and command lines, including examples.*

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

*See "Batch processing error messages" (page [65](#)) for information on error messages that can occur, with their descriptions.*

5. View and/or print the output file.

*See "Working with batch output" (page [64](#)) for more information, if necessary.*

## Input file format

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

**Table 18. Input file record layout**

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

Field name	Position	Length	Occurrences	Description
				06 = Care of home health service 07 = Left against medical advice 08 = Home IV service (valid until 09/30/05) 20 = Died 21 = Disch/trans to court/law enforcement (added 10/01/09) 30 = Still a patient 43 = Fed hospital (added 10/01/03) 50 = Hospice-home 51 = Hospice-medical facility 61 = Swing Bed (added 10/01/2001) 62 = Rehab fac/unit (added 10/01/2001) 63 = LTC hospital (added 10/01/2001) 64 = Nursing facility–Medicaid certified (added 10/01/02) 65 = Psych hosp/unit (added 10/01/03) 66 = Critical access hospital (added 10/01/05) 69 = Designated Disaster Alternative Care Site 70 = Oth institution (added 04/01/08) 71 = OP services-other facility (10/01/01–09/30/03 only) 72 = OP services-this facility (10/01/01–09/30/03 only) 81 = Home-Self care w Planned Readmission 82 = Short Term Hospital w Planned Readmission 83 = SNF w Planned Readmission 84 = Cust/supp care w Planned Readmission 85 = Canc/child hosp w Planned Readmission 86 = Home Health Service w Planned Readmission 87 = Court/law enfrc w Planned Readmission

Field name	Position	Length	Occurrences	Description
				88 = Federal Hospital w Planned Readmission 89 = Swing Bed w Planned Readmission 90 = Rehab Facility/ Unit w Planned Readmission 91 = LTCH w Planned Readmission 92 = Nursg Fac-Medicaid Cert w Planned Readmiss 93 = Psych Hosp/Unit w Planned Readmission 94 = Crit Acc Hosp w Planned Readmission 95 = Oth Institution w Planned Readmission
Primary payer	84	2	1	Primary pay source. Right-justified, zero-filled. Valid values: 01 = Medicare 02 = Medicaid 03 = Title V 04 = Other Govt 05 = Work Comp 06 = Blue Cross 07 = Insur Co 08 = Self Pay 09 = Other 10 = No Charge
LOS	86	5	1	Length of stay. Right-justified, zero-filled. All blanks if no value is entered. Calculated LOS overrides entered LOS. Valid values=00000 through 45291
Birth date	91	10	1	Birth date. mm/dd/yyyy format. All blanks if no value is entered. Used in age calculation.
Age	101	3	1	Age. Right-justified, zero-filled. All blanks if no value is entered. Valid values: 0–124 years. Calculated age (admit date minus birth date) takes precedence over entered age.

Field name	Position	Length	Occurrences	Description
Sex	104	1	1	Sex. Numeric. Valid values: 0 = Unknown 1 = Male 2 = Female
Admit diagnosis	105	7	1	Admit diagnosis. Left-justified, blank-filled. Diagnosis code without decimal. All blanks if no value is entered.  <b>Note:</b> Only diagnosis codes of up to five digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank filled through the seventh position.
Principal diagnosis	112	8	1	Principal diagnosis. First 7 bytes left-justified, blank-filled without decimals. Eighth byte represents POA indicator. Valid values: Y = Yes, present at the time of inpatient admission N = No, not present at the time of inpatient admission W = Clinically unable to determine if present at the time of admission U = Insufficient documentation to determine if present at the time of admission 1 = Exempt from POA reporting Blank = Exempt from POA reporting  <b>Note:</b> Only diagnosis codes of up to five digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.

Field name	Position	Length	Occurrences	Description
Secondary diagnoses	120	8	24	<p>Diagnoses. First 7 bytes left-justified, blank-filled. Eighth byte represents POA indicator. Up to 24 diagnosis codes without decimals. Valid values:</p> <p>Y = Yes, present at the time of inpatient admission</p> <p>N = No, not present at the time of inpatient admission</p> <p>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p> <p><b>Note:</b> Only diagnosis codes of up to five digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.</p>
Principal Procedure	312	7	1	<p>Procedure codes. Seven left-justified characters, blank-filled.</p> <p><b>Note:</b> Only procedure codes of up to four digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank filled through the seventh position.</p>
Secondary Procedures	319	7	24	<p>Procedure codes. Seven left-justified characters, blank-filled. Up to 24 procedure codes without decimal.</p> <p><b>Note:</b> Only procedure codes of up to four digits are currently recognized as valid for ICD-9 and seven digits for ICD-10. When a code shorter than seven digits is entered, it will be blank filled through the seventh position.</p>



Field name	Position	Length	Occurrences	Description
Procedure date	487	10	25	<b>For future use.</b> Procedure dates. The format is mm/dd/yyyy (for future use with POA logic.) All blanks if no value is entered. Up to 25 procedure dates accepted.
Apply HAC logic	737	1	1	Values X or Z to be captured for use with HAC logic. These values reflect whether a hospital requires POA reporting. X = Exempt from POA indicator reporting Z = Requires POA indicator reporting  <b>Note:</b> If value not X or Z an error code may result.
UNUSED	738	1	1	UNUSED
Optional information	739	72	1	Optional field. Left-justified, blank-filled. All blanks if no value is entered.
Filler	811	25	1	Not used. Blank-filled.

## Command line processing options

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

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

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

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

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

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

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

**Table 19. Batch processing options**

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

## Command line examples

Examples of batch processing commands are given below.

### Example 1

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

### Result

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

### Example 2

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

## Result

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

### Example 3

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

## Result

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

## Output file formats

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

**Table 20. Batch processing output**

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

### Formatted output (-o option)

The file of formatted output reports generated with the -o option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE SOFTWARE I10. See the "Program output" section (page [29](#)) for an example of an output report. Note that optional information is displayed in the Optional information field on the output report.

If you name the output file the same for every batch run, the file will be overwritten during each run. To save an output file, rename it after a batch run or specify a different name on the command line. "Renaming a file" (page [65](#)) contains instructions, if you need them.

### Upload file (-u option)

The file of records generated with the -u option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE SOFTWARE I10.

If you name the upload file the same for every batch run, the file will be overwritten during each run. To save an upload file, rename it after a batch run or specify a different name on the command line. "Renaming a file" (page 65) contains instructions, if you need them.

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

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

**Table 21. Upload file record layout**

Field name	Position	Length	Occurrences	Description
n/a	001	835	1	Input record
MSG/MCE version used	836	3	1	Version of the software used to process the claim. Right-justified, blank-filled. Stored without decimal point.  Valid values: 380, 371, 370, 360, 350, 340, 330, 320, 310, 300, 290, 280, 270, 260, 251, 250, 240, 230, 220, 210, 200, 190, 180, 170, 160.
Initial DRG	839	3	1	Initial diagnosis related group. Right-justified, zero-filled.
Initial M/S indicator	842	1	1	Initial medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG
Final MDC	843	2	1	Major diagnostic category. Right-justified, zero-filled.
Final DRG	845	3	1	Final diagnosis related group. Right-justified, zero-filled.
Final M/S indicator	848	1	1	Final medical/surgical indicator. 0 = DRG return code was not zero 1 = Medical DRG 2 = Surgical DRG

Field name	Position	Length	Occurrences	Description
DRG return code	849	2	1	<p>Numeric. Right-justified, zero-filled. Valid values:</p> <p>0 = OK, DRG assigned</p> <p>1 = Diagnosis code cannot be used as PDX</p> <p>2 = Record does not meet criteria for any DRG</p> <p>3 = Invalid age</p> <p>4 = Invalid sex</p> <p>5 = Invalid discharge status</p> <p>10 = Illogical PDX (not applicable for ICD-10)</p> <p>11 = Invalid PDX</p> <p>12 = POA logic nonexempt - HAC-POA(s) invalid, missing, or 1 (batch only)</p> <p>13 = POA logic invalid/missing - HAC-POA(s) are N, U (batch only)</p> <p>14 = POA logic invalid/missing - HAC-POA(s) invalid/missing or 1 (batch only)</p> <p>18 = POA logic invld/mssng - multiple distinct HAC-POAs not Y,W (batch only)</p> <p>Note: If return code 50- 54, 57 is returned, output blank value.</p>
MSG/MCE edit return code	851	4	1	<p>Four-character return code, right-justified, zero-filled. Valid values:</p> <p>0000 = MCE - No errors found</p> <p>0001 = MCE - Pre-payment error</p> <p>0002 = MCE - Post-payment error</p> <p>0003 = MCE - Pre- and post-payment errors</p> <p>0004 = MCE - Invalid discharge date (grouper defaults to current grouper if date out of range for versions in product)</p> <p><i>See the "Output report fields (page <a href="#">31</a>)" table for information on which edits are classified as pre- and post-payment errors.</i></p>
Diagnosis code count	855	2	1	<p>Number of diagnosis codes processed. Right-justified, zero-filled. This field does not include the admit diagnosis.</p>

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

Field name	Position	Length	Occurrences	Description
				16 = Diagnosis affected the initial DRG only 17 = Diagnosis is a MCC for initial DRG and a Non-CC for final DRG 18 = Diagnosis is a CC for initial DRG and a Non-CC for final DRG 19 = Wrong Procedure Performed 21 = Diagnosis is a CC but not considered due to PDX/SDX exclusion 23 = Diagnosis is a MCC but not considered due to PDX/SDX exclusion 99 = Principal diagnosis part of HAC assignment criteria
Principal diagnosis Hospital Acquired Condition assignment criteria #1	867	2	1	Hospital Acquired Condition (HAC) assignment criteria #1 00 = Criteria to be assigned as a HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #2	869	2	1	Hospital Acquired Condition (HAC) assignment criteria #2 00 = Criteria to be assigned as a HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #3	871	2	1	Hospital Acquired Condition (HAC) assignment criteria #3 00 = Criteria to be assigned as a HAC not met 11 = Infection after bariatric surgery Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Principal diagnosis Hospital Acquired Condition assignment criteria #4	873	2	1	Hospital Acquired Condition (HAC) assignment criteria #4  00= Criteria to be assigned as a HAC not met  11 = Infection after bariatric surgery  Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition assignment criteria #5	875	2	1	Hospital Acquired Condition (HAC) assignment criteria #5  00 = Criteria to be assigned as a HAC not met  11 = Infection after bariatric surgery  Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #1	877	1	1	Hospital Acquired Condition (HAC) usage #1  0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting  Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #2	878	1	1	Hospital Acquired Condition (HAC) usage #2  0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting  Blank = Diagnosis was not considered by grouper



Field name	Position	Length	Occurrences	Description
Principal diagnosis Hospital Acquired Condition usage #3	879	1	1	Hospital Acquired Condition (HAC) usage #3 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #4	880	1	1	Hospital Acquired Condition (HAC) usage #4 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #5	881	1	1	Hospital Acquired Condition (HAC) usage #5 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Secondary diagnosis return flag	882	8	24	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. These 2-byte flags are a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p><b>Note:</b> A maximum of four flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>Valid values:</p> <p>00 = Diagnosis not used to assign DRG</p> <p>01 = Invalid diagnosis code</p> <p>02 = Sex conflict</p> <p>03 = Duplicate of principal diagnosis</p> <p>04 = Age conflict</p> <p>05-10 = Not applicable for secondary diagnoses</p> <p>11 = Secondary diagnosis is a CC</p> <p>12 = Diagnosis affected both initial and final DRG assignment</p> <p>13 = MSP alert (MCE versions 15.0-17.0 only)</p> <p>14 = Secondary diagnosis is an MCC</p> <p>15 = Diagnosis affected the final DRG only</p> <p>16 = Diagnosis affected the initial DRG only</p> <p>17 = Diagnosis is a MCC for initial DRG and a Non-CC for final DRG</p> <p>18 = Diagnosis is a CC for initial DRG and a Non-CC for final DRG</p> <p>19 = Wrong procedure performed</p> <p>21 = Diagnosis is a CC but not considered due to PDX/SDX exclusion</p> <p>23 = Diagnosis is a MCC but not considered due to PDX/SDX exclusion</p> <p>99 = Secondary diagnosis is a HAC</p>

Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition assignment criteria #1 through 5	1074	10	24	<p>Hospital Acquired Condition (HAC) assigned #1-5. These 2-byte flags are a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p><b>Note:</b> A maximum of five flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>00 = Criteria to be assigned as a HAC not met</p> <p>01 = Foreign object retained after surgery</p> <p>02 = Air embolism</p> <p>03 = Blood incompatibility</p> <p>04 = Pressure ulcers</p> <p>05 = Falls and trauma</p> <p>06 = Catheter associated UTI</p> <p>07 = Vascular catheter-associated infection</p> <p>08 = Infection after CABG</p> <p>09 = Manifestations of poor glycemic control</p> <p>10 = DVT/PE after knee or hip replacement</p> <p>11 = Infection after bariatric surgery</p> <p>12 = Infection after certain orthopedic procedures of spine, shoulder, and elbow</p> <p>13 = Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures</p> <p>14 = Iatrogenic Pneumothorax w/ Venous Catheterization</p> <p>Blank = Diagnosis was not considered by grouper</p>

Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition usage #1 through 5	1314	5	24	<p>Hospital Acquired Condition (HAC) usage #1-5. This 1-byte flag is a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p><b>Note:</b> A maximum of five flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>0 = HAC not applicable  1 = HAC criteria met  2 = HAC criteria not met  3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion  4 = HAC not applicable, hospital is exempt from POA reporting  Blank = Diagnosis was not considered by grouper</p>
Procedure edit return flag*	1434	8	25	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each procedure code.</p> <p>These 2-byte flags are a combination of information concerning every procedure from the DRG assignment and the editor.</p> <p><b>Note:</b> A maximum of four flags can be returned per procedure code. Always display the edit number before the zeros.</p> <p>Valid values:  00 = Procedure did not affect DRG assignment  01 = Invalid procedure code  02 = Sex conflict  12* = Procedure affected both initial and final DRG assignment</p>

Field name	Position	Length	Occurrences	Description
				<p>15* = Procedure affected the final DRG assignment only</p> <p>16* = Procedure affected the initial DRG assignment only</p> <p>20 = Procedure is an OR procedure</p> <p>21 = Non-specific OR procedure (MCE versions 15.0 - 23.0 only)</p> <p>22 = Open biopsy check (MCE versions 2.0 - 27.0 only)</p> <p>23 = Non-covered procedure</p> <p>24 = Bilateral procedure (ICD-9 only)</p> <p>30 = Limited coverage (ICD-10 only)</p> <p>30 = Lung volume reduction surgery (LVRS) - limited coverage (ICD-9 only)</p> <p>31 = Questionable Obstetric Admission (ICD-10 only)</p> <p>31 = Lung transplant - limited coverage (ICD-9 only)</p> <p>32 = Combo heart/lung transplant - limited coverage (ICD-9 only)</p> <p>33 = Heart transplant - limited coverage (ICD-9 only)</p> <p>34 = Implantable hrt assist - limited coverage (ICD-9 only)</p> <p>35 = Intest/multi-visceral transplant - limited coverage (ICD-9 only)</p>

Field name	Position	Length	Occurrences	Description
				<p>36 = Liver transplant - limited coverage (ICD-9 only)</p> <p>37 = Kidney transplant - limited coverage (ICD-9 only)</p> <p>38 = Pancreas transplant - limited coverage (ICD-9 only)</p> <p>39 = Artificial Heart Transplant-Limit Coverage (ICD-9 only)</p> <p>40 = Procedure inconsistent with LOS</p> <p>99 = Procedure part of HAC assignment criteria</p> <p>* When there are two or more procedures on the record that could impact either the initial, final or both DRG assignments:</p> <ul style="list-style-type: none"> <li>▪ If one of these procedures is in the first procedure position, that procedure will be flagged as 12,15 or 16 as appropriate in the "Procedure edit return" field with the following exceptions: <ul style="list-style-type: none"> <li>a. If a single procedure designating a complete system is tied with a combination pair that also designated a complete system, the single procedure will be flagged regardless of position.</li> <li>b. If multiple combinations of lead/device pairs are tied then only one pair will be flagged regardless of position.</li> <li>c. If the two procedures tied are an OR and non-OR, the OR will be flagged regardless of position.</li> </ul> </li> <li>▪ If none of the tied procedures is in the first procedure position, then the procedure with the lowest ascii/index value will be flagged.</li> </ul>

Field name	Position	Length	Occurrences	Description
Procedure Hospital Acquired Condition assignment criteria # 1 through 5	1634	10	25	<p>Hospital Acquired Condition (HAC) assignment criteria #1-5. These 2-byte flags are a combination of information concerning every procedure from the DRG assignment and the editor.</p> <p><b>Note:</b> A maximum of five flags can be returned per procedure code. Always display the edit number before the zeros.</p> <p>00 = Criteria to be assigned as a HAC not met</p> <p>08 = Infection after CABG</p> <p>10 = DVT/PE after knee or hip replacement</p> <p>11 = Infection after bariatric surgery</p> <p>12 = Infection after certain orthopedic procedures of spine, shoulder, and elbow</p> <p>13 = Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures</p> <p>14 = Iatrogenic Pneumothorax w/ Venous Catheterization</p> <p>Blank = Procedure not considered by grouper</p>
Initial 4-digit DRG	1884	4	1	Initial 4-digit DRG. Right-justified, zero-filled.
Final 4-digit DRG	1888	4	1	Final 4-digit DRG. Right-justified, zero-filled.
Final DRG CC/MCC usage	1892	1	1	<p>0 = DRG assigned is not based on the presence of CC or MCC</p> <p>1 = DRG assigned is based on presence of MCC</p> <p>2 = DRG assigned is based on presence of CC.</p>
Initial DRG CC/MCC Usage	1893	1	1	<p>0 = DRG assigned is not based on the presence of a CC or MCC</p> <p>1 = DRG assigned is based on presence of MCC</p> <p>2 = DRG assigned is based on presence of CC</p>

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

## Working with batch output

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

### Viewing output

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

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

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

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



## Printing output

To print the contents of the output file:

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

```
print <filename>
```

## Renaming a file

*To rename an output file*

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

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

## Batch processing error messages

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

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

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

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

**Table 22. Batch processing error messages**

Message	Why it's generated	What happens
Admit date cannot be after discharge date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Admit date cannot precede 01/01/1896	Occurs when the admit date precedes 01/01/1896	A valid date is on or after 01/01/1896
Admit date cannot precede Birth date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.

Message	Why it's generated	What happens
Admit date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
An input file (-i) must be specified	The required -i option is missing.	The message is displayed on the screen and the program ends.
An output file (-o) or upload file (-u) must be specified	At least one of the -o and -u options must be specified.	The message is displayed on the screen and the program ends.
Birth date cannot be after admit date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Birth date cannot be after current date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Birth date cannot be after Discharge date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Birth date cannot precede 01/01/1896	Occurs when the birth date precedes 01/01/1896	A valid date is on or after 01/01/1896
Birth date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
Could not initialize run-time environment	Issue with installation.	The message is displayed on the screen and in the log file, and the program ends.
Discharge date cannot precede 01/01/1896	Occurs when the discharge date precedes 01/01/1896	A valid date is on or after 01/01/1896
Discharge date cannot precede Admit date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Discharge date cannot precede Birth date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Discharge date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.

Message	Why it's generated	What happens
Discharge status is invalid	The discharge status field entry is invalid. For a list of valid discharge status values, see "Input file format" (page <a href="#">44</a> ).	The input record is processed and an error message is written in the log file.
Error opening input file: <filename>	The specified input file could not be opened or is missing.	The message is displayed on the screen and in the log file, and the program ends.
Error opening output file: <filename>	The specified output file could not be opened.	The message is displayed on the screen and the program ends.
Error reading input file: <filename>	The specified input file could not be read.	The message is displayed on the screen and in the log file, and the program ends.
Input filename must be different than the output filename	The same name is used for the input and output files located in the same directory.	The message is displayed on the screen and the program ends.
Invalid age	The entered or calculated age is less than 0 or greater than 124.	The input record is processed and an error message is written in the log file.
Invalid length of stay	The entered or calculated LOS is less than 0 or greater than 45291.	The input record is processed and an error message is written in the log file.
Invalid option or its value: <entered value>	An argument was entered without a processing option or a processing option without an argument.	The message is displayed on the screen and the program ends.
Invalid processing option: <entered value>	An option entered on the command line is not valid.	The message is displayed on the screen and the program ends.
Invalid sex	The sex field entry is invalid.	The input record is processed and an error message is written in the log file.
Output filename must be different than the upload filename	The same name is used for the output and upload files located in the same directory.	The message is displayed on the screen and the program ends.
Record number <value>: Invalid line length; record not processed.	A single-line format input record length cannot be more or less than 835 characters.	It skips the record and continues processing and an error message is written in the log file.

Message	Why it's generated	What happens
The processing option <entered value> should only be entered once.	Only one occurrence of each processing option is allowed.	The message is displayed on the screen and the program ends.
You have too many applications open. Close any unnecessary applications that are open.	The system does not have enough memory to run the MSG/MCE application.	The message is displayed on the screen and the program ends.

## Log files

The software generates a log file for every batch run and saves it where the product was installed.

By default, the log file is named msgmce.log, and will be located in the <Product install directory> folder, and contains the following information:

- A title line with the name and version number of the product
- Input filename
- Output filename (if specified)
- Upload filename (if specified)
- Run start time  
Date format = mm/dd/yyyy (e.g., 03/18/2014)
- Patient ID: <value> Acct# :<value> followed by error  
This line is repeated for however many error messages occur for the same patient record.
- Run end time

A sample log file is shown in the following figure.

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

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

## Viewing the file

To display the contents of the log file on your screen

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

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

## Printing the file

To print the contents of the log file

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

```
print <filename>
```

## Renaming the file

### ***To rename a log file***

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

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



# Chapter 5: Accessibility Features

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

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

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

Sections in this chapter give you information on:

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

## System requirements

The following are system requirements for accessibility:

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

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

Effective with MSG MCE version 31, accessibility users must enable JAVA Access Bridge as follows:

### ***To enable the JAVA Access Bridge***

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

1. Press **WINDOWS Key+R** to open the run dialog box.
2. Type "cmd" and press **ENTER**.

3. Type the following command and press **ENTER** (assuming you have installed MSGMCE to the default location):

```
cd C:\Program Files\MSG MCE SOFTWARE I10\jre\bin
```

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

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

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

## Data entry

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

### Grouper selection

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

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

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

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

### Steps for entering data

Follow these steps for interactive data entry:

1. From the Start menu, select All Programs > MSG MCE SOFTWARE I10> MSG MCE Interactive.  
The About box window appears briefly followed by the data entry (or input) window titled, MS Grouper with Medicare Code Editor Software Vxx.x.



The data entry window is organized into three sections:

- Patient Information
- Patient Stay Information
- Codes

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

2. Enter data into the appropriate fields.

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

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

What do you want to do?	Help
Find specific data entry field information	See the "Data entry fields" table (page <a href="#">74</a> ).
Work with text on the window	Use standard Windows options (e.g., cut, copy, paste).
Make a menu selection	See the "Data entry menu items" table (page <a href="#">81</a> ).
Correct an entry in the patient information or patient stay information section	Tab to the field and use backspace key to delete the content, then enter the correct information.
Delete a code entry row in the codes section	For the Admit Dx, tab to the field and use the backspace key to delete the content. For other codes, tab to the field (or use the up/down arrow key), then press Delete to remove the entry.  For more information, see the Diagnoses and Procedures field descriptions in the "Data entry fields" table (page <a href="#">79</a> ); also see the "Data entry menu items" table (page <a href="#">26</a> ) and the "Data entry command buttons" table (page <a href="#">82</a> ) for additional information on the Delete and Clear functions.
Eliminate an error message	Select OK to close the dialog box, and correct the problem. See the "Interactive error messages" table (page <a href="#">82</a> ) for a list of error messages that can occur, with their descriptions.

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

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

"Viewing interactive output" (page [86](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [84](#)).

## Data entry fields

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

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

Field name	Length	Description
Name	31	Name of the patient. Alphanumeric. First and last names can be entered in any order.
Medical record number	13	Patient's medical record number. Alphanumeric.
Birth date	10	Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddyy. A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1896 cannot be entered. The birth and admit dates are used to calculate the age of the patient; calculated age overrides entered age.
Age in years*	3	Age of the patient. Valid values: 0–124 years. Age can be an entered or a calculated value. Calculated age (admit date minus birth date) takes precedence over entered age. For more information, see the Birth date field description.
Sex*	1	Patient gender. Select a value from the drop-down list: 0, u, U = Unknown 1, m, M = Male 2, f, F = Female

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

Field name	Length	Description
Account number	17	Patient account number. Alphanumeric.
Primary payer	2	<p>Primary payer for the service provided. Select a value from the drop-down list:</p> <p>01: Medicare (default)  02: Medicaid  03: Title V  04: Other Govt  05: Work Comp  06: Blue Cross  07: Insur Co  08: Self Pay  09: Other  10: No Charge</p>
Admit date	10	<p>Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, mmdyyy, or mmdyy.</p> <p>A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. An admit date prior to 01/01/1896 cannot be entered.</p> <p>The birth and admit dates are used to calculate the age of the patient; <i>for more information, see the Birth date field description</i>. The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS. Calculated LOS must be in the range 00000 to 45291 days.</p>

Field name	Length	Description
Discharge date	10	<p>Date of discharge from the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddyy.</p> <p>A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. A discharge date prior to 01/01/1896 cannot be entered.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available and the output report includes a USED BY DEFAULT notation (<i>see also Discharge status</i>).</p> <p>The discharge and admit dates are used to calculate LOS; <i>for more information, see the Admit date field description.</i></p>

Field name	Length	Description
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (<i>see also Discharge date, above</i>). An error message (<a href="#">page 82</a>) is displayed when a discharge status is selected first and is invalid for a discharge date entered afterward. All available discharge status codes are listed below.</p> <p>01 = Home or self-care  02 = Disch/trans to another short term hosp  03 = Disch/trans to SNF  04 = Disch/trans to ICF (valid until 09/30/09)  04 = Custodial/supportive care (revised 10/01/09)  05 = Disch/trans to another type of facility (valid until 03/31/08)  05 = Disch/trans to a designated cancer center or children's hospital (revised 04/01/08)  06 = Care of home health service  07 = Left against medical advice  08 = Home IV service (valid until 09/30/2005)  20 = Died  21 = Disch/trans to court/law enforcement (added 10/01/09)  30 = Still a patient  43 = Fed hospital (added 10/01/03)  50 = Hospice-home  51 = Hospice-medical facility  61 = Swing Bed (added 10/01/2001)  62 = Rehab fac/unit (added 10/01/2001)  63 = LTC hospital (added 10/01/2001)  64 = Nursing facility–Medicaid certified (added 10/01/02)  65 = Psych hosp/unit (added 10/01/03)  66 = Critical access hospital (added 10/01/05)  69 = Designated Disaster Alternative Care Site (added 10/01/13)</p>

Field name	Length	Description
		<p>70 = Disch/trans to another type of health care institution not defined elsewhere in the code list (added 04/01/08)</p> <p>71 = OP services-other facility (10/01/01–09/30/03 only)</p> <p>72 = OP services-this facility (10/01/01–09/30/03 only)</p> <p>81 = Home-Self care w Planned Readmission (added 10/01/13)</p> <p>82 = Short Term Hospital w Planned Readmission (added 10/01/13)</p> <p>83 = SNF w Planned Readmission (added 10/01/13)</p> <p>84 = Cust/supp care w Planned Readmission (added 10/01/13)</p> <p>85 = Canc/child hosp w Planned Readmission (added 10/01/13)</p> <p>86 = Home Health Service w Planned Readmission (added 10/01/13)</p> <p>87 = Court/law enfrc w Planned Readmission (added 10/01/13)</p> <p>88 = Federal Hospital w Planned Readmission (added 10/01/13)</p> <p>89 = Swing Bed w Planned Readmission (added 10/01/13)</p> <p>90 = Rehab Facility/ Unit w Planned Readmission (added 10/01/13)</p> <p>91 = LTCH w Planned Readmission (added 10/01/13)</p> <p>92 = Nursg Fac-Medicaid Cert w Planned Readmiss (added 10/01/13)</p> <p>93 = Psych Hosp/Unit w Planned Readmission (added 10/01/13)</p> <p>94 = Crit Acc Hosp w Planned Readmission (added 10/01/13)</p> <p>95 = Oth Institution w Planned Readmission (added 10/01/13)</p>
LOS (length of stay)	5	<p>Number of days the patient was in the facility. Valid entries: 00000-45291.</p> <p>LOS can be user-entered, or calculated when admit and discharge dates have been entered. <i>For more information, see the Admit date field description.</i></p>
Optional information	72	Comments or other user-specified information. Alphanumeric.

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

Field name	Length	Description
Admit Dx*	5	<p>Enter diagnosis codes without decimals. Lower case is automatically converted to upper case. The code description is displayed as you type the code. If the code is not valid, "No description found" displays in the description field.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven digits for ICD–10 processing.</p>
Apply HAC (hospital-acquired condition) logic	1	The checked box indicates that HAC logic will be applied. By default, this box will always be checked.
Diagnoses: PDX (principal diagnosis)* Diagnoses 2–25	7	<p>Enter diagnosis codes without decimals. The code description and any applicable edits can be accessed using the right arrow. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank diagnosis code field moves focus to the first blank procedure code field.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See the "Program edits" table (page <a href="#">93</a>) for a list of code edits.</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p><b>Note:</b> The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing and seven digits for ICD–10 processing.</p>

Field name	Length	Description
Present on Admission Indicators	1	<p>Enter one of the following Present on Admission Indicators, required for a diagnosis other than the admit diagnosis:</p> <p>Y = Yes, present at the time of inpatient admission</p> <p>N = No, not present at the time of inpatient admission</p> <p>W = Clinically unable to determine if present at the time of admission</p> <p>U = Insufficient documentation to determine if present at the time of admission</p> <p>1 = Exempt from POA reporting</p> <p>Blank = Exempt from POA reporting</p> <p><b>Note:</b> With JAWS running, if a user enters a secondary diagnosis code and tabs to the POA field and it is blank, if a value has been entered in a previous POA cell, that previous POA value may be read.</p>
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter procedure codes without decimals. The code description and any applicable edits can be accessed using the right arrow. A maximum of 25 codes can be entered. Pressing the Tab key at the first blank procedure code field moves focus to the Report button.</p> <p>The Description and Edits fields are display only. A maximum of four edits per code can be displayed. See "Program edits" (page <a href="#">93</a>) for a list of code edits.</p> <p>If you enter a procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row.</p> <p><b>Note:</b> The interactive program accepts procedure codes of up to four digits for ICD-9 processing and seven digits for ICD-10 processing.</p>



## Data entry menu options

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

**Table 27. Data entry menu items**

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

## Data entry command buttons

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

**Table 28. Data entry command buttons**

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits.
Report	Displays a pre-formatted output report that can be printed or saved. An error message displays in place of the report when any required fields are missing or invalid; correct the error, then do one of the following to open the report: tab to the Report button and press Enter or press Alt+R. Data output is discussed in "Program output" (page <a href="#">84</a> ).

## Interactive error messages

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

**Table 29. Interactive error messages**

Message	Description
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be entered in this format: mm/dd/yyyy, mm/dd/yy, mmddyyyy, mmddyy, mm.dd.yyyy, mm.dd.yy, mm-dd-yyyy, or mm-dd-yy.	The value entered for the month, day or year is outside the valid range. See the "Data entry fields" table (page <a href="#">75</a> ) for more information on date fields.
Admit date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Admit date cannot precede 01/01/1896.	A valid date is on or after 01/01/1896.
Admit date cannot precede Birth date.	The program checks for logical sequencing of dates.

Message	Description
Age is invalid. Calculated age must be between 0 and 124 years.	The valid range for age in years is 0–124.
Birth date cannot be after Admit date.	The program checks for logical sequencing of dates.
Birth date cannot be after current date.	The program checks for logical sequencing of dates.
Birth date cannot be after Discharge date.	The program checks for logical sequencing of dates.
Birth date cannot precede 01/01/1896.	A valid date is on or after 01/01/1896.
Discharge date cannot precede 01/01/1896.	A valid date is on or after 01/01/1896.
Discharge date cannot precede Admit date.	The program checks for logical sequencing of dates.
Discharge date cannot precede Birth date.	The program checks for logical sequencing of dates.
Discharge status invalid for discharge date entered.	When the discharge status is entered before the discharge date, and the discharge status is invalid for the entered discharge date, this message is displayed. To avoid this message, enter the discharge date before selecting a discharge status.
Length of stay (LOS) is invalid. Calculated length of stay must be between 00000 and 45291 days.	The entered or calculated LOS exceeds the upper limit allowed for the field.
The following required fields are missing and/or invalid: Age in years Sex Discharge status Admit Dx PDX	You cannot produce an output report when a required field contains invalid data or is blank. The program sets the focus to the first invalid or blank required field.

## Program output

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

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

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

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

- ☐ To display the output report, (page [85](#)) select Report on the data entry window or press Alt+R.

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

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

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

<b>Title</b>	
<b>Line</b>	MS-DRG Assignment with Medicare Code Editor vXX.X
<b>Patient Information</b>	<p>Patient Name: Jane Smith      Medical Record Number: 1234567</p> <p>Admit Date: 10/01/2016    Discharge Date: 10/06/2016      Birth Date: 09/09/1943</p> <p>Optional Information:</p> <p>Patient Account Number: 891011</p> <p>Age in Years: 73      Sex: Female</p> <p>Discharge Status: 01 Home or self-care</p>
<b>Grouping Information</b>	<p>MDC: 10 ENDOCRINE, NUTRITIONAL &amp; METABOLIC DISEASES &amp; DISORDERS</p> <p>Final</p> <p>DRG: 638 Diabetes w CC</p> <p>Cost Weight: 00.8382</p> <p>MS-DRG Grouper version 34.0 (October 1, 2016) used.</p> <p>HAC Status: Not Applicable.</p>
<b>Clinical Information</b>	<p>Admitting Diagnosis:</p> <p>E109    Type 1 diabetes mellitus without complications</p> <p>Principal Diagnosis:</p> <p>E109    Type 1 diabetes mellitus without complications (DRG)</p> <p>POA: Yes, present at the time of inpatient admission</p> <p>Secondary Diagnoses:</p>
<b>POA Indicator</b>	<p>E109    Type 1 diabetes mellitus without complications</p> <p>POA: Yes, present at the time of inpatient admission</p> <p>Edit: Duplicate of principal diagnosis (MCE)</p> <p>N390    Urinary tract infection, site not specified (CC) (DRG)</p> <p>POA: No, not present at the time of inpatient admission</p> <p>I10      Essential (primary) hypertension</p> <p>POA:</p> <p>N469    Male infertility, unspecified</p> <p>POA: Yes, present at the time of inpatient admission</p>
<b>Edit</b>	<p>Edit: Sex conflict (MCE)</p> <p>Principal Procedure:</p> <p>No principal procedure.</p> <p>Secondary Procedures:</p> <p>No secondary procedures.</p> <p>Initial</p> <p>DRG: 638 Diabetes w CC</p> <p>Primary Payer:    01 Medicare</p> <p>Actual LOS: 5</p> <p>Patient Summary Edits:</p> <p>MCE pre-payment errors only</p>

□

Figure 4: Sample output report

## Viewing interactive output

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

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

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

## Exiting the report window

With the output report displayed on your screen:

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

The data entry window is re-displayed. You can

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

## Output report fields

The following table describes the fields on the output report.

**Table 30. Interactive output report fields**

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

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

Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <p>DRG: Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p>HAC: Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC: Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p>CC: Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p>OR: Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p>MCC excluded: Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p>CC excluded: Indicates a diagnosis is a CC but not considered due to PDX/SDX exclusion.</p>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. See the "Program edits" table (page <a href="#">93</a> ) for a description of each edit and why they occur.
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.



Name	Description
Patient summary edits	<p>This section is where clinical edits and data entry error messages not pertaining to a specific code are displayed.</p> <p>Edits are flagged as pre-payment or post-payment errors, noted as one of the following:</p> <ul style="list-style-type: none"> <li>MCE pre-payment errors only</li> <li>MCE post-payment errors only</li> <li>MCE pre- and post-payment errors</li> <li>No MCE pre- or post-payment errors</li> </ul> <p>For this flag, edits are categorized as follows:</p> <p>Pre-payment</p> <ul style="list-style-type: none"> <li>Age conflict</li> <li>Duplicate of principal diagnosis</li> <li>E-code as principal diagnosis (ICD-9)</li> <li>V, W, X, or Y codes as principal diagnosis (ICD-10)</li> <li>Invalid ICD-9-CM code (ICD-9)</li> <li>Invalid ICD-10-CM code or Invalid ICD-10-PCS code (ICD-10)</li> <li>Manifestation code as principal diagnosis</li> <li>Non-covered procedure</li> <li>Questionable admission</li> <li>Questionable obstetric admission</li> <li>Sex conflict</li> <li>Unacceptable principal diagnosis/Requires secondary diagnosis</li> <li>Invalid age</li> <li>Invalid sex</li> <li>Invalid discharge status</li> <li>Limited coverage</li> <li>Wrong procedure performed</li> <li>Procedure inconsistent with LOS</li> </ul> <p>Post-payment</p> <ul style="list-style-type: none"> <li>Open biopsy check (discontinued 10/01/2010)</li> <li>Bilateral procedure (ICD-9)</li> <li>Non-specific diagnosis (discontinued 10/01/07)</li> <li>Non-specific O.R. procedure (discontinued 10/01/07)</li> <li>MSP Alert (discontinued 10/01/01)</li> </ul>

## Output report menu options

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

**Table 31. Output report menu items**

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

## Output report command button

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

**Table 32. Output report command button**

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

## Program edits

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

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

Message	Description
Age conflict	Some diagnoses are unlikely for specific ages (e.g., a 5-year old with prostatic hypertrophy). Codes can be assigned to four age categories: Perinatal/Newborn - age of 0 years Pediatric - age 0–17 years inclusive Maternity - age 9–64 years inclusive Adult - age 15–124 years inclusive
Duplicate of principal diagnosis	When the same code is entered as the principal and a secondary diagnosis, this edit appears after the secondary diagnosis code. If the code happens to be on the CC list, the DRG assignment could be affected.
E-code as principal diagnosis	E-codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis (applicable in ICD-9).
Invalid ICD-9-CM code or Invalid ICD-10-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.

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

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

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

Message	Description
Open biopsy check (If not open biopsy, code XXXX)	<p>Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy.</p> <p><b>Note:</b> This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.</p>
Sex conflict	Some codes are specific to gender. The edit indicates when a procedure code (e.g., prostatectomy) is inconsistent with the gender of the patient (female).
Procedure inconsistent with LOS	The code should only be coded on claims greater than four days.

**Table 35. Program edits - invalid**

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

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

# Appendix A: Current MDCs and DRGs

The following table lists the Major Diagnostic Categories (MDCs) for version 38.0 of the Medicare Severity (MS) grouper. The following tables list the Diagnosis Related Groups (DRGs) for version 38.0 of the grouper and their CMS-designated cost weights. The DRG cost weight is shown on the software output report (page [30](#)).

**Table 36. List of MDCs**

<b>MDC</b>	<b>Description</b>
01	Diseases & Disorders of the Nervous System
02	Diseases & Disorders of the Eye
03	Diseases & Disorders of the Ear, Nose, Mouth & Throat
04	Diseases & Disorders of the Respiratory System
05	Diseases & Disorders of the Circulatory System
06	Diseases & Disorders of the Digestive System
07	Diseases & Disorders of the Hepatobiliary System & Pancreas
08	Diseases & Disorders of the Musculoskeletal System & Connective Tissue
09	Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders of the Kidney & Urinary Tract
12	Diseases & Disorders of the Male Reproductive System
13	Diseases & Disorders of the Female Reproductive System
14	Pregnancy, Childbirth & the Puerperium
15	Newborns & Other Neonates with Conditions Originating in Perinatal Period
16	Diseases & Disorders of Blood, Blood Forming Organs, Immunologic Disorders
17	Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms
18	Infectious & Parasitic Diseases, Systemic or Unspecified Sites
19	Mental Diseases & Disorders
20	Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
21	Injuries, Poisonings & Toxic Effects of Drugs
22	Burns

<b>MDC</b>	<b>Description</b>
23	Factors Influencing Health Status & Other Contacts with Health Services
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infections



## List of DRGs with cost weights

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

DRG, MDC, and DRG description		DRG cost weight
001,MDC	P,Heart transplant or implant of heart assist system w MCC	28.8177
002,MDC	P,Heart transplant or implant of heart assist system w/o MCC	16.1292
003,MDC	P,ECMO or trach w MV >96 hrs or PDX exc face, mouth & neck w maj O.R.	18.8713
004,MDC	P,Trach w MV >96 hrs or PDX exc face, mouth & neck w/o maj O.R.	11.8079
005,MDC	P,Liver transplant w MCC or intestinal transplant	10.2390
006,MDC	P,Liver transplant w/o MCC	4.7047
007,MDC	P,Lung transplant	11.6123
008,MDC	P,Simultaneous pancreas/kidney transplant	5.4510
010,MDC	P,Pancreas transplant	3.6742
011,MDC w MCC	P,Tracheostomy for face, mouth & neck diagnoses or laryngectomy	5.0170
012,MDC w CC	P,Tracheostomy for face, mouth & neck diagnoses or laryngectomy	3.8418
013,MDC w/o CC/MCC	P,Tracheostomy for face, mouth & neck diagnoses or laryngectomy	2.7168
014,MDC	M,Allogeneic bone marrow transplant	12.7469
016,MDC	M,Autologous bone marrow transplant with CC/MCC	6.7241
017,MDC	M,Autologous bone marrow transplant without CC/MCC	4.8308
018,MDC	M,Chimeric antigen receptor (CAR) T-cell immunotherapy	37.1412
019,MDC	P,Simultaneous pancreas and kidney transplant with hemodialysis	6.6601
020,MDC 01P,	Intracranial vascular procedures w PDX hemorrhage w MCC	10.3292
021,MDC 01P,	Intracranial vascular procedures w PDX hemorrhage w CC	7.5475
022,MDC 01P,	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.8597
023,MDC 01P,	Craniotomy w major device implant or acute complex CNS PDX w MCC or chemotherapy implant or epilepsy w neurostimulator	5.6710

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
024,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w/o MCC	3.9548
025,MDC 01P,Craniotomy & endovascular intracranial procedures w MCC	4.4989
026,MDC 01P,Craniotomy & endovascular intracranial procedures w CC	3.0638
027,MDC 01P,Craniotomy & endovascular intracranial procedures w/o CC/MCC	2.5246
028,MDC 01P,Spinal procedures w MCC	5.8308
029,MDC 01P,Spinal procedures w CC or spinal neurostimulators	3.3035
030,MDC 01P,Spinal procedures w/o CC/MCC	2.3573
031,MDC 01P,Ventricular shunt procedures w MCC	4.3870
032,MDC 01P,Ventricular shunt procedures w CC	2.2204
033,MDC 01P,Ventricular shunt procedures w/o CC/MCC	1.7279
034,MDC 01P,Carotid artery stent procedure w MCC	3.9716
035,MDC 01P,Carotid artery stent procedure w CC	2.3473
036,MDC 01P,Carotid artery stent procedure w/o CC/MCC	1.8616
037,MDC 01P,Extracranial procedures w MCC	3.2674
038,MDC 01P,Extracranial procedures w CC	1.6590
039,MDC 01P,Extracranial procedures w/o CC/MCC	1.1421
040,MDC 01P,Periph/cranial nerve & other nerv syst proc w MCC	3.9567
041,MDC 01P,Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	2.3595
042,MDC 01P,Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.8949
052,MDC 01M,Spinal disorders & injuries w CC/MCC	1.8358
053,MDC 01M,Spinal disorders & injuries w/o CC/MCC	1.1365
054,MDC 01M,Nervous system neoplasms w MCC	1.3627
055,MDC 01M,Nervous system neoplasms w/o MCC	1.0400
056,MDC 01M,Degenerative nervous system disorders w MCC	2.1793
057,MDC 01M,Degenerative nervous system disorders w/o MCC	1.2573
058,MDC 01M,Multiple sclerosis & cerebellar ataxia w MCC	1.7283
059,MDC 01M,Multiple sclerosis & cerebellar ataxia w CC	1.1208
060,MDC 01M,Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.9134

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
061,MDC 01M,Ischemic stroke, precerebral occlusion or transient ischemia w thrombolytic agent w MCC	2.8893
062,MDC 01M,Ischemic stroke, precerebral occlusion or transient ischemia w thrombolytic agent w CC	1.9881
063,MDC 01M,Ischemic stroke, precerebral occlusion or transient ischemia w thrombolytic agent w/o CC/MCC	1.7110
064,MDC 01M,Intracranial hemorrhage or cerebral infarction w MCC	1.9097
065,MDC 01M,Intracranial hemorrhage or cerebral infarction w CC or tPA in 24 hrs	1.0158
066,MDC 01M,Intracranial hemorrhage or cerebral infarction w/o CC/MCC	0.7088
067,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w MCC	1.4231
068,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	0.8872
069,MDC 01M,Transient ischemia w/o thrombolytic	0.7844
070,MDC 01M,Nonspecific cerebrovascular disorders w MCC	1.6675
071,MDC 01M,Nonspecific cerebrovascular disorders w CC	1.0079
072,MDC 01M,Nonspecific cerebrovascular disorders w/o CC/MCC	0.7702
073,MDC 01M,Cranial & peripheral nerve disorders w MCC	1.4467
074,MDC 01M,Cranial & peripheral nerve disorders w/o MCC	1.0167
075,MDC 01M,Viral meningitis w CC/MCC	1.6242
076,MDC 01M,Viral meningitis w/o CC/MCC	0.9864
077,MDC 01M,Hypertensive encephalopathy w MCC	1.5330
078,MDC 01M,Hypertensive encephalopathy w CC	0.9468
079,MDC 01M,Hypertensive encephalopathy w/o CC/MCC	0.7226
080,MDC 01M,Nontraumatic stupor & coma w MCC	2.0818
081,MDC 01M,Nontraumatic stupor & coma w/o MCC	0.7707
082,MDC 01M,Traumatic stupor & coma, coma >1 hr w MCC	2.2505
083,MDC 01M,Traumatic stupor & coma, coma >1 hr w CC	1.3376
084,MDC 01M,Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.9033
085,MDC 01M,Traumatic stupor & coma, coma <1 hr w MCC	2.2926
086,MDC 01M,Traumatic stupor & coma, coma <1 hr w CC	1.2679

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
087,MDC 01M,Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.8597
088,MDC 01M,Concussion w MCC	1.4620
089,MDC 01M,Concussion w CC	1.0490
090,MDC 01M,Concussion w/o CC/MCC	0.8521
091,MDC 01M,Other disorders of nervous system w MCC	1.6490
092,MDC 01M,Other disorders of nervous system w CC	0.9822
093,MDC 01M,Other disorders of nervous system w/o CC/MCC	0.7793
094,MDC 01M,Bacterial & tuberculous infections of nervous system w MCC	3.6207
095,MDC 01M,Bacterial & tuberculous infections of nervous system w CC	2.5087
096,MDC 01M,Bacterial & tuberculous infections of nervous system w/o CC/MCC	2.3383
097,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.7395
098,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w CC	2.1061
099,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.3961
100,MDC 01M,Seizures w MCC	1.8719
101,MDC 01M,Seizures w/o MCC	0.8844
102,MDC 01M,Headaches w MCC	1.1515
103,MDC 01M,Headaches w/o MCC	0.8276
113,MDC 02P,Orbital procedures w CC/MCC	2.1962
114,MDC 02P,Orbital procedures w/o CC/MCC	1.4402
115,MDC 02P,Extraocular procedures except orbit	1.4568
116,MDC 02P,Intraocular procedures w CC/MCC	1.8006
117,MDC 02P,Intraocular procedures w/o CC/MCC	1.0350
121,MDC 02M,Acute major eye infections w CC/MCC	1.1848
122,MDC 02M,Acute major eye infections w/o CC/MCC	0.6357
123,MDC 02M,Neurological eye disorders	0.7637
124,MDC 02M,Other disorders of the eye w MCC	1.3981
125,MDC 02M,Other disorders of the eye w/o MCC	0.8333
135,MDC 03P,Sinus & mastoid procedures w CC/MCC	2.1437

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
136,MDC 03P,Sinus & mastoid procedures w/o CC/MCC	1.2551
137,MDC 03P,Mouth procedures w CC/MCC	1.4579
138,MDC 03P,Mouth procedures w/o CC/MCC	0.8411
139,MDC 03P,Salivary gland procedures	1.2274
140,MDC 03P,Major head and neck procedures with MCC	3.9733
141,MDC 03P,Major head and neck procedures with CC	2.2132
142,MDC 03P,Major head and neck procedures without CC/MCC	1.6102
143,MDC 03P,Other ear, nose, mouth and throat O.R. procedures with MCC	2.9604
144,MDC 03P,Other ear, nose, mouth and throat O.R. procedures with CC	1.7529
145,MDC 03P,Other ear, nose, mouth and throat O.R. procedures without CC/MCC	1.2179
146,MDC 03M,Ear, nose, mouth & throat malignancy w MCC	2.0198
147,MDC 03M,Ear, nose, mouth & throat malignancy w CC	1.2976
148,MDC 03M,Ear, nose, mouth & throat malignancy w/o CC/MCC	0.7893
149,MDC 03M,Dysequilibrium	0.7338
150,MDC 03M,Epistaxis w MCC	1.3137
151,MDC 03M,Epistaxis w/o MCC	0.7352
152,MDC 03M,Otitis media & URI w MCC	1.0713
153,MDC 03M,Otitis media & URI w/o MCC	0.7083
154,MDC 03M,Other ear, nose, mouth & throat diagnoses w MCC	1.5410
155,MDC 03M,Other ear, nose, mouth & throat diagnoses w CC	0.9047
156,MDC 03M,Other ear, nose, mouth & throat diagnoses w/o CC/MCC	0.6546
157,MDC 03M,Dental & Oral Diseases w MCC	1.5609
158,MDC 03M,Dental & Oral Diseases w CC	0.8865
159,MDC 03M,Dental & Oral Diseases w/o CC/MCC	0.6544
163,MDC 04P,Major chest procedures w MCC	4.9619
164,MDC 04P,Major chest procedures w CC	2.6407
165,MDC 04P,Major chest procedures w/o CC/MCC	1.9138
166,MDC 04P,Other resp system O.R. procedures w MCC	3.7832

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
167,MDC 04P,Other resp system O.R. procedures w CC	1.8625
168,MDC 04P,Other resp system O.R. procedures w/o CC/MCC	1.3713
175,MDC 04M,Pulmonary embolism w MCC or acute cor pulmonale	1.5439
176,MDC 04M,Pulmonary embolism w/o MCC	0.8858
177,MDC 04M,Respiratory infections & inflammations w MCC	1.8433
178,MDC 04M,Respiratory infections & inflammations w CC	1.2028
179,MDC 04M,Respiratory infections & inflammations w/o CC/MCC	0.8674
180,MDC 04M,Respiratory neoplasms w MCC	1.7341
181,MDC 04M,Respiratory neoplasms w CC	1.1188
182,MDC 04M,Respiratory neoplasms w/o CC/MCC	0.7889
183,MDC 04M,Major chest trauma w MCC	1.5479
184,MDC 04M,Major chest trauma w CC	1.0329
185,MDC 04M,Major chest trauma w/o CC/MCC	0.7696
186,MDC 04M,Pleural effusion w MCC	1.5442
187,MDC 04M,Pleural effusion w CC	1.0287
188,MDC 04M,Pleural effusion w/o CC/MCC	0.7286
189,MDC 04M,Pulmonary edema & respiratory failure	1.2219
190,MDC 04M,Chronic obstructive pulmonary disease w MCC	1.1213
191,MDC 04M,Chronic obstructive pulmonary disease w CC	0.8813
192,MDC 04M,Chronic obstructive pulmonary disease w/o CC/MCC	0.6932
193,MDC 04M,Simple pneumonia & pleurisy w MCC	1.3082
194,MDC 04M,Simple pneumonia & pleurisy w CC	0.8605
195,MDC 04M,Simple pneumonia & pleurisy w/o CC/MCC	0.6624
196,MDC 04M,Interstitial lung disease w MCC	1.7348
197,MDC 04M,Interstitial lung disease w CC	1.0044
198,MDC 04M,Interstitial lung disease w/o CC/MCC	0.7417
199,MDC 04M,Pneumothorax w MCC	1.7830
200,MDC 04M,Pneumothorax w CC	1.0685
201,MDC 04M,Pneumothorax w/o CC/MCC	0.7076

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
202,MDC 04M,Bronchitis & asthma w CC/MCC	0.9635
203,MDC 04M,Bronchitis & asthma w/o CC/MCC	0.7036
204,MDC 04M,Respiratory signs & symptoms	0.7907
205,MDC 04M,Other respiratory system diagnoses w MCC	1.6817
206,MDC 04M,Other respiratory system diagnoses w/o MCC	0.8821
207,MDC 04M,Respiratory system diagnosis w ventilator support >96 hours	5.7132
208,MDC 04M,Respiratory system diagnosis w ventilator support <=96 hours	2.5393
215,MDC 05P,Other heart assist system implant	9.4798
216,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	10.4540
217,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w CC	6.5137
218,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	5.1776
219,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	8.0796
220,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.4221
221,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.5807
222,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.4645
223,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.2669
224,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	7.3822
225,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	5.6634
226,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w MCC	6.6497
227,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w/o MCC	5.2873
228,MDC 05P,Other cardiothoracic procedures w MCC	6.2311
229,MDC 05P,Other cardiothoracic procedures w/o MCC	3.9976
231,MDC 05P,Coronary bypass w PTCA w MCC	8.5257
232,MDC 05P,Coronary bypass w PTCA w/o MCC	5.9130
233,MDC 05P,Coronary bypass w cardiac cath w MCC	7.8126
234,MDC 05P,Coronary bypass w cardiac cath w/o MCC	5.3335
235,MDC 05P,Coronary bypass w/o cardiac cath w MCC	6.0408
236,MDC 05P,Coronary bypass w/o cardiac cath w/o MCC	4.0895

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
239,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w MCC	4.8100
240,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w CC	2.7878
241,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.5925
242,MDC 05P,Permanent cardiac pacemaker implant w MCC	3.7378
243,MDC 05P,Permanent cardiac pacemaker implant w CC	2.5428
244,MDC 05P,Permanent cardiac pacemaker implant w/o CC/MCC	2.0757
245,MDC 05P,AICD generator procedures	5.4412
246,MDC 05P,Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arteries or stents	3.1373
247,MDC 05P,Perc cardiovasc proc w drug-eluting stent w/o MCC	1.9990
248,MDC 05P,Percutaneous cardiovascular procedures w non-drug-eluting stent w MCC or 4+ arteries or stents	3.1878
249,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w/o MCC	1.8888
250,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w MCC	2.5302
251,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w/o MCC	1.6673
252,MDC 05P,Other vascular procedures w MCC	3.3219
253,MDC 05P,Other vascular procedures w CC	2.6590
254,MDC 05P,Other vascular procedures w/o CC/MCC	1.8160
255,MDC 05P,Upper limb & toe amputation for circ system disorders w MCC	2.5380
256,MDC 05P,Upper limb & toe amputation for circ system disorders w CC	1.6452
257,MDC 05P,Upper limb & toe amputation for circ system disorders w/o CC/MCC	1.1679
258,MDC 05P,Cardiac pacemaker device replacement w MCC	3.2161
259,MDC 05P,Cardiac pacemaker device replacement w/o MCC	2.1268
260,MDC 05P,Cardiac pacemaker revision except device replacement w MCC	3.5870
261,MDC 05P,Cardiac pacemaker revision except device replacement w CC	1.9942
262,MDC 05P,Cardiac pacemaker revision except device replacement w/o CC/MCC	1.7159
263,MDC 05P,Vein ligation & stripping	2.3086
264,MDC 05P,Other circulatory system O.R. procedures	3.2472



<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
265,MDC 05P,AICD lead procedures	3.3941
266,MDC 05P,Endovascular cardiac valve replacement & supplement procedures w MCC	7.1413
267,MDC 05P,Endovascular cardiac valve replacement & supplement procedures w/o MCC	5.6595
268,MDC 05P,Aortic and heart assist procedures except pulsation balloon w MCC	6.9740
269,MDC 05P,Aortic and heart assist procedures except pulsation balloon w/o MCC	4.3513
270,MDC 05P,Other major cardiovascular procedures w MCC	5.1869
271,MDC 05P,Other major cardiovascular procedures w CC	3.5788
272,MDC 05P,Other major cardiovascular procedures w/o CC/MCC	2.7051
273,MDC 05P,Percutaneous intracardiac procedures w MCC	3.8542
274,MDC 05P,Percutaneous intracardiac procedures w/o MCC	3.3134
280,MDC 05M,Acute myocardial infarction, discharged alive w MCC	1.6256
281,MDC 05M,Acute myocardial infarction, discharged alive w CC	0.9311
282,MDC 05M,Acute myocardial infarction, discharged alive w/o CC/MCC	0.7261
283,MDC 05M,Acute myocardial infarction, expired w MCC	1.8466
284,MDC 05M,Acute myocardial infarction, expired w CC	0.7340
285,MDC 05M,Acute myocardial infarction, expired w/o CC/MCC	0.5003
286,MDC 05M,Circulatory disorders except AMI, w card cath w MCC	2.2142
287,MDC 05M,Circulatory disorders except AMI, w card cath w/o MCC	1.1522
288,MDC 05M,Acute & subacute endocarditis w MCC	2.6777
289,MDC 05M,Acute & subacute endocarditis w CC	1.6344
290,MDC 05M,Acute & subacute endocarditis w/o CC/MCC	1.0183
291,MDC 05M,Heart failure & shock w MCC	1.3388
292,MDC 05M,Heart failure & shock w CC	0.8935
293,MDC 05M,Heart failure & shock w/o CC/MCC	0.6513
294,MDC 05M,Deep vein thrombophlebitis w CC/MCC	1.2774
295,MDC 05M,Deep vein thrombophlebitis w/o CC/MCC	0.9846
296,MDC 05M,Cardiac arrest, unexplained w MCC	1.5987

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
297,MDC 05M,Cardiac arrest, unexplained w CC	0.7071
298,MDC 05M,Cardiac arrest, unexplained w/o CC/MCC	0.4877
299,MDC 05M,Peripheral vascular disorders w MCC	1.5326
300,MDC 05M,Peripheral vascular disorders w CC	1.0410
301,MDC 05M,Peripheral vascular disorders w/o CC/MCC	0.7423
302,MDC 05M,Atherosclerosis w MCC	1.0932
303,MDC 05M,Atherosclerosis w/o MCC	0.6738
304,MDC 05M,Hypertension w MCC	1.0884
305,MDC 05M,Hypertension w/o MCC	0.7370
306,MDC 05M,Cardiac congenital & valvular disorders w MCC	1.4991
307,MDC 05M,Cardiac congenital & valvular disorders w/o MCC	0.8619
308,MDC 05M,Cardiac arrhythmia & conduction disorders w MCC	1.1970
309,MDC 05M,Cardiac arrhythmia & conduction disorders w CC	0.7480
310,MDC 05M,Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5571
311,MDC 05M,Angina pectoris	0.6951
312,MDC 05M,Syncope & collapse	0.8350
313,MDC 05M,Chest pain	0.7200
314,MDC 05M,Other circulatory system diagnoses w MCC	2.0807
315,MDC 05M,Other circulatory system diagnoses w CC	0.9730
316,MDC 05M,Other circulatory system diagnoses w/o CC/MCC	0.7489
319,MDC 05P,Other endovascular cardiac valve procedures w MCC	4.3224
320,MDC 05P,Other endovascular cardiac valve procedures w/o MCC	2.4548
326,MDC 06P,Stomach, esophageal & duodenal proc w MCC	5.3749
327,MDC 06P,Stomach, esophageal & duodenal proc w CC	2.6107
328,MDC 06P,Stomach, esophageal & duodenal proc w/o CC/MCC	1.6698
329,MDC 06P,Major small & large bowel procedures w MCC	4.8531
330,MDC 06P,Major small & large bowel procedures w CC	2.5408
331,MDC 06P,Major small & large bowel procedures w/o CC/MCC	1.7122
332,MDC 06P,Rectal resection w MCC	4.1472

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
333,MDC 06P,Rectal resection w CC	2.1383
334,MDC 06P,Rectal resection w/o CC/MCC	1.6131
335,MDC 06P,Peritoneal adhesiolysis w MCC	3.8915
336,MDC 06P,Peritoneal adhesiolysis w CC	2.2801
337,MDC 06P,Peritoneal adhesiolysis w/o CC/MCC	1.6322
338,MDC 06P,Appendectomy w complicated principal diag w MCC	2.9292
339,MDC 06P,Appendectomy w complicated principal diag w CC	1.8272
340,MDC 06P,Appendectomy w complicated principal diag w/o CC/MCC	1.2722
341,MDC 06P,Appendectomy w/o complicated principal diag w MCC	2.4064
342,MDC 06P,Appendectomy w/o complicated principal diag w CC	1.4882
343,MDC 06P,Appendectomy w/o complicated principal diag w/o CC/MCC	1.1404
344,MDC 06P,Minor small & large bowel procedures w MCC	2.7850
345,MDC 06P,Minor small & large bowel procedures w CC	1.5724
346,MDC 06P,Minor small & large bowel procedures w/o CC/MCC	1.2758
347,MDC 06P,Anal & stomal procedures w MCC	2.4669
348,MDC 06P,Anal & stomal procedures w CC	1.3430
349,MDC 06P,Anal & stomal procedures w/o CC/MCC	0.9800
350,MDC 06P,Inguinal & femoral hernia procedures w MCC	2.4570
351,MDC 06P,Inguinal & femoral hernia procedures w CC	1.4902
352,MDC 06P,Inguinal & femoral hernia procedures w/o CC/MCC	1.1039
353,MDC 06P,Hernia procedures except inguinal & femoral w MCC	3.0083
354,MDC 06P,Hernia procedures except inguinal & femoral w CC	1.7835
355,MDC 06P,Hernia procedures except inguinal & femoral w/o CC/MCC	1.3616
356,MDC 06P,Other digestive system O.R. procedures w MCC	4.2961
357,MDC 06P,Other digestive system O.R. procedures w CC	2.2556
358,MDC 06P,Other digestive system O.R. procedures w/o CC/MCC	1.3441
368,MDC 06M,Major esophageal disorders w MCC	1.9422
369,MDC 06M,Major esophageal disorders w CC	1.0745
370,MDC 06M,Major esophageal disorders w/o CC/MCC	0.7432

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
371,MDC 06M,Major gastrointestinal disorders & peritoneal infections w MCC	1.7247
372,MDC 06M,Major gastrointestinal disorders & peritoneal infections w CC	1.0236
373,MDC 06M,Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.7411
374,MDC 06M,Digestive malignancy w MCC	2.0650
375,MDC 06M,Digestive malignancy w CC	1.2013
376,MDC 06M,Digestive malignancy w/o CC/MCC	0.8860
377,MDC 06M,G.I. hemorrhage w MCC	1.7963
378,MDC 06M,G.I. hemorrhage w CC	0.9908
379,MDC 06M,G.I. hemorrhage w/o CC/MCC	0.6354
380,MDC 06M,Complicated peptic ulcer w MCC	1.8744
381,MDC 06M,Complicated peptic ulcer w CC	1.0565
382,MDC 06M,Complicated peptic ulcer w/o CC/MCC	0.7674
383,MDC 06M,Uncomplicated peptic ulcer w MCC	1.3092
384,MDC 06M,Uncomplicated peptic ulcer w/o MCC	0.8903
385,MDC 06M,Inflammatory bowel disease w MCC	1.6161
386,MDC 06M,Inflammatory bowel disease w CC	0.9895
387,MDC 06M,Inflammatory bowel disease w/o CC/MCC	0.7091
388,MDC 06M,G.I. obstruction w MCC	1.5083
389,MDC 06M,G.I. obstruction w CC	0.8188
390,MDC 06M,G.I. obstruction w/o CC/MCC	0.5801
391,MDC 06M,Esophagitis, gastroent & misc digest disorders w MCC	1.2409
392,MDC 06M,Esophagitis, gastroent & misc digest disorders w/o MCC	0.7621
393,MDC 06M,Other digestive system diagnoses w MCC	1.6499
394,MDC 06M,Other digestive system diagnoses w CC	0.9358
395,MDC 06M,Other digestive system diagnoses w/o CC/MCC	0.6469
405,MDC 07P,Pancreas, liver & shunt procedures w MCC	5.7145
406,MDC 07P,Pancreas, liver & shunt procedures w CC	2.8787
407,MDC 07P,Pancreas, liver & shunt procedures w/o CC/MCC	2.1218

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
408,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	3.7546
409,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.1155
410,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.5625
411,MDC 07P,Cholecystectomy w c.d.e. w MCC	3.7113
412,MDC 07P,Cholecystectomy w c.d.e. w CC	2.2744
413,MDC 07P,Cholecystectomy w c.d.e. w/o CC/MCC	1.7197
414,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.6245
415,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w CC	2.0327
416,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.4224
417,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.4216
418,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w CC	1.6883
419,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.3171
420,MDC 07P,Hepatobiliary diagnostic procedures w MCC	3.4997
421,MDC 07P,Hepatobiliary diagnostic procedures w CC	1.9053
422,MDC 07P,Hepatobiliary diagnostic procedures w/o CC/MCC	1.4569
423,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w MCC	4.1677
424,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w CC	2.2828
425,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.5530
432,MDC 07M,Cirrhosis & alcoholic hepatitis w MCC	1.8789
433,MDC 07M,Cirrhosis & alcoholic hepatitis w CC	1.0249
434,MDC 07M,Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.6196
435,MDC 07M,Malignancy of hepatobiliary system or pancreas w MCC	1.7518
436,MDC 07M,Malignancy of hepatobiliary system or pancreas w CC	1.1180
437,MDC 07M,Malignancy of hepatobiliary system or pancreas w/o CC/MCC	0.8938
438,MDC 07M,Disorders of pancreas except malignancy w MCC	1.5919
439,MDC 07M,Disorders of pancreas except malignancy w CC	0.8407
440,MDC 07M,Disorders of pancreas except malignancy w/o CC/MCC	0.6030
441,MDC 07M,Disorders of liver except malig, cirr, alc hepa w MCC	1.8805

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
442,MDC 07M,Disorders of liver except malig, cirr, alc hepa w CC	0.9284
443,MDC 07M,Disorders of liver except malig, cirr, alc hepa w/o CC/MCC	0.6616
444,MDC 07M,Disorders of the biliary tract w MCC	1.6672
445,MDC 07M,Disorders of the biliary tract w CC	1.0749
446,MDC 07M,Disorders of the biliary tract w/o CC/MCC	0.8152
453,MDC 08P,Combined anterior/posterior spinal fusion w MCC	9.2399
454,MDC 08P,Combined anterior/posterior spinal fusion w CC	6.1440
455,MDC 08P,Combined anterior/posterior spinal fusion w/o CC/MCC	4.8314
456,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or ext fus w MCC	8.6608
457,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or ext fus w CC	6.5392
458,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or ext fus w/o CC/MCC	5.0432
459,MDC 08P,Spinal fusion except cervical w MCC	6.7520
460,MDC 08P,Spinal fusion except cervical w/o MCC	3.9586
461,MDC 08P,Bilateral or multiple major joint procs of lower extremity w MCC	6.0941
462,MDC 08P,Bilateral or multiple major joint procs of lower extremity w/o MCC	3.1634
463,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	5.3466
464,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	2.9790
465,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	1.8424
466,MDC 08P,Revision of hip or knee replacement w MCC	5.3623
467,MDC 08P,Revision of hip or knee replacement w CC	3.5957
468,MDC 08P,Revision of hip or knee replacement w/o CC/MCC	2.8200
469,MDC 08P,Major hip and knee joint replacement or reattachment of lower extremity w MCC or total ankle replacement	3.0989
470,MDC 08P,Major hip and knee joint replacement or reattachment of lower extremity w/o MCC	1.9104
471,MDC 08P,Cervical spinal fusion w MCC	5.0246
472,MDC 08P,Cervical spinal fusion w CC	3.0713
473,MDC 08P,Cervical spinal fusion w/o CC/MCC	2.5563

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
474,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w MCC	4.0708
475,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w CC	2.1883
476,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.1573
477,MDC 08P,Biopsies of musculoskeletal system & connective tissue w MCC	3.3548
478,MDC 08P,Biopsies of musculoskeletal system & connective tissue w CC	2.3609
479,MDC 08P,Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.8125
480,MDC 08P,Hip & femur procedures except major joint w MCC	3.0273
481,MDC 08P,Hip & femur procedures except major joint w CC	2.0985
482,MDC 08P,Hip & femur procedures except major joint w/o CC/MCC	1.6496
483,MDC 08P,Major joint/limb reattachment procedure of upper extremities	2.4039
485,MDC 08P,Knee procedures w pdx of infection w MCC	3.4040
486,MDC 08P,Knee procedures w pdx of infection w CC	2.1481
487,MDC 08P,Knee procedures w pdx of infection w/o CC/MCC	1.6424
488,MDC 08P,Knee procedures w/o pdx of infection w CC/MCC	1.9722
489,MDC 08P,Knee procedures w/o pdx of infection w/o CC/MCC	1.3026
492,MDC 08P,Lower extrem & humer proc except hip, foot, femur w MCC	3.4745
493,MDC 08P,Lower extrem & humer proc except hip, foot, femur w CC	2.3270
494,MDC 08P,Lower extrem & humer proc except hip, foot, femur w/o CC/MCC	1.8580
495,MDC 08P,Local excision & removal int fix devices exc hip & femur w MCC	3.6450
496,MDC 08P,Local excision & removal int fix devices exc hip & femur w CC	1.9946
497,MDC 08P,Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.4653
498,MDC 08P,Local excision & removal int fix devices of hip & femur w CC/MCC	2.5865
499,MDC 08P,Local excision & removal int fix devices of hip & femur w/o CC/MCC	1.2008
500,MDC 08P,Soft tissue procedures w MCC	3.1486
501,MDC 08P,Soft tissue procedures w CC	1.7395
502,MDC 08P,Soft tissue procedures w/o CC/MCC	1.3332
503,MDC 08P,Foot procedures w MCC	2.6273

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
504,MDC 08P,Foot procedures w CC	1.7737
505,MDC 08P,Foot procedures w/o CC/MCC	1.7737
506,MDC 08P,Major thumb or joint procedures	1.4812
507,MDC 08P,Major shoulder or elbow joint procedures w CC/MCC	2.0199
508,MDC 08P,Major shoulder or elbow joint procedures w/o CC/MCC	1.3840
509,MDC 08P,Arthroscopy	1.6677
510,MDC 08P,Shoulder, elbow or forearm proc, exc major joint proc w MCC	2.7035
511,MDC 08P,Shoulder, elbow or forearm proc, exc major joint proc w CC	1.9668
512,MDC 08P,Shoulder, elbow or forearm proc, exc major joint proc w/o CC/MCC	1.5612
513,MDC 08P,Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.5557
514,MDC 08P,Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.9872
515,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w MCC	3.1308
516,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w CC	1.9627
517,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.3989
518,MDC 08P,Back & neck proc exc spinal fusion w MCC or disc device/neurostim	3.5917
519,MDC 08P,Back & neck proc exc spinal fusion w CC	1.9599
520,MDC 08P,Back & neck proc exc spinal fusion w/o CC/MCC	1.4190
521,MDC 08P,Hip replacement with PDX of hip fracture with MCC	3.0652
522,MDC 08P,Hip replacement with PDX of hip fracture without MCC	2.1943
533,MDC 08M,Fractures of femur w MCC	1.4166
534,MDC 08M,Fractures of femur w/o MCC	0.7846
535,MDC 08M,Fractures of hip & pelvis w MCC	1.2297
536,MDC 08M,Fractures of hip & pelvis w/o MCC	0.7675
537,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.9313
538,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.7179
539,MDC 08M,Osteomyelitis w MCC	1.9365
540,MDC 08M,Osteomyelitis w CC	1.2956
541,MDC 08M,Osteomyelitis w/o CC/MCC	0.8417



<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
542,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w MCC	1.8032
543,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w CC	1.0396
544,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.7737
545,MDC 08M,Connective tissue disorders w MCC	2.4822
546,MDC 08M,Connective tissue disorders w CC	1.2031
547,MDC 08M,Connective tissue disorders w/o CC/MCC	0.8313
548,MDC 08M,Septic arthritis w MCC	2.0251
549,MDC 08M,Septic arthritis w CC	1.2300
550,MDC 08M,Septic arthritis w/o CC/MCC	0.8822
551,MDC 08M,Medical back problems w MCC	1.6212
552,MDC 08M,Medical back problems w/o MCC	0.9386
553,MDC 08M,Bone diseases & arthropathies w MCC	1.2648
554,MDC 08M,Bone diseases & arthropathies w/o MCC	0.7872
555,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w MCC	1.3599
556,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.8040
557,MDC 08M,Tendonitis, myositis & bursitis w MCC	1.3908
558,MDC 08M,Tendonitis, myositis & bursitis w/o MCC	0.8548
559,MDC 08M,Aftercare, musculoskeletal system & connective tissue w MCC	1.8652
560,MDC 08M,Aftercare, musculoskeletal system & connective tissue w CC	1.0733
561,MDC 08M,Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.7883
562,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	1.4037
563,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	0.8673
564,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w MCC	1.5071
565,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w CC	1.0015
566,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.7512
570,MDC 09P,Skin debridement w MCC	2.8180

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
571,MDC 09P,Skin debridement w CC	1.6301
572,MDC 09P,Skin debridement w/o CC/MCC	1.0987
573,MDC 09P,Skin graft for skin ulcer or cellulitis w MCC	5.4249
574,MDC 09P,Skin graft for skin ulcer or cellulitis w CC	3.2232
575,MDC 09P,Skin graft for skin ulcer or cellulitis w/o CC/MCC	1.7651
576,MDC 09P,Skin graft exc for skin ulcer or cellulitis w MCC	4.9873
577,MDC 09P,Skin graft exc for skin ulcer or cellulitis w CC	2.5541
578,MDC 09P,Skin graft exc for skin ulcer or cellulitis w/o CC/MCC	1.6326
579,MDC 09P,Other skin, subcut tiss & breast proc w MCC	2.9269
580,MDC 09P,Other skin, subcut tiss & breast proc w CC	1.5997
581,MDC 09P,Other skin, subcut tiss & breast proc w/o CC/MCC	1.2535
582,MDC 09P,Mastectomy for malignancy w CC/MCC	1.6400
583,MDC 09P,Mastectomy for malignancy w/o CC/MCC	1.5439
584,MDC 09P,Breast biopsy, local excision & other breast procedures w CC/MCC	1.8161
585,MDC 09P,Breast biopsy, local excision & other breast procedures w/o CC/MCC	1.7333
592,MDC 09M,Skin ulcers w MCC	1.6815
593,MDC 09M,Skin ulcers w CC	1.1368
594,MDC 09M,Skin ulcers w/o CC/MCC	0.8157
595,MDC 09M,Major skin disorders w MCC	2.0013
596,MDC 09M,Major skin disorders w/o MCC	0.9863
597,MDC 09M,Malignant breast disorders w MCC	1.6346
598,MDC 09M,Malignant breast disorders w CC	1.1069
599,MDC 09M,Malignant breast disorders w/o CC/MCC	0.6736
600,MDC 09M,Non-malignant breast disorders w CC/MCC	0.9951
601,MDC 09M,Non-malignant breast disorders w/o CC/MCC	0.6827
602,MDC 09M,Cellulitis w MCC	1.4333
603,MDC 09M,Cellulitis w/o MCC	0.8420
604,MDC 09M,Trauma to the skin, subcut tiss & breast w MCC	1.4842

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
605,MDC 09M,Trauma to the skin, subcut tiss & breast w/o MCC	0.9063
606,MDC 09M,Minor skin disorders w MCC	1.5125
607,MDC 09M,Minor skin disorders w/o MCC	0.8228
614,MDC 10P,Adrenal & pituitary procedures w CC/MCC	2.3896
615,MDC 10P,Adrenal & pituitary procedures w/o CC/MCC	1.5764
616,MDC 10P,Amputat of lower limb for endocrine, nutrit, & metabol dis w MCC	3.9864
617,MDC 10P,Amputat of lower limb for endocrine, nutrit, & metabol dis w CC	2.0310
618,MDC 10P,Amputat of lower limb for endocrine, nutrit, & metabol dis w/o CC/MCC	1.3005
619,MDC 10P,O.R. procedures for obesity w MCC	3.0580
620,MDC 10P,O.R. procedures for obesity w CC	1.7673
621,MDC 10P,O.R. procedures for obesity w/o CC/MCC	1.6011
622,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.5886
623,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.8721
624,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	1.0980
625,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w MCC	2.8499
626,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w CC	1.6528
627,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	1.1814
628,MDC 10P,Other endocrine, nutrit & metab O.R. proc w MCC	3.6904
629,MDC 10P,Other endocrine, nutrit & metab O.R. proc w CC	2.3412
630,MDC 10P,Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.4083
637,MDC 10M,Diabetes w MCC	1.3727
638,MDC 10M,Diabetes w CC	0.8771
639,MDC 10M,Diabetes w/o CC/MCC	0.6087
640,MDC 10M,Misc disorders of nutrition, metabolism, fluids/electrolytes w MCC	1.2248
641,MDC 10M,Misc disorders of nutrition, metabolism, fluids/electrolytes w/o MCC	0.7508
642,MDC 10M,Inborn and other disorders of metabolism	1.2876

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
643,MDC 10M,Endocrine disorders w MCC	1.6577
644,MDC 10M,Endocrine disorders w CC	1.0156
645,MDC 10M,Endocrine disorders w/o CC/MCC	0.7654
650,MDC 11P,Kidney transplant with hemodialysis with MCC	4.5091
651,MDC 11P,Kidney transplant with hemodialysis without MCC	3.7018
652,MDC 11P,Kidney transplant	3.1911
653,MDC 11P,Major bladder procedures w MCC	5.4479
654,MDC 11P,Major bladder procedures w CC	2.9022
655,MDC 11P,Major bladder procedures w/o CC/MCC	2.0785
656,MDC 11P,Kidney & ureter procedures for neoplasm w MCC	3.2874
657,MDC 11P,Kidney & ureter procedures for neoplasm w CC	1.9359
658,MDC 11P,Kidney & ureter procedures for neoplasm w/o CC/MCC	1.5835
659,MDC 11P,Kidney & ureter procedures for non-neoplasm w MCC	2.6531
660,MDC 11P,Kidney & ureter procedures for non-neoplasm w CC	1.4427
661,MDC 11P,Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.0657
662,MDC 11P,Minor bladder procedures w MCC	2.8705
663,MDC 11P,Minor bladder procedures w CC	1.5953
664,MDC 11P,Minor bladder procedures w/o CC/MCC	1.1845
665,MDC 11P,Prostatectomy w MCC	2.9979
666,MDC 11P,Prostatectomy w CC	1.7345
667,MDC 11P,Prostatectomy w/o CC/MCC	0.9956
668,MDC 11P,Transurethral procedures w MCC	2.7555
669,MDC 11P,Transurethral procedures w CC	1.5307
670,MDC 11P,Transurethral procedures w/o CC/MCC	0.9772
671,MDC 11P,Urethral procedures w CC/MCC	1.7797
672,MDC 11P,Urethral procedures w/o CC/MCC	1.1599
673,MDC 11P,Other kidney & urinary tract procedures w MCC	3.4590
674,MDC 11P,Other kidney & urinary tract procedures w CC	2.3777
675,MDC 11P,Other kidney & urinary tract procedures w/o CC/MCC	1.7550

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
682,MDC 11M,Renal failure w MCC	1.4683
683,MDC 11M,Renal failure w CC	0.8760
684,MDC 11M,Renal failure w/o CC/MCC	0.6042
686,MDC 11M,Kidney & urinary tract neoplasms w MCC	1.8670
687,MDC 11M,Kidney & urinary tract neoplasms w CC	1.0444
688,MDC 11M,Kidney & urinary tract neoplasms w/o CC/MCC	0.6849
689,MDC 11M,Kidney & urinary tract infections w MCC	1.1082
690,MDC 11M,Kidney & urinary tract infections w/o MCC	0.7895
693,MDC 11M,Urinary stones w MCC	1.2645
694,MDC 11M,Urinary stones w/o MCC	0.7278
695,MDC 11M,Kidney & urinary tract signs & symptoms w MCC	1.1347
696,MDC 11M,Kidney & urinary tract signs & symptoms w/o MCC	0.6876
697,MDC 11M,Urethral stricture	0.9965
698,MDC 11M,Other kidney & urinary tract diagnoses w MCC	1.6036
699,MDC 11M,Other kidney & urinary tract diagnoses w CC	1.0226
700,MDC 11M,Other kidney & urinary tract diagnoses w/o CC/MCC	0.7393
707,MDC 12P,Major male pelvic procedures w CC/MCC	1.9248
708,MDC 12P,Major male pelvic procedures w/o CC/MCC	1.4941
709,MDC 12P,Penis procedures w CC/MCC	2.3148
710,MDC 12P,Penis procedures w/o CC/MCC	1.6078
711,MDC 12P,Testes procedures w CC/MCC	2.1297
712,MDC 12P,Testes procedures w/o CC/MCC	1.0500
713,MDC 12P,Transurethral prostatectomy w CC/MCC	1.4909
714,MDC 12P,Transurethral prostatectomy w/o CC/MCC	0.9293
715,MDC 12P,Other male reproductive system O.R. proc for malignancy w CC/MCC	2.0215
716,MDC 12P,Other male reproductive system O.R. proc for malignancy w/o CC/MCC	1.2782
717,MDC 12P,Other male reproductive system O.R. proc exc malignancy w CC/MCC	1.7983

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
718,MDC 12P,Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	1.2380
722,MDC 12M,Malignancy, male reproductive system w MCC	1.6894
723,MDC 12M,Malignancy, male reproductive system w CC	1.0882
724,MDC 12M,Malignancy, male reproductive system w/o CC/MCC	0.6616
725,MDC 12M,Benign prostatic hypertrophy w MCC	1.2795
726,MDC 12M,Benign prostatic hypertrophy w/o MCC	0.7417
727,MDC 12M,Inflammation of the male reproductive system w MCC	1.4147
728,MDC 12M,Inflammation of the male reproductive system w/o MCC	0.7999
729,MDC 12M,Other male reproductive system diagnoses w CC/MCC	1.0022
730,MDC 12M,Other male reproductive system diagnoses w/o CC/MCC	0.5636
734,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.2264
735,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.4169
736,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.2599
737,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w CC	2.0584
738,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.4808
739,MDC 13P,Uterine, adnexa proc for non-ovarian/adnexal malig w MCC	3.8205
740,MDC 13P,Uterine, adnexa proc for non-ovarian/adnexal malig w CC	1.8006
741,MDC 13P,Uterine, adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	1.2809
742,MDC 13P,Uterine & adnexa proc for non-malignancy w CC/MCC	1.7193
743,MDC 13P,Uterine & adnexa proc for non-malignancy w/o CC/MCC	1.1352
744,MDC 13P,D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.7852
745,MDC 13P,D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	1.1672
746,MDC 13P,Vagina, cervix & vulva procedures w CC/MCC	1.6095
747,MDC 13P,Vagina, cervix & vulva procedures w/o CC/MCC	0.9372
748,MDC 13P,Female reproductive system reconstructive procedures	1.3440
749,MDC 13P,Other female reproductive system O.R. procedures w CC/MCC	2.7112
750,MDC 13P,Other female reproductive system O.R. procedures w/o CC/MCC	1.4663

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
754,MDC 13M,Malignancy, female reproductive system w MCC	1.8140
755,MDC 13M,Malignancy, female reproductive system w CC	1.1233
756,MDC 13M,Malignancy, female reproductive system w/o CC/MCC	0.9129
757,MDC 13M,Infections, female reproductive system w MCC	1.5178
758,MDC 13M,Infections, female reproductive system w CC	0.9643
759,MDC 13M,Infections, female reproductive system w/o CC/MCC	0.6812
760,MDC 13M,Menstrual & other female reproductive system disorders w CC/MCC	0.9218
761,MDC 13M,Menstrual & other female reproductive system disorders w/o CC/MCC	0.5832
768,MDC 14P,Vaginal delivery w O.R. proc except steril &/or D&C	1.1722
769,MDC 14P,Postpartum & post abortion diagnoses w O.R. procedure	1.6360
770,MDC 14P,Abortion w D&C, aspiration curettage or hysterotomy	0.8887
776,MDC 14M,Postpartum & post abortion diagnoses w/o O.R. procedure	0.7649
779,MDC 14M,Abortion w/o D&C	1.0423
783,MDC 14P,Cesarean section w sterilization w MCC	1.8937
784,MDC 14P,Cesarean section w sterilization w CC	1.0964
785,MDC 14P,Cesarean section w sterilization w/o CC/MCC	0.9149
786,MDC 14P,Cesarean section w/o sterilization w MCC	1.5700
787,MDC 14P,Cesarean section w/o sterilization w CC	1.0645
788,MDC 14P,Cesarean section w/o sterilization w/o CC/MCC	0.8878
789,MDC 15M,Neonates, died or transferred to another acute care facility	1.7177
790,MDC 15M,Extreme immaturity or respiratory distress syndrome, neonate	5.6645
791,MDC 15M,Prematurity w major problems	3.8687
792,MDC 15M,Prematurity w/o major problems	2.3342
793,MDC 15M,Full term neonate w major problems	3.9739
794,MDC 15M,Neonate w other significant problems	1.4065
795,MDC 15M,Normal newborn	0.1904
796,MDC 14P,Vaginal delivery w sterilization/D&C w MCC	1.0671
797,MDC 14P,Vaginal delivery w sterilization/D&C w CC	0.9239

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
798,MDC 14P,Vaginal delivery w sterilization/D&C w/o CC/MCC	0.8321
799,MDC 16P,Splenectomy w MCC	5.1500
800,MDC 16P,Splenectomy w CC	2.9421
801,MDC 16P,Splenectomy w/o CC/MCC	1.7313
802,MDC 16P,Other O.R. proc of the blood & blood forming organs w MCC	3.6987
803,MDC 16P,Other O.R. proc of the blood & blood forming organs w CC	1.8867
804,MDC 16P,Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.3678
805,MDC 14M,Vaginal delivery w/o sterilization/D&C w MCC	1.0264
806,MDC 14M,Vaginal delivery w/o sterilization/D&C w CC	0.7380
807,MDC 14M,Vaginal delivery w/o sterilization/D&C w/o CC/MCC	0.6438
808,MDC 16M,Major hematomol/immun diag exc sickle cell crisis & coagul w MCC	2.1679
809,MDC 16M,Major hematomol/immun diag exc sickle cell crisis & coagul w CC	1.2173
810,MDC 16M,Major hematomol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.9582
811,MDC 16M,Red blood cell disorders w MCC	1.3744
812,MDC 16M,Red blood cell disorders w/o MCC	0.8771
813,MDC 16M,Coagulation disorders	1.5396
814,MDC 16M,Reticuloendothelial & immunity disorders w MCC	1.8762
815,MDC 16M,Reticuloendothelial & immunity disorders w CC	0.9904
816,MDC 16M,Reticuloendothelial & immunity disorders w/o CC/MCC	0.6579
817,MDC 14P,Other antepartum diagnoses w O.R. procedure w MCC	2.1846
818,MDC 14P,Other antepartum diagnoses w O.R. procedure w CC	1.3307
819,MDC 14P,Other antepartum diagnoses w O.R. procedure w/o CC/MCC	0.9963
820,MDC 17P,Lymphoma & leukemia w major O.R. procedure w MCC	5.6776
821,MDC 17P,Lymphoma & leukemia w major O.R. procedure w CC	2.1547
822,MDC 17P,Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.2531
823,MDC 17P,Lymphoma & non-acute leukemia w other proc w MCC	4.4774
824,MDC 17P,Lymphoma & non-acute leukemia w other proc w CC	2.3617
825,MDC 17P,Lymphoma & non-acute leukemia w other proc w/o CC/MCC	1.4013



<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
826,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	5.0241
827,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.4950
828,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.6795
829,MDC 17P,Myeloproliferative disorders or poorly differentiated neoplasms w other procedure w CC/MCC	3.1949
830,MDC 17P,Myeloproliferative disorders or poorly differentiated neoplasms w other procedure w/o CC/MCC	1.4798
831,MDC 14M,Other antepartum diagnoses w/o O.R. procedure w MCC	1.1193
832,MDC 14M,Other antepartum diagnoses w/o O.R. procedure w CC	0.7795
833,MDC 14M,Other antepartum diagnoses w/o O.R. procedure w/o CC/MCC	0.5278
834,MDC 17M,Acute leukemia w/o major O.R. procedure w MCC	5.9986
835,MDC 17M,Acute leukemia w/o major O.R. procedure w CC	2.0974
836,MDC 17M,Acute leukemia w/o major O.R. procedure w/o CC/MCC	1.1666
837,MDC 17M,Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	5.6683
838,MDC 17M,Chemo w acute leukemia as sdx w CC or high dose chemo agent	2.2517
839,MDC 17M,Chemo w acute leukemia as sdx w/o CC/MCC	1.4787
840,MDC 17M,Lymphoma & non-acute leukemia w MCC	3.2113
841,MDC 17M,Lymphoma & non-acute leukemia w CC	1.6173
842,MDC 17M,Lymphoma & non-acute leukemia w/o CC/MCC	1.0953
843,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w MCC	1.9006
844,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w CC	1.1794
845,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.8451
846,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.6690
847,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w CC	1.3341
848,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	1.0241
849,MDC 17M,Radiotherapy	2.4875
853,MDC 18P,Infectious & parasitic diseases w O.R. procedure w MCC	4.9437

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
854,MDC 18P,Infectious & parasitic diseases w O.R. procedure w CC	2.0927
855,MDC 18P,Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.4951
856,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w MCC	4.5410
857,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w CC	2.0327
858,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.3524
862,MDC 18M,Postoperative & post-traumatic infections w MCC	1.8726
863,MDC 18M,Postoperative & post-traumatic infections w/o MCC	0.9754
864,MDC 18M,Fever and inflammatory conditions	0.8723
865,MDC 18M,Viral illness w MCC	1.4742
866,MDC 18M,Viral illness w/o MCC	0.8344
867,MDC 18M,Other infectious & parasitic diseases diagnoses w MCC	2.2243
868,MDC 18M,Other infectious & parasitic diseases diagnoses w CC	1.0519
869,MDC 18M,Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.7394
870,MDC 18M,Septicemia or severe sepsis w MV >96 hours	6.4274
871,MDC 18M,Septicemia or severe sepsis w/o MV >96 hours w MCC	1.8652
872,MDC 18M,Septicemia or severe sepsis w/o MV >96 hours w/o MCC	1.0185
876,MDC 19P,O.R. procedure w principal diagnoses of mental illness	3.2737
880,MDC 19M,Acute adjustment reaction & psychosocial dysfunction	0.8596
881,MDC 19M,Depressive neuroses	0.7965
882,MDC 19M,Neuroses except depressive	0.8201
883,MDC 19M,Disorders of personality & impulse control	1.5627
884,MDC 19M,Organic disturbances & intellectual disability	1.4353
885,MDC 19M,Psychoses	1.2259
886,MDC 19M,Behavioral & developmental disorders	1.2162
887,MDC 19M,Other mental disorder diagnoses	1.0778
894,MDC 20M,Alcohol/drug abuse or dependence, left AMA	0.5473
895,MDC 20M,Alcohol/drug abuse or dependence w rehabilitation therapy	1.5842
896,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.7737

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
897,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.8218
901,MDC 21P,Wound debridements for injuries w MCC	4.2377
902,MDC 21P,Wound debridements for injuries w CC	1.9572
903,MDC 21P,Wound debridements for injuries w/o CC/MCC	1.1338
904,MDC 21P,Skin grafts for injuries w CC/MCC	3.7121
905,MDC 21P,Skin grafts for injuries w/o CC/MCC	1.6515
906,MDC 21P,Hand procedures for injuries	1.7851
907,MDC 21P,Other O.R. procedures for injuries w MCC	3.9626
908,MDC 21P,Other O.R. procedures for injuries w CC	2.0354
909,MDC 21P,Other O.R. procedures for injuries w/o CC/MCC	1.3758
913,MDC 21M,Traumatic injury w MCC	1.6322
914,MDC 21M,Traumatic injury w/o MCC	0.8863
915,MDC 21M,Allergic reactions w MCC	1.6958
916,MDC 21M,Allergic reactions w/o MCC	0.6567
917,MDC 21M,Poisoning & toxic effects of drugs w MCC	1.4736
918,MDC 21M,Poisoning & toxic effects of drugs w/o MCC	0.7892
919,MDC 21M,Complications of treatment w MCC	1.8307
920,MDC 21M,Complications of treatment w CC	1.0225
921,MDC 21M,Complications of treatment w/o CC/MCC	0.6902
922,MDC 21M,Other injury, poisoning & toxic effect diag w MCC	1.5838
923,MDC 21M,Other injury, poisoning & toxic effect diag w/o MCC	0.9294
927,MDC 22P,Extensive burns or full thickness burns w MV >96 hrs w skin graft	20.9330
928,MDC 22P,Full thickness burn w skin graft or inhal inj w CC/MCC	6.5186
929,MDC 22P,Full thickness burn w skin graft or inhal inj w/o CC/MCC	2.9133
933,MDC 22M,Extensive burns or full thickness burns w MV >96 hrs w/o skin graft	2.2539
934,MDC 22M,Full thickness burn w/o skin graft or inhal inj	1.9336
935,MDC 22M,Non-extensive burns	1.9122
939,MDC 23P,O.R. proc w diagnoses of other contact w health services w MCC	3.3542

<b>DRG, MDC, and DRG description</b>	<b>DRG cost weight</b>
940,MDC 23P,O.R. proc w diagnoses of other contact w health services w CC	2.2421
941,MDC 23P,O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.9311
945,MDC 23M,Rehabilitation w CC/MCC	1.4756
946,MDC 23M,Rehabilitation w/o CC/MCC	1.1229
947,MDC 23M,Signs & symptoms w MCC	1.1889
948,MDC 23M,Signs & symptoms w/o MCC	0.7834
949,MDC 23M,Aftercare w CC/MCC	1.1067
950,MDC 23M,Aftercare w/o CC/MCC	0.7435
951,MDC 23M,Other factors influencing health status	0.5546
955,MDC 24P,Craniotomy for multiple significant trauma	6.2527
956,MDC 24P,Limb reattachment, hip & femur proc for multiple significant trauma	3.8224
957,MDC 24P,Other O.R. procedures for multiple significant trauma w MCC	7.3845
958,MDC 24P,Other O.R. procedures for multiple significant trauma w CC	4.2009
959,MDC 24P,Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.7089
963,MDC 24M,Other multiple significant trauma w MCC	2.7195
964,MDC 24M,Other multiple significant trauma w CC	1.4798
965,MDC 24M,Other multiple significant trauma w/o CC/MCC	0.9103
969,MDC 25P,HIV w extensive O.R. procedure w MCC	6.1025
970,MDC 25P,HIV w extensive O.R. procedure w/o MCC	2.9121
974,MDC 25M,HIV w major related condition w MCC	2.6719
975,MDC 25M,HIV w major related condition w CC	1.2784
976,MDC 25M,HIV w major related condition w/o CC/MCC	0.9452
977,MDC 25M,HIV w or w/o other related condition	1.3059
981,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w MCC	4.6065
982,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w CC	2.5446
983,MDC P,Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.6652
987,MDC P,Non-extensive O.R. proc unrelated to principal diagnosis w MCC	3.2615

DRG, MDC, and DRG description		DRG cost weight
988,MDC	P,Non-extensive O.R. proc unrelated to principal diagnosis w CC	1.6800
989,MDC CC/MCC	P,Non-extensive O.R. proc unrelated to principal diagnosis w/o	1.1153
998,MDC	,Principal diagnosis invalid as discharge diagnosis	0.0000
999,MDC	,Ungroupable	0.0000



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