

Medicare Severity Grouper with Medicare Code Editor
Software
Installation and User's Manual

For personal computers

ICD-9-CM MSG MCE v34.0A - for data analysis purposes only

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About this document

Purpose of the manual

The intent of this software release is to assist any providers who may want to conduct any specific analysis using both the ICD-9 and the ICD-10 versions of MSG MCE.

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

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

Information in the manual

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

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

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

Chapter 1: Introduction

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

The software:

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

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

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

Program versions

This release of MS grouper with MCE software for Windows-based personal computers supports versions 16.0–34.0A of the grouper, as 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.

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
34.0A	34.0A	10/01/2016–09/30/2017
33.0A	33.0A	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

MS grouper version	MCE version	Effective date range
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

Version 34.0A of the MS grouper supports ICD-9-CM diagnosis and procedure codes with their descriptions, effective October 1, 2016.

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 [16](#)) 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® 7 (32 bit or 64 bit) Microsoft Windows 8.1
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

If you already have MSG/MCE (formerly CMSG/MCE) Windows software version 16.0 or older installed on your system, you must uninstall it before installing the current software. *For instructions on how to uninstall a previous version of the software, refer to Uninstalling grouper versions (page [11](#)).*

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 warning message, select Yes 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 I9.

- 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
msdrg3.vxxx	3-digit DRGs
msdrg4.vxxx	4-digit DRGs
msmdc.vxxx	MDCs

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

Installed program functions

The installation places the three functions, shown in the following table, in the MSG MCE Software I9 folder off 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. Note: If the MS-DOS prompt window does not appear when you select this function, verify that the environment path includes C:\WINDOWS\system32. If necessary, add it to the path.
Readme	Select to read product-specific information for the current release.

Accessing the functions

To access any of the functions in the previous table:

1. Go to the Start menu.
2. Select All Programs > MSG MCE SOFTWARE I9.
3. Select the appropriate function.
 - For information on interactive claims processing, go to "Interactive data processing" (page [13](#))
or
 - For information on batch processing, go to "Batch processing" (page [35](#)).

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 I9.
 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 I9.
 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 19 > 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, shown in the following figure.

The data entry window is organized into three sections:

- Patient Information
- Patient Stay Information
- Codes

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

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

Figure 1: Data entry window

2. Enter data into the appropriate fields.

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

Table 5. Help for interactive data entry

What do you want to do?	Help
Find specific data entry field information	See the "Data entry fields" table (page 15).
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" (page 21) table.
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 20); also see the "Data entry menu items" table (page 21) and the "Data entry command buttons" table (page 22 , page 72) 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 22) for a list of error messages that can occur, with their descriptions.

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

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

"Viewing interactive output" (page [26](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [23](#)).

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.

Field name	Length	Description
Birth date	10	Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy. A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1892 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

Field name	Length	Description
Admit date	10	<p>Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy.</p> <p>A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. An admit date prior to 01/01/1892 cannot be entered.</p> <p>The birth and admit dates are used to calculate the age of the patient; for more information, see the Birth date field description. The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS. Calculated LOS must be in the range of 00000 to 45291 days.</p>
Discharge date	10	<p>Date of discharge from the facility. Format: mm/dd/yy, mm/dd/yyyy, mmddyyyy, or mmddy.</p> <p>A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. A discharge date prior to 01/01/1892 cannot be entered.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available and the output report includes a USED BY DEFAULT notation (<i>see also Discharge status, below</i>).</p> <p>The discharge and admit dates are used to calculate LOS; for more information, see the Admit date field description.</p>

Field name	Length	Description
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (see also <i>Discharge date, above</i>). When a discharge status is selected first, and is invalid for a discharge date entered, the Discharge Status selection is cleared.</p> <p>All available discharge status codes are listed below.</p> <p>01 = Home or self-care 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) 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)</p>

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 an ICD-9-CM diagnosis code without decimals. Lower case is automatically converted to upper case. The code description is displayed as you type the code. If the code is not valid, "No description found" displays in the description field.</p> <p>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD-9 processing.</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 ICD-9-CM 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 31) for a list of code edits.</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD-9 processing.</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 ICD-9-CM 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 33) for a list of code edits.</p> <p>If you enter a procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row.</p> <p>Note: The interactive program accepts procedure codes of up to four digits for ICD-9 processing.</p>

Data entry menu options

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

Table 9. Data entry menu items

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

Data entry command buttons

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

Table 10. Data entry command buttons

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits.
Report	Displays a pre-formatted output report that can be printed or saved. Alt+R also displays reports. An error message displays in place of the report when any required fields are missing or invalid; correct the error, then tab to Report or press Alt+R to open the report again. Data output is discussed in "Program output (page 23)".

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, mmdyyyy, 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 16) 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 01/01/1892.	A valid date is on or after 01/01/1892.
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.

Message	Description
Birth date cannot precede 01/01/1892.	A valid date is on or after 01/01/1892.
Discharge date cannot precede 01/01/1892.	A valid date is on or after 01/01/1892.
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 [25](#)), 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 rec #: 1054879

                Admit date: 10/01/2012 Discharge date: 10/06/2012 Birth date: 09/09/1943
                Optional information:

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

Grouping
information——— MDC: 10 Endocrine, nutritional & metabolic diseases & disorders
                Final
                DRG: 639 Diabetes w/o CC/MCC
                Cost weight: 00.5503
                MS-DRG Grouper versionXX.X (October 1, XXXX used.)
                HAC Status: One or more HAC criteria met, Final DRG changes.

Clinical
information——— Admitting Diagnosis:
                25001 DMI wo cmp nt st unctrl

                Principal Diagnosis:
                25001 DMI wo cmp nt st unctrl (DRG)
                POA: Yes, present at the time of inpatient admission

                Secondary Diagnoses:

                25001 DMI wo cmp nt st unctrl
                POA: Yes, present at the time of inpatient admission

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

POA indicator——— 99664 React-indwell urin cath (DRG)(HAC)
                POA: No, not present at the time of inpatient admission

                5990 Urin tract infection NOS (DRG)(HAC)
                POA: No, not present at the time of inpatient admission

                4019 Hypertension NOS
                POA: Yes, present at the time of inpatient admission

                6069 Male infertility NOS
                POA: Yes, present at the time of inpatient admission
                Edit: Sex conflict (MCE)

                No procedures performed

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

                Actual LOS: 5

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

Figure 2: Sample output report

Viewing interactive output

Output report fields are described in the "Interactive output report fields" table (page [26](#)).

Use the menu options described in the "Output report menu options" table (page [30](#)):

- 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 15) 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 version of the MS grouper, see "Current MDCs and DRGs" (page 85).</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) will not have an assigned valid MDC. In these cases, "MDC: No MDC Assigned" is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> ▪ Invalid principal diagnosis ▪ Invalid age (<0 or >124) ▪ Invalid discharge date ▪ Invalid sex (not 1 or 2) ▪ Invalid discharge status (batch only) ▪ Record does not meet criteria for any DRG ▪ Illogical principal diagnosis ▪ Diagnosis code cannot be used as principal diagnosis ▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only ▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing, see the "Data entry fields" table (page 16) for discharge date information.</p>

Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <p>DRG: Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p>HAC: Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC: Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p>CC: Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p>OR: Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p>MCC excluded: Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p>CC excluded: Indicates a diagnosis is a CC but not considered due to PDX/SDX exclusion.</p>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. <i>See the "Program edits" table (page 31) for a description of each edit and why they occur.</i>
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.

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

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: Newborn - age of 0 years Pediatric - age 0–17 years inclusive Maternity - age 12–55 years inclusive Adult - age 15–124 years inclusive
Duplicate of principal diagnosis	When the same code is entered as the principal and a secondary diagnosis, this edit appears after the secondary diagnosis code. If the code happens to be on the CC list, the DRG assignment could be affected.
E-code as principal diagnosis	E-codes describe circumstances causing an injury and not the nature of the injury, and should not be used as a principal diagnosis.
Invalid ICD-9-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. A record with an invalid principal diagnosis code is assigned to DRG 999, Ungroupable. Note: Diagnoses presented as all blank or all zeros are ignored (i.e. are not marked as invalid) except for the principal diagnosis.
Manifestation code as principal diagnosis	A manifestation code describes an underlying disease, not the disease itself, and should not be used as a principal diagnosis.

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>Note: 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>Note: 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 (e.g., a V-code for physical therapy requires a secondary diagnosis). If no secondary diagnosis is present for these codes, the Requires secondary diagnosis message will appear.</p>
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).
Invalid ICD-9-CM code	The code is not in the list of valid codes and is assumed to be invalid or have a missing digit. Note: Procedures presented as all blank or all zeros are ignored (i.e. are not marked as invalid).
Limited coverage	For certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost. The limited coverage edit is generated on claims containing any of the procedures listed below. <ul style="list-style-type: none"> Lung volume reduction surgery (LVRS) Lung transplant Combination heart/lung transplant Heart transplant Implantable heart assist system Intest/multi-visceral transplant Liver transplant Kidney transplant Pancreas transplant Artificial heart transplant The edit message indicates the type of limited coverage (e.g., Heart transplant-Limited coverage, Lung transplant-Limited coverage, etc.)
Non-covered procedure	Some procedures are not covered by Medicare payment.
Non-specific O.R. procedure	Some codes, especially NOS (not otherwise specified) codes, are valid but are not suitably specific. This edit applies only if all coded O.R. procedures are considered non-specific. Note: This edit was discontinued on 10/01/2007 and will be displayed in MSG/MCE software versions 16.0–24.0 only.
Open biopsy check (If not open biopsy, code XXXX)	Surgical biopsies are called open biopsies and are relatively infrequent. A different DRG is assigned depending on whether or not the biopsy was open. There are specific ICD-9-CM codes for open and non-open biopsies. The software identifies all open biopsy codes, suggesting an alternate code (XXXX) if the procedure was a closed biopsy. Note: This edit was discontinued on 10/01/2010 and will be displayed in MSG/MCE software versions 16.0–27.0 only.
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).

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

Table 17. Program edits - invalid

Message	Description
Invalid age ^a	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex ^a	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status ^a	A patient's discharge status is sometimes necessary for appropriate DRG determination. Discharge status must be coded according to the UB-04 conventions. For a list of valid entries, see the "Data entry fields" table (page 16).

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.

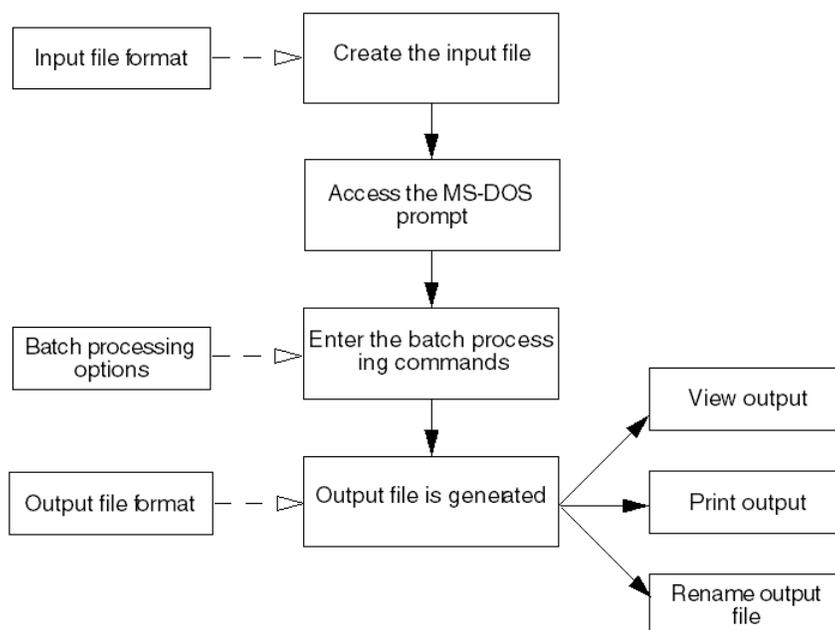
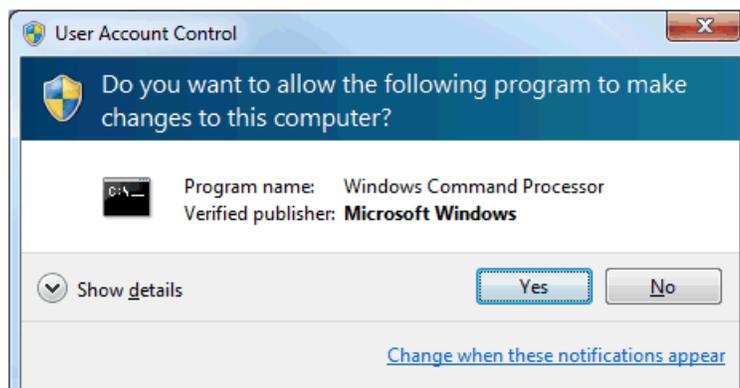


Figure 3: Batch processing overview

Follow these procedural steps to perform batch processing

1. Create the input file.
See "Input file format" (page [38](#)) for detailed information on formatting the input field information.
2. From the Start menu, select All Programs > MSG MCE SOFTWARE I9 > 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.



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

The command line must contain:

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

For batch processing performance information, see the following table.

See "Command line processing options" (page 43) for information on processing options and command lines, including examples.

- 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 58) for information on error messages that can occur, with their descriptions.

- View and/or print the output file.

See "Working with batch output" (page 57) for more information, if necessary.

Table 18. Batch processing performance information

Number of records	File size - Input (bytes)	File size - Upload (bytes)	File size - Report (bytes)	Processing time - (Upload & Report) (hh:mm:ss)	Processing time - (Upload only) (hh:mm:ss)
50,000	41,852,928	95,252,480	83,587,072	00:01:32	00:00:35
500,000	418,500,608	952,500,224	835,854,336	00:13:44	00:04:59
5,000,000	4,185,001,984	9,525,002,240	8,358,518,784	02:17:28	00:51:31

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

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

Input file format

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

Table 19. Input file record layout

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

Field name	Position	Length	Occurrences	Description
Discharge status	82	2	1	UB-04 discharge status. Right-justified, zero-filled. Valid values: 01 = Home or self-care 02 = Disch/trans to another short term hosp 03 = Disch/trans to SNF 04 = Disch/trans to ICF (valid until 09/30/09) 04 = Custodial/supportive care (revised 10/01/09) 05 = Disch/trans to another type of facility (valid until 03/31/08) 05 = Canc/child hosp (revised 04/01/08) 06 = Care of home health service 07 = Left against medical advice 08 = Home IV service (valid until 09/30/05) 20 = Died 21 = Disch/trans to court/law enforcement (added 10/01/09) 30 = Still a patient 43 = Fed hospital (added 10/01/03) 50 = Hospice-home 51 = Hospice-medical facility 61 = Swing Bed (added 10/01/2001) 62 = Rehab fac/unit (added 10/01/2001) 63 = LTC hospital (added 10/01/2001) 64 = Nursing facility–Medicaid certified (added 10/01/02) 65 = Psych hosp/unit (added 10/01/03) 66 = Critical access hospital (added 10/01/05) 69 = Designated Disaster Alternative Care Site 70 = Oth institution (added 04/01/08)

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

Field name	Position	Length	Occurrences	Description
LOS	86	5	1	Length of stay. Right-justified, zero-filled. All blanks if no value is entered. Calculated LOS overrides entered LOS. Valid values=00000 through 45291
Birth date	91	10	1	Birth date. mm/dd/yyyy format. All blanks if no value is entered. Used in age calculation.
Age	101	3	1	Age. Right-justified, zero-filled. All blanks if no value is entered. Valid values: 0–124 years. Calculated age (admit date minus birth date) takes precedence over entered age.
Sex	104	1	1	Sex. Numeric. Valid values: 0 = Unknown 1 = Male 2 = Female
Admit diagnosis	105	7	1	Admit diagnosis. Left-justified, blank-filled. Diagnosis code without decimal. All blanks if no value is entered. Note: Only diagnosis codes of up to five digits are currently recognized as valid. 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 Note: Only diagnosis codes of up to five digits are currently recognized as valid. 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>Note: Only diagnosis codes of up to five digits are currently recognized as valid. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.</p>
Principal Procedure	312	7	1	<p>Procedure codes. Seven left-justified characters, blank-filled.</p> <p>Note: Only procedure codes of up to four digits are currently recognized as valid. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.</p>
Secondary Procedures	319	7	24	<p>Procedure codes. Seven left-justified characters, blank-filled. Up to 24 procedure codes without decimal.</p> <p>Note: Only procedure codes of up to four digits are currently recognized as valid. When a code shorter than seven digits is entered, it will be blank-filled through the seventh position.</p>
Procedure date	487	10	25	<p>For future use. Procedure dates. The format is mm/dd/yyyy (for future use with POA logic.) All blanks if no value is entered. Up to 25 procedure dates accepted.</p>

Field name	Position	Length	Occurrences	Description
Apply HAC logic	737	1	1	Values X or Z to be captured for use with HAC logic. These values reflect whether a hospital requires POA reporting. X = Exempt from POA indicator reporting Z = Requires POA indicator reporting Note: If value not X or Z an error code may result.
UNUSED	738	1	1	UNUSED
Optional information	739	72	1	Optional field. Left-justified, blank-filled. All blanks if no value is entered.
Filler	811	25	1	Not used. Blank-filled.

Command line processing options

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

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

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

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

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

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

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

Table 20. Batch processing options

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

Command line examples

Examples of batch processing commands are given below.

Example 1

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

Result

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

Example 2

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

Result

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

Example 3

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

Result

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

Output file formats

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

Table 21. Batch processing output

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

Formatted output (-o option)

The file of formatted output reports generated with the -o option is saved where the product was installed. Unless you specified otherwise, this directory is: C:\Program Files\MSG MCE SOFTWARE I9. See the "Program output" section (page [23](#)) 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 [58](#)) 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 I9.

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 [58](#)) contains instructions, if you need them.

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

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

Table 22. Upload file record layout

Field name	Position	Length	Occurrences	Description
n/a	001	835	1	Input record
MSG/MCE version used	836	3	1	Version of the software used to process the claim. Right-justified, blank-filled. Stored without decimal point. Valid values: 34A, 33A, 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</p> <p>11 = Invalid PDX</p> <p>12 = POA logic nonexempt - HAC-POA(s) invalid, missing, or 1 (batch only)</p> <p>13 = POA logic invalid/missing - HAC-POA(s) are N, U (batch only)</p> <p>14 = POA logic invalid/missing - HAC-POA(s) invalid/missing or 1 (batch only)</p> <p>18 = POA logic invld/mssng - multiple distinct HAC-POAs not Y,W (batch only)</p> <p>Note: If return code 50- 54, 57 is returned, output blank value.</p>
MSG/MCE edit return code	851	4	1	<p>Four-character return code, right-justified, zero-filled. Valid values:</p> <p>0000 = MCE - No errors found</p> <p>0001 = MCE - Pre-payment error</p> <p>0002 = MCE - Post-payment error</p> <p>0003 = MCE - Pre- and post-payment errors</p> <p>0004 = MCE - Invalid discharge date (grouper defaults to current grouper if date out of range for versions in product)</p> <p>See the "Output report fields" table (page 26) for information on which edits are classified as pre- and post-payment errors.</p>
Diagnosis code count	855	2	1	<p>Number of diagnosis codes processed. Right-justified, zero-filled. This field does not include the admit diagnosis.</p>
Procedure code count	857	2	1	<p>Number of procedure codes processed. Right-justified, zero-filled.</p>

Field name	Position	Length	Occurrences	Description
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 = E-code as principal diagnosis 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 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

Field name	Position	Length	Occurrences	Description
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
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

Field name	Position	Length	Occurrences	Description
Principal diagnosis Hospital Acquired Condition usage #2	878	1	1	Hospital Acquired Condition (HAC) usage #2 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #3	879	1	1	Hospital Acquired Condition (HAC) usage #3 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #4	880	1	1	Hospital Acquired Condition (HAC) usage #4 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper
Principal diagnosis Hospital Acquired Condition usage #5	881	1	1	Hospital Acquired Condition (HAC) usage #5 0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper

Field name	Position	Length	Occurrences	Description
Secondary diagnosis return flag	882	8	24	<p>Two-byte flag. Right-justified, zero-filled. A maximum of four flags can be returned for each diagnosis code. These 2-byte flags are a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p>Note: A maximum of four flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>Valid values:</p> <ul style="list-style-type: none"> 00 = Diagnosis not used to assign DRG 01 = Invalid diagnosis code 02 = Sex conflict 03 = Duplicate of principal diagnosis 04 = Age conflict 05-10 = Not applicable for secondary diagnoses 11 = Secondary diagnosis is a CC 12 = Diagnosis affected both initial and final DRG assignment 13 = MSP alert (MCE versions 15.0-17.0 only) 14 = Secondary diagnosis is an MCC 15 = Diagnosis affected the final DRG only 16 = Diagnosis affected the initial DRG only 17 = Diagnosis is a MCC for initial DRG and a Non-CC for final DRG 18 = Diagnosis is a CC for initial DRG and a Non-CC for final DRG 19 = Wrong procedure performed 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 = Secondary diagnosis is a HAC

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

Field name	Position	Length	Occurrences	Description
Secondary diagnosis Hospital Acquired Condition usage #1 through 5	1314	5	24	<p>Hospital Acquired Condition (HAC) usage #1-5. This 1-byte flag is a combination of information concerning every diagnosis from the DRG assignment and the editor.</p> <p>Note: A maximum of five flags can be returned per diagnosis code. Always display the edit number before the zeros.</p> <p>0 = HAC not applicable 1 = HAC criteria met 2 = HAC criteria not met 3 = Dx on HAC list, but HAC not applicable due to PDX/SDX exclusion 4 = HAC not applicable, hospital is exempt from POA reporting Blank = Diagnosis was not considered by grouper</p>

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

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

Field name	Position	Length	Occurrences	Description
Procedure Hospital Acquired Condition assignment criteria # 1 through 5	1634	10	25	<p>Hospital Acquired Condition (HAC) assignment criteria #1-5. These 2-byte flags are a combination of information concerning every procedure from the DRG assignment and the editor.</p> <p>Note: A maximum of five flags can be returned per procedure code. Always display the edit number before the zeros.</p> <p>00 = Criteria to be assigned as a HAC not met 08 = Infection after CABG 10 = DVT/PE after knee or hip replacement 11 = Infection after bariatric surgery 12 = Infection after certain orthopedic procedures of spine, shoulder, and elbow 13 = Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures 14 = Iatrogenic Pneumothorax w/ Venous Catheterization Blank = Procedure not considered by grouper</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 1 = DRG assigned is based on presence of MCC 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 1 = DRG assigned is based on presence of MCC 2 = DRG assigned is based on presence of CC</p>
Number of Unique Hospital Acquired Conditions Met	1894	2	1	The number of Unique Hospital Acquired Conditions that have been met.

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

Working with batch output

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

Viewing output

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

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

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

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

Printing output

To print the contents of the output file:

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

```
print <filename>
```

Renaming a file

To rename an output file

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

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

Note: Please see the "Batch processing performance information" table (page [37](#)).

Batch processing error messages

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

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

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

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

Table 23. Batch processing error messages

Message	Why it's generated	What happens
Admit date cannot be after discharge date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Admit date cannot precede 01/01/1892	Occurs when the admit date precedes 01/01/1892.	A valid date is on or after 01/01/1892.
Admit date cannot precede Birth date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.
Admit date is invalid	Any of the month, day, and year entries are not in the valid ranges.	The input record is processed and an error message is written in the log file.
An input file (-i) must be specified	The required -i option is missing.	The message is displayed on the screen and the program ends.
An output file (-o) or upload file (-u) must be specified	At least one of the -o and -u options must be specified.	The message is displayed on the screen and the program ends.
Birth date cannot be after admit date	The program checks for logical sequencing of dates.	The input record is processed and an error message is written in the log file.

Message	Why it's generated	What happens
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 01/01/1892	Occurs when the birth date precedes 01/01/1892.	A valid date is on or after 01/01/1892.
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 01/01/1892	Occurs when the discharge date precedes 01/01/1892.	A valid date is on or after 01/01/1892.
Discharge date cannot precede Admit date	The program checks for logical sequencing of dates.	The input 1892 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.
Discharge status is invalid	The discharge status field entry is invalid. For a list of valid discharge status values, see Input file format (page 38).	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.

Message	Why it's generated	What happens
Invalid length of stay	The entered or calculated LOS is less than 0 or greater than 45291.	The input record is processed and an error message is written in the log file.
Invalid option or its value: <entered value>	An argument was entered without a processing option or a processing option without an argument.	The message is displayed on the screen and the program ends.
Invalid processing option: <entered value>	An option entered on the command line is not valid.	The message is displayed on the screen and the program ends.
Invalid sex	The sex field entry is invalid.	The input record is processed and an error message is written in the log file.
Output filename must be different than the upload filename	The same name is used for the output and upload files located in the same directory.	The message is displayed on the screen and the program ends.
Record number <value>: Invalid line length; record not processed.	A single-line format input record length cannot be more or less than 835 characters.	It skips the record and continues processing and an error message is written in the log file.
The processing option <entered value> should only be entered once.	Only one occurrence of each processing option is allowed.	The message is displayed on the screen and the program ends.
You have too many applications open. Close any unnecessary applications that are open.	The system does not have enough memory to run the MSG/MCE application.	The message is displayed on the screen and the program ends.

Log files

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

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

- A title line with the name and version number of the product
 - Input filename
 - Output filename (if specified)
 - Upload filename (if specified)
 - Run start time
- Date format = mm/dd/yyyy (e.g., 03/18/2014)

- Patient ID: <value> followed by error
This line is repeated for however many error messages occur for the same patient record.
- Run end time

A sample log file is shown in the following figure.

```
MS Grouper with Medicare Code Editor Software 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 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 19\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 I9 > 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, tab to move through fields. Use Shift+Tab to move back to the previous field.

2. Enter data into the appropriate fields.

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

Table 24. Help for interactive data entry

What do you want to do?	Help
Find specific data entry field information	See the "Data entry fields" table (page 66).
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 71).
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 70); also see the "Data entry menu items" table (page 71) and the "Data entry command buttons" table (page 72) 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 72) for a list of error messages that can occur, with their descriptions.

- When you have completed data entry for a record, select Report to view the processed record. You can select Report by pressing Alt+R, or by tabbing to the Report button and then pressing Enter.

"Viewing interactive output" (page [76](#)) contains output information, including printing of the report. An example of an output report is shown in the "Program output" section (page [73](#)).

Data entry fields

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

Table 25. Data entry fields - patient information

Field name	Length	Description
Name	31	Name of the patient. Alphanumeric. First and last names can be entered in any order.
Medical record number	13	Patient's medical record number. Alphanumeric.
Birth date	10	Birth date of the patient. Format: mm/dd/yy, mm/dd/yyyy, mmdyyy, or mmddy. A dash (-), slash (/), or period is accepted to separate any digit from 0–9. The program automatically converts a two-digit year to a four-digit display. If the patient is more than 99 years of age, a four-digit year is required. A birth date prior to 01/01/1892 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 26. Data entry fields - patient stay information

Field name	Length	Description
Account number	17	Patient account number. Alphanumeric.
Primary payer	2	<p>Primary payer for the service provided. Select a value from the drop-down list:</p> <p>01: Medicare (default) 02: Medicaid 03: Title V 04: Other Govt 05: Work Comp 06: Blue Cross 07: Insur Co 08: Self Pay 09: Other 10: No Charge</p>
Admit date	10	<p>Date of admission to the facility. Format: mm/dd/yy, mm/dd/yyyy, 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 01/01/1892 cannot be entered.</p> <p>The birth and admit dates are used to calculate the age of the patient; <i>for more information, see the Birth date field description</i>. The admit and discharge dates are used to calculate length of stay (LOS); calculated LOS overrides entered LOS. Calculated LOS must be in the range 00000 to 45291 days.</p>
Discharge date	10	<p>Date of discharge from the facility. Format: mm/dd/yy, mm/dd/yyyy, 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. A discharge date prior to 01/01/1892 cannot be entered.</p> <p>The discharge date determines the grouper version called to process the record. The discharge date also determines which discharge status codes are displayed. For this reason, we recommend entering the discharge date before discharge status. If there are no groupers available for the discharge date entered, the product automatically defaults to the latest grouper version available and the output report includes a USED BY DEFAULT notation (<i>see also Discharge status</i>).</p> <p>The discharge and admit dates are used to calculate LOS; <i>for more information, see the Admit date field description</i>.</p>

Field name	Length	Description
Discharge status*	2	<p>Status of discharge. Enter the discharge date before entering the discharge status so that the appropriate discharge status codes are displayed in a drop-down list (see also <i>Discharge date</i>, above). An error message (page 72) 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> <ul style="list-style-type: none"> 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)

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	<p>Comments or other user-specified information. Alphanumeric.</p>

Table 27. Data entry fields - codes

Field name	Length	Description
Admit Dx*	5	<p>Enter ICD-9-CM 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>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD–9 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 ICD-9-CM 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 "Program edits" table (page 82) for a list of code edits.</p> <p>If you enter a secondary diagnosis and later delete it, the program moves up the diagnoses following the deleted row, if there are any, to fill in the empty row. This behavior does not apply to the principal diagnosis.</p> <p>Note: The interactive program accepts only diagnosis codes of up to five digits for ICD–9 processing.</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 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</p> <p>Note: With JAWS running, if a user enters a secondary diagnosis code and tabs to the POA field and it is blank, if a value has been entered in a previous POA cell, that previous POA value may be read.</p>

Field name	Length	Description
Procedures: PP (principal procedure) Procedures 2–25	7	<p>Enter ICD-9-CM 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" table (page 82) for a list of code edits.</p> <p>If you enter a procedure and later delete it, the program moves up the procedures following the deleted row, if there are any, to fill in the empty row.</p> <p>Note: The interactive program accepts procedure codes of up to four digits for ICD-9 processing.</p>

Data entry menu options

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

Table 28. Data entry menu items

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

Data entry command buttons

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

Table 29. Data entry command buttons

Button	Function
Clear	Clears all diagnosis (including admit dx) and procedure code entries and their descriptions, and any associated edits.
Report	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 73).

Interactive error messages

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

Table 30. Interactive error messages

Message	Description
[Admit date] [Birth date] [Discharge date] is invalid. Dates must be entered in this format: mm/dd/yyyy, mm/dd/yy, mmddyyyy, mmddy, mm.dd.yyyy, mm.dd.yy, mm-dd-yyyy, or mm-dd-yy.	The value entered for the month, day or year is outside the valid range. See the "Data entry fields" table (page 67) 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 01/01/1892.	A valid date is on or after 01/01/1892.
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.

Message	Description
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 01/01/1892.	A valid date is on or after 01/01/1892.
Discharge date cannot precede 01/01/1892.	A valid date is on or after 01/01/1892.
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 [75](#)) 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.

```

Title line  ——— MS-DRG Assignment with Medicare Code Editor VXX.X

Patient
information——— Patient name: Jane Smith Medical rec #: 1054879

                Admit date: 10/01/2012 Discharge date: 10/06/2012 Birth date: 09/09/1943
                Optional information:

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

Grouping
information  ——— MDC: 10 Endocrine, nutritional & metabolic diseases & disorders
                Final
                DRG: 639 Diabetes w/o CC/MCC
                Cost weight: 00.5503
                MS-DRG Grouper version XX.X (October 1, XXXX) used.
                HAC Status: One or more HAC criteria met, Final DRG changes.

Clinical
information ——— Admitting Diagnosis:
                25001 DMI wo cmp nt st unctrl

                Principal Diagnosis:
                25001 DMI wo cmp nt st unctrl (DRG)
                POA: Yes, present at the time of inpatient admission

                Secondary Diagnoses:

                25001 DMI wo cmp nt st unctrl
                POA: Yes, present at the time of inpatient admission
Edit  ——— Edit: Duplicate of principal diagnosis (MCE)

POA indicator ——— 99664 React-indwell urin cath (DRG)(HAC)
                POA: No, not present at the time of inpatient admission

                5990 Urin tract infection NOS (DRG)(HAC)
                POA: No, not present at the time of inpatient admission

                4019 Hypertension NOS
                POA: Yes, present at the time of inpatient admission

                6069 Male infertility NOS
                POA: Yes, present at the time of inpatient admission
                Edit: Sex conflict (MCE)

                No procedures performed

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

                Actual LOS: 5

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

Figure 4: Sample output report

Viewing interactive output

Output report fields are described in the "Interactive output report fields" table (page [76](#)).

Use the menu options described in "Output report menu options" table (page [80](#)):

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

Exiting the report window

With the output report displayed on your screen:

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

The data entry window is re-displayed. You can

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

Output report fields

The following table describes the fields on the output report.

Table 31. Interactive output report fields

Name	Description
Patient name Medical record number Admit date Discharge date Birth date Optional information Patient account number Age in years Sex Discharge status Primary payer Length of stay (LOS)	These output fields carry over the data entry information. <i>See the "Data entry fields" table (page 66) 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 version of the MS grouper, see "Current MDCs and DRGs" (page 85).</i></p> <p>Patient records assigned to DRGs 998 (Principal diagnosis invalid as discharge diagnosis) or 999 (Ungroupable) will not have an assigned valid MDC. In these cases, "MDC: No MDC Assigned" is displayed.</p> <p>When DRG 999 is assigned, one of the following messages identifies the reason why the record is ungroupable:</p> <ul style="list-style-type: none"> ▪ Invalid principal diagnosis ▪ Invalid age (<0 or >124) ▪ Invalid discharge date ▪ Invalid sex (not 1 or 2) ▪ Invalid discharge status (batch only) ▪ Record does not meet criteria for any DRG ▪ Illogical principal diagnosis ▪ Diagnosis code cannot be used as principal diagnosis ▪ Invalid principal diagnosis ▪ POA logic nonexempt - HAC-POA(s) invalid or missing or 1. *Long description: POA logic Indicator = Z AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - HAC-POA(s) are N, U. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is N or U *Batch only ▪ POA logic invalid/missing - HAC-POA(s) invalid/missing or 1. *Long description: POA logic Indicator is invalid or missing AND at least one HAC POA is invalid or missing or 1 *Batch only ▪ POA logic invalid/missing - multiple distinct HAC-POAs not Y,W. *Long description: POA Logic Indicator is invalid or missing AND there are multiple HACs that have different HAC POA values that are not Y or W *Batch only <p>The version of the grouper used for grouping is displayed with the effective date associated with the grouper. If you default to the current grouper version when the discharge date is invalid or missing (page 67), the output states USED BY DEFAULT.</p>

Name	Description
Clinical information	<p>Displayed codes include admit diagnosis, principal diagnosis, secondary diagnoses, and procedures. Descriptions follow the codes and, if applicable, the following indicators:</p> <p>DRG: Indicates a secondary diagnosis or procedure used to determine DRG assignment. A secondary diagnosis code assigned with HAC and DRG indicates a DRG change with demotion. A procedure code assigned with HAC and DRG indicates code was used for the definition of HAC.</p> <p>HAC: Indicates a code flagged as a Hospital Acquired Condition.</p> <p>MCC: Indicates a diagnosis code considered to be a major complication or co-morbidity. An MCC diagnosis can significantly influence DRG assignment. When more than one MCC code is present, a DRG indicator replaces the MCC indicator to mark the MCC code used to determine DRG assignment.</p> <p>CC: Indicates a diagnosis code considered to be a complication or co-morbidity. A CC diagnosis can significantly influence DRG assignment. When more than one CC code is present, a DRG indicator replaces the CC indicator to mark the CC code used to determine DRG assignment.</p> <p>OR: Indicates a procedure code that normally requires use of an operating room and which can significantly influence DRG assignment. When more than one OR code is present, DRG replaces OR to mark the OR code used to assign the DRG.</p> <p>MCC excluded: Indicates a diagnosis is a MCC but not considered due to PDX/SDX exclusion.</p> <p>CC excluded: Indicates a diagnosis is a CC but not considered due to PDX/SDX exclusion.</p>
Present on Admission (POA) information	Indicates whether the diagnosis was present at the time the patient was admitted.
Edit information	Program edits that indicate a possible coding problem are displayed under the codes that generated them. Each edit includes a Medicare Code Editor notation (MCE). A maximum of four edits per code will be displayed. <i>See the "Program edits" table (page 82) for a description of each edit and why they occur.</i>
Initial DRG	Initial Diagnosis Related Group (DRG) assignment prior to Hospital Acquired Condition logic grouper processing.

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

Output report menu options

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

Table 32. Output report menu items

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

Output report command button

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

Table 33. Output report command button

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

Program edits

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

Table 34. Program edits - diagnosis codes

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

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

Table 35. Program edits - procedure codes

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

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

Table 36. Program edits - invalid

Message	Description
Invalid age ^a	A patient's age is usually necessary for appropriate DRG determination. If the age is not between 0 and 124 years, the age is assumed to be in error.
Invalid sex ^a	A patient's sex is sometimes necessary for appropriate DRG determination. The sex code reported must be either 1 (male) or 2 (female).
Invalid discharge status ^a	A patient's discharge status is sometimes necessary for appropriate DRG determination. Discharge status must be coded according to the UB-04 conventions. For a list of valid entries, see the "Data entry fields" table (page 67).

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 34.0A of the Medicare Severity (MS) grouper. The following tables list the Diagnosis Related Groups (DRGs) for version 34.0A of the grouper and their CMS-designated cost weights. The DRG cost weight is shown on the software output report (page [25](#)).

Table 37. List of MDCs

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

List of DRGs with cost weights

Table 38. List of DRGs with cost weights

DRG, MDC, and DRG description	DRG cost weight
001,MDC P,Heart transplant or implant of heart assist system w MCC	27.1011
002,MDC P,Heart transplant or implant of heart assist system w/o MCC	16.1549
003,MDC P,ECMO or trach w MV >96 hrs or PDX exc face, mouth & neck w maj O.R.	17.9495
004,MDC P,Trach w MV >96 hrs or PDX exc face, mouth & neck w/o maj O.R.	10.9257
005,MDC P,Liver transplant w MCC or intestinal transplant	10.2721
006,MDC P,Liver transplant w/o MCC	4.8095
007,MDC P,Lung transplant	9.6933
008,MDC P,Simultaneous pancreas/kidney transplant	5.4864
010,MDC P,Pancreas transplant	3.8403
011,MDC P,Tracheostomy for face,mouth & neck diagnoses w MCC	5.0013
012,MDC P,Tracheostomy for face,mouth & neck diagnoses w CC	3.4858
013,MDC P,Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	2.2677
014,MDC P,Allogeneic bone marrow transplant	11.6407
016,MDC P,Autologous bone marrow transplant w CC/MCC	6.1050
017,MDC P,Autologous bone marrow transplant w/o CC/MCC	4.0701
020,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w MCC	9.7053
021,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w CC	7.2910
022,MDC 01P,Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.6095
023,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	5.3762
024,MDC 01P,Cranio w major dev impl/acute complex CNS PDX w/o MCC	4.0114
025,MDC 01P,Craniotomy & endovascular intracranial procedures w MCC	4.2413
026,MDC 01P,Craniotomy & endovascular intracranial procedures w CC	2.9723
027,MDC 01P,Craniotomy & endovascular intracranial procedures w/o CC/MCC	2.3761
028,MDC 01P,Spinal procedures w MCC	5.5439
029,MDC 01P,Spinal procedures w CC or spinal neurostimulators	3.1882
030,MDC 01P,Spinal procedures w/o CC/MCC	1.9008
031,MDC 01P,Ventricular shunt procedures w MCC	4.0706
032,MDC 01P,Ventricular shunt procedures w CC	2.0555

DRG, MDC, and DRG description	DRG cost weight
033,MDC 01P,Ventricular shunt procedures w/o CC/MCC	1.5992
034,MDC 01P,Carotid artery stent procedure w MCC	3.8503
035,MDC 01P,Carotid artery stent procedure w CC	2.3365
036,MDC 01P,Carotid artery stent procedure w/o CC/MCC	1.7487
037,MDC 01P,Extracranial procedures w MCC	3.0795
038,MDC 01P,Extracranial procedures w CC	1.5762
039,MDC 01P,Extracranial procedures w/o CC/MCC	1.0818
040,MDC 01P,Periph/cranial nerve & other nerv syst proc w MCC	3.7117
041,MDC 01P,Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	2.1218
042,MDC 01P,Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.8984
052,MDC 01M,Spinal disorders & injuries w CC/MCC	1.5848
053,MDC 01M,Spinal disorders & injuries w/o CC/MCC	0.8598
054,MDC 01M,Nervous system neoplasms w MCC	1.3314
055,MDC 01M,Nervous system neoplasms w/o MCC	1.0271
056,MDC 01M,Degenerative nervous system disorders w MCC	1.8514
057,MDC 01M,Degenerative nervous system disorders w/o MCC	1.1198
058,MDC 01M,Multiple sclerosis & cerebellar ataxia w MCC	1.6856
059,MDC 01M,Multiple sclerosis & cerebellar ataxia w CC	1.0504
060,MDC 01M,Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.8144
061,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w MCC	2.7367
062,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w CC	1.8866
063,MDC 01M,Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	1.5764
064,MDC 01M,Intracranial hemorrhage or cerebral infarction w MCC	1.7518
065,MDC 01M,Intracranial hemorrhage or cerebral infarction w CC or tPA in 24 hrs	1.0431
066,MDC 01M,Intracranial hemorrhage or cerebral infarction w/o CC/MCC	0.7464
067,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w MCC	1.3374
068,MDC 01M,Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	0.8658
069,MDC 01M,Transient ischemia	0.7373
070,MDC 01M,Nonspecific cerebrovascular disorders w MCC	1.6284
071,MDC 01M,Nonspecific cerebrovascular disorders w CC	0.9810
072,MDC 01M,Nonspecific cerebrovascular disorders w/o CC/MCC	0.7354
073,MDC 01M,Cranial & peripheral nerve disorders w MCC	1.3196

DRG, MDC, and DRG description	DRG cost weight
074,MDC 01M,Cranial & peripheral nerve disorders w/o MCC	0.9190
075,MDC 01M,Viral meningitis w CC/MCC	1.6970
076,MDC 01M,Viral meningitis w/o CC/MCC	0.9596
077,MDC 01M,Hypertensive encephalopathy w MCC	1.5757
078,MDC 01M,Hypertensive encephalopathy w CC	0.9471
079,MDC 01M,Hypertensive encephalopathy w/o CC/MCC	0.7014
080,MDC 01M,Nontraumatic stupor & coma w MCC	1.2566
081,MDC 01M,Nontraumatic stupor & coma w/o MCC	0.7655
082,MDC 01M,Traumatic stupor & coma, coma >1 hr w MCC	2.0079
083,MDC 01M,Traumatic stupor & coma, coma >1 hr w CC	1.2817
084,MDC 01M,Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.9262
085,MDC 01M,Traumatic stupor & coma, coma <1 hr w MCC	2.0033
086,MDC 01M,Traumatic stupor & coma, coma <1 hr w CC	1.1414
087,MDC 01M,Traumatic stupor & coma, coma <1 hr w/o CC/MCC	0.8070
088,MDC 01M,Concussion w MCC	1.4841
089,MDC 01M,Concussion w CC	1.0161
090,MDC 01M,Concussion w/o CC/MCC	0.7637
091,MDC 01M,Other disorders of nervous system w MCC	1.5764
092,MDC 01M,Other disorders of nervous system w CC	0.9201
093,MDC 01M,Other disorders of nervous system w/o CC/MCC	0.7064
094,MDC 01M,Bacterial & tuberculous infections of nervous system w MCC	3.4820
095,MDC 01M,Bacterial & tuberculous infections of nervous system w CC	2.3801
096,MDC 01M,Bacterial & tuberculous infections of nervous system w/o CC/MCC	2.1418
097,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.1039
098,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w CC	1.8140
099,MDC 01M,Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.2765
100,MDC 01M,Seizures w MCC	1.5935
101,MDC 01M,Seizures w/o MCC	0.7990
102,MDC 01M,Headaches w MCC	1.0650
103,MDC 01M,Headaches w/o MCC	0.7405
113,MDC 02P,Orbital procedures w CC/MCC	2.0972
114,MDC 02P,Orbital procedures w/o CC/MCC	1.1953

DRG, MDC, and DRG description	DRG cost weight
115,MDC 02P,Extraocular procedures except orbit	1.3771
116,MDC 02P,Intraocular procedures w CC/MCC	1.5767
117,MDC 02P,Intraocular procedures w/o CC/MCC	0.8521
121,MDC 02M,Acute major eye infections w CC/MCC	1.0574
122,MDC 02M,Acute major eye infections w/o CC/MCC	0.6445
123,MDC 02M,Neurological eye disorders	0.7237
124,MDC 02M,Other disorders of the eye w MCC	1.2262
125,MDC 02M,Other disorders of the eye w/o MCC	0.7572
129,MDC 03P,Major head & neck procedures w CC/MCC or major device	2.3305
130,MDC 03P,Major head & neck procedures w/o CC/MCC	1.4598
131,MDC 03P,Cranial/facial procedures w CC/MCC	2.5741
132,MDC 03P,Cranial/facial procedures w/o CC/MCC	1.4423
133,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w CC/MCC	1.9147
134,MDC 03P,Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	1.0515
135,MDC 03P,Sinus & mastoid procedures w CC/MCC	2.0142
136,MDC 03P,Sinus & mastoid procedures w/o CC/MCC	1.1081
137,MDC 03P,Mouth procedures w CC/MCC	1.4181
138,MDC 03P,Mouth procedures w/o CC/MCC	0.8457
139,MDC 03P,Salivary gland procedures	1.0271
146,MDC 03M,Ear, nose, mouth & throat malignancy w MCC	2.0563
147,MDC 03M,Ear, nose, mouth & throat malignancy w CC	1.3129
148,MDC 03M,Ear, nose, mouth & throat malignancy w/o CC/MCC	0.9122
149,MDC 03M,Dysequilibrium	0.6800
150,MDC 03M,Epistaxis w MCC	1.3394
151,MDC 03M,Epistaxis w/o MCC	0.7091
152,MDC 03M,Otitis media & URI w MCC	1.0129
153,MDC 03M,Otitis media & URI w/o MCC	0.7002
154,MDC 03M,Other ear, nose, mouth & throat diagnoses w MCC	1.4237
155,MDC 03M,Other ear, nose, mouth & throat diagnoses w CC	0.8906
156,MDC 03M,Other ear, nose, mouth & throat diagnoses w/o CC/MCC	0.6655
157,MDC 03M,Dental & Oral Diseases w MCC	1.5407
158,MDC 03M,Dental & Oral Diseases w CC	0.8471

DRG, MDC, and DRG description	DRG cost weight
159,MDC 03M,Dental & Oral Diseases w/o CC/MCC	0.6201
163,MDC 04P,Major chest procedures w MCC	5.0194
164,MDC 04P,Major chest procedures w CC	2.5817
165,MDC 04P,Major chest procedures w/o CC/MCC	1.7898
166,MDC 04P,Other resp system O.R. procedures w MCC	3.5562
167,MDC 04P,Other resp system O.R. procedures w CC	1.9550
168,MDC 04P,Other resp system O.R. procedures w/o CC/MCC	1.3359
175,MDC 04M,Pulmonary embolism w MCC	1.4718
176,MDC 04M,Pulmonary embolism w/o MCC	0.9129
177,MDC 04M,Respiratory infections & inflammations w MCC	1.8672
178,MDC 04M,Respiratory infections & inflammations w CC	1.3247
179,MDC 04M,Respiratory infections & inflammations w/o CC/MCC	0.9325
180,MDC 04M,Respiratory neoplasms w MCC	1.6976
181,MDC 04M,Respiratory neoplasms w CC	1.1637
182,MDC 04M,Respiratory neoplasms w/o CC/MCC	0.8167
183,MDC 04M,Major chest trauma w MCC	1.4913
184,MDC 04M,Major chest trauma w CC	0.9861
185,MDC 04M,Major chest trauma w/o CC/MCC	0.7257
186,MDC 04M,Pleural effusion w MCC	1.5519
187,MDC 04M,Pleural effusion w CC	1.0560
188,MDC 04M,Pleural effusion w/o CC/MCC	0.7683
189,MDC 04M,Pulmonary edema & respiratory failure	1.2135
190,MDC 04M,Chronic obstructive pulmonary disease w MCC	1.1481
191,MDC 04M,Chronic obstructive pulmonary disease w CC	0.9184
192,MDC 04M,Chronic obstructive pulmonary disease w/o CC/MCC	0.7234
193,MDC 04M,Simple pneumonia & pleurisy w MCC	1.3860
194,MDC 04M,Simple pneumonia & pleurisy w CC	0.9469
195,MDC 04M,Simple pneumonia & pleurisy w/o CC/MCC	0.7028
196,MDC 04M,Interstitial lung disease w MCC	1.6268
197,MDC 04M,Interstitial lung disease w CC	1.0585
198,MDC 04M,Interstitial lung disease w/o CC/MCC	0.8097
199,MDC 04M,Pneumothorax w MCC	1.8097

DRG, MDC, and DRG description	DRG cost weight
200,MDC 04M,Pneumothorax w CC	1.0511
201,MDC 04M,Pneumothorax w/o CC/MCC	0.7402
202,MDC 04M,Bronchitis & asthma w CC/MCC	0.8910
203,MDC 04M,Bronchitis & asthma w/o CC/MCC	0.6712
204,MDC 04M,Respiratory signs & symptoms	0.7420
205,MDC 04M,Other respiratory system diagnoses w MCC	1.4650
206,MDC 04M,Other respiratory system diagnoses w/o MCC	0.8320
207,MDC 04M,Respiratory system diagnosis w ventilator support >96 hours	5.3364
208,MDC 04M,Respiratory system diagnosis w ventilator support <=96 hours	2.3101
215,MDC 05P,Other heart assist system implant	16.1076
216,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	9.6440
217,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w CC	6.3198
218,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	5.6679
219,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	7.7112
220,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.1554
221,MDC 05P,Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.6105
222,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.4086
223,MDC 05P,Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.5119
224,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	7.5853
225,MDC 05P,Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	5.7209
226,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w MCC	6.8945
227,MDC 05P,Cardiac defibrillator implant w/o cardiac cath w/o MCC	5.4560
228,MDC 05P,Other cardiothoracic procedures w MCC	7.0869
229,MDC 05P,Other cardiothoracic procedures w/o MCC	4.7459
231,MDC 05P,Coronary bypass w PTCA w MCC	8.0662
232,MDC 05P,Coronary bypass w PTCA w/o MCC	5.8874
233,MDC 05P,Coronary bypass w cardiac cath w MCC	7.4876
234,MDC 05P,Coronary bypass w cardiac cath w/o MCC	4.9523
235,MDC 05P,Coronary bypass w/o cardiac cath w MCC	5.7644
236,MDC 05P,Coronary bypass w/o cardiac cath w/o MCC	3.8520
239,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w MCC	4.8159

DRG, MDC, and DRG description	DRG cost weight
240,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w CC	2.7120
241,MDC 05P,Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.4481
242,MDC 05P,Permanent cardiac pacemaker implant w MCC	3.7005
243,MDC 05P,Permanent cardiac pacemaker implant w CC	2.6338
244,MDC 05P,Permanent cardiac pacemaker implant w/o CC/MCC	2.1393
245,MDC 05P,AICD generator procedures	4.7746
246,MDC 05P,Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	3.2525
247,MDC 05P,Perc cardiovasc proc w drug-eluting stent w/o MCC	2.1226
248,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	3.0445
249,MDC 05P,Perc cardiovasc proc w non-drug-eluting stent w/o MCC	1.9358
250,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w MCC	2.6299
251,MDC 05P,Perc cardiovasc proc w/o coronary artery stent w/o MCC	1.6868
252,MDC 05P,Other vascular procedures w MCC	3.3126
253,MDC 05P,Other vascular procedures w CC	2.6441
254,MDC 05P,Other vascular procedures w/o CC/MCC	1.7764
255,MDC 05P,Upper limb & toe amputation for circ system disorders w MCC	2.7042
256,MDC 05P,Upper limb & toe amputation for circ system disorders w CC	1.6872
257,MDC 05P,Upper limb & toe amputation for circ system disorders w/o CC/MCC	1.1295
258,MDC 05P,Cardiac pacemaker device replacement w MCC	3.0351
259,MDC 05P,Cardiac pacemaker device replacement w/o MCC	1.9905
260,MDC 05P,Cardiac pacemaker revision except device replacement w MCC	3.7634
261,MDC 05P,Cardiac pacemaker revision except device replacement w CC	1.9584
262,MDC 05P,Cardiac pacemaker revision except device replacement w/o CC/MCC	1.6016
263,MDC 05P,Vein ligation & stripping	2.0521
264,MDC 05P,Other circulatory system O.R. procedures	2.9537
265,MDC 05P,AICD lead procedures	3.2111
266,MDC 05P,Endovascular cardiac valve replacement w MCC	8.3933
267,MDC 05P,Endovascular cardiac valve replacement w/o MCC	6.4720
268,MDC 05P,Aortic and heart assist procedures except pulsation balloon w MCC	6.3047
269,MDC 05P,Aortic and heart assist procedures except pulsation balloon w/o MCC	4.0274

DRG, MDC, and DRG description	DRG cost weight
270,MDC 05P,Other major cardiovascular procedures w MCC	4.7589
271,MDC 05P,Other major cardiovascular procedures w CC	3.1272
272,MDC 05P,Other major cardiovascular procedures w/o CC/MCC	2.3120
273,MDC 05P,Percutaneous intracardiac procedures w MCC	3.6045
274,MDC 05P,Percutaneous intracardiac procedures w/o MCC	2.5303
280,MDC 05M,Acute myocardial infarction, discharged alive w MCC	1.6748
281,MDC 05M,Acute myocardial infarction, discharged alive w CC	0.9968
282,MDC 05M,Acute myocardial infarction, discharged alive w/o CC/MCC	0.7463
283,MDC 05M,Acute myocardial infarction, expired w MCC	1.6925
284,MDC 05M,Acute myocardial infarction, expired w CC	0.7544
285,MDC 05M,Acute myocardial infarction, expired w/o CC/MCC	0.5190
286,MDC 05M,Circulatory disorders except AMI, w card cath w MCC	2.2027
287,MDC 05M,Circulatory disorders except AMI, w card cath w/o MCC	1.1693
288,MDC 05M,Acute & subacute endocarditis w MCC	2.7773
289,MDC 05M,Acute & subacute endocarditis w CC	1.5523
290,MDC 05M,Acute & subacute endocarditis w/o CC/MCC	1.2605
291,MDC 05M,Heart failure & shock w MCC	1.4796
292,MDC 05M,Heart failure & shock w CC	0.9574
293,MDC 05M,Heart failure & shock w/o CC/MCC	0.6618
294,MDC 05M,Deep vein thrombophlebitis w CC/MCC	1.1154
295,MDC 05M,Deep vein thrombophlebitis w/o CC/MCC	0.6746
296,MDC 05M,Cardiac arrest, unexplained w MCC	1.3715
297,MDC 05M,Cardiac arrest, unexplained w CC	0.5925
298,MDC 05M,Cardiac arrest, unexplained w/o CC/MCC	0.4395
299,MDC 05M,Peripheral vascular disorders w MCC	1.4161
300,MDC 05M,Peripheral vascular disorders w CC	1.0077
301,MDC 05M,Peripheral vascular disorders w/o CC/MCC	0.7237
302,MDC 05M,Atherosclerosis w MCC	1.0408
303,MDC 05M,Atherosclerosis w/o MCC	0.6428
304,MDC 05M,Hypertension w MCC	1.0128
305,MDC 05M,Hypertension w/o MCC	0.6750
306,MDC 05M,Cardiac congenital & valvular disorders w MCC	1.4384

DRG, MDC, and DRG description	DRG cost weight
307,MDC 05M,Cardiac congenital & valvular disorders w/o MCC	0.8143
308,MDC 05M,Cardiac arrhythmia & conduction disorders w MCC	1.2046
309,MDC 05M,Cardiac arrhythmia & conduction disorders w CC	0.7757
310,MDC 05M,Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5627
311,MDC 05M,Angina pectoris	0.6310
312,MDC 05M,Syncope & collapse	0.7729
313,MDC 05M,Chest pain	0.6707
314,MDC 05M,Other circulatory system diagnoses w MCC	1.9611
315,MDC 05M,Other circulatory system diagnoses w CC	0.9708
316,MDC 05M,Other circulatory system diagnoses w/o CC/MCC	0.6765
326,MDC 06P,Stomach, esophageal & duodenal proc w MCC	5.3670
327,MDC 06P,Stomach, esophageal & duodenal proc w CC	2.5899
328,MDC 06P,Stomach, esophageal & duodenal proc w/o CC/MCC	1.5357
329,MDC 06P,Major small & large bowel procedures w MCC	4.9612
330,MDC 06P,Major small & large bowel procedures w CC	2.5405
331,MDC 06P,Major small & large bowel procedures w/o CC/MCC	1.6623
332,MDC 06P,Rectal resection w MCC	4.7767
333,MDC 06P,Rectal resection w CC	2.4906
334,MDC 06P,Rectal resection w/o CC/MCC	1.5954
335,MDC 06P,Peritoneal adhesiolysis w MCC	4.1035
336,MDC 06P,Peritoneal adhesiolysis w CC	2.3439
337,MDC 06P,Peritoneal adhesiolysis w/o CC/MCC	1.6212
338,MDC 06P,Appendectomy w complicated principal diag w MCC	2.8646
339,MDC 06P,Appendectomy w complicated principal diag w CC	1.6875
340,MDC 06P,Appendectomy w complicated principal diag w/o CC/MCC	1.2105
341,MDC 06P,Appendectomy w/o complicated principal diag w MCC	2.2214
342,MDC 06P,Appendectomy w/o complicated principal diag w CC	1.3505
343,MDC 06P,Appendectomy w/o complicated principal diag w/o CC/MCC	1.0198
344,MDC 06P,Minor small & large bowel procedures w MCC	3.1626
345,MDC 06P,Minor small & large bowel procedures w CC	1.6590
346,MDC 06P,Minor small & large bowel procedures w/o CC/MCC	1.2303
347,MDC 06P,Anal & stomal procedures w MCC	2.4818

DRG, MDC, and DRG description	DRG cost weight
348,MDC 06P,Anal & stomal procedures w CC	1.4473
349,MDC 06P,Anal & stomal procedures w/o CC/MCC	0.9561
350,MDC 06P,Inguinal & femoral hernia procedures w MCC	2.4264
351,MDC 06P,Inguinal & femoral hernia procedures w CC	1.4004
352,MDC 06P,Inguinal & femoral hernia procedures w/o CC/MCC	1.0015
353,MDC 06P,Hernia procedures except inguinal & femoral w MCC	2.8746
354,MDC 06P,Hernia procedures except inguinal & femoral w CC	1.6751
355,MDC 06P,Hernia procedures except inguinal & femoral w/o CC/MCC	1.2698
356,MDC 06P,Other digestive system O.R. procedures w MCC	3.8503
357,MDC 06P,Other digestive system O.R. procedures w CC	2.0749
358,MDC 06P,Other digestive system O.R. procedures w/o CC/MCC	1.3550
368,MDC 06M,Major esophageal disorders w MCC	1.8754
369,MDC 06M,Major esophageal disorders w CC	1.0572
370,MDC 06M,Major esophageal disorders w/o CC/MCC	0.7500
371,MDC 06M,Major gastrointestinal disorders & peritoneal infections w MCC	1.7490
372,MDC 06M,Major gastrointestinal disorders & peritoneal infections w CC	1.0858
373,MDC 06M,Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.7693
374,MDC 06M,Digestive malignancy w MCC	2.0332
375,MDC 06M,Digestive malignancy w CC	1.2246
376,MDC 06M,Digestive malignancy w/o CC/MCC	0.8495
377,MDC 06M,G.I. hemorrhage w MCC	1.7730
378,MDC 06M,G.I. hemorrhage w CC	0.9860
379,MDC 06M,G.I. hemorrhage w/o CC/MCC	0.6567
380,MDC 06M,Complicated peptic ulcer w MCC	2.0196
381,MDC 06M,Complicated peptic ulcer w CC	1.0750
382,MDC 06M,Complicated peptic ulcer w/o CC/MCC	0.7659
383,MDC 06M,Uncomplicated peptic ulcer w MCC	1.3234
384,MDC 06M,Uncomplicated peptic ulcer w/o MCC	0.8625
385,MDC 06M,Inflammatory bowel disease w MCC	1.6306
386,MDC 06M,Inflammatory bowel disease w CC	0.9703
387,MDC 06M,Inflammatory bowel disease w/o CC/MCC	0.7422
388,MDC 06M,G.I. obstruction w MCC	1.5476

DRG, MDC, and DRG description	DRG cost weight
389,MDC 06M,G.I. obstruction w CC	0.8585
390,MDC 06M,G.I. obstruction w/o CC/MCC	0.6014
391,MDC 06M,Esophagitis, gastroent & misc digest disorders w MCC	1.1967
392,MDC 06M,Esophagitis, gastroent & misc digest disorders w/o MCC	0.7402
393,MDC 06M,Other digestive system diagnoses w MCC	1.6721
394,MDC 06M,Other digestive system diagnoses w CC	0.9351
395,MDC 06M,Other digestive system diagnoses w/o CC/MCC	0.6596
405,MDC 07P,Pancreas, liver & shunt procedures w MCC	5.4464
406,MDC 07P,Pancreas, liver & shunt procedures w CC	2.7825
407,MDC 07P,Pancreas, liver & shunt procedures w/o CC/MCC	2.0118
408,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	3.8931
409,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.2062
410,MDC 07P,Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.6611
411,MDC 07P,Cholecystectomy w c.d.e. w MCC	3.5626
412,MDC 07P,Cholecystectomy w c.d.e. w CC	2.3722
413,MDC 07P,Cholecystectomy w c.d.e. w/o CC/MCC	1.7890
414,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.5095
415,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w CC	2.0235
416,MDC 07P,Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.3259
417,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w MCC	2.3944
418,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w CC	1.6499
419,MDC 07P,Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.2619
420,MDC 07P,Hepatobiliary diagnostic procedures w MCC	3.4728
421,MDC 07P,Hepatobiliary diagnostic procedures w CC	1.6829
422,MDC 07P,Hepatobiliary diagnostic procedures w/o CC/MCC	1.4228
423,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w MCC	4.4817
424,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w CC	2.3553
425,MDC 07P,Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.5207
432,MDC 07M,Cirrhosis & alcoholic hepatitis w MCC	1.7112
433,MDC 07M,Cirrhosis & alcoholic hepatitis w CC	0.9273
434,MDC 07M,Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.6120
435,MDC 07M,Malignancy of hepatobiliary system or pancreas w MCC	1.7396

DRG, MDC, and DRG description	DRG cost weight
436,MDC 07M,Malignancy of hepatobiliary system or pancreas w CC	1.1435
437,MDC 07M,Malignancy of hepatobiliary system or pancreas w/o CC/MCC	0.9305
438,MDC 07M,Disorders of pancreas except malignancy w MCC	1.6584
439,MDC 07M,Disorders of pancreas except malignancy w CC	0.8703
440,MDC 07M,Disorders of pancreas except malignancy w/o CC/MCC	0.6280
441,MDC 07M,Disorders of liver except malig,cirr,alc hepa w MCC	1.8910
442,MDC 07M,Disorders of liver except malig,cirr,alc hepa w CC	0.9123
443,MDC 07M,Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	0.6644
444,MDC 07M,Disorders of the biliary tract w MCC	1.5974
445,MDC 07M,Disorders of the biliary tract w CC	1.0323
446,MDC 07M,Disorders of the biliary tract w/o CC/MCC	0.7641
453,MDC 08P,Combined anterior/posterior spinal fusion w MCC	10.8459
454,MDC 08P,Combined anterior/posterior spinal fusion w CC	8.1210
455,MDC 08P,Combined anterior/posterior spinal fusion w/o CC/MCC	6.3467
456,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or ext fus w MCC	9.9158
457,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or ext fus w CC	7.0523
458,MDC 08P,Spinal fus exc cerv w spinal curv/malig/infec or ext fus w/o CC/MCC	5.3389
459,MDC 08P,Spinal fusion except cervical w MCC	6.5532
460,MDC 08P,Spinal fusion except cervical w/o MCC	3.9894
461,MDC 08P,Bilateral or multiple major joint procs of lower extremity w MCC	5.1340
462,MDC 08P,Bilateral or multiple major joint procs of lower extremity w/o MCC	3.2798
463,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	5.3812
464,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	3.0492
465,MDC 08P,Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	2.0437
466,MDC 08P,Revision of hip or knee replacement w MCC	5.0249
467,MDC 08P,Revision of hip or knee replacement w CC	3.4412
468,MDC 08P,Revision of hip or knee replacement w/o CC/MCC	2.7936
469,MDC 08P,Major joint replacement or reattachment of lower extremity w MCC	3.2906
470,MDC 08P,Major joint replacement or reattachment of lower extremity w/o MCC	2.0671
471,MDC 08P,Cervical spinal fusion w MCC	4.8156
472,MDC 08P,Cervical spinal fusion w CC	2.8789

DRG, MDC, and DRG description	DRG cost weight
473,MDC 08P,Cervical spinal fusion w/o CC/MCC	2.2992
474,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w MCC	3.7498
475,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w CC	2.0701
476,MDC 08P,Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.0771
477,MDC 08P,Biopsies of musculoskeletal system & connective tissue w MCC	3.0384
478,MDC 08P,Biopsies of musculoskeletal system & connective tissue w CC	2.2417
479,MDC 08P,Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.7482
480,MDC 08P,Hip & femur procedures except major joint w MCC	3.0014
481,MDC 08P,Hip & femur procedures except major joint w CC	2.0036
482,MDC 08P,Hip & femur procedures except major joint w/o CC/MCC	1.6344
483,MDC 08P,Major joint/limb reattachment procedure of upper extremities	2.4097
485,MDC 08P,Knee procedures w pdx of infection w MCC	3.0536
486,MDC 08P,Knee procedures w pdx of infection w CC	2.0653
487,MDC 08P,Knee procedures w pdx of infection w/o CC/MCC	1.5415
488,MDC 08P,Knee procedures w/o pdx of infection w CC/MCC	1.7503
489,MDC 08P,Knee procedures w/o pdx of infection w/o CC/MCC	1.2863
492,MDC 08P,Lower extrem & humer proc except hip,foot,femur w MCC	3.2145
493,MDC 08P,Lower extrem & humer proc except hip,foot,femur w CC	2.1367
494,MDC 08P,Lower extrem & humer proc except hip,foot,femur w/o CC/MCC	1.6321
495,MDC 08P,Local excision & removal int fix devices exc hip & femur w MCC	3.0812
496,MDC 08P,Local excision & removal int fix devices exc hip & femur w CC	1.7938
497,MDC 08P,Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.2655
498,MDC 08P,Local excision & removal int fix devices of hip & femur w CC/MCC	2.3685
499,MDC 08P,Local excision & removal int fix devices of hip & femur w/o CC/MCC	1.1379
500,MDC 08P,Soft tissue procedures w MCC	3.1228
501,MDC 08P,Soft tissue procedures w CC	1.6337
502,MDC 08P,Soft tissue procedures w/o CC/MCC	1.2029
503,MDC 08P,Foot procedures w MCC	2.4142
504,MDC 08P,Foot procedures w CC	1.5712
505,MDC 08P,Foot procedures w/o CC/MCC	1.3126
506,MDC 08P,Major thumb or joint procedures	1.3199

DRG, MDC, and DRG description	DRG cost weight
507,MDC 08P,Major shoulder or elbow joint procedures w CC/MCC	1.9525
508,MDC 08P,Major shoulder or elbow joint procedures w/o CC/MCC	1.6850
509,MDC 08P,Arthroscopy	1.7630
510,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w MCC	2.4535
511,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w CC	1.7530
512,MDC 08P,Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	1.4225
513,MDC 08P,Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.5008
514,MDC 08P,Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.9719
515,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w MCC	3.1355
516,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w CC	2.0709
517,MDC 08P,Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.7951
518,MDC 08P,Back & neck proc exc spinal fusion w MCC or disc device/neurostim	2.8932
519,MDC 08P,Back & neck proc exc spinal fusion w CC	1.7165
520,MDC 08P,Back & neck proc exc spinal fusion w/o CC/MCC	1.2324
533,MDC 08M,Fractures of femur w MCC	1.3603
534,MDC 08M,Fractures of femur w/o MCC	0.7605
535,MDC 08M,Fractures of hip & pelvis w MCC	1.1927
536,MDC 08M,Fractures of hip & pelvis w/o MCC	0.7231
537,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.9216
538,MDC 08M,Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.7008
539,MDC 08M,Osteomyelitis w MCC	1.9385
540,MDC 08M,Osteomyelitis w CC	1.3142
541,MDC 08M,Osteomyelitis w/o CC/MCC	0.9634
542,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w MCC	1.8446
543,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w CC	1.1054
544,MDC 08M,Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.7749
545,MDC 08M,Connective tissue disorders w MCC	2.4500
546,MDC 08M,Connective tissue disorders w CC	1.1350
547,MDC 08M,Connective tissue disorders w/o CC/MCC	0.7963
548,MDC 08M,Septic arthritis w MCC	1.8497
549,MDC 08M,Septic arthritis w CC	1.1534

DRG, MDC, and DRG description	DRG cost weight
550,MDC 08M,Septic arthritis w/o CC/MCC	0.8738
551,MDC 08M,Medical back problems w MCC	1.5613
552,MDC 08M,Medical back problems w/o MCC	0.8719
553,MDC 08M,Bone diseases & arthropathies w MCC	1.2043
554,MDC 08M,Bone diseases & arthropathies w/o MCC	0.7291
555,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w MCC	1.2689
556,MDC 08M,Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.7433
557,MDC 08M,Tendonitis, myositis & bursitis w MCC	1.3730
558,MDC 08M,Tendonitis, myositis & bursitis w/o MCC	0.8398
559,MDC 08M,Aftercare, musculoskeletal system & connective tissue w MCC	1.8644
560,MDC 08M,Aftercare, musculoskeletal system & connective tissue w CC	1.0724
561,MDC 08M,Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.7405
562,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	1.3212
563,MDC 08M,Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	0.7915
564,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w MCC	1.5890
565,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w CC	0.9660
566,MDC 08M,Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.7247
570,MDC 09P,Skin debridement w MCC	2.3711
571,MDC 09P,Skin debridement w CC	1.4391
572,MDC 09P,Skin debridement w/o CC/MCC	1.0494
573,MDC 09P,Skin graft for skin ulcer or cellulitis w MCC	3.6872
574,MDC 09P,Skin graft for skin ulcer or cellulitis w CC	2.8569
575,MDC 09P,Skin graft for skin ulcer or cellulitis w/o CC/MCC	1.4792
576,MDC 09P,Skin graft exc for skin ulcer or cellulitis w MCC	4.3197
577,MDC 09P,Skin graft exc for skin ulcer or cellulitis w CC	2.2889
578,MDC 09P,Skin graft exc for skin ulcer or cellulitis w/o CC/MCC	1.3833
579,MDC 09P,Other skin, subcut tiss & breast proc w MCC	2.7198
580,MDC 09P,Other skin, subcut tiss & breast proc w CC	1.6483
581,MDC 09P,Other skin, subcut tiss & breast proc w/o CC/MCC	1.2666
582,MDC 09P,Mastectomy for malignancy w CC/MCC	1.4996

DRG, MDC, and DRG description	DRG cost weight
583,MDC 09P,Mastectomy for malignancy w/o CC/MCC	1.3161
584,MDC 09P,Breast biopsy, local excision & other breast procedures w CC/MCC	1.7952
585,MDC 09P,Breast biopsy, local excision & other breast procedures w/o CC/MCC	1.5874
592,MDC 09M,Skin ulcers w MCC	1.4086
593,MDC 09M,Skin ulcers w CC	0.9983
594,MDC 09M,Skin ulcers w/o CC/MCC	0.7351
595,MDC 09M,Major skin disorders w MCC	2.0203
596,MDC 09M,Major skin disorders w/o MCC	0.9671
597,MDC 09M,Malignant breast disorders w MCC	1.7583
598,MDC 09M,Malignant breast disorders w CC	1.1909
599,MDC 09M,Malignant breast disorders w/o CC/MCC	0.7094
600,MDC 09M,Non-malignant breast disorders w CC/MCC	1.0093
601,MDC 09M,Non-malignant breast disorders w/o CC/MCC	0.6611
602,MDC 09M,Cellulitis w MCC	1.4558
603,MDC 09M,Cellulitis w/o MCC	0.8445
604,MDC 09M,Trauma to the skin, subcut tiss & breast w MCC	1.3482
605,MDC 09M,Trauma to the skin, subcut tiss & breast w/o MCC	0.8153
606,MDC 09M,Minor skin disorders w MCC	1.4062
607,MDC 09M,Minor skin disorders w/o MCC	0.7719
614,MDC 10P,Adrenal & pituitary procedures w CC/MCC	2.4020
615,MDC 10P,Adrenal & pituitary procedures w/o CC/MCC	1.4146
616,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	4.0724
617,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	2.0092
618,MDC 10P,Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	1.2436
619,MDC 10P,O.R. procedures for obesity w MCC	3.0872
620,MDC 10P,O.R. procedures for obesity w CC	1.7870
621,MDC 10P,O.R. procedures for obesity w/o CC/MCC	1.5522
622,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.6812
623,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.8950
624,MDC 10P,Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	1.0722

DRG, MDC, and DRG description	DRG cost weight
625,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w MCC	2.6769
626,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w CC	1.5039
627,MDC 10P,Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	1.0183
628,MDC 10P,Other endocrine, nutrit & metab O.R. proc w MCC	3.3498
629,MDC 10P,Other endocrine, nutrit & metab O.R. proc w CC	2.1705
630,MDC 10P,Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.5055
637,MDC 10M,Diabetes w MCC	1.3567
638,MDC 10M,Diabetes w CC	0.8382
639,MDC 10M,Diabetes w/o CC/MCC	0.5972
640,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w MCC	1.1433
641,MDC 10M,Misc disorders of nutrition,metabolism,fluids/electrolytes w/o MCC	0.7181
642,MDC 10M,Inborn and other disorders of metabolism	1.2065
643,MDC 10M,Endocrine disorders w MCC	1.5680
644,MDC 10M,Endocrine disorders w CC	0.9970
645,MDC 10M,Endocrine disorders w/o CC/MCC	0.7299
652,MDC 11P,Kidney transplant	3.2964
653,MDC 11P,Major bladder procedures w MCC	5.7501
654,MDC 11P,Major bladder procedures w CC	3.0787
655,MDC 11P,Major bladder procedures w/o CC/MCC	2.1635
656,MDC 11P,Kidney & ureter procedures for neoplasm w MCC	3.4451
657,MDC 11P,Kidney & ureter procedures for neoplasm w CC	2.0138
658,MDC 11P,Kidney & ureter procedures for neoplasm w/o CC/MCC	1.5334
659,MDC 11P,Kidney & ureter procedures for non-neoplasm w MCC	3.3574
660,MDC 11P,Kidney & ureter procedures for non-neoplasm w CC	1.8863
661,MDC 11P,Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.4239
662,MDC 11P,Minor bladder procedures w MCC	2.8932
663,MDC 11P,Minor bladder procedures w CC	1.5062
664,MDC 11P,Minor bladder procedures w/o CC/MCC	1.2146
665,MDC 11P,Prostatectomy w MCC	3.0641
666,MDC 11P,Prostatectomy w CC	1.7583
667,MDC 11P,Prostatectomy w/o CC/MCC	1.0017
668,MDC 11P,Transurethral procedures w MCC	2.4534

DRG, MDC, and DRG description	DRG cost weight
669,MDC 11P,Transurethral procedures w CC	1.3062
670,MDC 11P,Transurethral procedures w/o CC/MCC	0.9652
671,MDC 11P,Urethral procedures w CC/MCC	1.5623
672,MDC 11P,Urethral procedures w/o CC/MCC	0.9816
673,MDC 11P,Other kidney & urinary tract procedures w MCC	3.3428
674,MDC 11P,Other kidney & urinary tract procedures w CC	2.2548
675,MDC 11P,Other kidney & urinary tract procedures w/o CC/MCC	1.5477
682,MDC 11M,Renal failure w MCC	1.4989
683,MDC 11M,Renal failure w CC	0.9191
684,MDC 11M,Renal failure w/o CC/MCC	0.6181
685,MDC 11M,Admit for renal dialysis	1.0429
686,MDC 11M,Kidney & urinary tract neoplasms w MCC	1.6710
687,MDC 11M,Kidney & urinary tract neoplasms w CC	1.0607
688,MDC 11M,Kidney & urinary tract neoplasms w/o CC/MCC	0.6891
689,MDC 11M,Kidney & urinary tract infections w MCC	1.0649
690,MDC 11M,Kidney & urinary tract infections w/o MCC	0.7777
691,MDC 11M,Urinary stones w esw lithotripsy w CC/MCC	1.6069
692,MDC 11M,Urinary stones w esw lithotripsy w/o CC/MCC	1.2674
693,MDC 11M,Urinary stones w/o esw lithotripsy w MCC	1.3245
694,MDC 11M,Urinary stones w/o esw lithotripsy w/o MCC	0.7389
695,MDC 11M,Kidney & urinary tract signs & symptoms w MCC	1.2176
696,MDC 11M,Kidney & urinary tract signs & symptoms w/o MCC	0.6938
697,MDC 11M,Urethral stricture	0.8503
698,MDC 11M,Other kidney & urinary tract diagnoses w MCC	1.5661
699,MDC 11M,Other kidney & urinary tract diagnoses w CC	1.0359
700,MDC 11M,Other kidney & urinary tract diagnoses w/o CC/MCC	0.7433
707,MDC 12P,Major male pelvic procedures w CC/MCC	1.8091
708,MDC 12P,Major male pelvic procedures w/o CC/MCC	1.3476
709,MDC 12P,Penis procedures w CC/MCC	2.1748
710,MDC 12P,Penis procedures w/o CC/MCC	1.4650
711,MDC 12P,Testes procedures w CC/MCC	2.1211
712,MDC 12P,Testes procedures w/o CC/MCC	1.0714

DRG, MDC, and DRG description	DRG cost weight
713,MDC 12P,Transurethral prostatectomy w CC/MCC	1.5948
714,MDC 12P,Transurethral prostatectomy w/o CC/MCC	0.8410
715,MDC 12P,Other male reproductive system O.R. proc for malignancy w CC/MCC	2.0657
716,MDC 12P,Other male reproductive system O.R. proc for malignancy w/o CC/MCC	1.2097
717,MDC 12P,Other male reproductive system O.R. proc exc malignancy w CC/MCC	1.6430
718,MDC 12P,Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	1.0425
722,MDC 12M,Malignancy, male reproductive system w MCC	1.6914
723,MDC 12M,Malignancy, male reproductive system w CC	1.0847
724,MDC 12M,Malignancy, male reproductive system w/o CC/MCC	0.7356
725,MDC 12M,Benign prostatic hypertrophy w MCC	1.3225
726,MDC 12M,Benign prostatic hypertrophy w/o MCC	0.7233
727,MDC 12M,Inflammation of the male reproductive system w MCC	1.3771
728,MDC 12M,Inflammation of the male reproductive system w/o MCC	0.8078
729,MDC 12M,Other male reproductive system diagnoses w CC/MCC	1.0716
730,MDC 12M,Other male reproductive system diagnoses w/o CC/MCC	0.6552
734,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.7192
735,MDC 13P,Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.2428
736,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.1739
737,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w CC	1.9513
738,MDC 13P,Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.3956
739,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	3.4992
740,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w CC	1.7059
741,MDC 13P,Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	1.2358
742,MDC 13P,Uterine & adnexa proc for non-malignancy w CC/MCC	1.6087
743,MDC 13P,Uterine & adnexa proc for non-malignancy w/o CC/MCC	1.0167
744,MDC 13P,D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.6717
745,MDC 13P,D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	1.0593
746,MDC 13P,Vagina, cervix & vulva procedures w CC/MCC	1.4750

DRG, MDC, and DRG description	DRG cost weight
747,MDC 13P,Vagina, cervix & vulva procedures w/o CC/MCC	0.9364
748,MDC 13P,Female reproductive system reconstructive procedures	1.1940
749,MDC 13P,Other female reproductive system O.R. procedures w CC/MCC	2.7550
750,MDC 13P,Other female reproductive system O.R. procedures w/o CC/MCC	1.2993
754,MDC 13M,Malignancy, female reproductive system w MCC	1.9107
755,MDC 13M,Malignancy, female reproductive system w CC	1.1225
756,MDC 13M,Malignancy, female reproductive system w/o CC/MCC	0.6691
757,MDC 13M,Infections, female reproductive system w MCC	1.4425
758,MDC 13M,Infections, female reproductive system w CC	1.0480
759,MDC 13M,Infections, female reproductive system w/o CC/MCC	0.7042
760,MDC 13M,Menstrual & other female reproductive system disorders w CC/MCC	0.8793
761,MDC 13M,Menstrual & other female reproductive system disorders w/o CC/MCC	0.5559
765,MDC 14P,Cesarean section w CC/MCC	1.1358
766,MDC 14P,Cesarean section w/o CC/MCC	0.8100
767,MDC 14P,Vaginal delivery w sterilization &/or D&C	0.8905
768,MDC 14P,Vaginal delivery w O.R. proc except steril &/or D&C	1.2712
769,MDC 14P,Postpartum & post abortion diagnoses w O.R. procedure	2.0576
770,MDC 14P,Abortion w D&C, aspiration curettage or hysterotomy	0.9707
774,MDC 14M,Vaginal delivery w complicating diagnoses	0.7962
775,MDC 14M,Vaginal delivery w/o complicating diagnoses	0.6094
776,MDC 14M,Postpartum & post abortion diagnoses w/o O.R. procedure	0.7076
777,MDC 14M,Ectopic pregnancy	0.9897
778,MDC 14M,Threatened abortion	0.6080
779,MDC 14M,Abortion w/o D&C	0.6300
780,MDC 14M,False labor	0.6099
781,MDC 14M,Other antepartum diagnoses w medical complications	0.8181
782,MDC 14M,Other antepartum diagnoses w/o medical complications	0.4711
789,MDC 15M,Neonates, died or transferred to another acute care facility	1.5979
790,MDC 15M,Extreme immaturity or respiratory distress syndrome, neonate	5.2692
791,MDC 15M,Prematurity w major problems	3.5987
792,MDC 15M,Prematurity w/o major problems	2.1713

DRG, MDC, and DRG description	DRG cost weight
793,MDC 15M,Full term neonate w major problems	3.6967
794,MDC 15M,Neonate w other significant problems	1.3084
795,MDC 15M,Normal newborn	0.1771
799,MDC 16P,Splenectomy w MCC	5.0987
800,MDC 16P,Splenectomy w CC	2.8433
801,MDC 16P,Splenectomy w/o CC/MCC	1.6639
802,MDC 16P,Other O.R. proc of the blood & blood forming organs w MCC	3.1629
803,MDC 16P,Other O.R. proc of the blood & blood forming organs w CC	1.7769
804,MDC 16P,Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.2361
808,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w MCC	2.1724
809,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w CC	1.2049
810,MDC 16M,Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.9387
811,MDC 16M,Red blood cell disorders w MCC	1.3352
812,MDC 16M,Red blood cell disorders w/o MCC	0.8632
813,MDC 16M,Coagulation disorders	1.9246
814,MDC 16M,Reticuloendothelial & immunity disorders w MCC	1.7033
815,MDC 16M,Reticuloendothelial & immunity disorders w CC	0.9629
816,MDC 16M,Reticuloendothelial & immunity disorders w/o CC/MCC	0.7358
820,MDC 17P,Lymphoma & leukemia w major O.R. procedure w MCC	5.9142
821,MDC 17P,Lymphoma & leukemia w major O.R. procedure w CC	2.3309
822,MDC 17P,Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.2134
823,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w MCC	4.4304
824,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w CC	2.2564
825,MDC 17P,Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	1.3561
826,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	4.8686
827,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.3484
828,MDC 17P,Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.4739
829,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	3.3552
830,MDC 17P,Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	1.5046
834,MDC 17M,Acute leukemia w/o major O.R. procedure w MCC	5.6316
835,MDC 17M,Acute leukemia w/o major O.R. procedure w CC	2.2517

DRG, MDC, and DRG description	DRG cost weight
836,MDC 17M,Acute leukemia w/o major O.R. procedure w/o CC/MCC	1.2096
837,MDC 17M,Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	6.0067
838,MDC 17M,Chemo w acute leukemia as sdx w CC or high dose chemo agent	2.6237
839,MDC 17M,Chemo w acute leukemia as sdx w/o CC/MCC	1.3501
840,MDC 17M,Lymphoma & non-acute leukemia w MCC	3.1216
841,MDC 17M,Lymphoma & non-acute leukemia w CC	1.6931
842,MDC 17M,Lymphoma & non-acute leukemia w/o CC/MCC	1.1365
843,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w MCC	1.8032
844,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w CC	1.1817
845,MDC 17M,Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.8519
846,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.4663
847,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w CC	1.2507
848,MDC 17M,Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0.9131
849,MDC 17M,Radiotherapy	1.7519
853,MDC 18P,Infectious & parasitic diseases w O.R. procedure w MCC	5.1097
854,MDC 18P,Infectious & parasitic diseases w O.R. procedure w CC	2.3655
855,MDC 18P,Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.5640
856,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w MCC	4.6425
857,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w CC	2.0786
858,MDC 18P,Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.4545
862,MDC 18M,Postoperative & post-traumatic infections w MCC	1.8151
863,MDC 18M,Postoperative & post-traumatic infections w/o MCC	0.9903
864,MDC 18M,Fever	0.8385
865,MDC 18M,Viral illness w MCC	1.3267
866,MDC 18M,Viral illness w/o MCC	0.7676
867,MDC 18M,Other infectious & parasitic diseases diagnoses w MCC	2.6467
868,MDC 18M,Other infectious & parasitic diseases diagnoses w CC	1.0595
869,MDC 18M,Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.6640
870,MDC 18M,Septicemia or severe sepsis w MV >96 hours	5.8960
871,MDC 18M,Septicemia or severe sepsis w/o MV >96 hours w MCC	1.7660
872,MDC 18M,Septicemia or severe sepsis w/o MV >96 hours w/o MCC	1.0283

DRG, MDC, and DRG description	DRG cost weight
876,MDC 19P,O.R. procedure w principal diagnoses of mental illness	3.4193
880,MDC 19M,Acute adjustment reaction & psychosocial dysfunction	0.7404
881,MDC 19M,Depressive neuroses	0.6677
882,MDC 19M,Neuroses except depressive	0.7307
883,MDC 19M,Disorders of personality & impulse control	1.2851
884,MDC 19M,Organic disturbances & intellectual disability	1.1753
885,MDC 19M,Psychoses	1.0938
886,MDC 19M,Behavioral & developmental disorders	0.8339
887,MDC 19M,Other mental disorder diagnoses	1.0077
894,MDC 20M,Alcohol/drug abuse or dependence, left ama	0.4852
895,MDC 20M,Alcohol/drug abuse or dependence w rehabilitation therapy	1.2914
896,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.6098
897,MDC 20M,Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.7481
901,MDC 21P,Wound debridements for injuries w MCC	4.3264
902,MDC 21P,Wound debridements for injuries w CC	1.8916
903,MDC 21P,Wound debridements for injuries w/o CC/MCC	1.1114
904,MDC 21P,Skin grafts for injuries w CC/MCC	3.2625
905,MDC 21P,Skin grafts for injuries w/o CC/MCC	1.3798
906,MDC 21P,Hand procedures for injuries	1.5037
907,MDC 21P,Other O.R. procedures for injuries w MCC	3.8681
908,MDC 21P,Other O.R. procedures for injuries w CC	2.0584
909,MDC 21P,Other O.R. procedures for injuries w/o CC/MCC	1.3110
913,MDC 21M,Traumatic injury w MCC	1.2511
914,MDC 21M,Traumatic injury w/o MCC	0.7634
915,MDC 21M,Allergic reactions w MCC	1.6001
916,MDC 21M,Allergic reactions w/o MCC	0.5955
917,MDC 21M,Poisoning & toxic effects of drugs w MCC	1.4307
918,MDC 21M,Poisoning & toxic effects of drugs w/o MCC	0.7115
919,MDC 21M,Complications of treatment w MCC	1.7730
920,MDC 21M,Complications of treatment w CC	1.0074
921,MDC 21M,Complications of treatment w/o CC/MCC	0.6950

DRG, MDC, and DRG description	DRG cost weight
922,MDC 21M,Other injury, poisoning & toxic effect diag w MCC	1.4439
923,MDC 21M,Other injury, poisoning & toxic effect diag w/o MCC	0.8218
927,MDC 22P,Extensive burns or full thickness burns w MV >96 hrs w skin graft	14.4493
928,MDC 22P,Full thickness burn w skin graft or inhal inj w CC/MCC	5.1947
929,MDC 22P,Full thickness burn w skin graft or inhal inj w/o CC/MCC	2.5587
933,MDC 22M,Extensive burns or full thickness burns w MV >96 hrs w/o skin graft	3.1252
934,MDC 22M,Full thickness burn w/o skin grft or inhal inj	1.6575
935,MDC 22M,Non-extensive burns	1.6635
939,MDC 23P,O.R. proc w diagnoses of other contact w health services w MCC	3.3068
940,MDC 23P,O.R. proc w diagnoses of other contact w health services w CC	1.9740
941,MDC 23P,O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.4341
945,MDC 23M,Rehabilitation w CC/MCC	1.2234
946,MDC 23M,Rehabilitation w/o CC/MCC	1.0534
947,MDC 23M,Signs & symptoms w MCC	1.1364
948,MDC 23M,Signs & symptoms w/o MCC	0.7463
949,MDC 23M,Aftercare w CC/MCC	0.9442
950,MDC 23M,Aftercare w/o CC/MCC	0.5660
951,MDC 23M,Other factors influencing health status	0.9244
955,MDC 24P,Craniotomy for multiple significant trauma	5.4840
956,MDC 24P,Limb reattachment, hip & femur proc for multiple significant trauma	3.8187
957,MDC 24P,Other O.R. procedures for multiple significant trauma w MCC	6.8917
958,MDC 24P,Other O.R. procedures for multiple significant trauma w CC	3.8591
959,MDC 24P,Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.5275
963,MDC 24M,Other multiple significant trauma w MCC	2.5822
964,MDC 24M,Other multiple significant trauma w CC	1.4177
965,MDC 24M,Other multiple significant trauma w/o CC/MCC	0.9686
969,MDC 25P,HIV w extensive O.R. procedure w MCC	5.8763
970,MDC 25P,HIV w extensive O.R. procedure w/o MCC	2.4171
974,MDC 25M,HIV w major related condition w MCC	2.6672
975,MDC 25M,HIV w major related condition w CC	1.2730
976,MDC 25M,HIV w major related condition w/o CC/MCC	0.8784

DRG, MDC, and DRG description	DRG cost weight
977,MDC 25M,HIV w or w/o other related condition	1.2405
981,MDC SURG,Extensive O.R. procedure unrelated to principal diagnosis w MCC	4.9451
982,MDC SURG,Extensive O.R. procedure unrelated to principal diagnosis w CC	2.7320
983,MDC SURG,Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.7815
984,MDC SURG,Prostatic O.R. procedure unrelated to principal diagnosis w MCC	3.4109
985,MDC SURG,Prostatic O.R. procedure unrelated to principal diagnosis w CC	1.8073
986,MDC SURG,Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.1128
987,MDC SURG,Non-extensive O.R. proc unrelated to principal diagnosis w MCC	3.3271
988,MDC SURG,Non-extensive O.R. proc unrelated to principal diagnosis w CC	1.7171
989,MDC SURG,Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	1.0564
998,MDC ** ,Principal diagnosis invalid as discharge diagnosis	0.0000
999,MDC ** ,Ungroupable	0.0000

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