The Joint Commission

Specifications Manual for Joint Commission National Quality Core Measures

Version 2010B1

Specifications Manual for Joint Commission National Quality Core Measures

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Release Notes

- Release Notes for Manual v2010B1 - July 20, 2010
- Release Notes for Manual v2010B - April 1, 2010
    - Listserv Message - addendum to update for Manual v2010B - sent June 8, 2010

Previous Releases:

- Listserv Message - addendum to update for Manual v2010A2 - sent April 30, 2010
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- Release Notes for Manual v2010A2 - January 11, 2010
- Release Notes for Manual v2010A1 - December 7, 2009
- Release Notes for Manual v2010A - October 1, 2009

Printable Version

- Download a PDF version of the entire HBIPS Manual
- Download a PDF version of the entire Perinatal Care Manual

Notes

- Please note that Microsoft Internet Explorer 7 does not clearly display some graphics images. If you have difficulty viewing measure algorithms, please upgrade your browser. This problem has not been reported with other web browsers.
    - Download MS Internet Explorer 8
- If you have difficulty viewing PDF documents on the site, please download the latest Adobe Reader application:
    - Download Adobe Reader

Introduction and Background

The Joint Commission Quality Initiatives

In 1987, The Joint Commission announced its *Agenda for Change*, which outlined a series of major steps designed to modernize the accreditation process. A key component of the *Agenda for Change* was the eventual introduction of standardized core performance measures into the accreditation process. As the vision to integrate performance measurement into accreditation became more focused, the name ORYX® was chosen for the entire initiative.

The ORYX initiative became operational in March of 1999, when performance measurement systems began transmitting data to The Joint Commission on behalf of accredited hospitals and long term care organizations. Since that time, home care and behavioral healthcare organizations have been included in the ORYX initiative.

The initial phase of the ORYX initiative provided healthcare organizations a great degree of flexibility, offering greater than 100 measurement systems capable of meeting an accredited organization's internal measurement goals and the Joint Commission's ORYX requirements. This flexibility, however, also presented certain challenges. The most significant challenge was the lack of standardization of measure specifications across systems.

Although many ORYX measures appeared to be similar, valid comparisons could only be made among healthcare organizations using the same measures that were designed and collected based on standard specifications. The availability of over 8,000 disparate ORYX measures also limited the size of some comparison groups and hindered statistically valid data analyses. To address these challenges, standardized sets of valid, reliable, and evidence-based quality measures have been implemented by The Joint Commission for use within the ORYX initiative.

Related Joint Commission Activities

Accreditation Process

In January 2000, The Joint Commission surveyors began using organization-specific *ORYX Pre-Survey Reports*, effectively commencing the use of performance measure data in the survey process.

In 2004, the survey process was substantially modified to be more data-driven and patient-centered thus enhancing its value, relevance, and credibility. Many of the key components of the survey process utilize data derived from the national hospital inpatient quality measures. The survey process now has a greater focus on evaluating actual care processes because patients are traced through the care, treatment and/or services they receive. In addition, surveyors conduct "systems tracers" to analyze key operational systems that directly impact the quality and safety of patient care.

Analysis and Data Use by The Joint Commission

The Joint Commission has been evolving and refining the ways in which data derived from standardized performance measures are analyzed and utilized in the accreditation process and for reporting. The Joint Commission continuously seeks to improve the quality and safety of care provided to the public. Over time, as the survey and accreditation process is enhanced performance measures may be directly factored into the accreditation decision.

Analysis

At the start of public reporting of performance data by The Joint Commission, the national average was used as the comparison value through which it was determined whether the reporting organization was statistically significantly different from the comparison value. Organizations have had experience with the aligned CMS/Joint Commission performance measures for a number of years and the performance on these measures has been improving over time. However, using the national average as a benchmark has a number of disadvantages. It is not the most effective benchmark to use if the goal is to move performance to a given (absolute) level. If performance is very high or very low, statistical differences from the national average would give a misleading impression of the organization's desired performance. For these reasons, The Joint Commission is moving to a target measure range approach

(target analysis) as a basis to evaluate Joint Commission accredited organizations' rating for the aligned performance measures.

The use of target analysis in addition to the control chart is a key feature of the Joint Commission's analytic methods in the ORYX initiative. The two analyses are alike in that an organization's actual (or observed) performance level is evaluated against a comparative norm, but are fundamentally different as to how such a norm is established. In control chart analysis, the norm is determined from an organization's own historic data so that one may assess the organization's internal process stability. In target analysis, the norm is obtained based on multiple organizations' performance data to evaluate an organization's relative performance level. Therefore, the two analyses evaluate an organization's performance in two distinct perspectives and, as a result, can provide a more comprehensive framework to assess an organization's overall performance level.

In evaluating a process, a control chart analysis is completed before the target analysis to determine the stability of the process before forming any conclusions on the organizations' observed performance and performance capability. Unless a process is in statistical control, target analysis cannot come to any meaningful conclusions about the quality of care at an organization.

Priority Focus Process

The Priority Focus Process (PFP) is a data-driven tool that helps focus survey activity on issues most relevant to patient safety and quality of care at the specific health care organization being surveyed. The survey is directed by a PFP that aggregates organization-specific information through an automated, rules-based tool. Input information includes ORYX measure data, previous recommendations, demographic data related to clinical service groups and diagnostic-related groups, complaints, sentinel event information, and MedPar data. The process identifies systems and processes that are relevant to patient safety and healthcare quality.

ORYX Performance Measurement Report

The ORYX Performance Measure Report assists health care organizations in using their ORYX data for ongoing performance improvement activities. Joint Commission surveyors receive an identical copy of the report prior to an onsite survey. Surveyors use the report as a guide to understanding how the organization uses and responds to performance measure data. The report, available quarterly, summarizes performance measure information at both the measure set and individual measure level. This includes highlighting measures with standards compliance issues and performance issues.

Strategic Surveillance System(S3™)

The Strategic Surveillance System is a benefit provided to hospitals accredited by the Joint Commission. S3™ is a tool that provides a series of risk assessment and comparative performance measure reports to help hospitals improve their care processes. Specifically S3™ uses data the Joint Commission currently has, which includes past survey findings, ORYX core measure data, data from the Office of Quality Monitoring (complaints and non-self reported sentinel events), data from an organization's electronic application and MedPAR data.

Quality Check™

In July 2004, The Joint Commission launched a new generation of reporting healthcare information about the quality and safety of care provided in its accredited healthcare organizations across the country.

The Joint Commission's Quality Check™ provides clear, objective data to individuals for the purpose of comparing the performance of local hospitals, home care agencies, nursing homes, laboratories, and ambulatory care organizations with others on state and national levels. Additionally, The Joint Commission provides hospital-specific information about clinical performance in the care of patients respecting: acute myocardial infarction, heart failure, pneumonia, pregnancy and related conditions (retired effective with April 01, 2010 discharges and replaced by perinatal care), surgical care, and children's asthma care. In addition, Quality Check™ also includes HCAHPs data and the CMS 30-day mortality measures.

Individuals are also able to determine how healthcare organizations compare with others in meeting national requirements that help them prevent devastating medical accidents. The requirements specifically seek to avoid misidentification of patients, surgery on the wrong body part, miscommunication among caregivers, unsafe use of

infusion pumps, medication mix-ups, problems with equipment alarm systems, and infections acquired in the healthcare setting.

Consumers can access Quality Check™ at http://www.qualitycheck.org and search for healthcare organizations by name, type, and/or location. Interactive links to information are designed to help individuals better understand how to use and interpret the information presented.

Related National Activities

National Quality Forum

The NQF has approved a set of national voluntary consensus standards for measuring the quality of hospital care. These measures will permit consumers, providers, purchasers, and quality improvement professionals to evaluate and compare the quality of care in general acute care hospitals across the nation using a standard set of measures. The majority of the Joint Commission's measures are endorsed by NQF and are denoted on the measure information forms.

The Hospital Quality Alliance

The AHA, FAH, and AAMC have launched a national voluntary initiative to collect and report hospital quality performance information. This effort is intended to make critical information about hospital performance accessible to the public and to inform and invigorate efforts to improve quality. The Joint Commission, NQF, CMS, AHRQ and others support this initiative to identify a robust set of standardized and easy-to-understand hospital quality measures that would be used by all stakeholders in the healthcare system in order to improve quality of care and the ability of consumers to make informed healthcare choices. Currently over 30 measures are reported on Hospital Compare including the ten "starter set" measures, and additional measures on which hospitals also voluntarily report. The measures reflect recommended treatments for acute myocardial infarction, heart failure, pneumonia, surgical care, asthma care for children, and the patient's perspective of hospital care.

National Quality Measures Clearinghouse

The National Quality Measures Clearinghouse (NQMC™), sponsored by AHRQ, U.S. Department of HHS, has included Joint Commission measures in its public database for evidence-based quality measures and measure sets. NQMC is sponsored by AHRQ to promote widespread access to quality measures by the healthcare community and other interested individuals.

Related Topics

Using The Specifications Manual for Joint Commission National Quality Core Measures

This portion of *The Specifications Manual* provides a brief overview of the information contained within each section of the manual. It is intended for use as a quick reference to assist in the implementation of the Joint Commission national quality core measures. The sections of this manual are interrelated and are most useful when considered together.

Section 1: Data Dictionary

The Data Dictionary describes the patient-level and facility-level data elements required to capture and calculate individual measurements. It specifies those data elements that must be collected for each patient that falls into the selected measure population and the data elements needed for a specific measure.

Section 2 - Measurement Information

The HBIPS and PC measure set sections contain specific measure information forms for each measure. This is followed by a data element list for the measures, including the general data elements, algorithm output data elements, and the specific measure data elements. Next is a document that describes the initial patient population and sample size requirements for each measure set. Also included are subsections for each specific measure. These contain a Measure Information Form (MIF) and the Performance Measure Algorithm.

The algorithms and data elements needed to calculate each of the Joint Commission national quality core measures are identified in the MIF. Each algorithm provides the logical steps, data element evaluation, arithmetic calculations, and data manipulation steps that are required to calculate a given measure.

Section 3: Missing and Invalid Data

This section addresses the Joint Commission's approach to missing and invalid data. Missing data refers to data elements that have no values present for one or more episodes of care and invalid data refers to data element values that fall outside the range of the allowable values. Information and examples are provided on how the "Unable to Determine" (UTD) value is utilized within the measure algorithm and on submission into the Joint Commission's Data Warehouse. This section also describes the general and measure specific data elements that are required for submission and how missing and/or invalid data will be handled.

Section 4: Population and Sampling Methods

Sampling is an available option for all Joint Commission national quality core measures if certain requirements are met. This section provides guidance on defining the hospital's Initial Patient Population and information and examples on the order of data flow, sample size requirements, sampling approaches and the transmission of Initial Patient Population and sample data elements to the Joint Commission's Data Warehouse. Specific measure set sample size requirements tables are located in the Measure Information section.

Section 5 – Joint Commission National Quality Core Measure Verification Process

This section has been moved to the *ORYX Technical Implementation Guide* and is available to ORYX Vendors via the Joint Commission's extranet site for measurement systems (PET).

Section 6 – Joint Commission National Quality Core Measures Data Transmission

This section of the manual is provided to highlight the unique data transmission specifications for Joint Commission national quality core measure data. This section is divided into four parts: Joint Commission National Quality Core Measure Data Transmission, Guidelines for Submission of Data, Transmission Data Element List, and Transmission Data Processing Flow.

The Joint Commission Data Transmission section provides information related to the transmission of Joint Commission national quality core measure data to the Joint Commission's Data Warehouse. The Guidelines for

Submission of Data includes an overview of the data required to be submitted to the Joint Commission's Data Warehouse, as well as the Hospital Clinical Data XML file layout and the Hospital Initial Patient Population Data XML file Layout.

The Transmission Data Element List describes the data elements that are either used to identify the hospital and measure set associated to the transmitted data or are calculated by the vendor using the hospital's patient-level data and measure results. These data elements are not used in the Initial Patient Population Algorithms or Measure Algorithms. The Transmission Data Processing Flows contains information regarding the order in which the Joint Commission's Data Warehouse evaluates the Joint Commission national quality core measures and the population and sampling data.

Appendix A - ICD-9-CM Code Tables

For many of the measures, eligibility for inclusion or exclusion in the Initial Patient Population of interest is defined by the presence of certain ICD-9-CM diagnosis and procedure codes within the patient-level record. Appendix A contains the ICD-9-CM code tables that define these indicator populations for all measures within each measure set. There is a description of the code as defined in a coding manual and a shortened description that may be used in a data abstraction tool. The Measure Information Section also refers to the codes or tables provided in this section. ICD-9-CM codes are modified by the National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS). The code tables in this Appendix are evaluated semiannually and modified based on these changes. Potential changes become effective beginning with either April 1st or October 1st discharges. Updates will be provided as indicated.

Appendix B – Medication Tables

Some of the Joint Commission natioanl quality core measures address the use of certain medications. This Appendix contains tables with the specific names of medications that may be associated with medication categories (e.g., trade names). For example, Haloperidol may also be documented as Haldol. These tables are provided to facilitate appropriate data collection of applicable medications. These tables are not meant to be an inclusive list of all available therapeutic agents; rather they represent current information available at the time of publication. Approved medication tables will be updated regularly. Discrepancies must be reported. See the Resource Section of this manual for contact information.

Appendix C – Glossary of General Terms

Appendix D – Overview of Measure Information Form and Flowchart Formats

Each measure has an associated Measure Information Form and Flowchart (calculation algorithm). This Appendix explains each of the terms used on the Measure Information Form and provides a brief introduction to flowcharting, including an explanation of flowchart symbols.

Appendix E – Miscellaneous Tables

The tables in this Appendix contain clinical information to supplement the data element dictionary and provide additional details for data abstraction. They are referenced under the data dictionary under the Notes for Abstraction or the Guidelines for Abstraction. For example, the Discharge Status Inclusion Table is used to supplement abstraction guidelines for HBIPS 7 (Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider upon Discharge).

Appendix F- Resources

This section lists resources that are available to assist with the Joint Commission measures.

Related Topics

Acknowledgement

No royalty or use fee is required for copying or reprinting this manual, but the following are required as a condition of usage: 1) disclosure that the *Specifications Manual* is periodically updated, and that the version being copied or reprinted may not be up-to-date when used unless the copier or printer has verified the version to be up-to-date and affirms that, and 2) users participating in Joint Commission accreditation, including ORYX® vendors, are required to update their software and associated documentation based on the published manual production timelines.

Example Acknowledgement: The *Specifications Manual for Joint Commission National Quality Core Measures* [Version XX, Month, Year] is periodically updated by The Joint Commission. Users of the *Specifications Manual for Joint Commission National Quality Core Measures* must update their software and associated documentation based on the published manual production timelines.

Related Topics

Perinatal Care (PC)

Set Measures

Set Measure ID	Measure Short Name
PC-01	Elective Delivery
PC-02	Cesarean Section
PC-03	Antenatal Steroids
PC-04	Health Care-Associated Bloodstream Infections in Newborns
PC-05	Exclusive Breast Milk Feeding

General Data Elements

Element Name	Collected For
Admission Date	All Records,
Birthdate	All Records,
Discharge Date	All Records, Not collected for HBIPS-2 and HBIPS-3
Discharge Status	All Records, Not collected for HBIPS-2 and HBIPS-3; Used in algorithm for PC-04 and PC-05
ICD-9-CM Other Diagnosis Codes	All Records, Optional for HBIPS-2 and HBIPS-3; Used in algorithm for PC-01, 02, 04, and 05
ICD-9-CM Other Procedure Codes	All Records, Optional for All HBIPS Records; Used in algorithm for PC-01, 02, 04 and 05
ICD-9-CM Other Procedure Dates	All Records, Optional for All HBIPS Records
ICD-9-CM Principal Diagnosis Code	All Records, Optional for HBIPS-2 and HBIPS-3; Used in algorithm for PC-01, 02, 04, and 05
ICD-9-CM Principal Procedure Code	All Records, Optional for All HBIPS Records; Used in algorithm for PC-01, 02, 04 and 05
ICD-9-CM Principal Procedure Date	All Records, Optional for All HBIPS Records
Payment Source	All Records, Optional for HBIPS-2 and HBIPS-3
Sex	All Records,

Algorithm Output Data Elements

Element Name	Collected For
Measure Category Assignment	Calculation, Transmission, Hospital Clinical Data File
Measurement Value	Calculation, Transmission, Hospital Clinical Data File

Measure Set Specific Data Elements

Element Name	Collected For
Active Labor	PC-01,
Admission to NICU	PC-05,
Antenatal Steroid Administered	PC-03,
Birth Weight	PC-04,

Clinical Trial	PC-01, PC-02, PC-03, PC-04, PC-05,
Exclusive Breast Milk Feeding	PC-05,
Gestational Age	PC-01, PC-02, PC-03,
Newborn Admission Source	PC-04, PC-05,
Parity	PC-02,
Reason for Not Administering Antenatal Steroid	PC-03,
Reason for Not Exclusively Feeding Breast Milk	PC-05,
Spontaneous Rupture of Membranes	PC-01,

Related Materials

Document Name
a. Cover page for the Joint Commission Manual
a. Table of Contents
a1. Acknowledgment and Conditions of Use
a1. Introduction to the Manual
a3. Using the The Joint Commission's National Measure Specifications Manual
b. Data Dictionary
d. Missing and Invalid Data
e. Sampling
g1. Transmission of Data
g2. Transmission Alpha Data Dictionary
g3. Transmission Data Processing Flow: Clinical
g4. Transmission Data Processing Flow: Population and Sampling
z. Appendix A - ICD-9-CM Code Tables
z. Appendix B - Medication Tables
z. Appendix C - Glossary of Terms
z. Appendix D - Overview of Measure Information Form and Flowchart Formats
z. Appendix E - Miscellaneous Tables
z. Appendix F - Resources

Perinatal Care (PC) Initial Patient Population

The PC measure set is unique in that there are two distinct Initial Patient Populations within the measure set, mothers and newborns.

Mothers
The population of the PC-Mother measures (PC-01, 02, and 03) are identified using 4 data elements:

- *Admission Date*
- *Birthdate*
- *Discharge Date*
- *ICD-9-CM Principal or Other Diagnosis Code*

Patients admitted to the hospital for inpatient acute care are included in the PC Mother Initial sampling group if they have: ICD-9-CM Principal or Other Diagnosis Code as defined in Appendix A, Tables 11.01, 11.02, 11.03, or 11.04, a Patient Age (Admission Date – Birthdate) >= 8 years and < 65 and a Length of Stay (Discharge Date - Admission Date) ≤ 120 days.

Newborns
The population of the PC-Newborn measure (PC-04 and 05) are identified using 5 data elements:

- *Admission Date*
- *Birthdate*
- *Discharge Date*
- *ICD-9-CM Principal or Other Diagnosis Code*

- *ICD-9-CM Principal or Other Procedure Code*

Within the PC-Newborn population, there are two 2 subpopulations, i.e Newborns with Blood Stream Infection or BSI, Newborns with Breast Feeding, each identified by Patient Age at admission and a specific group of diagnosis and procedure codes or lack thereof. The patients in each subpopulation are processed independently through each initial patient population flow. Patients may fall in both subpopulations depending on the presence or absence of the diagnosis codes or procedure codes and other data elements defined by the respective initial patient subpopulations.

Measures	Initial Patient Population definition
PC-04	The count of all patients in PC-Newborns with BSI
PC-05	The count of all patients in PC-Newborns with Breast Feeding

Patients admitted to the hospital for inpatient acute care are included in one of the PC Newborn subpopulations if they have:

Newborns with BSI - Patients with a Newborn Patient Age at admission (*Admission Date – Birthdate*) ≤ 2 days, Length of Stay (*Discharge Date - Admission Date*) ≤ 120 days, **NO** *ICD-9-CM Principal Diagnosis Code* as defined in Appendix A, Table 11.10.2, AND one of the following:

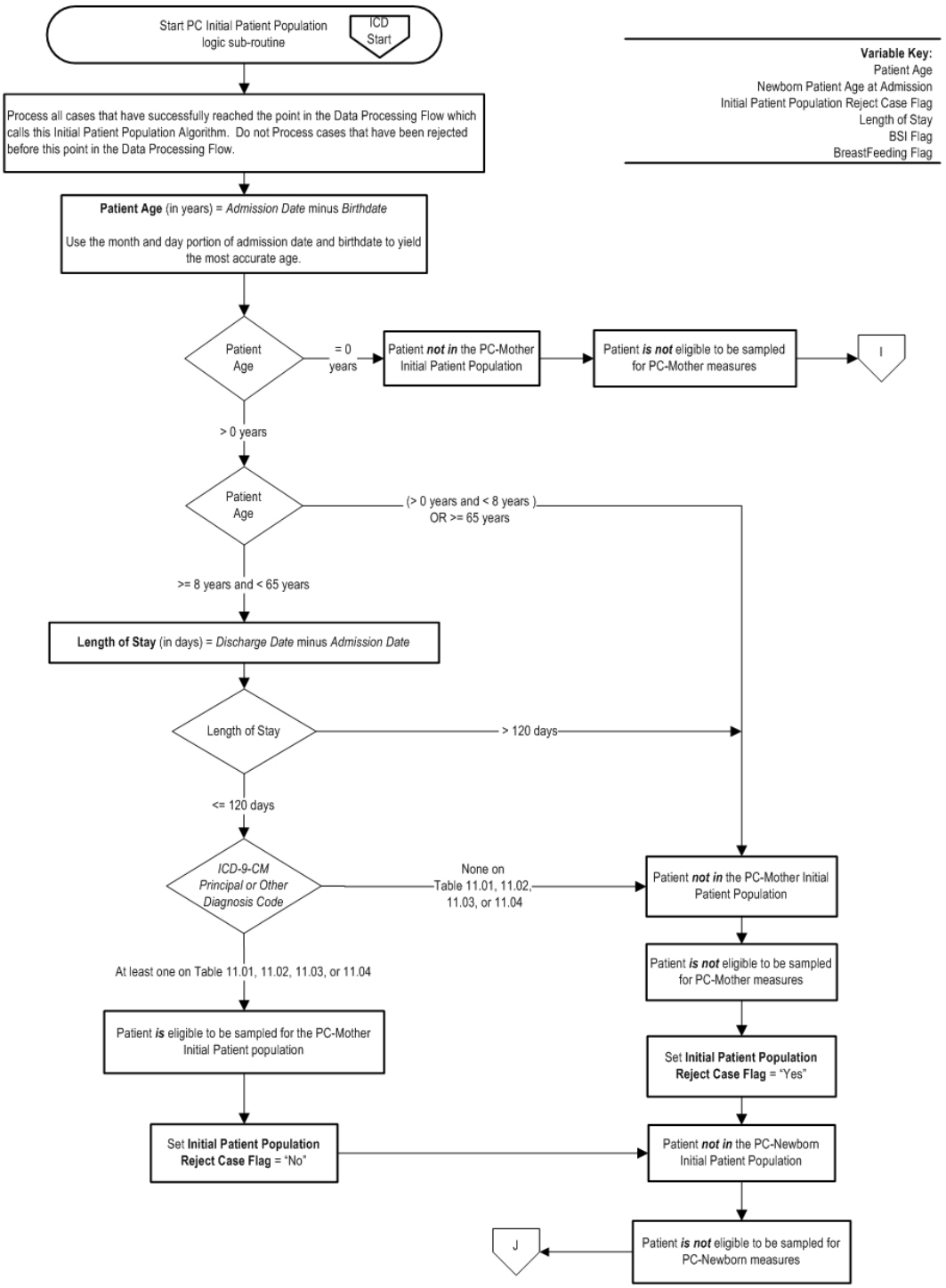
- ○ an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.12, 11.13, 11.14 Or Birth Weight >= 500g and <= 1499g or Missing Birth Weight **OR**
  - ○ an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.15, 11.16, 11.17 Or Birth Weight >=1500g with EITHER:
    - an *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Tables 11.18 or 11.19 **OR**
    - Discharge Status of 20 (expired) **OR**
    - Newborn Admission Source of 3 or 4 or Missing.

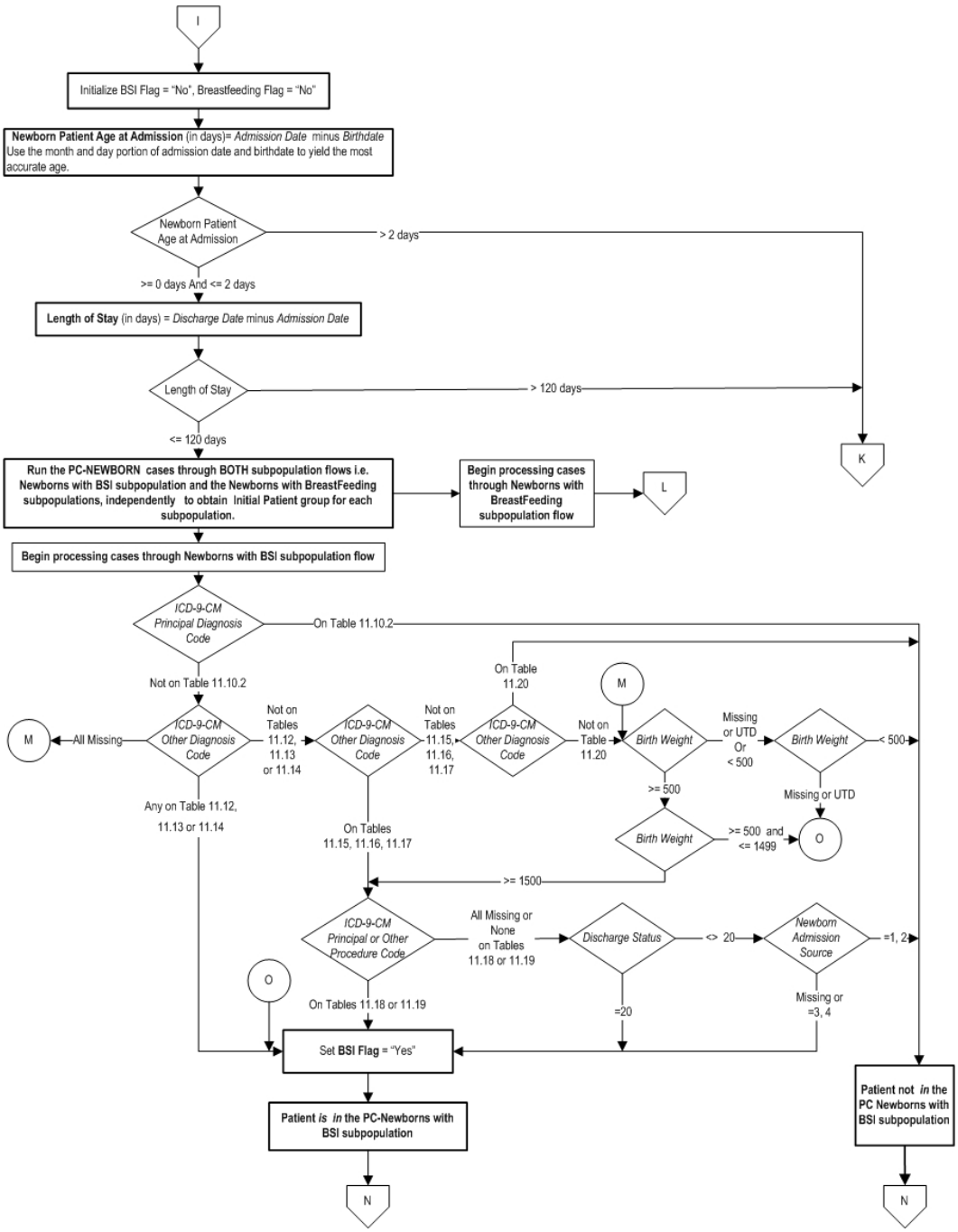
There is NO sampling for this measure.

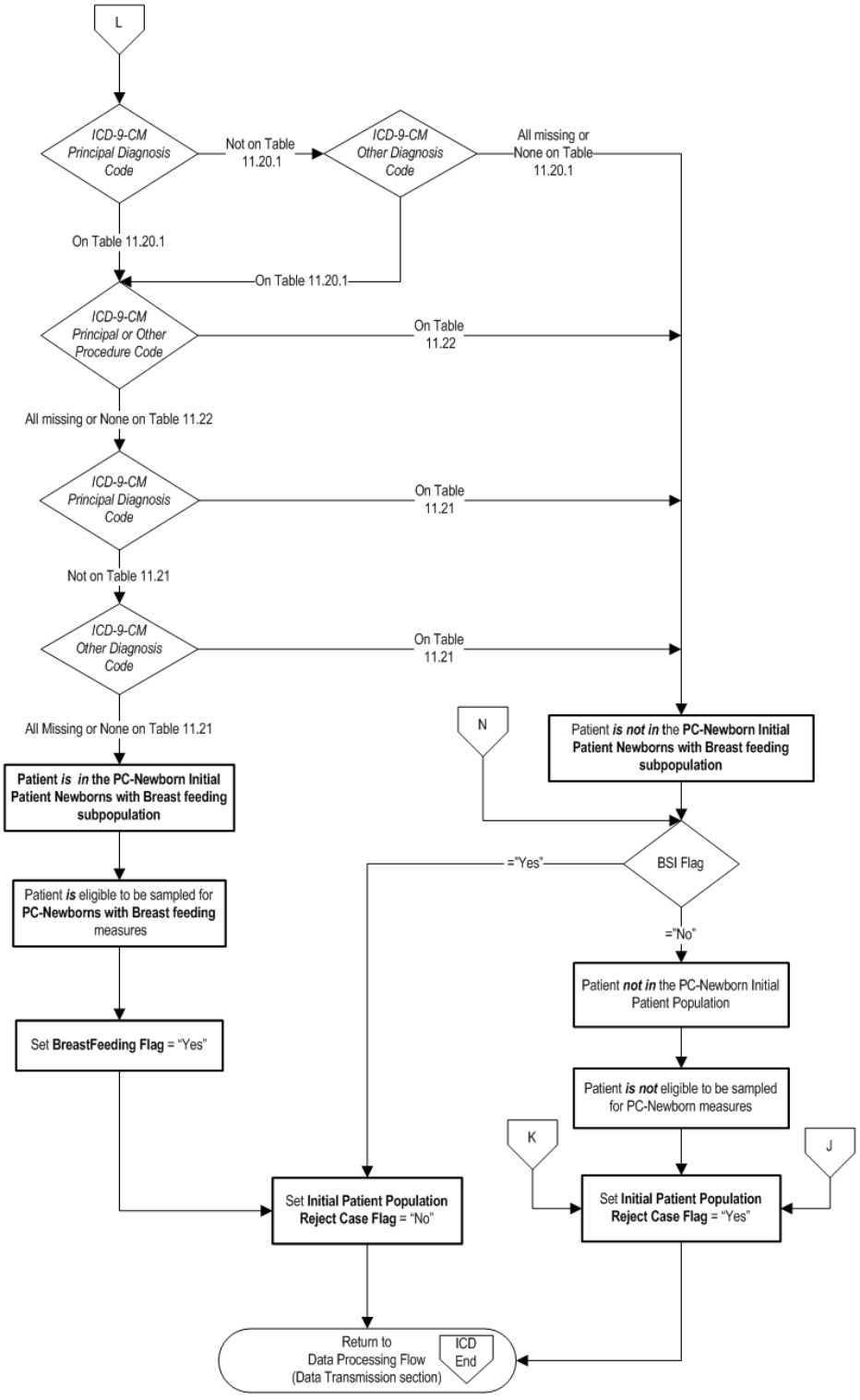
Newborns with Breast Feeding - Patient Age at admission (*Admission Date – Birthdate*) ≤ 2 days, Length of Stay (*Discharge Date - Admission Date*) ≤ 120 days, an *ICD-9-CM Principal* or *Other Diagnosis Code* as defined in Appendix A, Table 11.20.1, **NO** *ICD-9-CM Principal* or *Other Diagnosis Code* as defined in Appendix A, Table 11.21 and **NO** *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Table 11.22 are included in this subpopulation and are eligible to be sampled.

Initial Patient Population Algorithm

PC Initial Patient Population Algorithm




I
Initialize BSI Flag = "No", Breastfeeding Flag = "No"
Newborn Patient Age at Admission (in days)= Admission Date minus Birthdate
Use the month and day portion of admission date and birthdate to yield the most accurate age.
Newborn Patient Age at Admission
> 2 days
>= 0 days And <= 2 days
Length of Stay (in days) = Discharge Date minus Admission Date
Length of Stay
> 120 days
<= 120 days
K
Run the PC-NEWBORN cases through BOTH subpopulation flows i.e. Newborns with BSI subpopulation and the Newborns with BreastFeeding subpopulations, independently to obtain Initial Patient group for each subpopulation.
Begin processing cases through Newborns with BreastFeeding subpopulation flow
L
Begin processing cases through Newborns with BSI subpopulation flow
ICD-9-CM Principal Diagnosis Code
On Table 11.10.2
Not on Table 11.10.2
On Table 11.20
M
M
All Missing
ICD-9-CM Other Diagnosis Code
Not on Tables 11.12, 11.13 or 11.14
ICD-9-CM Other Diagnosis Code
Not on Tables 11.15, 11.16, 11.17
ICD-9-CM Other Diagnosis Code
Not on Table 11.20
Birth Weight
Missing or UTD Or < 500
Birth Weight
< 500
Missing or UTD
>= 500
Birth Weight
>= 500 and <= 1499
O
Any on Table 11.12, 11.13 or 11.14
On Tables 11.15, 11.16, 11.17
>= 1500
ICD-9-CM Principal or Other Procedure Code
All Missing or None on Tables 11.18 or 11.19
Discharge Status
<> 20
Newborn Admission Source
=1, 2
O
On Tables 11.18 or 11.19
=20
Missing or =3, 4
Set BSI Flag = "Yes"
Patient is in the PC-Newborns with BSI subpopulation
Patient not in the PC Newborns with BSI subpopulation
N
N



Sample Size Requirements

Hospitals that choose to sample have the option of sampling quarterly or sampling monthly. A hospital may choose to use a larger sample size than is required. Hospitals whose Initial Patient Population size is less than the minimum number of cases per quarter/month for the sampling group cannot sample that sampling group. Hospitals that have five or fewer discharges for the three combined PC sampling groups (both Medicare and non-Medicare combined) in a quarter are not required to submit PC patient level data to the Joint Commission's Data Warehouse.

Regardless of the option used, hospital samples must be monitored to ensure that sampling procedures consistently produce statistically valid and useful data. Due to exclusions and contraindications, hospitals selecting sample cases MUST submit AT LEAST the minimum required sample size.

The following sample size tables for each option automatically build in the number of cases needed to obtain the required sample sizes. For information concerning how to perform sampling, refer to the Population and Sampling Specifications section in this manual.

Quarterly Sampling
A modified sampling procedure is required for hospitals performing quarterly sampling for PC. Hospitals selecting sample cases must ensure that each individual sampling group Initial Patient Population and sample size meet the following conditions:

- *Select within the two individual measure sampling groups (mothers and babies).*
- *Select independently from each of the Newborn subpopulation.*

Hospitals selecting sample cases for the **PC-Mothers** must ensure that the Initial Patient Population and sample size for this PC sampling group meets the following conditions:

Quarterly Sample Size
Based on Initial Patient Population for Mothers

Hospital's Measure	
Average Quarterly Initial Patient Sample Group Size "N"	Minimum Required Sampling Group Sample Size "n"
>= 1501	301
376 – 1500	20% of the Initial Patient Population size
75 – 375	75
< 75	No sampling; 100% of the Initial Patient Population required

Within the **PC-Newborn** population, there are two subpopulations each identified by Patient Age at admission and a specific group of diagnosis and procedure codes or lack thereof:

- The PC-Newborns with BSI subpopulation *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient subpopulation for reporting.
- Hospitals sampling for the PC-Newborns with Breast Feeding must ensure the sample size calculations should be based on the **newborns with breast feed subpopulation count ONLY**. Hospitals selecting cases for the PC-Newborns with Breastfeeding must ensure that the patient population size for this subpopulation meets the following conditions:

Quarterly Sample Size Based on Initial Patient Population for PC-Newborns with Breastfeeding

Hospital's Measure	
Average Quarterly Initial Patient Sample Group Size "N"	Minimum Required Sample Size "n"
>= 541	109
136 – 540	20% of the Initial Patient Population size
27 – 135	27
< 27	No sampling; 100% of Initial Patient Population required

Monthly Sampling
Hospitals selecting sample cases for the **Mothers** must ensure that the Initial Patient Population and sample size

for this sampling group meets the following conditions:

Monthly Sample Size
Based on Initial Patient Population for Mothers

Hospital's Measure	
Average Monthly Initial Patient Sample Group Size "N"	Minimum Required Sampling Group Sample Size "n"
>= 501	101
126 – 500	20% of the Initial Patient Population
25 – 125	25
< 25	No sampling; 100% Initial Patient Population required

Within the **PC-Newborn** population, there are two sampling groups each identified by Patient Age at admission and a specific group of diagnosis codes, or lack there of:

- The PC-Newborns with BSI subpopulation *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient subpopulation for reporting.
- Hospitals sampling for the PC-Newborns with Breast Feeding must ensure the sample size calculations should be based on the **newborns with breast feed subpopulation count ONLY**. Hospitals selecting cases for the PC-Newborns with Breastfeeding must ensure that the patient population size for this subpopulation meets the following conditions:

Monthly Sample Size Based on Initial Patient Population for Newborns with Breast Feeding

Hospital's Measure	
Average Monthly Initial Patient Sample Group Size "N"	Minimum Required Sampling Group Sample Size "n"
>= 181	37
46 – 180	20% of the Initial Patient Population
9 – 45	9
< 9	No sampling; 100% Initial Patient Population required

Sample Size Examples
Note: PC-Mothers: All sampling groups in PC-Mother population should be used in the calculation of all PC-Mother measures. All of the PC measures' specific exclusion criteria are used to filter out cases that do not belong in the measure denominator. **PC-Newborns**: Cases falling within each newborns subpopulation should be run through the respective Newborn measures only. Cases falling in the Newborns with BSI subpopulation ONLY will flow through the PC-04 measure and cases falling in the Newborns with Breast Feeding subpopulation ONLY will flow through the PC-05 measure only. Cases may fall in both subpopulations and in such scenarios will be processed through both measures. It should be noted that cases should be processed independently through each of newborn initial subpopulation flows to obtain cases for sampling and abstraction.

Quarterly Sampling
Mother Population

- A hospital's Mother Population size is 2300 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size required is 301 cases for the quarter.

- A hospital's Mother Population size is 1500 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size required is 20% of this sub-population or 300 cases for the quarter.
- A hospital's Mother Population size is 300 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size required 75 cases for the quarter.
- A hospital's Mother Population size is 72 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population or all 72 cases are sampled.

Newborns with Breast Feeding

- A hospital's Newborns with Breast Feeding Population size is 600 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size required is 109 cases.
- A hospital's Newborns with Breast Feeding Population size is 350 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size required is 20% of this sub-population or 70 cases for the quarter .
- A hospital's Newborns with Breast Feeding Population size is 99 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size required 27 cases for the quarter.
- A hospital's Newborns with Breast Feeding Population size is 25 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population or all 25 cases are sampled.

Newborns with BSI The Newborns with BSI population *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient sampling group for reporting.

Monthly Sampling
Mother Population

- A hospital's Mother Population size is 510 cases during March. Using the monthly sampling table for the Mother population, the sample size required is 101 cases for the month.
- A hospital's Mother Population size is 400 cases during March. Using the monthly sampling table for the Mother population, the sample size required is 20% of this sub-population or 80 cases for the month.
- A hospital's Mother Population size is 125 cases during March. Using the monthly sampling table for the Mother population, the sample size required is 25 cases for the month.
- A hospital's Mother Population size is 20 cases during March. Using the quarterly sampling table for the Mothers population, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population or all 20 cases are sampled.

Newborns with Breast Feeding

- A hospital's Newborns with Breast Feeding Population size is 200 cases for the month of March. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size required is 37 cases.
- A hospital's Newborns with Breast Feeding Population size is 100 cases for the month of March. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size required is 20% of this sub-population or 20 cases for the month.
- A hospital's Newborns with Breast Feeding Population size is 30 cases for the month of March. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size required 9 cases for the month.
- A hospital's Newborns with Breast Feeding Population size is 8 cases during the second quarter. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size is less than the minimum required monthly sample size, so 100% of this sub-population or all 8 cases are sampled.

Newborns with BSI The Newborns with BSI population *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient sampling group for reporting.

Perinatal Care (PC) Initial Patient Population

The PC measure set is unique in that there are two distinct Initial Patient Populations within the measure set, mothers and newborns.

Mothers
The population of the PC-Mother measures (PC-01, 02, and 03) are identified using 4 data elements:

- *Admission Date*
- *Birthdate*
- *Discharge Date*
- *ICD-9-CM Principal or Other Diagnosis Code*

Patients admitted to the hospital for inpatient acute care are included in the PC Mother Initial sampling group if they have: ICD-9-CM Principal or Other Diagnosis Code as defined in Appendix A, Tables 11.01, 11.02, 11.03, or 11.04, a Patient Age (Admission Date – Birthdate) >= 8 years and < 65 and a Length of Stay (Discharge Date - Admission Date) ≤ 120 days.

Newborns
The population of the PC-Newborn measure (PC-04 and 05) are identified using 5 data elements:

- *Admission Date*
- *Birthdate*
- *Discharge Date*
- *ICD-9-CM Principal or Other Diagnosis Code*
- *ICD-9-CM Principal or Other Procedure Code*

Within the PC-Newborn population, there are two 2 subpopulations, i.e Newborns with Blood Stream Infection or BSI, Newborns with Breast Feeding, each identified by Patient Age at admission and a specific group of diagnosis and procedure codes or lack thereof. The patients in each subpopulation are processed independently through each initial patient population flow. Patients may fall in both subpopulations depending on the presence or absence of the diagnosis codes or procedure codes and other data elements defined by the respective initial patient subpopulations.

Measures	Initial Patient Population definition
PC-04	The count of all patients in PC-Newborns with BSI
PC-05	The count of all patients in PC-Newborns with Breast Feeding

Patients admitted to the hospital for inpatient acute care are included in one of the PC Newborn subpopulations if they have:

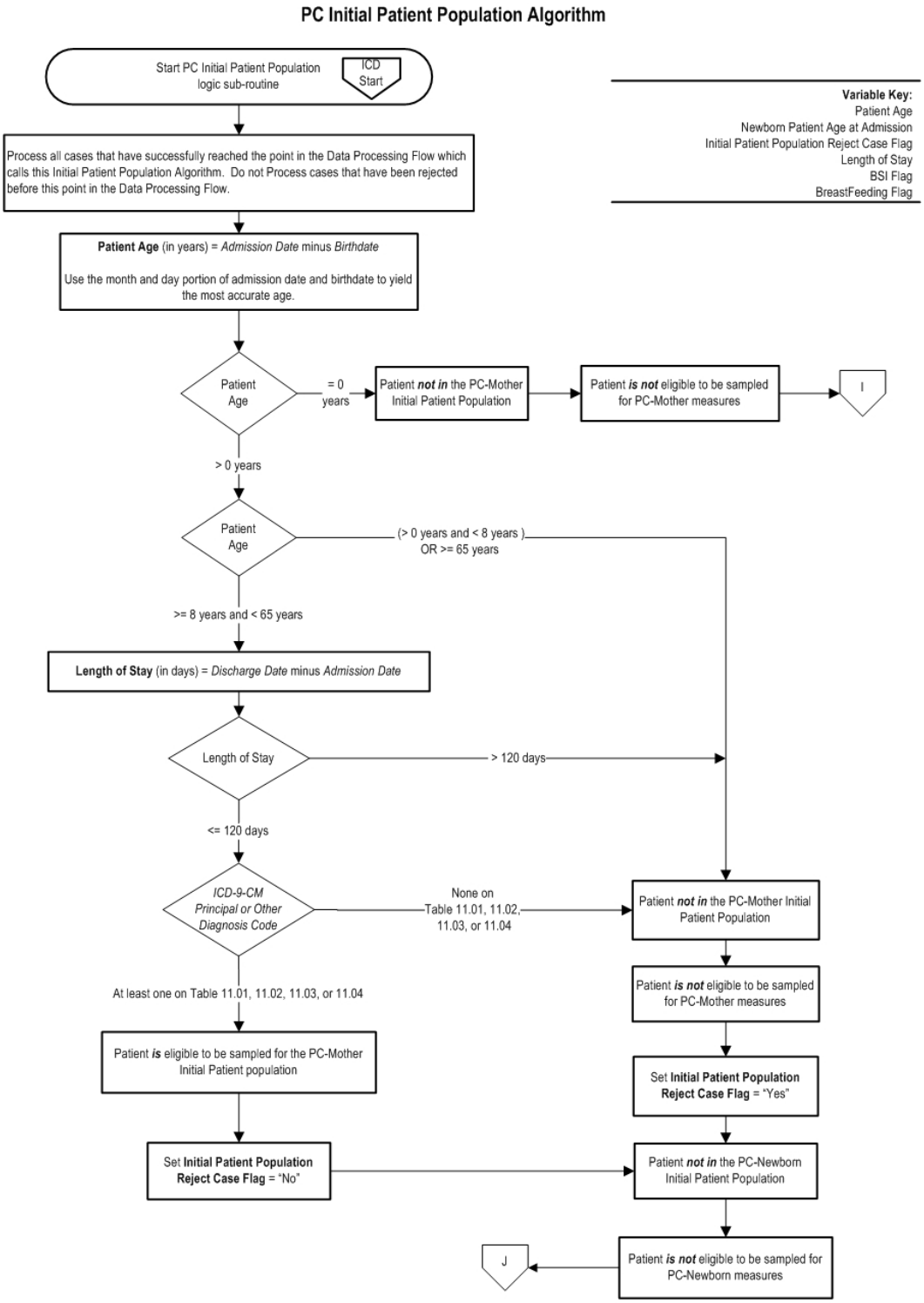
Newborns with BSI - Patients with a Newborn Patient Age at admission (*Admission Date – Birthdate*) ≤ 2 days, Length of Stay (*Discharge Date - Admission Date*) ≤ 120 days, **NO** *ICD-9-CM Principal Diagnosis Code* as defined in Appendix A, Table 11.10.2, AND one of the following:

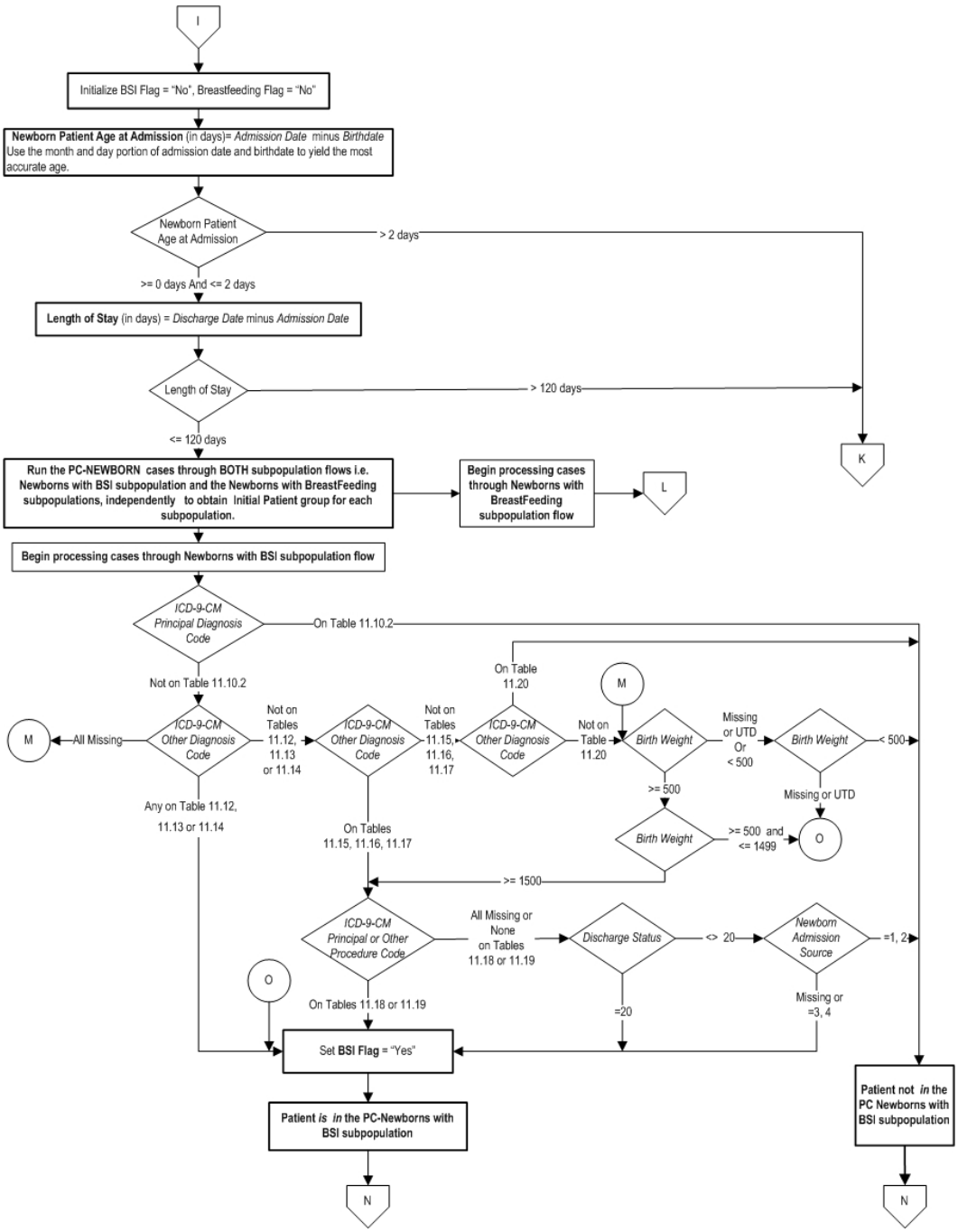
- an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.12, 11.13, 11.14 Or Birth Weight >= 500g and <= 1499g or Missing Birth Weight **OR**
- an *ICD-9-CM Other Diagnosis Code* as defined in Appendix A, Tables 11.15, 11.16, 11.17 Or Birth Weight >=1500g with EITHER:
  - an *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Tables 11.18 or 11.19 **OR**
  - Discharge Status of 20 (expired) **OR**
  - Newborn Admission Source of 3 or 4 or Missing.

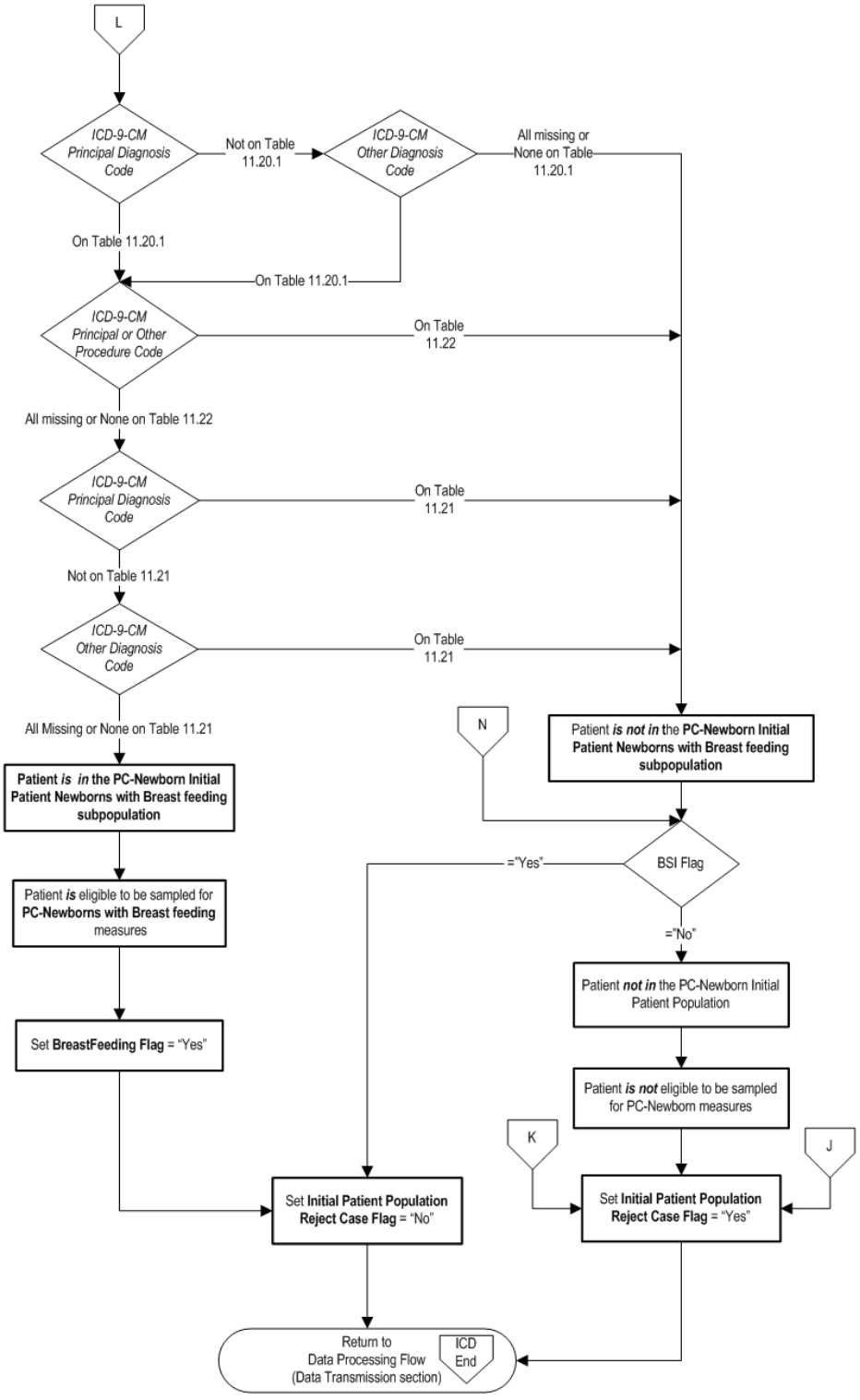
There is NO sampling for this measure.

Newborns with Breast Feeding - Patient Age at admission (*Admission Date – Birthdate*) ≤ 2 days, Length of Stay (*Discharge Date - Admission Date*) ≤ 120 days, an *ICD-9-CM Principal* or *Other Diagnosis Code* as defined in Appendix A, Table 11.20.1, **NO** *ICD-9-CM Principal* or *Other Diagnosis Code* as defined in Appendix A, Table 11.21 and **NO** *ICD-9-CM-Principal* or *Other Procedure Code* as defined in Appendix A, Table 11.22 are included in this subpopulation and are eligible to be sampled.

Initial Patient Population Algorithm




I
Initialize BSI Flag = "No", Breastfeeding Flag = "No"
Newborn Patient Age at Admission (in days)= Admission Date minus Birthdate
Use the month and day portion of admission date and birthdate to yield the most accurate age.
Newborn Patient Age at Admission
> 2 days
>= 0 days And <= 2 days
Length of Stay (in days) = Discharge Date minus Admission Date
Length of Stay
> 120 days
<= 120 days
K
Run the PC-NEWBORN cases through BOTH subpopulation flows i.e. Newborns with BSI subpopulation and the Newborns with BreastFeeding subpopulations, independently to obtain Initial Patient group for each subpopulation.
Begin processing cases through Newborns with BreastFeeding subpopulation flow
L
Begin processing cases through Newborns with BSI subpopulation flow
ICD-9-CM Principal Diagnosis Code
On Table 11.10.2
Not on Table 11.10.2
On Table 11.20
M
M
All Missing
ICD-9-CM Other Diagnosis Code
Not on Tables 11.12, 11.13 or 11.14
ICD-9-CM Other Diagnosis Code
Not on Tables 11.15, 11.16, 11.17
ICD-9-CM Other Diagnosis Code
Not on Table 11.20
Birth Weight
Missing or UTD Or < 500
Birth Weight
< 500
Missing or UTD
>= 500
Birth Weight
>= 500 and <= 1499
O
Any on Table 11.12, 11.13 or 11.14
On Tables 11.15, 11.16, 11.17
>= 1500
ICD-9-CM Principal or Other Procedure Code
All Missing or None on Tables 11.18 or 11.19
Discharge Status
<> 20
Newborn Admission Source
=1, 2
O
On Tables 11.18 or 11.19
=20
Missing or =3, 4
Set BSI Flag = "Yes"
Patient is in the PC-Newborns with BSI subpopulation
Patient not in the PC Newborns with BSI subpopulation
N
N



Sample Size Requirements

Hospitals that choose to sample have the option of sampling quarterly or sampling monthly. A hospital may choose to use a larger sample size than is required. Hospitals whose Initial Patient Population size is less than the minimum number of cases per quarter/month for the sampling group cannot sample that sampling group. Hospitals that have five or fewer discharges for the three combined PC sampling groups (both Medicare and non-Medicare combined) in a quarter are not required to submit PC patient level data to the Joint Commission's Data Warehouse.

Regardless of the option used, hospital samples must be monitored to ensure that sampling procedures consistently produce statistically valid and useful data. Due to exclusions and contraindications, hospitals selecting sample cases MUST submit AT LEAST the minimum required sample size.

The following sample size tables for each option automatically build in the number of cases needed to obtain the required sample sizes. For information concerning how to perform sampling, refer to the Population and Sampling Specifications section in this manual.

Quarterly Sampling
A modified sampling procedure is required for hospitals performing quarterly sampling for PC. Hospitals selecting sample cases must ensure that each individual sampling group Initial Patient Population and sample size meet the following conditions:

- *Select within the two individual measure sampling groups (mothers and babies).*
- *Select independently from each of the Newborn subpopulation.*

Hospitals selecting sample cases for the **PC-Mothers** must ensure that the Initial Patient Population and sample size for this PC sampling group meets the following conditions:

Quarterly Sample Size
Based on Initial Patient Population for Mothers

Hospital's Measure	
Average Quarterly Initial Patient Sample Group Size "N"	Minimum Required Sampling Group Sample Size "n"
>= 1501	301
376 – 1500	20% of the Initial Patient Population size
75 – 375	75
< 75	No sampling; 100% of the Initial Patient Population required

Within the **PC-Newborn** population, there are two subpopulations each identified by Patient Age at admission and a specific group of diagnosis and procedure codes or lack thereof:

- The PC-Newborns with BSI subpopulation *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient subpopulation for reporting.
- Hospitals sampling for the PC-Newborns with Breast Feeding must ensure the sample size calculations should be based on the **newborns with breast feed subpopulation count ONLY**. Hospitals selecting cases for the PC-Newborns with Breastfeeding must ensure that the patient population size for this subpopulation meets the following conditions:

Quarterly Sample Size Based on Initial Patient Population for PC-Newborns with Breastfeeding

Hospital's Measure	
Average Quarterly Initial Patient Sample Group Size "N"	Minimum Required Sample Size "n"
>= 541	109
136 – 540	20% of the Initial Patient Population size
27 – 135	27
< 27	No sampling; 100% of Initial Patient Population required

Monthly Sampling
Hospitals selecting sample cases for the **Mothers** must ensure that the Initial Patient Population and sample size

for this sampling group meets the following conditions:

Monthly Sample Size
Based on Initial Patient Population for Mothers

Hospital's Measure	
Average Monthly Initial Patient Sample Group Size "N"	Minimum Required Sampling Group Sample Size "n"
>= 501	101
126 – 500	20% of the Initial Patient Population
25 – 125	25
< 25	No sampling; 100% Initial Patient Population required

Within the **PC-Newborn** population, there are two sampling groups each identified by Patient Age at admission and a specific group of diagnosis codes, or lack there of:

- The PC-Newborns with BSI subpopulation *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient subpopulation for reporting.
- Hospitals sampling for the PC-Newborns with Breast Feeding must ensure the sample size calculations should be based on the **newborns with breast feed subpopulation count ONLY**. Hospitals selecting cases for the PC-Newborns with Breastfeeding must ensure that the patient population size for this subpopulation meets the following conditions:

Monthly Sample Size Based on Initial Patient Population for Newborns with Breast Feeding

Hospital's Measure	
Average Monthly Initial Patient Sample Group Size "N"	Minimum Required Sampling Group Sample Size "n"
>= 181	37
46 – 180	20% of the Initial Patient Population
9 – 45	9
< 9	No sampling; 100% Initial Patient Population required

Sample Size Examples
Note: PC-Mothers: All sampling groups in PC-Mother population should be used in the calculation of all PC-Mother measures. All of the PC measures' specific exclusion criteria are used to filter out cases that do not belong in the measure denominator. **PC-Newborns**: Cases falling within each newborns subpopulation should be run through the respective Newborn measures only. Cases falling in the Newborns with BSI subpopulation ONLY will flow through the PC-04 measure and cases falling in the Newborns with Breast Feeding subpopulation ONLY will flow through the PC-05 measure only. Cases may fall in both subpopulations and in such scenarios will be processed through both measures. It should be noted that cases should be processed independently through each of newborn initial subpopulation flows to obtain cases for sampling and abstraction.

Quarterly Sampling
Mother Population

- A hospital's Mother Population size is 2300 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size required is 301 cases for the quarter.

- A hospital's Mother Population size is 1500 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size required is 20% of this sub-population or 300 cases for the quarter.
- A hospital's Mother Population size is 300 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size required 75 cases for the quarter.
- A hospital's Mother Population size is 72 cases during the second quarter. Using the quarterly sampling table for the Mother population, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population or all 72 cases are sampled.

Newborns with Breast Feeding

- A hospital's Newborns with Breast Feeding Population size is 600 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size required is 109 cases.
- A hospital's Newborns with Breast Feeding Population size is 350 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size required is 20% of this sub-population or 70 cases for the quarter .
- A hospital's Newborns with Breast Feeding Population size is 99 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size required 27 cases for the quarter.
- A hospital's Newborns with Breast Feeding Population size is 25 cases during the second quarter. Using the quarterly sampling table for the Newborns with Breast Feeding population, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population or all 25 cases are sampled.

Newborns with BSI The Newborns with BSI population *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient sampling group for reporting.

Monthly Sampling
Mother Population

- A hospital's Mother Population size is 510 cases during March. Using the monthly sampling table for the Mother population, the sample size required is 101 cases for the month.
- A hospital's Mother Population size is 400 cases during March. Using the monthly sampling table for the Mother population, the sample size required is 20% of this sub-population or 80 cases for the month.
- A hospital's Mother Population size is 125 cases during March. Using the monthly sampling table for the Mother population, the sample size required is 25 cases for the month.
- A hospital's Mother Population size is 20 cases during March. Using the quarterly sampling table for the Mothers population, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population or all 20 cases are sampled.

Newborns with Breast Feeding

- A hospital's Newborns with Breast Feeding Population size is 200 cases for the month of March. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size required is 37 cases.
- A hospital's Newborns with Breast Feeding Population size is 100 cases for the month of March. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size required is 20% of this sub-population or 20 cases for the month.
- A hospital's Newborns with Breast Feeding Population size is 30 cases for the month of March. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size required 9 cases for the month.
- A hospital's Newborns with Breast Feeding Population size is 8 cases during the second quarter. Using the monthly sampling table for the Newborns with Breast Feeding population, the sample size is less than the minimum required monthly sample size, so 100% of this sub-population or all 8 cases are sampled.

Newborns with BSI The Newborns with BSI population *is not eligible* for sampling and will use the entire Newborns with BSI Initial Patient sampling group for reporting.

Measure Information Form

Measure Set: Perinatal Care(PC)

Set Measure ID: PC-01

Performance Measure Name: Elective Delivery

Description: Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed

Rationale: For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience, and result in significant short term neonatal morbidity (neonatal intensive care unit admission rates of 13- 21%) (Clark et al., 2009).

According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean deliveries and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean sections before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

Type of Measure: Process

Improvement Noted As: Decrease in the rate

Numerator Statement: Patients with elective deliveries

Included Populations: *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for one or more of the following:

- Medical induction of labor as defined in Appendix A, Table 11.05
- Cesarean section as defined in Appendix A, Table 11.06 while not in *Active Labor* or experiencing *Spontaneous Rupture of Membranes*

Excluded Populations: None

Data Elements:

- *Active Labor*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Procedure Code*
- *Spontaneous Rupture of Membranes*

Denominator Statement: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed

Included Populations: Not applicable

Excluded Populations:

- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07

- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of stay > 120 days
- Enrolled in clinical trials

Data Elements:

- *Admission Date*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*
- *Gestational Age*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*

Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: In order to identify areas for improvement, hospitals may want to review results based on specific ICD-9 codes or patient populations. Data could be analyzed further to determine specific patterns or trends to help reduce elective deliveries.

Sampling: Yes. For additional information see the Sampling Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

- American Academy of Family Physicians. (2000). Tips from Other Journals: Elective induction doubles cesarean delivery rate, 61, 4.Retrieved December 29, 2008 at: http://www.aafp.org/afp/20000215/tips/39.html.
- American College of Obstetricians and Gynecologists. (November 1996). ACOG Educational Bulletin.
- Clark, S., Miller, D., Belfort, M., Dildy, G., Frye, D., & Meyers, J. (2009). Neonatal and maternal outcomes associated with elective delivery. [Electronic Version]. *Am J Obstet Gynecol*. 200:156.e1-156.e4.
- Glantz, J. (Apr.2005). Elective induction vs. spontaneous labor associations and outcomes. [Electronic Version]. *J Reprod Med*. 50(4):235-40.
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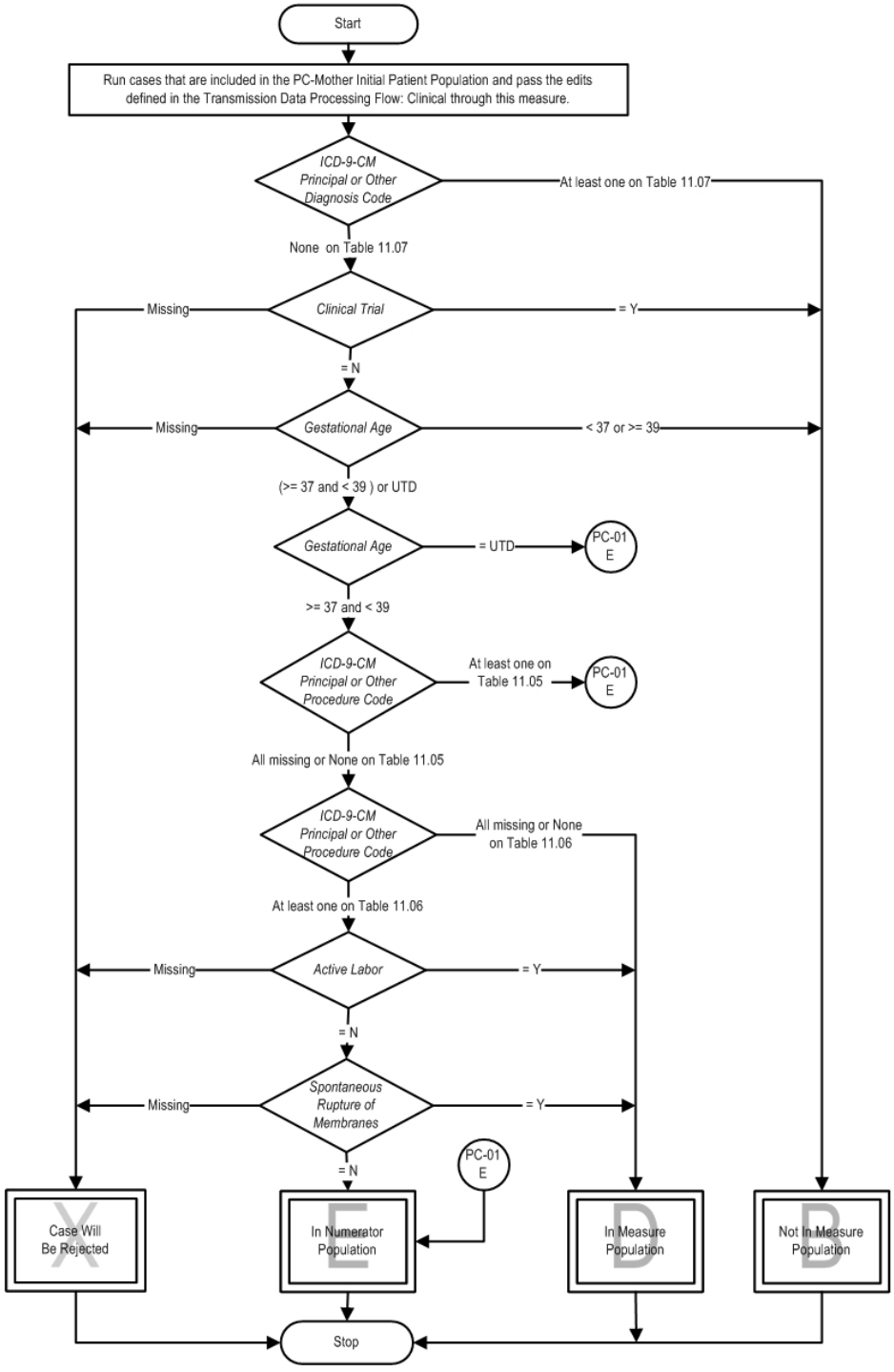
Original Performance Measure Source / Developer:
Hospital Corporation of America-Women's and Children's Clinical Services

Measure Algorithm:

PC-01: Elective Delivery

Numerator: Patients with elective deliveries completed

Denominator: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed



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Related Topics
a. Table of Contents
z. Appendix A - ICD-9-CM Code Tables

Measure Information Form

Measure Set: Perinatal Care(PC)

Set Measure ID: PC-02

Set Measure ID	Performance Measure Name
PC-02a	Cesarean Section - Overall Rate
PC-02b	Cesarean Section - 8 through 14 years
PC-02c	Cesarean Section - 15 through 19 years
PC-02d	Cesarean Section - 20 through 24 years
PC-02e	Cesarean Section - 25 through 29 years
PC-02f	Cesarean Section - 30 through 34 years
PC-02g	Cesarean Section - 35 through 39 years
PC-02h	Cesarean Section - 40 through 44 years
PC-02i	Cesarean Section - 45 through 64 years

Performance Measure Name: Cesarean Section

Description: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section

Rationale: : The removal of any pressure to not perform a cesarean birth has led to a skyrocketing of hospital, state and national cesarean section (CS) rates. Some hospitals now have CS rates over 50%. Hospitals with CS rates at 15-20% have infant outcomes that are just as good and better maternal outcomes (Gould et al., 2004). There are no data that higher rates improve any outcomes, yet the CS rates continue to rise. This measure seeks to focus attention on the most variable portion of the CS epidemic, the term labor CS in nulliparous women. This population segment accounts for the large majority of the variable portion of the CS rate, and is the area most affected by subjectivity.

As compared to other CS measures, what is different about NTSV CS rate (Low-risk Primary CS in first births) is that there are clear cut quality improvement activities that can be done to address the differences. Main et al. (2006) found that over 60% of the variation among hospitals can be attributed to first birth labor induction rates and first birth early labor admission rates. The results showed if labor was forced when the cervix was not ready the outcomes were poorer. Alfirevic et al. (2004) also showed that labor and delivery guidelines can make a difference in labor outcomes. Many authors have shown that physician factors, rather than patient characteristics or obstetric diagnoses are the major driver for the difference in rates within a hospital (Berkowitz, et al., 1989; Goyert et al., 1989; Luthy et al., 2003). The dramatic variation in NTSV rates seen in all populations studied is striking according to Menacker (2006). Hospitals within a state (Coonrod et al., 2008; California Office of Statewide Hospital Planning and Development [OSHPD], 2007) and physicians within a hospital (Main, 1999) have rates with a 3-5 fold variation.

Type of Measure: Outcome

Improvement Noted As: Decrease in the rate

Numerator Statement: Patients with cesarean sections

Included Populations: *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for cesarean section as defined in Appendix A, Table 11.06

Excluded Populations: None

Data Elements:

- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Procedure Code*

Denominator Statement: Nulliparous patients delivered of a live term singleton newborn in vertex presentation

Included Populations: Nulliparous patients with *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for outcome of delivery as defined in Appendix A, Table 11.08 and with a delivery of a newborn with 37 weeks or more of gestation completed

Excluded Populations: * *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes*, for contraindications to vaginal delivery as defined in Appendix A, Table 11.09

- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Enrolled in clinical trials

Data Elements:

- *Admission Date*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*
- *Gestational Age*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
- *Parity*

Risk Adjustment: Yes. Applied through direct standardization. This section has been moved to the ORYX Risk Adjustment Guide. This guide is available to the public on the Joint Commission's website and, in addition, it is available to performance measurement systems via the Joint Commission's extranet site for measurement systems (PET)

Data Elements

- *Birthdate*

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: In order to identify areas for improvement, hospitals may want to review results based on specific ICD-9 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce cesarean sections.

Sampling: Yes. For additional information see the Sampling Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

- Agency for Healthcare Research and Quality. (2002). *AHRQ Quality Indicators—Guide to Inpatient Quality Indicators: Quality of Care in Hospitals—Volume, Mortality, and Utilization*. Revision 4 (December 22, 2004). AHRQ Pub. No. 02-RO204.
- Alfirevic, Z., Edwards, G., & Platt, M.J. (2004). The impact of delivery suite guidelines on intrapartum care in "standard primigravida." *Eur J Obstet Gynecol Reprod Biol*.115:28-31.
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- Gould, J., Danielson, B., Korst, L., Phibbs, R., Chance, K.,& Main, E.K., et al. (2004). Cesarean delivery rate and neonatal morbidity in a low-risk population. *Am J Obstet Gynecol*, 104:11-19.
- Goyert, G.L., Bottoms, F.S., Treadwell, M.C., et al. (1989). The physician factor in cesarean birth rates. *N Engl J Med*.320:706-9.
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- Main, E.K., Moore, D., Farrell, B., Schimmel, L.D., Altman, R.J., Abrahams, C., et al., (2006). Is there a useful cesarean birth measure? Assessment of the nulliparous term singleton vertex cesarean birth rate as a tool for obstetric quality improvement. *Am J Obstet Gynecol*. 194:1644-51.
- Menacker, F. (2005).Trends in cesarean rates for first births and repeat cesarean rates for low-risk women: United States, 1990-2003. *Nat Vital Stat Rep*. 54(4): 1-5.
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- U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office. Measure 16-9.
- Yasmeen, S., Romano, P.S., Schembri, M.E., Keyzer, J.M., & Gilbert, W.M. (2006). Accuracy of obstetric diagnoses and procedures in hospital discharge data. *Am J Obstet Gynecol*. 194:992-1001.

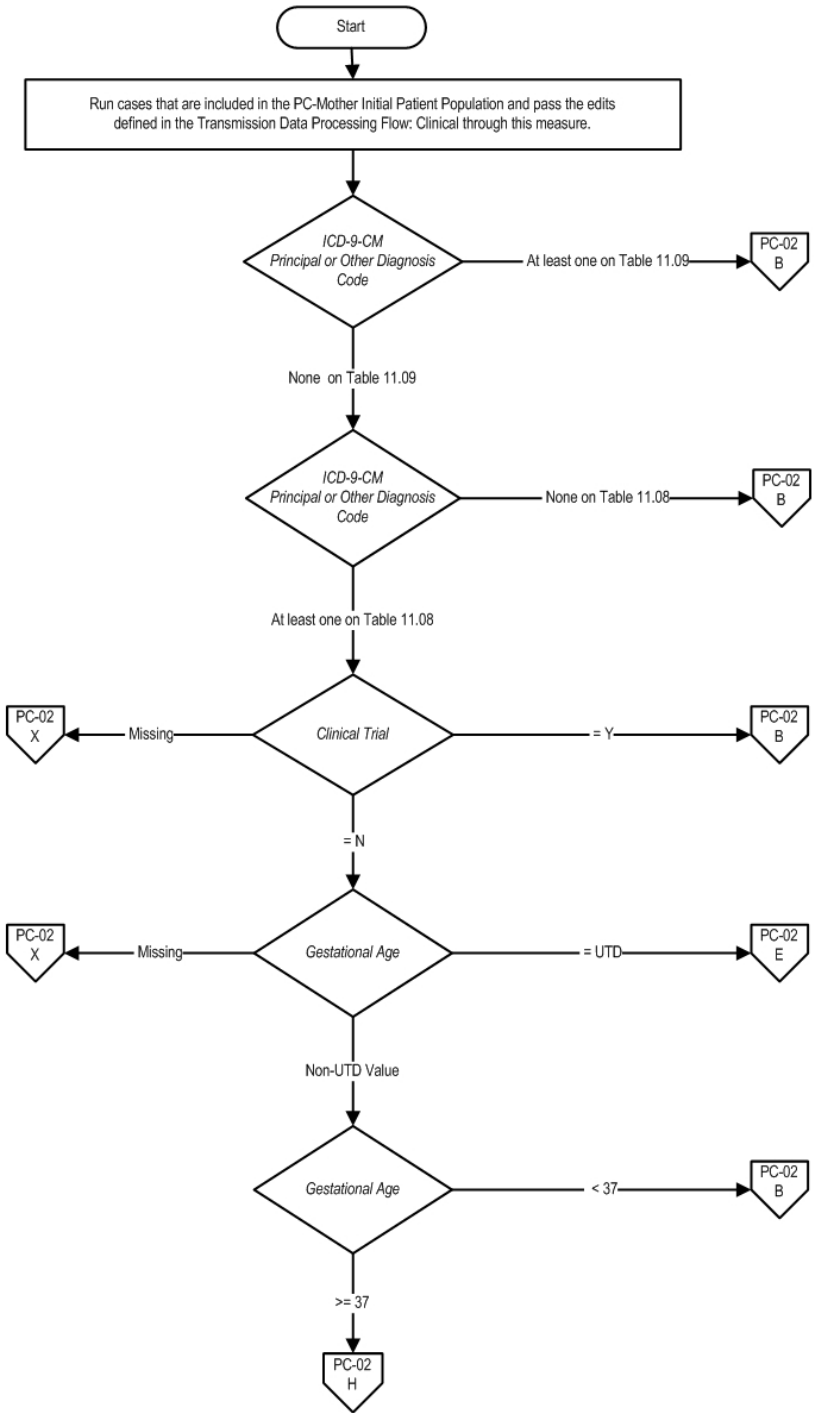
Original Performance Measure Source / Developer:
California Maternal Quality Care Collaborative

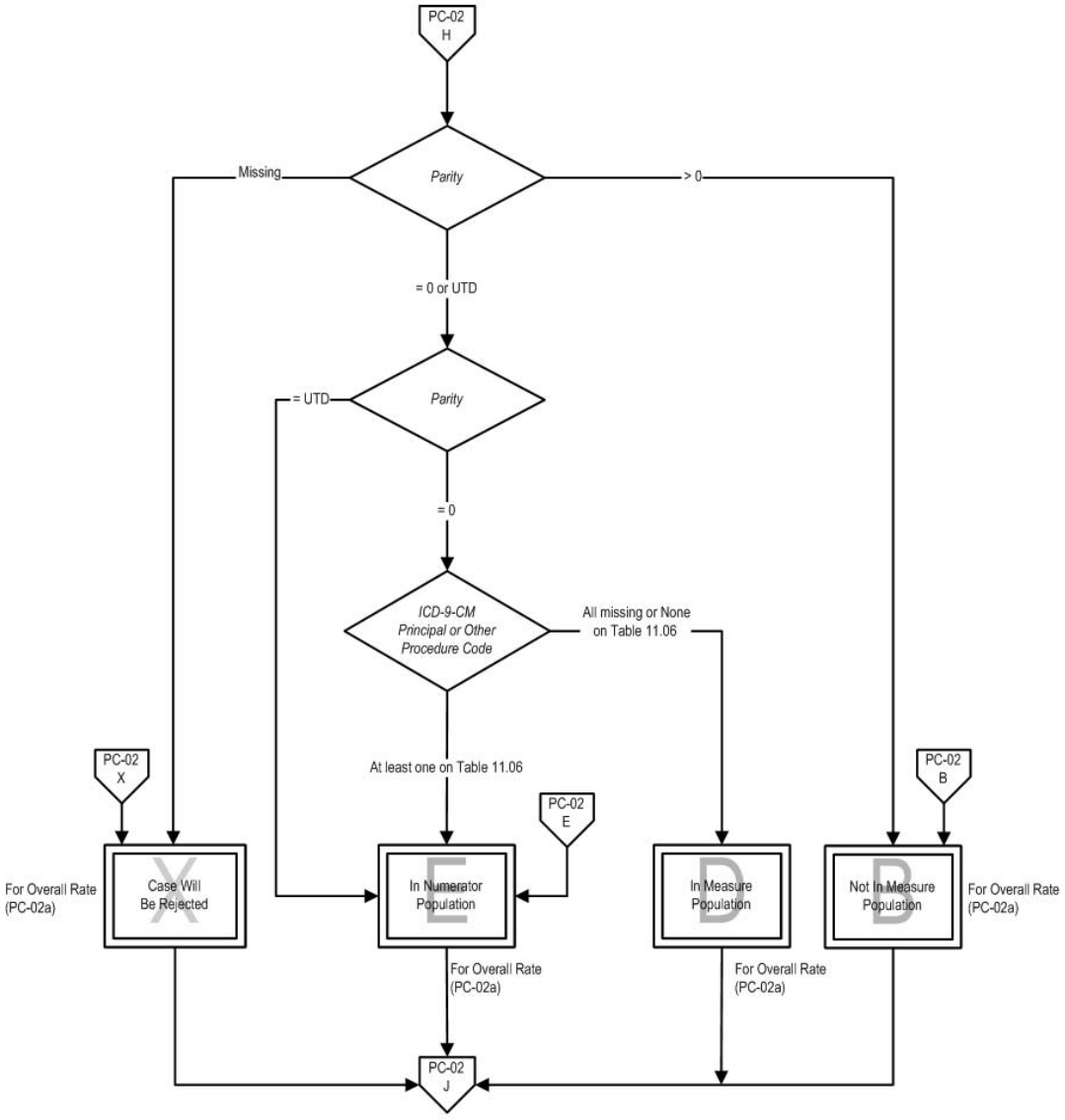
Measure Algorithm:

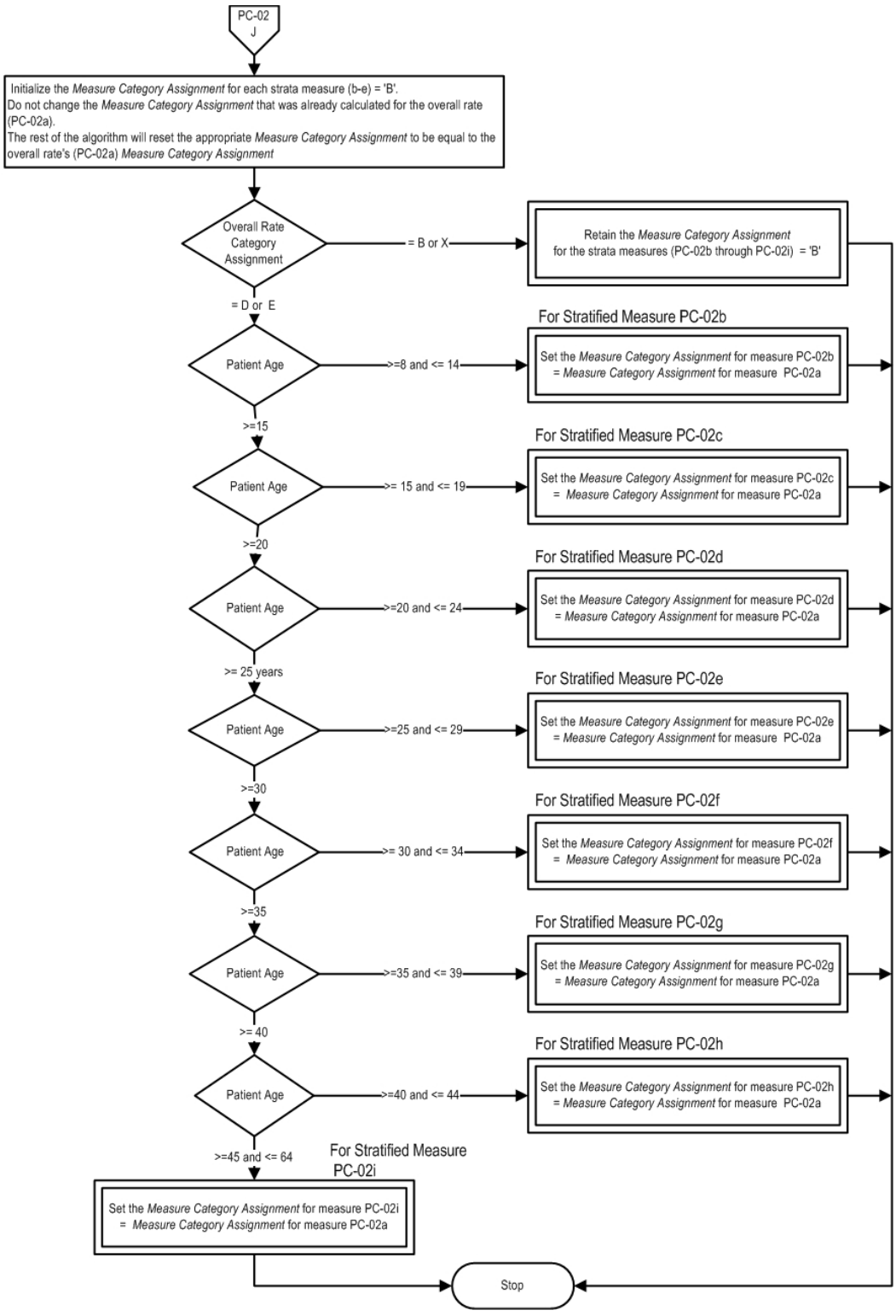
PC-02: Cesarean Section

Numerator: Patients with cesarean sections

Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation




PC-02 H
Parity
Missing
> 0
= 0 or UTD
Parity
= UTD
= 0
ICD-9-CM Principal or Other Procedure Code
All missing or None on Table 11.06
At least one on Table 11.06
PC-02 X
PC-02 E
PC-02 B
For Overall Rate (PC-02a)
Case Will Be Rejected
X
In Numerator Population
E
In Measure Population
D
Not In Measure Population
B
For Overall Rate (PC-02a)
For Overall Rate (PC-02a)
For Overall Rate (PC-02a)
PC-02 J



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Related Topics
a. Table of Contents
z. Appendix A - ICD-9-CM Code Tables

Measure Information Form

Measure Set: Perinatal Care(PC)

Set Measure ID: PC-03

Performance Measure Name: Antenatal Steroids

Description: Patients at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns

Rationale: The National Institutes of Health 1994 recommendation is to give a full course of corticosteroids to all pregnant women between 24 weeks and 34 weeks of gestation who are at risk of preterm delivery. Repeated corticosteroid courses should not be used routinely, because clinical trials show decreased brain size, decreased birth weight, and adrenal insufficiency in newborns exposed to repeated doses. Treatment should consist of two doses of 12 mg of betamethasone given intramuscularly 24 hours apart or four doses of 6 mg dexamethasone given intramuscularly every 12 hours. A full course of antenatal corticosteroids should be administered to women with premature rupture of membranes (PROM) before 32 weeks of gestation to reduce the risks of respiratory distress syndrome, prenatal mortality, and other morbidities. The efficacy of corticosteroid use at 32-34 completed weeks of gestation is unclear based on available evidence, but treatment may be beneficial, particularly if pulmonary immaturity is documented (Lockwood & Lemons, 2007).

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Patients with a full course of antenatal steroids completed prior to delivering preterm newborns

Included Populations: Full course of antenatal steroids (refer to Appendix B, Table 11.0, antenatal steroid medications)

Excluded Populations: None

Data Elements:

- *Antenatal Steroid Administered*

Denominator Statement: Patients delivering preterm newborns with 24-32 weeks gestation completed

Included Populations: Not applicable

Excluded Populations:

- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Administering Antenatal Steroid*

Data Elements:

- *Admission Date*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*

- *Gestational Age*
- *Reason for Not Administering Antenatal Steroid*

Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: In order to identify areas for improvement in antenatal steroid administration rates, hospitals may wish to review documentation for reasons. Education efforts can be targeted based on the specific reasons identified.

Sampling: Yes. For additional information see the Sampling Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

- Lockwood, C.J., ed. & Lemons, J.A., ed. (2007). Guidelines for Perinatal Care, Sixth Edition, *American Academy of Pediatrics and the American College of Obstetricians and Gynecologists*, ISBN 978-1-58110-270-3; ISBN 978-1-932328-36-3, pp. 178-181.
- NIH Consensus Development Conference Statement: *The Effect of Corticosteroids for Fetal Maturation on Perinatal Outcomes*. February 28-March 2, 1994.

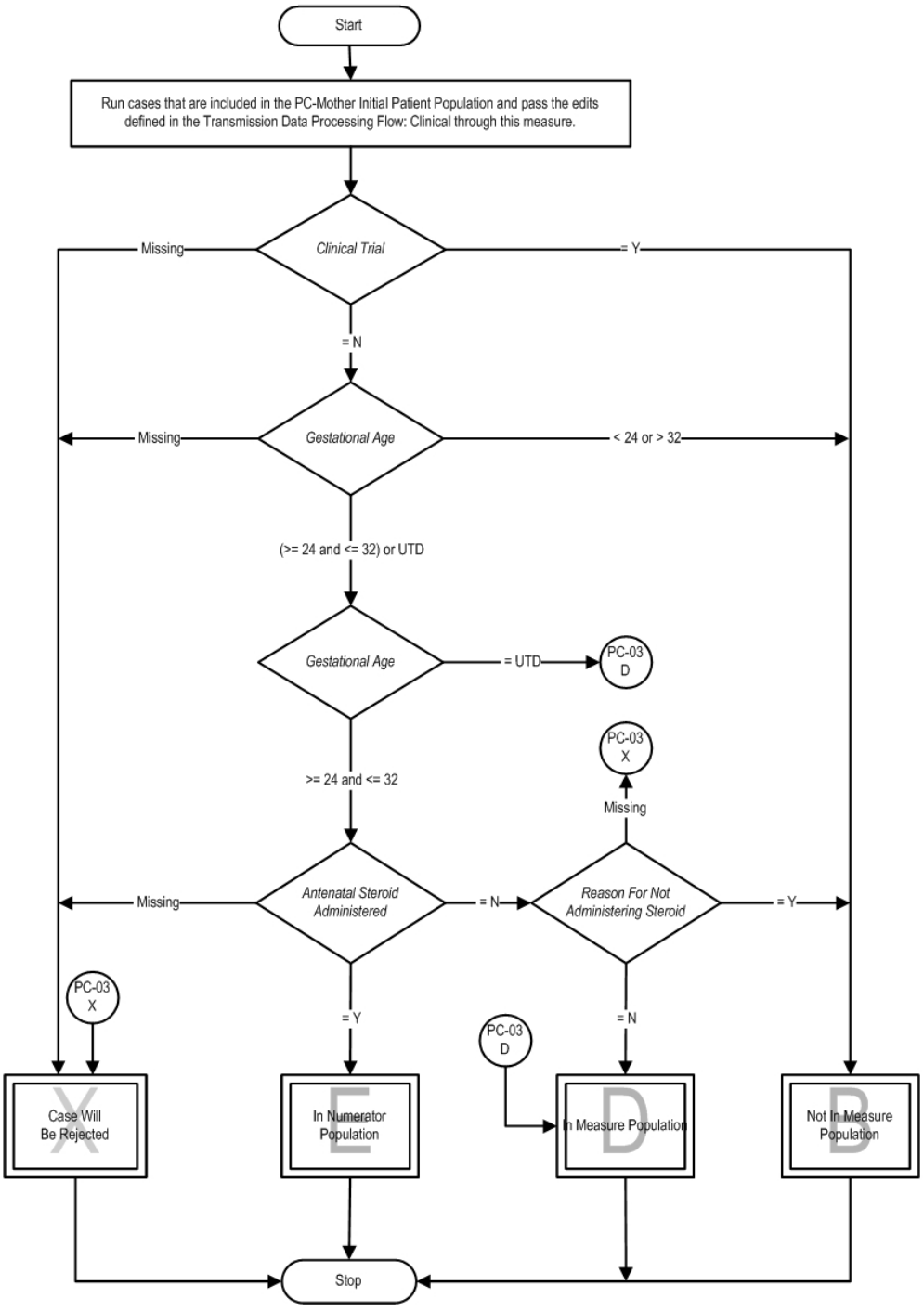
Original Performance Measure Source / Developer:
Providence St Vincent's Hospital/Council of Women and Infant's Specialty Hospitals

Measure Algorithm:

PC-03: Antenatal Steroids

Numerator: Patients receiving a full course of antenatal steroids completed prior to delivering preterm newborns

Denominator: Patients delivering preterm newborns at 24-32 weeks gestation completed



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Related Topics
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z. Appendix B - Medication Tables

Measure Information Form

Measure Set: Perinatal Care(PC)

Set Measure ID: PC-04

Performance Measure Name: Health Care-Associated Bloodstream Infections in Newborns

Description: Staphylococcal and gram negative septicemias or bacteremias in high-risk newborns

Rationale: Health care-associated bacteremia is significant problem for infants admitted into neonatal intensive care units (NICUs) and other hospital units. This is especially true for very low birth weight infants who are at high risk for these infections due to their immature immune systems and need for invasive monitoring and supportive care (Adams-Chapman & Stoll, 2002; Bloom et al., 2003; Clark et al., 2004a; Clark et al., 2004b; Gaynes et al., 1996; Payne et al., 2004; Sohn et al., 2001; Stoll et al., 2002). Reported health care-associated infection rates range from 6% to 33%, but the rate varies widely among different centers (Adams-Chapman & Stoll, 2002; Bloom et al.,2003; Clark et al.,2004b ; Sohn et al.,2001; Stoll et al.,2002). Mortality rates are high and infections result in increased length of stay as well as increased hospital costs and charges (Adams-Chapman & Stoll, 2002; Bloom et al.,2003; Clark et al., 2004b; Horbar et al., 2001; Kilbride et al., 2003a; Sohn et al.,2001; Stoll et al., 2002).

The incidence of health care-associated bacteremia increases with decreasing birth weight. Other risk factors include central venous catheter use, prolonged time using parenteral nutrition, prolonged time on mechanical ventilation, use of H2-blocking agents, and overcrowding or heavy staff loads (Adams-Chapman & Stoll, 2002; Barton et al., 1999; Gaynes et al., 1996; Stoll et al., 2002). The most common causative organisms are coagulase-negative staphylococci, Staphylococcus aureus, enterococci, Enterobacter sp, and Escherichia coli (Adams-Chapman & Stoll, 2002; Clark et al., 2004b; Gaynes et al., 1996; Horbar et al., 2001; Payne et al., 2004; Sohn et al., 2001; Stoll et al., 2002).

Effective preventive measures range from simple hand-washing protocols or closed medication delivery systems to more elaborate multidisciplinary quality improvement plans involving hand-washing, nutrition, skin care, respiratory care, vascular access, and diagnostic practices. All of these interventions have been shown to substantially reduce infection rates, albeit in nonrandomized studies using historical or concurrent control units (Adams-Chapman & Stoll, 2002; Aly et al., 2005; Bloom et al., 2003; Clark et al., 2004a; Clark et al., 2004b; Horbar et al., 2001; Lam et al., 2004; Kilbride et al., 2003a; Kilbride et al., 2003b; Ng et al., 2004; Schelonka et al., 2006). For example, six Vermont Oxford Network NICUs reduced their rates of coagulase-negative staphylococcus infections from 22.0% in 1994 to 16.6% in 1996 after implementing a quality improvement model (versus a much smaller decrease from 15.4% to 14.5% at 66 comparison NICUs) (Horbar et al., 2001). A similar reduction from 24.6% to 16.4% was achieved with a multi-modality, multi-hospital intervention focusing on hand hygiene with an effective agent before and after every patient contact, eliminating hand jewelry and artificial nails, using maximal barrier precautions during central venous catheter insertion, decreasing the number of skin punctures, reducing the duration of intravenous lipid and deep line use, and improving the diagnosis of health care-associated infections. (Kilbride et al., 2003a; Kilbride et al., 2003b).

Given the fragility and susceptibility of the patient population, a baseline level of health care-associated infections will be expected, even with good protocols in place. However, those centers that have prevention protocols, and are able to encourage health care workers to adhere to these protocols, will probably have success in reducing their rates of health care-associated bacteremia in their neonatal population. Indeed, several quasi-experimental studies have demonstrated that NICUs can lower their infection rates (based on positive blood cultures) from as high as 13.5 per 1,000 patient days to as low as 3.0 per 1,000 patient days(Adams-Chapman & Stoll, 2002; Aly et al., 2005; Bloom et al. ,2003; Clark et al., 2004a; Clark et al., 2004b; Horbar et al., 2001; Lam et al., 2004; Kilbride et al., 2003a; Kilbride et al., 2003b; Ng et al., 2004; Schelonka et al., 2006).

Type of Measure: Outcome

Improvement Noted As: Decrease in the rate

Numerator Statement: Newborns with septicemia or bacteremia

Included Populations:

- *ICD-9-CM Other Diagnosis Codes* for septicemias as defined in Appendix A, Table 11.10.1

OR

- One or more *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 and one diagnosis code for newborn bacteremia from Table 11.11

Excluded Populations: None

Data Elements:

- *ICD-9-CM Other Diagnosis Codes*

Denominator Statement: Live-born newborns

Included Populations:

- ICD-9-CM Other Diagnosis Codes for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR *Birth Weight* between 500 and 1499g

OR

- ICD-9-CM Other Diagnosis Codes for birth weight ≥ 1500g as defined in Appendix A, Table 11.15,11.16 or 11.17 OR *Birth Weight* ≥ 1500g who experienced one or more of the following:
  - Experienced death
  - *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for major surgery as defined in Appendix A, Table 11.18
  - *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for mechanical ventilation as defined in Appendix A, Table 11.19
  - Transferred in from another acute care hospital or health care setting within 2 days of birth

Excluded Populations:

- *ICD-9-CM Principal Diagnosis Code* for sepsis as defined in Appendix A, Table 11.10.2
- *ICD-9-CM Other Diagnosis Codes* for birth weight < 500g as defined in Appendix A, Table 11.20 OR Birth Weight < 500g
- Length of Stay < 2 days OR > 120 days
- Enrolled in clinical trials

Data Elements:

- *Admission Date*
- *Birth Weight*
- *Birthdate*
- *Clinical Trial*
- *Discharge Date*
- *Discharge Status*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
- *Newborn Admission Source*

Risk Adjustment: Yes. This section has been moved to the *ORYX Risk Adjustment Guide*. This guide is available to the public on the Joint Commission's website and, in addition, it is available to performance measurement systems via the Joint Commission's extranet site for measurement systems (PET).

Data Elements:

- Birth Weight
- Discharge Status
- ICD-9-CM Principal Diagnosis Code
- ICD-9-CM Other Diagnosis Codes
- Newborn Admission Source

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: * Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

- Since Birth Weight is a risk factor for hospital associated blood stream infections in newborns, ICD-9-CM codes have been provided in Appendix A, Tables 11.12-11.17, 11.20 to assist in identifying newborns with prematurity and fetal growth retardation with a fifth digit subclassification to denote birth weight (less than 500 grams up to birth weight 2000-2499 grams). Therefore, newborns with birth weights greater than or equal to 2500 grams will need to be captured using the data element Birth Weight.
- It is important to ensure that all weight conversions from pounds and ounces to grams are accurate and concise. Birth Weight should not be rounded off i.e., when converting from pounds and ounces to grams, do not round to the nearest pound before converting the weight to grams.
- Discrepancies can occur between Birth Weights obtained from labor and delivery vs. nursery departments. Organizations should determine which is the most reliable source for this data element value and consistently obtain it from that source.

Measure Analysis Suggestions: In order to identify areas for improvement, hospitals may want to review results based on specific ICD-9 codes or patient populations. Data could then be analyzed further determine specific patterns or trends to help reduce bloodstream infections.

Sampling: Yes. For additional information see the Sampling Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion. per 1,000 newborns

Selected References:

- Adams-Chapman, I. & Stoll, B.J. (2002). Prevention of nosocomial infections in the neonatal intensive care unit. *Current Opinion in Pediatrics*.14 (2):157-64.
- Aly, H., Herson, V., Duncan, A., et al. (2005). Is bloodstream infection preventable among premature infants? A tale of two cities. *Pediatrics*. 115(6):1513-8.
- Barton, L., Hodgman, J.E., & Pavlova, Z. (1999). Causes of death in the extremely low birth weight infant. *Pediatrics*. 103(2):446-51.
- Bloom, B.T., Craddock, A., Delmore, P.M., et al. (2003). Reducing acquired infections in the NICU: observing and implementing meaningful differences in process between high and low acquired infection rate centers. *Journal of Perinatology*. 23(6):489-92.
- Clark, R., Powers, R., White, R., Bloom, B., Sanchez, P., & Benjamin, D.K., Jr. (2004a). Prevention and treatment of nosocomial sepsis in the NICU. *Journal of Perinatology*. 4; 24(7):446-53.
- Clark, R., Powers, R., White, R., Bloom, B., Sanchez, P., & Benjamin, D.K., Jr. (2004b). Nosocomial infection in the NICU: a medical complication or unavoidable problem? *Journal of Perinatology*. 24(6):382-8.
- Gaynes, R.P., Edwards, J.R., Jarvis, W.R., Culver, D.H., Tolson, J.S., & Martone, W.J. (1996). Nosocomial infections among neonates in high-risk nurseries in the United States. National Nosocomial Infections Surveillance System. *Pediatrics*. 98(3 Pt 1):357-61.
- Horbar, J.D., Rogowski, J., Plsek, P.E., et al. (2001). Collaborative quality improvement for neonatal intensive care. NIC/Q Project Investigators of the Vermont Oxford Network. *Pediatrics*. 107(1):14-22.
- Kilbride, H.W., Wirtschafter, D.D., Powers, R.J., & Sheehan, M.B. (2003a). Implementation of evidence-based potentially better practices to decrease nosocomial infections. *Pediatrics*. 111(4 Pt 2):e519-33.
- Kilbride, H.W., Powers, R., Wirtschafter, D.D., et al. (2003b). Evaluation and development of potentially better practices to prevent neonatal nosocomial bacteremia. *Pediatrics*. 111(4 Pt 2):e504-18.
- Lam, B.C., Lee, J., & Lau, Y.L. (2004). Hand Hygiene Practices in a Neonatal Intensive Care Unit: A Multimodal Intervention and Impact on Nosocomial Infection. *Pediatrics*.114 (5):e565.

- Ng, P.C., Wong, H.L., Lyon, D.J., et al. (2004). Combined use of alcohol hand rub and gloves reduces the incidence of late onset infection in very low birthweight infants. Archives of Disease in Childhood Fetal & Neonatal Edition. 89(4):F336-40.
- Payne, N.R., Carpenter, J.H., Badger, G.J., Horbar, J.D., & Rogowski, J. (2004). Marginal increase in cost and excess length of stay associated with nosocomial bloodstream infections in surviving very low birth weight infants. *Pediatrics*. 114(2):348-55.
- Schelonka, R.L., Scruggs, S., Nichols, K., Dimmitt, R.A., & Carlo, W.A. (2006). Sustained reductions in neonatal nosocomial infection rates following a comprehensive infection control intervention. *Journal of Perinatology*. 26(3):176-9.
- Sohn, A.H., Garrett, D.O., Sinkowitz-Cochran, R.L., et al. (2001). Prevalence of nosocomial infections in neonatal intensive care unit patients: Results from the first national point-prevalence survey. *Journal of Pediatrics*. 139(6):821-7.
- Stoll, B.J., Hansen, N., Fanaroff, A.A., et al. (2002). Late-onset sepsis in very low birth weight neonates: the experience of the NICHD Neonatal Research Network. *Pediatrics*. 110(2 Pt 1):285-91.

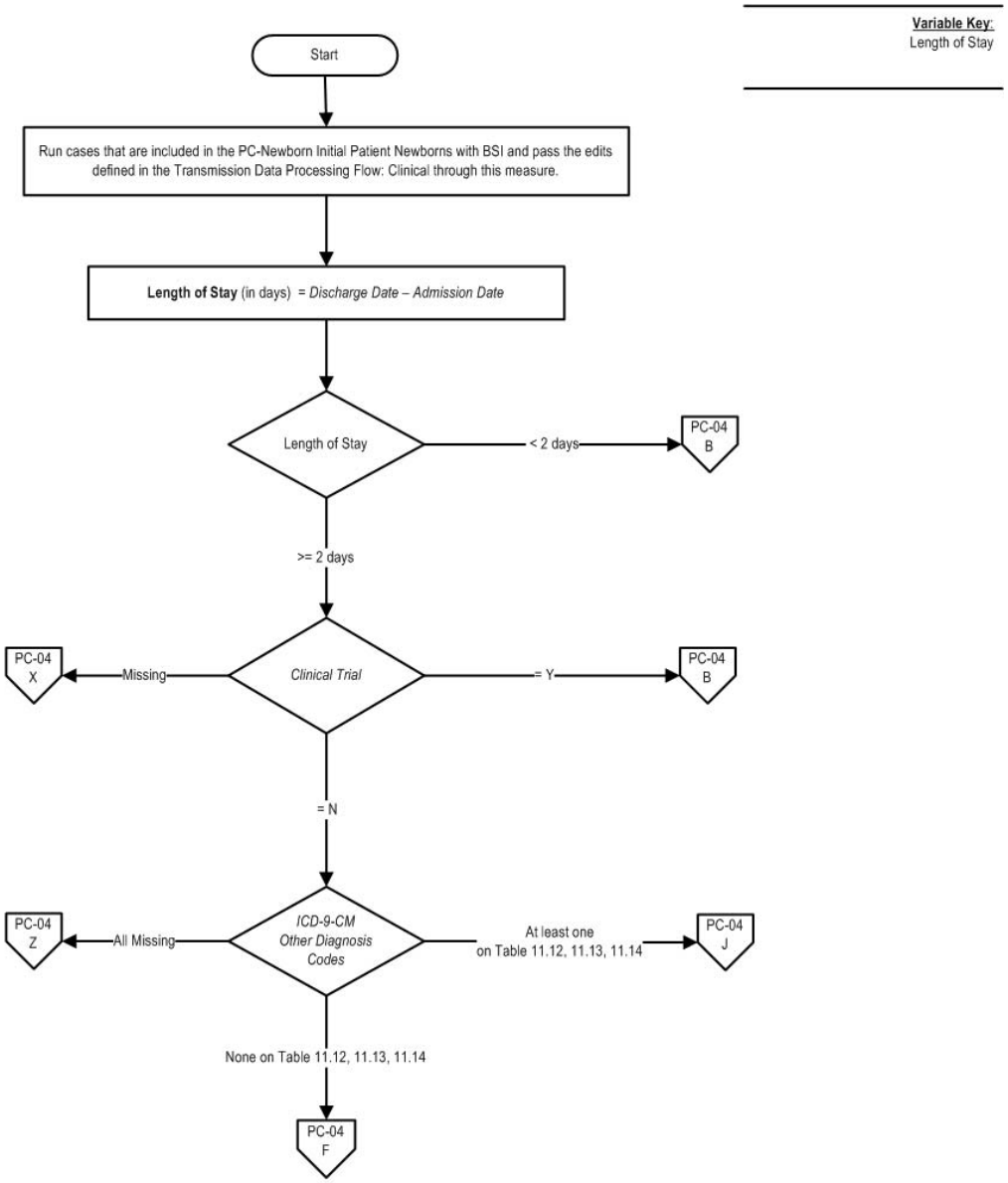
Original Performance Measure Source / Developer:
Agency for Healthcare Research and Quality

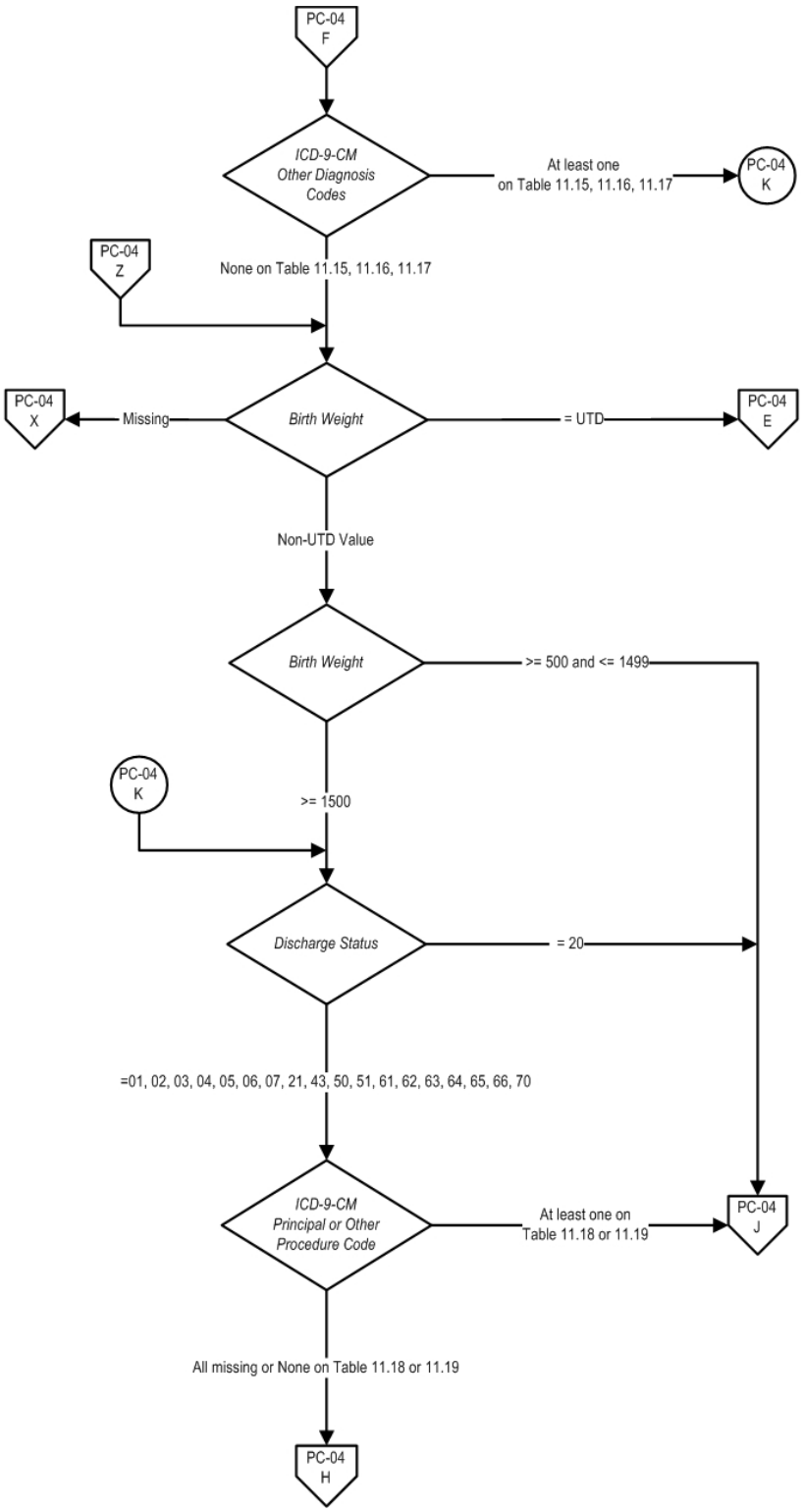
Measure Algorithm:

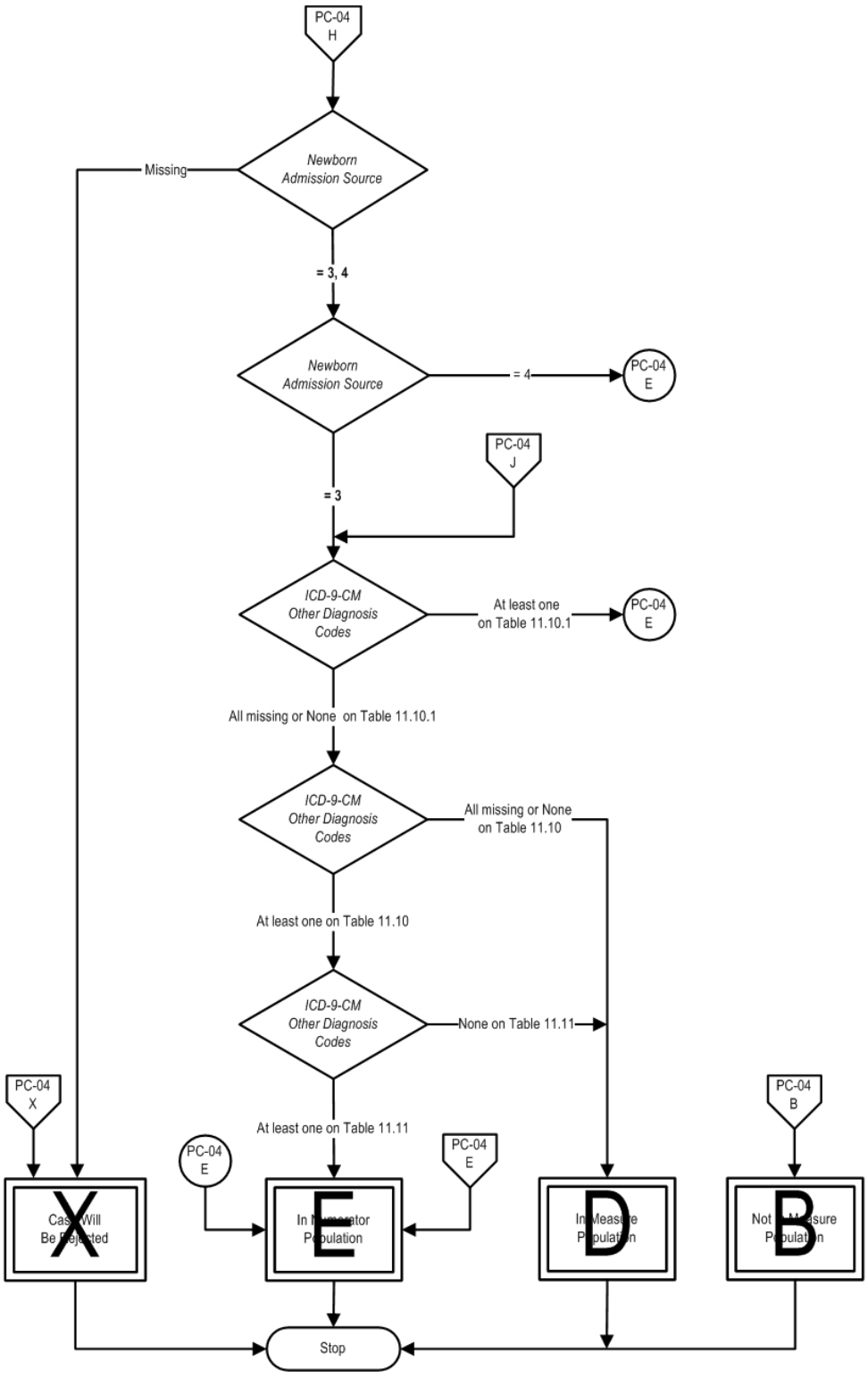
PC-04: Health Care-Associated Bloodstream Infections in Newborns

Numerator: Newborns with septicemia or bacteremia

Denominator: Live-born newborns




PC-04 F
ICD-9-CM Other Diagnosis Codes
At least one on Table 11.15, 11.16, 11.17
PC-04 K
PC-04 Z
None on Table 11.15, 11.16, 11.17
PC-04 X
Missing
Birth Weight
= UTD
PC-04 E
Non-UTD Value
Birth Weight
>= 500 and <= 1499
PC-04 K
>= 1500
Discharge Status
= 20
=01, 02, 03, 04, 05, 06, 07, 21, 43, 50, 51, 61, 62, 63, 64, 65, 66, 70
ICD-9-CM Principal or Other Procedure Code
At least one on Table 11.18 or 11.19
PC-04 J
All missing or None on Table 11.18 or 11.19
PC-04 H



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Related Topics
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z. Appendix A - ICD-9-CM Code Tables

Measure Information Form

Measure Set: Perinatal Care(PC)

Set Measure ID: PC-05

Performance Measure Name: Exclusive Breast Milk Feeding

Description: Exclusive breast milk feeding during the newborn's entire hospitalization

Rationale: Exclusive breast milk feeding for the first 6 months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). ACOG has recently reiterated its position (ACOG, 2007). A recent Cochrane review substantiates the benefits (Kramer et al., 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Centers for Disease Control and Prevention [CDC], 2007; Petrova et al., 2007; Shealy et al., 2005; Taveras et al., 2004). Exclusive breast milk feeding rate during birth hospital stay has been calculated by the California Department of Public Health for the last several years using newborn genetic disease testing data. Healthy People 2010 and the CDC have also been active in promoting this goal.

Type of Measure: Process

Improvement Noted As: Increase in the rate

Numerator Statement: Newborns that were fed breast milk only since birth

Included Populations: Not applicable

Excluded Populations: None

Data Elements:

- *Exclusive Breast Milk Feeding*

Denominator Statement: Term newborns discharged from the hospital

Included Populations: Live-born newborns with *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for term gestation as defined in Appendix A, Table 11.20.1

Excluded Populations:

- Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization
- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21
- *ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes* for parenteral infusion as defined in Appendix A, Table 11.22
- Experienced death
- Length of Stay >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Exclusively Feeding Breast Milk*

Data Elements:

- *Admission Date*
- *Admission to NICU*
- *Birthdate*

- *Clinical Trial*
- *Discharge Date*
- *Discharge Status*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code*
- *Newborn Admission Source*
- *Reason for Not Exclusively Feeding Breast Milk*

Risk Adjustment: No.

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: In order to identify areas for improvement in breast milk feeding rates, hospitals may wish to review documentation for reasons. Education efforts can be targeted based on the specific reasons identified.

Sampling: Yes. For additional information see the Sampling Section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:

- American Academy of Pediatrics. (2005). Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*.115:496– 506.
- American College of Obstetricians and Gynecologists. (Feb. 2007). Committee on Obstetric Practice and Committee on Health Care for Underserved Women.Breastfeeding: Maternal and Infant Aspects. ACOG Committee Opinion 361.
- California Department of Public Health. (2006). Genetic Disease Branch. California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, Statewide, County and Hospital of Occurrence: Available at: http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx.
- Centers for Disease Control and Prevention. (Aug 3, 2007). Breastfeeding trends and updated national health objectives for exclusive breastfeeding--United States birth years 2000-2004. *MMWR - Morbidity & Mortality Weekly Report*. 56(30):760-3.
- Centers for Disease Control and Prevention. (2007). Division of Nutrition, Physical Activity and Obesity. Breastfeeding Report Card. Available at: http://www.cdc.gov/breastfeeding/data/report_card2.htm.
- Ip, S., Chung, M., Raman, G., et al. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: *US Department of Health and Human Services*. Available at: http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf
- Kramer, M.S. & Kakuma, R. (2002).Optimal duration of exclusive breastfeeding. [107 refs] Cochrane Database of Systematic Reviews. (1):CD003517.
- Petrova, A., Hegyi, T., & Mehta, R. (2007). Maternal race/ethnicity and one-month exclusive breastfeeding in association with the in-hospital feeding modality. *Breastfeeding Medicine*. 2(2):92-8.
- Shealy, K.R., Li, R., Benton-Davis, S., & Grummer-Strawn, L.M. (2005).The CDC guide to breastfeeding interventions. Atlanta, GA: US Department of Health and Human Services, CDC. Available at: http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf.
- Taveras, E.M., Li, R., Grummer-Strawn, L., Richardson, M., Marshall, R., Rego, V.H., Miroshnik, I., & Lieu, T.A. (2004). Opinions and practices of clinicians associated with continuation of exclusive breastfeeding. *Pediatrics*. 113(4):e283-90.
- US Department of Health and Human Services. (2007). Healthy People 2010 Midcourse Review. Washington, DC: US Department of Health and Human Services. Available at: http://www.healthypeople.gov /data/midcourse.
- World Health Organization. (1991). Indicators for assessing breastfeeding practices. Geneva, Switzerland: World Health Organization. Available at: http://www.who.int/child-adolescent-health/new_publications/nutrition /who_cdd_ser_91.14.pdf.

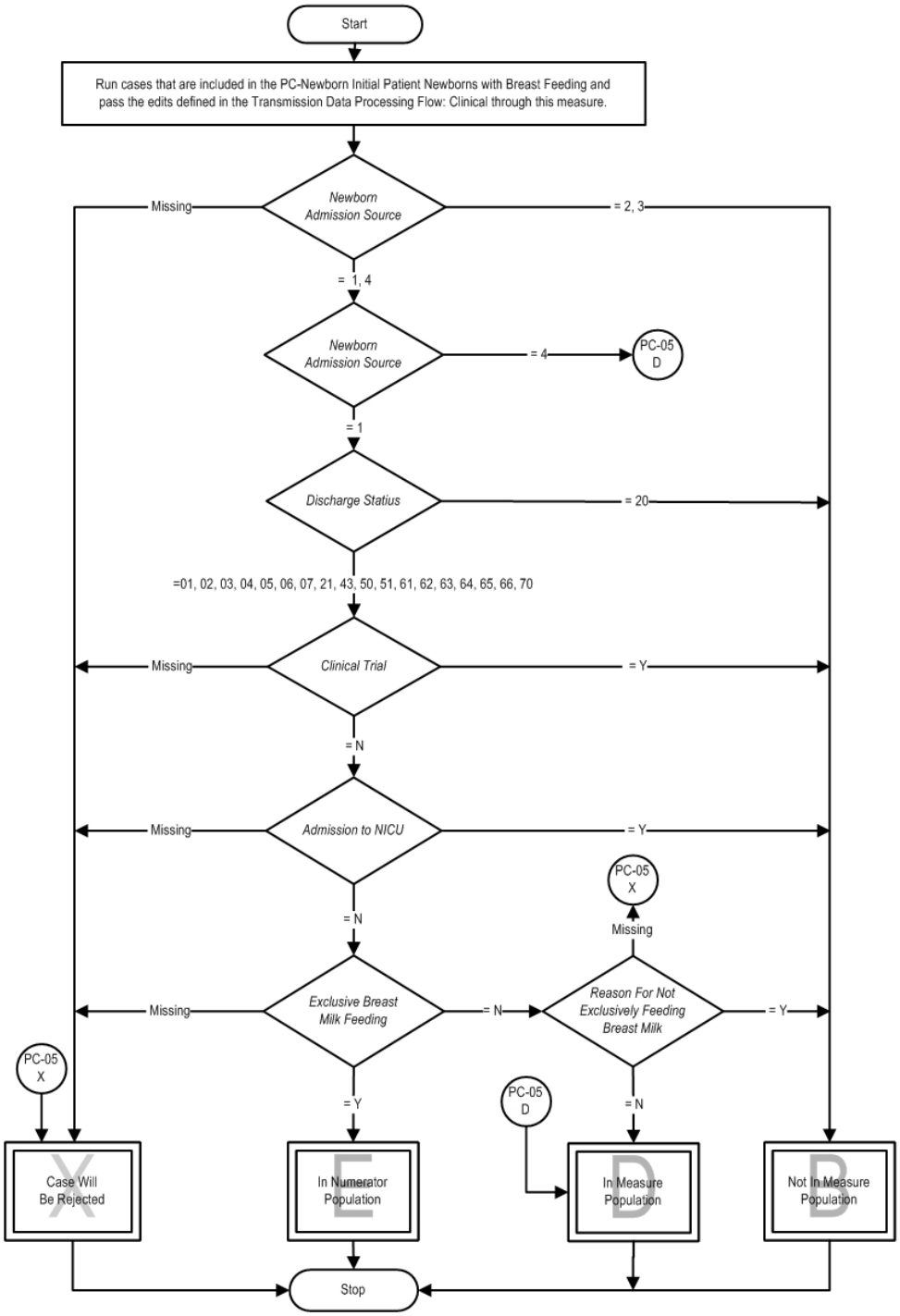
Original Performance Measure Source / Developer:
California Maternal Quality Care Collaborative

Measure Algorithm:

PC-05: Exclusive Breast Milk Feeding

Numerator: Newborns that were fed breast milk only since birth

Denominator: Newborns discharged from the hospital



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Related Topics
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z. Appendix A - ICD-9-CM Code Tables

Data Dictionary Introduction

Introduction

This section of the manual describes the data elements required to calculate category assignments and measurements for The Joint Commission's National Quality Measures. It includes information necessary for defining and formatting the data elements, as well as the allowable values for each data element. This information is intended to assist in processing patient level data elements for The Joint Commission's National Quality Core Measures.

It is of primary importance that all health care organizations using The Joint Commission's National Quality Core Measures gather and utilize the data elements as defined in this section. This will ensure that the data are standardized and comparable across organizations.

Regardless of which measure sets are selected by a hospital, certain general data elements must be collected by the hospital and submitted for **every** patient that falls into **any** of the selected Initial Patient Populations. These data elements are considered "general" to each patient's episode of care.

These data elements include:

- *Admission Date*
- *Birthdate*
- *Health Care Organization Identifier* [2]
- *Measure Set* [1,2]
- *Performance Measure Identifier* [1,2]
- *Sample* [1]
- *Sex*
- *Vendor Tracking ID* [1,2]

Data elements that are general for every patient that fall into measures that are reported at time of discharge include:

- *Discharge Date*
- *Discharge Status*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Other Procedure Codes* (Optional for all HBIPS measures)
- *ICD-9-CM Other Procedure Dates* (Optional for all HBIPS measures)
- *ICD-9-CM Principal Diagnosis Code*
- *ICD-9-CM Principal Procedure Code* (Optional for all HBIPS measures)
- *ICD-9-CM Principal Procedure Date* (Optional for all HBIPS measures)
- *Payment Source*

Data elements that are general for every patient that falls into measures that are reported at the time of the event include:

- *Event Date*
- *Event Type*
- *Psychiatric Care Setting* (HBIPS measures only)

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[1] Transmission Data Element

[2] These data elements are defined in the Transmission Data Dictionary within the Joint Commission National Quality Core Measures Data Transmission section of this manual

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Episode of Care

An Episode of Care (EOC) is defined as the health care services given during a certain period of time, usually during a hospital stay (e.g., from the day of arrival or admission to the day of discharge). The medical record should be

abstracted as it was billed.

If a patient is transferred from an acute care hospital to another acute care hospital, which is within the same healthcare system and shares the same Joint Commission *Health Care Organization Identifier* (HCO ID), this should be abstracted as one episode of care.

Data integrity

Editing Zero Values

Verification mechanisms are necessary to assure that zero is the intended data value rather than an initialization value for those data elements which have an allowable value of zero (i.e., 0.0, 0000, 0).

Missing and Invalid Data

Each data element that is applicable per the algorithm for each of the measures within a topic must be "touched" by the abstractor. While this is the expectation, it is recognized that in certain situations information may not be available (e.g., dates, times, codes, etc.). After due diligence in reviewing all allowable data sources within the medical record, if the abstractor determines that a value is not documented, i.e. "missing," or is unable to determine if a value is documented, the abstractor should select the "UTD - Unable to Determine," value. The data elements *Admission Date*, *Discharge Date* and *Birthdate* require an actual date for submission of discharge measure information into the Joint Commission's Data Warehouse, and "UTD" cannot be selected as an allowable value. For Yes/No values the allowable value "No" incorporates the "UTD" into the definition. For data elements containing more than two categorical values and for numerical data elements (i.e., dates, times, etc.), a "UTD" option is included as an allowable value and is classified in the same category as not documented. Files that contain any invalid and/or missing data will be rejected from the Joint Commission's Data Warehouse. For additional details on the proper handling of missing and/or invalid data, please refer to the Missing and Invalid Data section of this manual.

Interpreting Data Element Definitions and Allowable Values

Every attempt has been made to comprehensively define The Joint Commission's National Quality Core Measure data elements and allowable values in a manner that obviates the need for interpretation. If, after reviewing the General Abstraction Guidelines, the data element definition, including the notes and guidelines for abstraction, an abstractor cannot clearly assign an allowable value, refer to the Resource section of this manual for additional contact information.

Interpretation of Data Dictionary Terms

Data elements fall into three broad categories in order to support a specific measure set. They include:

- *General Data Elements* – data elements that must be collected by health care organizations for each patient record
  - data elements required for each episode of care (EOC) record submitted
  - data elements used to identify the health care organization on each patient record required for each patient-level record submitted
  - patient demographic data required for each episode of care record submitted and used for risk adjustment analysis (where applicable)
- *Measure-Specific Data Elements* – data elements used by one specific measure or several measures in one specific measure set, such as in the HBIPS measures
- *Algorithm Output Data Elements* Refer to ORYX® Technical guide

Data Element Dictionary Terms

Term	Definition
Data Element Name:	A short phrase identifying the data element. For each of identification the data element name is *italicized*.

Collected For:	Identifies the measure(s) that utilize this data element or specifies that the data element is used for data transmission or verification.
Definition:	A detailed explanation of the data element. *A vendor may include this information in data collection software*.
Suggested Data Collection Question:	A suggested wording for a data element question in a data abstraction tool.
Format:	**Length** = number of characters or digits allowed for the data element **Type** = type of information the data element contains (e.g., numeric, alphanumeric, date, character, or time) **Occurs** = the number of times the data element occurs in a single episode of care record
Allowable Values:	A list of acceptable responses for this data element
Notes for Abstraction:	Provided to assist abstractor in the selection of appropriate value for a data element
Suggested Data Sources:	Source document from which data can be identified such as administrative or medical record. Some data elements also list excluded data sources that are unacceptable sources for collecting information.
Guidelines for Abstraction:	Designed to assist abstractors in determining how a data element should be answered **Note:** Element specific notes and guidelines should take precedence over the General Abstraction Guidelines.

General Abstraction Guidelines

The General Abstraction Guidelines are a resource designed to assist abstractors in determining how a question should be answered. The abstractor should first refer to the specific notes and guidelines under each data element. These instructions should take precedence over the following General Abstraction Guidelines. All of the allowable values for a given data element are outlined, and notes and guidelines are often included which provide the necessary direction for abstracting a data element. It is important to utilize the information found in the notes and guidelines when entering or selecting the most appropriate answer.

Medical Record Documentation

The intent of abstraction is to use only documentation that was part of the medical record during the hospitalization (is present upon discharge) and that is present at the time of abstraction. There are instances where an addendum or late entry is added after discharge. This late entry or addendum can be used, for abstraction purposes, as long as it has been added within 30 days of discharge, unless otherwise specified in the data element. It is not the intent to have documentation added at the time of abstraction to ensure the passing of a measure.

Important Note: There are several data elements where abstraction of data from documentation dated/timed after discharge is restricted, and these exceptions are published on the respective data element pages of the data dictionary. Data element specific notes and guidelines always take precedence over the General Abstraction Guidelines.

All documentation in the medical record must be legible and must be timed, dated and authenticated. However, documentation that is not timed, dated or authenticated may still be used for abstraction if not required by the specific data element. When abstracting a medical record, if a handwritten document is determined to be not legible, other documentation should be reviewed in an attempt to obtain the answer. If no other source document is able to verify the handwritten documentation, only then is the abstractor to answer unable to determine from the medical record documentation, unless otherwise specified in the data element. Authentication may include written signatures, initials, computer key, or other codes.

Data element information should be retrieved from the current medical record, covering the admission and discharge date, or reporting period for event measures being abstracted. Information ascertainable from previous history (e.g., failed trials of monotherapy) AND determined to be part of the current medical record may be used in abstraction. For example, if the patient had previously failed three or more trials of monotherapy and this information is available in the current chart being abstracted (e.g., a note made in the continuing care plan), this information should be used. Previous history information used in abstraction should be information that was part of the medical record

during hospitalization, when care was being delivered.

The medical record must be abstracted as documented (taken at "face value"). When the value documented is obviously in error (not a valid format/range or outside of the parameters for the data element) **and** no other documentation is found that provides this information, the abstractor should select "UTD." Example:

- Patient expires on 02-12-20XX and documentation indicates the Event Date was 03-12-20XX. Other documentation in the medical record supports the date of death as being accurate. Since the Event Date is after the Discharge Date (death), it is outside of the parameter of care and the abstractor should select "UTD."

Note: Hospitals should use abbreviations according to their policy. Frequently flow sheets or other documentation contain a 'key or legend' that explains what the abbreviation or symbol stands for, especially if unique to that facility.

Suggested Data Sources

- Suggested Data Sources are listed in alphabetical order, NOT priority order, unless otherwise specified in the data element.
- Suggested Data Sources are designed to provide guidance to the abstractor as to the locations/sources where the information needed to abstract a data element will likely be found. However, the abstractor is not limited to these sources for abstracting the information and must review the entire medical record unless otherwise specified in the data element.
- In some instances, a data element may restrict the sources that may be used to gain the information, list a priority in which the sources should be used or may restrict documentation by only physician/advanced practice nurse/physician assistant. If so, these sources will be identified and labeled as "Excluded Data Sources." "ONLY ACCEPTABLE SOURCES", "Priority Source", or "PHYSICIAN/APN/PA DOCUMENTATION ONLY".
- If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select "Unable to Determine (UTD)" as the answer.
- Hospitals often label forms and reports with unique names or titles. Suggested Data Sources are listed by commonly used titles; however, information may be abstracted from any source that is equivalent to those listed.
    - **Example:**
      If the "nursing admission assessment" is listed as a suggested source, an acceptable alternative might be titled "nurses initial assessment" or "nursing data base."
      Note:
      Element specific notes and guidelines should take precedence over the General Abstraction Guidelines.

Inclusions/Exclusions

- Inclusions are "acceptable terms" that should be abstracted as **positive findings** (e.g., "Yes").
- Inclusion lists are limited to those terms that are believed to be most commonly used in medical record documentation. **The list of inclusions should not be considered all-inclusive, unless otherwise specified in the data element.**
- Exclusions are "unacceptable terms" that should be abstracted as **negative findings** (e.g., "No").
- Exclusion lists are limited to those terms an abstractor may most frequently question whether or not to abstract as a positive finding for a particular element (e.g., "cardiomyopathy" is an unacceptable term for heart failure and should be abstracted as "No"). **The list of exclusions should not be considered all-inclusive, unless otherwise specified in the data element.**
- When both an inclusion and exclusion are documented in a medical record, the inclusion takes precedence over the exclusion and would be abstracted as a positive finding (e.g., answer "Yes"), unless otherwise specified in the data element.

Physician/Advanced Practice Nurse/ Physician Assistant Documentation

- Advanced Practice Nurse (APN, APRN) titles may vary among state and clinical specialties. Some common titles that represent the advanced practice nurse role are:
    - Nurse Practitioner (NP)
    - Certified Registered Nurse Anesthetist (CRNA)
    - Clinical Nurse Specialist (CNS)

    - Certified Nurse Midwife (CNM)
- When a physician/advanced practice nurse/ physician assistant (physician/APN/PA) signs a form or report (e.g., ED sheet with triage and nursing information and a physician/APN/PA has signed somewhere on the form), information on that form/report should be considered physician/APN/PA documentation.
- "Rubber" stamped physician/advanced practice nurse/physician assistant (physician/APN/PA) signatures are not acceptable on any document within the medical record. Handwritten, electronic signatures, facsimiles of original written or electronic signatures are acceptable.
- Resident and intern notes should be considered physician documentation. Medical student notes must be co-signed by a physician.
- For the purposes of abstraction, telephone or verbal physician/APN/PA orders (TO/VO) in the medical record are considered physician/APN/PA documentation at the time they were written regardless of whether or not they were authenticated by the physician/APN/PA at the time of abstraction.

Pharmacist Documentation

Pharmacist titles may vary. Some common titles that represent the pharmacist role are:

- Doctor of Pharmacy (Pharm.D. or D.Ph.)
- Registered Pharmacist (R.Ph.)

***Medications*:**

- The approved medication tables contained in the dictionaries may not be inclusive lists of all available therapeutic agents acceptable for a particular data element. Discrepancies must be reported. See Appendix F (resource section) of this manual for contact information.
- Whether or not a medication has been administered to a patient is often clear when using medical record sources such as medication administration records, but documentation can be more ambiguous in other sources, namely, physician orders, ED records, and ambulance records. To make a determination using these sources, use the following criteria:
    - For EHRs only accept documentation that reflects the actual administration of the medication in the context of the chart.
    - If a medication in the physician orders has been initialed and signed off with a time, do NOT presume that the medication was administered. The documentation MUST indicate that the medication was actually given.
    - For an ED or ambulance record, there is no need for documentation indicating that the medication was actually given.
        - **Example:**
          If the ED or ambulance record reflects "ASA 325mg po 13:00" and no other documentation exists indicating that the medication was actually given (e.g., "given" or "administered"), this is acceptable documentation to abstract.

- When determining whether or not a patient was discharged on a specific medication (e.g., antipsychotic medication):
    - If discharge medications are noted using only references such as "continue home meds," "continue previous medications," "resume other meds," "same medications," or "continue meds," rather than lists of the names of the discharge medications, the abstractor should include the medication in the count if the patient was on the medication in question prior to arrival, unless documentation suggests otherwise.
    - If discharge medications are noted using only references such as "continue current medications" or "continue present meds" rather than lists of the names of the discharge medications, the abstractor should include the medication in the count if the medication in question was listed as a medication on the day of discharge, unless documentation indicates it was to be discontinued at discharge or suggests otherwise
    - If discharge medications are noted using general references such as "continue home meds," "continue previous medications," "continue current meds," "continue present meds," "resume other meds," or "continue meds," but a list of the names of the discharge medications also in the record gives conflicting information about what medications the patient was actually discharged on, the abstractor should consider the list most accurate and use only the list in determining whether or not a patient was discharged on a specific medication.

Diagnostic/Laboratory Tests

Whether or not a diagnostic or laboratory test has been done is usually clear when using medical record sources such as diagnostic test reports, laboratory reports, or progress notes (where a physician might note test findings), but documentation can be more ambiguous in other sources, namely, physician orders and ED records. To make a determination using these sources, use the following criteria:

- If a test in the physician orders has been initialed and signed off with a time, do NOT presume that the test was done. The documentation MUST indicate that the test was actually done (e.g., accompanied by a word such as “done”).
- For an ED record, there is no need for explicit documentation indicating that the test was actually done. For example, if an ED record notes “Lipid profile,” and this is followed by a signature and/or a time, the abstractor should presume the test was performed.

Grids

Instructions for reading values recorded on grids: Measure from the midpoint of the symbol, number and letter. If the value falls between two lines on the grid, abstract the earliest value.

Alphabetical List of All Data Elements

Data Element Name	Collection Notes	Associated Measures
Active Labor		PC-01
Admission Date	All Records	BM, HBIPS, PC, TAM
Admission to NICU		PC-05
Antenatal Steroid Administered		PC-03
Appropriate Justification for Multiple Antipsychotic Medications		HBIPS-5
Birth Weight	Risk Adjustment	PC-04
Birthdate	All Records	BM, HBIPS, PC
CMS Certification Number	Transmission	HBIPS, PC
Clinical Trial		PC-01, PC-02, PC-03, PC-04, PC-05
Continuing Care Plan-Discharge Medications		HBIPS-6, HBIPS-7
Continuing Care Plan-Next Level of Care		HBIPS-6, HBIPS-7
Continuing Care Plan-Principal Discharge Diagnosis		HBIPS-6, HBIPS-7
Continuing Care Plan-Reason for Hospitalization		HBIPS-6, HBIPS-7
Discharge Date	All Records	BM, HBIPS-1, HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7, PC
Discharge Status	All Records	BM, HBIPS-1, HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7, PC, TAM-03, TAM-04, TAM-07, TAM-08
Event Date	All Records	HBIPS-2, HBIPS-3
Event Type	All Records	HBIPS-2, HBIPS-3
Exclusive Breast Milk Feeding		PC-05
Gestational Age		PC-01, PC-02, PC-03
Health Care Organization Identifier	Transmission, Aggregate Data File, Patient Population Data File	HBIPS, PC
ICD-9-CM Other Diagnosis Codes	All Records	BM, HBIPS-1, HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7, PC, TAM-02, TAM-03, TAM-07
ICD-9-CM Other Procedure Codes	All Records	BM, HBIPS, PC
ICD-9-CM Other Procedure Dates	All Records	BM, HBIPS, PC
ICD-9-CM Principal Diagnosis Code	All Records	BM, HBIPS-1, HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7, PC, TAM-02, TAM-03, TAM-07

ICD-9-CM Principal Procedure Code	All Records	BM, HBIPS, PC
ICD-9-CM Principal Procedure Date	All Records	BM, HBIPS, PC
Initial Patient Population Size – Medicare Only	Transmission, Patient Population Data File	HBIPS, PC
Initial Patient Population Size – Non-Medicare Only	Transmission, Patient Population Data File	HBIPS, PC
Measure Category Assignment	Calculation, Transmission, Hospital Clinical Data File	HBIPS, PC
Measure Set	Transmission, Patient Population Data File, Hospital Clinical Data File	HBIPS, PC
Measurement Value	Calculation, Transmission, Hospital Clinical Data File	HBIPS, PC
Minutes of Physical Restraint		HBIPS-2
Minutes of Seclusion		HBIPS-3
National Provider Identifier	Transmission	HBIPS, PC
Newborn Admission Source		PC-04, PC-05
Number of Antipsychotic Medications Prescribed at Discharge		HBIPS-4, HBIPS-5
Parity		PC-02
Patient Referral to Next Level of Care Provider		HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7
Patient Strengths		HBIPS-1
Payment Source	All Records	HBIPS, PC
Predicted Value	Transmission, Risk Adjustment, Hospital Clinical Data File	PC
Psychiatric Care Setting	All Records	HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-4, HBIPS-5, HBIPS-6, HBIPS-7
Psychiatric Inpatient Days - Medicare Only		HBIPS-2, HBIPS-3
Psychiatric Inpatient Days-Non-Medicare Only		HBIPS-2, HBIPS-3
Psychological Trauma History		HBIPS-1
Reason for Not Administering Antenatal Steroid		PC-03
Reason for Not Exclusively Feeding Breast Milk		PC-05
Sample	Transmission, Aggregate Data File, Hospital Clinical Data File	HBIPS, PC
Sample Size – Medicare Only	Transmission, Patient Population Data File	HBIPS, PC
Sample Size – Non-Medicare Only	Transmission, Patient Population Data File	HBIPS, PC
Sampling Frequency	Transmission, Patient Population Data File	HBIPS, PC
Sex	All Records	BCC, BM, HBIPS, PC
Spontaneous Rupture of Membranes		PC-01
Substance Use		HBIPS-1
Total Leave Days - Medicare Only		HBIPS-2, HBIPS-3
Total Leave Days-Non-Medicare Only		HBIPS-2, HBIPS-3
Vendor Tracking Identifier	Transmission, Hospital Clinical Data File	HBIPS, PC
Violence Risk to Others		HBIPS-1
Violence Risk to Self		HBIPS-1

Related Topics

Data Element Name: *Active Labor*

Collected For: PC-01,

Definition: Documentation that the patient was in active labor with regular uterine contractions with cervical change before medical induction and/or cesarean section.

Suggested Data Collection Question: Is there documentation that the patient was in active labor with regular uterine contractions with cervical change before medical induction and/or cesarean section?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation that the patient was in active labor with regular uterine contractions with cervical change before medical induction and/or cesarean section.

N (No) There is no documentation that the patient was in active labor with regular uterine contractions with cervical change before medical induction and/or cesarean section OR unable to determine from medical record documentation.

Notes for Abstraction: If the patient presents without a previous cesarean section scar with regular uterine contractions with demonstrated cervical change, e.g., cervical dilation increased from 1cm to 2cm before eventual augmentation and/or cesarean section, select allowable value "Yes".

If the patient presents with a previous cesarean section scar with regular uterine contractions with demonstrated cervical change, e.g., cervical dilation increases from 1cm to 2cm or a cervix dilated 2cm or more before repeat cesarean section, select allowable value "Yes".

Suggested Data Sources:

- History and physical
- Nursing notes
- Physician progress notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Admission Date*

Collected For: All Records

Definition: The month, day, and year of admission for inpatient care.

Suggested Data Collection Question: What is the date the patient was admitted to inpatient care?

Format:

Length: 10 – MM-DD-YYYY (includes dashes)
Type: Date
Occurs: 1

Allowable Values:

MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (2001-Current Year)

Notes for Abstraction:

- The intent of this data element is to determine the date that the patient was actually admitted to inpatient care. Because this data element is critical in determining the population for all measures, the abstractor should NOT assume that the claim information for the admission date is correct. If the abstractor determines through chart review that the date is incorrect, for purposes of abstraction, she/he should correct and override the downloaded value.
- A patient of a hospital is considered an inpatient upon issuance of written doctor's orders to that effect. (Refer to the Medicare Claims Processing Manual, Chapter 3, Section 40.2.2.)
- For patients who are admitted to Observation status and subsequently admitted to acute inpatient care, abstract the date that the determination was made to admit to acute inpatient care and the order was written. Do not abstract the date that the patient was admitted to Observation.
- For patients that are admitted for surgery and/or a procedure, if the admission order states the date the orders were written and they are effective for the surgery/procedure date, then the date of the surgery/procedure would be the admission date. If the medical record reflects that the admission order was written prior to the actual date the patient was admitted and there is no reference to the date of the surgery/procedure, then the date the order was written would be the admission date.
- For HBIPS only, admission dates prior to 2001 are acceptable.

Suggested Data Sources:

PRIORITY ORDER FOR THESE SOURCES

- Physician orders
- Face sheet
- UB-04, Field Location: 12

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• Admit to observation

- Arrival date

Data Element Name: *Admission to NICU*

Collected For: PC-05,

Definition: Documentation that the newborn was admitted to the Neonatal Intensive Care Unit (NICU) at this hospital any time during the hospitalization.

Suggested Data Collection Question: Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation that the newborn was admitted to the NICU at this hospital at any time during the hospitalization.

N (No) There is no documentation that the newborn was admitted to the NICU at this hospital at any time during the hospitalization or unable to determine from medical record documentation.

Notes for Abstraction: None

Suggested Data Sources:

- Nursing notes
- Discharge summary
- Physician progress notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Antenatal Steroid Administered*

Collected For: PC-03,

Definition: Documentation that a full course of antenatal steroids was administered before delivery.

A full course of antenatal steroids consists of two doses of 12mg bethamethasone IM 24 hours apart **OR** four doses of 6 mg dexamethasone IM every 12 hours.

Suggested Data Collection Question: Is there documentation that a full course of antenatal steroids was administered before delivery?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation that a full course of antenatal steroids was administered before delivery.

N (No) There is no documentation that a full course of antenatal steroids was administered before delivery OR unable to determine from medical record documentation.

Notes for Abstraction: If a full course of antenatal steroids was administered prior to current hospitalization in another setting of care, i.e., doctor's office, clinic, birthing center, hospital before delivery, select allowable value "Yes".

Suggested Data Sources:

- History and physical
- Progress notes
- Medication administration record (MAR)
- Prenatal forms

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
Refer to Appendix B, Table 11.0 Antenatal Steroid Medications	None

Data Element Name: *Birth Weight*

Collected For: PC-04, Risk Adjustment

Definition: The weight (in grams) of a neonate at the time of delivery.

Note:
453.5 grams = 1 pound
28.35 grams = 1 ounce
It is recommended that each ORYX Vendor provide the ability to enter birth weight in either grams or pounds. However, all birth weights must be converted to grams prior to indicator calculation.

Suggested Data Collection Question: What was the weight of the newborn at delivery?

Format:

Length: 4 or UTD
Type: Alphanumeric
Occurs: 1

Allowable Values:

150 through 8165 grams
UTD = Unable to Determine

Note:
When converting from pounds and ounces to grams, do not round to the nearest pound before converting the weight to grams. Round to the nearest whole number after the conversion to grams.

Notes for Abstraction:

- Birth weights less than 150 grams need to be verified that the baby was live born and for data quality purposes. Birth weights greater than 8165 grams need to be verified for data quality.
- If the birth weight is unable to be determined from medical record documentation, enter "UTD".
- The medical record must be abstracted as documented (taken at “face value”). When the value documented is not a valid number/value per the definition of this data element **and** no other documentation is found that provides this information, the abstractor should select “UTD.”
  Example:
  Documentation indicates the *Birth Weight* was 0 grams. No other documentation in the medical record provides a valid value. Since the *Birth Weight* is not a valid value, the abstractor should select “UTD.”
  Note:
  Transmission of a case with an invalid value as described above will be rejected from the Joint Commission’s Data Warehouse. Use of “UTD” for *Birth Weight* allows the case to be accepted into the warehouse.

Suggested Data Sources:

- History and physical
- Nursing notes
- Nursery record
- Delivery record

- Physician progress notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Birthdate*

Collected For: All Records

Definition: The month, day, and year the patient was born.

Note:
For discharge measures, e.g., HBIPS-1, 4, 5, 6, 7, All PC measures, patient's age (in years) is calculated by *Discharge Date* minus *Birthdate*. For event measures, e.g., HBIPS-2, 3, patient's age at time of event (in years) is calculated by *Event Date* minus *Birthdate*. The algorithm to calculate age must use the month and day portion of birthdate, and discharge date or event, as appropriate to yield the most accurate age.

Suggested Data Collection Question: What is the patient's date of birth?

Format:

Length: 10 – MM-DD-YYYY (includes dashes)
Type: Date
Occurs: 1

Allowable Values:

MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (1880-9999)

Notes for Abstraction: Because this data element is critical in determining the population for all measures, the abstractor should NOT assume that the claim information for the birthdate is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct birthdate through chart review, she/he should default to the date of birth on the claim information.

Suggested Data Sources:

- Emergency department record
- Face sheet
- Registration form
- UB-04, Field Location: 10

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *CMS Certification Number*

Collected For: HBIPS, PC, Transmission , Optional for all records

Definition: Hospital's six digit acute care CMS Certification Number (CCN).

Note: This data element is not used by the HBIPS measure set. It is remaining in the data dictionary to support the common Initial Patient Population and Sample XML file layout. If data is transmitted for this data element associated to the HBIPS measure set, all edits and rules associated to this data element will be applied to the HBIPS data.

Suggested Data Collection Question: What is the hospital's six digit acute care CMS Certification Number?

Format:

Length: 6
Type: Character
Occurs: 1

Allowable Values:

Any valid six digit CMS Certification Number.

The first two digits are the numeric state code. The third digit of zero represents an acute facility. The third digit of "1" and fourth digit of "3" represents a Critical Access Hospital (CAH).

Notes for Abstraction: None

Suggested Data Sources: None

Additional Notes: None

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Clinical Trial*

Collected For: PC-01, PC-02, PC-03, PC-04, PC-05,

Definition: Documentation that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied.

Suggested Data Collection Question: During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied,

N (No) There is no documentation that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied, or unable to determine from medical record documentation.

Notes for Abstraction:

- To select “Yes” to this data element, BOTH of the following must be true:
  1. **There must be a signed consent form for clinical trial.** For the purposes of abstraction, a clinical trial is defined as an **experimental study** in which research subjects are recruited and assigned a treatment/intervention and their outcomes are measured based on the intervention received. Treatments/interventions most often include use of drugs, surgical procedures, and devices. Often a control group is used to compare with the treatment/intervention. Allocation of different interventions to participants is usually randomized.
  2. **There must be documentation on the signed consent form that during this hospital stay the patient was enrolled in a clinical trial in which patients with the same condition as the measure set were being studied**. Patients may either be newly enrolled in a clinical trial during the hospital stay or enrolled in a clinical trial prior to arrival and continued active participation in that clinical trial during this hospital stay.
     PC:
     Only capture patients enrolled in clinical trials studying pregnant patients or newborns. For Perinatal Care measures **ONLY**, it is appropriate for the ORYX® Vendor to default the data element to "No" unless the ICD-9-CM diagnosis code of V70.7, "Examination of participant in a clinical trial" is present. If this code is present, or the organization knows via some other electronic method that the patient is participating in a clinical trial, default the data element to "Yes". Hospital abstractors may change defaulted value of "No" based on hospital participation in clinical trial.

- In the following situations, select "No":
  1. **There is a signed patient consent form for an observational study only.** Observational studies are non-experimental and involve no intervention (e.g., registries). Individuals are observed (perhaps with lab draws, interviews, etc.), data is collected, and outcomes are tracked by investigators. Although observational studies may include the assessment of the effects of an

intervention, the study participants are not allocated into intervention or control groups.

2. **It is not clear whether the study described in the signed patient consent form is experimental or observational.**
   It is not clear which study population the clinical trial is enrolling. **Assumptions should not be made if it is not specified.**

Suggested Data Sources:

ONLY ACCEPTABLE SOURCES:

- Signed consent form for clinical trial

FOR PC ONLY

- UB-04, Field Locations: 67A-Q

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Discharge Date*

Collected For: All Records , Not collected for HBIPS-2 and HBIPS-3

Definition: The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay.

Suggested Data Collection Question: What is the date the patient was discharged from acute care, left against medical advice (AMA), or expired?

Format:

Length: 10 – MM-DD-YYYY (includes dashes)
Type: Date
Occurs: 1

Allowable Values:

MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (2001-Current Year)

Notes for Abstraction: Because this data element is critical in determining the population for many measures, the abstractor should NOT assume that the claim information for the discharge date is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct discharge date through chart review, she/he should default to the discharge date on the claim information.

For HBIPS only, if the patient was in an acute-care hospital and had multiple admissions to the psychiatric unit during his or her hospitalization, this inforation should be abstracted only once at the time of discharge from the hospital.

Suggested Data Sources:

- Face sheet
- Progress notes
- Physician orders
- Discharge summary
- Nursing discharge notes
- Transfer note
- UB-04, Field Location: 6

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Discharge Status*

Collected For: All Records , Not collected for HBIPS-2 and HBIPS-3; Used in algorithm for PC-04 and PC-05

Definition: The place or setting to which the patient was discharged.

Suggested Data Collection Question: What was the patient's discharge disposition?

Format:

Length: 2
Type: Alphanumeric
Occurs: 1

Allowable Values:

01 **Discharged to home care or self care (routine discharge)**
Usage Note: Includes discharge to home; home on oxygen if DMS only; any other DMS only; group home, foster care, independent living and other residential care arrangements; outpatient programs, such as partial hospitalization or outpatient chemical dependency programs.

02 **Discharged/transferred to a short term general hospital for inpatient care**

03 **Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care**
Usage Note: Medicare-indicates that the patient is discharged/transferred to a Medicare certified nursing facility. For hospitals with an approved swing bed arrangement, use Code 61-Swing Bed. For reporting other discharges/transfers to nursing facilities, see 04 and 64.

04 **Discharged/transferred to a facility that provides custodial or supportive care**
Usage Note: Includes intermediate care facility (ICF) if specifically designated at a state level. Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to state designated Asisted Living Facilities.

05 **Discharged/transferred to a designated cancer center or children's hospital**
Usage Note: Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) Designated Cancer Centers can be found at http://www3.cancer.gov/cancercenters/centerslist.html

06 **Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care**
Usage Note: Report this code when the patient is discharged/transferred to home with a **written plan of care** (tailored to the patient's medical needs) **for home care services**.

07 **Left against medical advice or discontinued care**

20 **Expired**

21 **Discharged/transferred to court/law enforcement**
Usage Note: Includes transfers to incarceration facilities such as jail, prison or other detention facilities.

30 **Still Patient** (Used for HBIPS measures only. Not valid for any other Joint Commission measures both aligned and non-aligned.)

43 **Discharged/transferred to a federal health care facility**
Usage Note: Discharges and transfers to a government operated health care facility such as a Department of Defense hospital, a Veteran's Administration hospital or a Veteran's Administration nursing facility. To be used whenever the destination at discharge is a federal health care facility, whether the patient resides there or not.

50 **Hospice - home**

51 **Hospice - medical facility (certified) providing hospice level of care**

61 **Discharged/transferred to hospital-based Medicare approved swing bed**
Usage Note: Medicare-used for reporting patients discharged/ transferred to a SNF level of care within the hospital's approved swing bed arrangement.

62 **Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital**

63 **Discharged/transferred to a Medicare certified long term care hospital (LTCH)**
Usage Note: For hospitals that meet the Medicare criteria for LTCH certification.

64 **Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare**

65 **Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital**

66 **Discharged/transferred to a Critical Access Hospital (CAH)**

70 **Discharged/transferred to another type of health care institution not defined elsewhere in this code list (See Code 05)**

Joint Commission NOTE:
If state assigned codes are used, it is the measurement system's responsibility to crosswalk the code to one of the allowable values listed above for the purposes of ORYX®.

NOTE: The Joint Commission is aware that there are additional UB-04 allowable values for this data element; however, they are not used for the national quality core measures set at this time.

Notes for Abstraction:

- The values for *Discharge Status* are taken from the National Uniform Billing Committee (NUBC) manual which is used by the billing/HIM to complete the UB-04.
- Because this data element is critical in determining the population for many measures, the abstractor should NOT assume that the UB-04 value is what is reflected in the medical record. For abstraction purposes, it is important that the medical record reflect the appropriate discharge status. If the abstractor determines through chart review that the claim information discharge status is not what is reflected in the medical record, she/he should correct and override the downloaded value.
- It would be appropriate to work with your billing office to develop processes that can be incorporated to improve medical record documentation to support the appropriate discharge status and to ensure consistency between the claim information discharge status and the medical record.
- Allowable Value 30 (Still patient) is a valid value for HBIPS-2 and HBIPS-3 because these measures are collected concurrently. This allowable value is not valid for discharge measures, including, HBIPS-1, 4, 5, 6 and 7 and PC measures.
- If the patient was in an acute-care hospital and had multiple admissions to the psychiatric unit during his or her hospitalization, this information should be abstracted

only once at the time of discharge from the hospital.

Suggested Data Sources:

- Face sheet
- Progress notes
- Physician orders
- Discharge summary
- Discharge instruction sheet
- Nursing discharge notes
- Social service notes
- Transfer record
- UB-04, Field Location: 17

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• Refer to Appendix E, Table 2.5 Discharge Status Disposition.	• None

Data Element Name: *Exclusive Breast Milk Feeding*

Collected For: PC-05,

Definition: Documentation that the newborn was exclusively fed breast milk during the entire hospitalization.

Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.

Suggested Data Collection Question: Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation that the newborn was exclusively fed breast milk during the entire hospitalization.

N (No) There is no documentation that the newborn was exclusively fed breast milk during the entire hospitalization OR unable to determine from medical record documentation.

Notes for Abstraction: If the newborn receives any other liquids including water during the entire hospitalization, select allowable value "No".

Exclusive breast milk feeding includes the newborn receiving breast milk via a bottle or other means beside the breast.

Sweet-Ease® or a similar 24% sucrose and water solution given to the newborn for the purpose of reducing discomfort during a painful procedure is classified as a medication and is not considered a supplemental feeding.

Suggested Data Sources:

- Discharge summary
- Feeding flow sheets
- Individual treatment plan
- Intake and output sheets
- Nursing notes
- Physician progress notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Gestational Age*

Collected For: PC-01, PC-02, PC-03,

Definition: The weeks of gestation completed at the time of delivery.

Gestational age is defined as the number of weeks that have elapsed between the first day of the last normal menstrual period (not presumed time of conception) and the date of delivery, irrespective of whether the gestation results in a live birth or a fetal death.

Suggested Data Collection Question: How many weeks of gestation were completed at the time of delivery?

Format:

Length: 2 or UTD
Type: Alphanumeric
Occurs: 1

Allowable Values:

1-50

UTD=Unable to Determine

Notes for Abstraction: Gestational age should be rounded off to the nearest **completed** week, not the following week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.

The history and physical should be reviewed first for gestational age. If gestational age is not recorded in the history and physical, then continue to review the data sources in the following order: prenatal forms, delivery or operating room record and clinician admission progress note until a positive finding for gestational age is found. In cases where there is conflicting data, the gestational age found in the first document according to the order listed above should be used. The phrase "estimated gestational age" is an acceptable descriptor for gestational age.

The clinician admission progress note may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).

If the patient has not received prenatal care, and the gestational age is unknown, select allowable value UTD.

Suggested Data Sources: **ONLY ACCEPTABLE SOURCES IN ORDER OF PREFERENCE:**

- History and physical
- Prenatal forms
- Delivery room record
- Operating room record
- Admission clinician progress notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion

None	None

Data Element Name: *Health Care Organization Identifier*

Collected For: HBIPS, PC, Transmission, Aggregate Data File, Patient Population Data File

Definition: A unique number, assigned by The Joint Commission, to identify the health care organization that is accredited by The Joint Commission. This number is used to identify and group a health care organization's HCO-Level performance measure data.

Suggested Data Collection Question: What is the Joint Commission's unique identification number for the provider?

Format:

Length: 6
Type: Numeric
Occurs: 1

Allowable Values:

1 – 999,999

Notes for Abstraction: None

Suggested Data Sources: Does not apply, assigned by The Joint Commission.

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *ICD-9-CM Other Diagnosis Codes*

Collected For: All Records , Optional for HBIPS-2 and HBIPS-3; Used in algorithm for PC-01, 02, 04, and 05

Definition: The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes associated with the diagnosis for this hospitalization.

Suggested Data Collection Question: What were the ICD-9-CM other diagnosis codes selected for this medical record?

Format:

Length: 6 (implied decimal point)
Type: Alphanumeric
Occurs: 17

Allowable Values:

Any valid ICD-9-CM diagnosis code

Notes for Abstraction: None

Suggested Data Sources:

- Face sheet
- Discharge summary
- UB-04, Field Locations: 67A-Q
  NOTE: Medicare will only accept codes listed in fields A-H

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *ICD-9-CM Other Procedure Codes*

Collected For: All Records , Optional for All HBIPS Records; Used in algorithm for PC-01, 02, 04 and 05

Definition: The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes identifying all significant procedures other than the principal procedure.

Note: If transmitted for the HBIPS measure set, all applicable edits (e.g., valid value, *ICD-9-CM Other Procedure Date* exists, etc.) will apply.

Suggested Data Collection Question: What were the ICD-9-CM code(s) selected as other procedure(s) for this record?

Format:

Length: 5 (with or without decimal point)
Type: Alphanumeric
Occurs: 5

Allowable Values:

Any valid ICD-9-CM procedure code

Notes for Abstraction: None

Suggested Data Sources:

- Face sheet
- Discharge summary
- UB-04, Field Location: 74A-E

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *ICD-9-CM Other Procedure Dates*

Collected For: All Records , Optional for All HBIPS Records

Definition: The month, day, and year when the associated procedure(s) was (were) performed.

Note: If transmitted for the HBIPS measure set, all applicable edits (e.g., valid value, *ICD-9-CM Other Procedure Codes* exists, etc.) will apply.

Suggested Data Collection Question: What were the date(s) the other procedure(s) were performed?

Format:

Length: 10 – MM-DD-YYYY (includes dashes) or UTD
Type: Date
Occurs: 5

Allowable Values:

MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (2001-Current Year)
Leave Blank if Unable to Determine

Notes for Abstraction:

- If the procedure date for the associated procedure is unable to be determined from medical record documentation, enter UTD.
- The medical record must be abstracted as documented (taken at "face value"). When the date documented is obviously in error (not a valid format/range or outside of the parameters of care [after *Discharge Date*]) **and** no other documentation is found that provides this information, the abstractor should leave blank.
  Examples:
  - Documentation indicates the *ICD-9-CM Other Procedure Dates* was 02- **42** -2008. No other documentation in the medical record provides a valid date. Since the *ICD-9-CM Other Procedure Dates* is outside of the range listed in the Allowable Values for "Day," it is not a valid date and the abstractor should select "UTD."
  - Patient expires on 02-12-2008 and documentation indicates the *ICD-9-CM Other Procedure Dates* was 03-12-2008. Other documentation in the medical record supports the date of death as being accurate. Since the *ICD-9-CM Other Procedure Dates* is after the *Discharge Date* (death), it is outside of the parameters of care and the abstractor should leave blank.
    Note:
    Transmission of a case with an invalid date as described above will be rejected from the Joint Commission's Data Warehouse.

Suggested Data Sources:

- Consultation notes
- Face sheet
- Progress notes
- Discharge summary
- Operative report
- Procedure notes
- Diagnostic test reports
- UB-04, Field Locations: 74A-E

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *ICD-9-CM Principal Diagnosis Code*

Collected For: All Records , Optional for HBIPS-2 and HBIPS-3; Used in algorithm for PC-01, 02, 04, and 05

Definition: The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code associated with the diagnosis established after study to be chiefly responsible for occasioning the admission of the patient for this hospitalization.

Suggested Data Collection Question: What was the ICD-9-CM code selected as the principal diagnosis for this record?

Format:

Length: 6 (implied decimal point)
Type: Alphanumeric
Occurs: 1

Allowable Values:

Any valid ICD-9-CM diagnosis code

Notes for Abstraction: The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care."

Suggested Data Sources:

- Face sheet
- Discharge summary
- UB-04, Field Location: 67

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• Refer to Appendix A, for ICD-9-CM Code Tables (AMI, HF, PN, HBIPS).	• Refer to Appendix A, for ICD-9-CM Code Tables (SCIP).

Data Element Name: *ICD-9-CM Principal Procedure Code*

Collected For: All Records , Optional for All HBIPS Records; Used in algorithm for PC-01, 02, 04 and 05

Definition: The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code that identifies the principal procedure performed during this hospitalization. The principal procedure is the procedure performed for definitive treatment rather than diagnostic or exploratory purposes, or which is necessary to take care of a complication.

Note: If transmitted for the HBIPS measure set, all applicable edits (e.g., valid value, *ICD-9-CM Principal Procedure Date* exists, etc.) will apply.

Suggested Data Collection Question: What was the ICD-9-CM code selected as the **principal** procedure for this record?

Format:

Length: 5 (with or without decimal point)
Type: Alphanumeric
Occurs: 1

Allowable Values:

Any valid ICD-9-CM procedure code.

Notes for Abstraction: The principal procedure as described by the Uniform Hospital Discharge Data Set (UHDDS) is one performed for definitive treatment rather than diagnostic or exploratory purposes, or which is necessary to take care of a complication.

Suggested Data Sources:

- Face sheet
- Discharge summary
- UB-04, Field Location: 74

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *ICD-9-CM Principal Procedure Date*

Collected For: All Records , Optional for All HBIPS Records

Definition: The month, day, and year when the principal procedure was performed.

Note: If transmitted for the HBIPS measure set, all applicable edits (e.g., valid value, *ICD-9-CM Principal Procedure Code* exists, etc.) will apply.

Suggested Data Collection Question: What was the date the principal procedure was performed?

Format:

Length: 10 – MM-DD-YYYY (includes dashes)
Type: Date
Occurs: 1

Allowable Values:

MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (2001-Current Year)
Leave Blank if Unable to Determine

Notes for Abstraction:

- If the principal procedure date is unable to be determined from medical record documentation, leave blank.
- The medical record must be abstracted as documented (taken at "face value"). When the date documented is obviously in error (not a valid date/format or is outside of the parameters of care [after *Discharge Date*]) **and** no other documentation is found that provides this information, the abstractor should leave blank.
  Examples:
  - Documentation indicates the *ICD-9-CM Principal Procedure Date* was 02- **42** -2008. No other documentation in the medical record provides a valid date. Since the *ICD-9-CM Principal Procedure Date* is outside of the range listed in the Allowable Values for "Day," it is not a valid date and the abstractor should leave blank.
  - Patient expires on 02-12-2008 and documentation indicates the *ICD-9-CM Principal Procedure Date* was 03-12-2008. Other documentation in the medical record supports the date of death as being accurate. Since the *ICD-9-CM Principal Procedure Date* is after the *Discharge Date* (death), it is outside of the parameter of care and the abstractor should leave blank.
    Note:
    Transmission of a case with an invalid date as described above will be rejected from the Joint Commission's Data Warehouse.

Suggested Data Sources:

- Consultation notes
- Face sheet
- Progress notes
- Discharge summary
- Diagnostic test reports
- Operative notes
- Procedure notes
- UB-04, Field Location: 74

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Initial Patient Population Size – Medicare Only*

Collected For: HBIPS, PC, Transmission, Patient Population Data File , Used in transmission of the Hospital Initial Patient Population Data file.

Note:
Refer to the Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

Definition: Indicates the number of episode of care (EOC) records identified for a hospital with Medicare listed as a payment source prior to the application of data integrity filters, measure exclusions, and/or sampling methodology for the specified time period.

The data element is based on the hospital's initial identification of Medicare EOC records for a measure set, stratum, or sub-population. Initial Patient Population Size – Medicare Only includes all patients that are billed under Medicare or Title 18. Medicare can be listed as a primary, secondary, teritary or lower on the list of payment sources for the patient. In addition, patients who are participating as a member of a Medicare HMO/Medicare Advantage are included in the Medicare counts, e.g., Medicare Blue, Humana Gold, Secure Horizons, AARP, Coventry Advantra, etc. This initial data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.

For the discharge measures (eg. HBIPS-1, 4, PC-01), refer to the Initial Patient Population discussion in the Measure Information section of this manual for more information.

For the HBIPS event measures (HBIPS-2 and 3), the Initial Patient Population Size – Medicare Only is equal to those EOC records in the census data identified as being Medicare EOC records. The HBIPS census data are calculated by (Psychiatric Inpatient Days-Medicare Only - Total Leave Days-Medicare Only). Initial Patient Population Size – Medicare Only is not derived from those cases that pass through the Initial Patient Population algorithm.

Note:
If the hospital's data has been sampled, this field contains the population from which the sample was originally drawn, NOT the sample size.

Suggested Data Collection Question: Not Applicable

Format:

Length: 6
Type: Numeric
Occurs:

Non-stratified Measure Sets:

One Initial Patient Population Size – Medicare Only per hospital's measure set (e.g., AMI, HF, PN, and STK).

Stratified Measure Sets:

One Initial Patient Population Size – Medicare Only per measure set stratum or sub-population the hospital is participating in:
* The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations.
* The HBIPS measure set has four occurrences, one for each age stratum.

Note:

Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the CAC, VTE, and SCIP measure sets.

Allowable Values:

0 through 999,999

Notes for Abstraction:

Initial Patient Population Size-Medicare Only must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.

Suggested Data Sources:

Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Initial Patient Population Size – Non-Medicare Only*

Collected For: HBIPS, PC, Transmission, Patient Population Data File , Used in transmission of the Hospital Initial Patient Population Data file.

Note:
Refer to the HBIPS Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

Definition: Indicates the number of episode of care (EOC) records identified for a hospital with Medicare NOT listed as a payment source prior to the application of data integrity filters, measure exclusions, and/or sampling methodology for the specified time period.

The data element is based on the hospital's initial identification of non-Medicare EOC records for a measure set, stratum, or sub-population. This initial data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.

For the discharge measures (eg. HBIPS-1, 4, PC-01), refer to the Initial Patient Population discussion in the Measure Information section of this manual for more information.

For the HBIPS event measures (HBIPS-2 and 3), the Initial Patient Population Size – Non-Medicare Only is equal to those EOC records in the census data identified as not having Medicare listed as a payment source. The HBIPS census data are calculated by (Psychiatric Inpatient Day-Non-Medicare Only - Total Leave Days-Non-Medicare Only). Initial Patient Population Size – Non-Medicare Only is not derived from those cases that pass through the Initial Patient Population algorithm.

Note:
If the hospital's data has been sampled, this field contains the population from which the sample was originally drawn, NOT the sample size.

Suggested Data Collection Question: Not Applicable

Format:

Length: 6

Type: Numeric

Occurs:

Non-stratified Measure Sets:

One Initial Patient Population Size – Non-Medicare Only per hospital's measure set (e.g., AMI, HF, PN, and STK).

Stratified Measure Sets:

One Initial Patient Population Size – Non-Medicare Only per measure set stratum or sub-population the hospital is participating in:
* The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations.
* The HBIPS measure set has four occurrences, one for each age stratum.

Note:
Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the CAC, VTE, and SCIP measure sets.

Allowable Values:

0 through 999,999

Notes for Abstraction:

Initial Patient Population Size-Non-Medicare Only must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.

Suggested Data Sources:

Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Measure Category Assignment*

Collected For: HBIPS, PC, Calculation, Transmission, Hospital Clinical Data File , Used in calculation of the Joint Commission's aggregate data and in the transmission of the Hospital Clinical Data file.

Notes:

- Episode of care records that calculate with a *Measure Category Assignment* of "X" (missing data) for one or more measures will be rejected by the Joint Commission's Data Warehouse. Refer to the Missing and Invalid Data section in this manual for more information.
- All hospital measures use this data element. The ORYX Vendor's calculated *Measure Category Assignment* will be transmitted to The Joint Commission on a quarterly basis with the associated hospital clinical data. These measure results will be used in the Joint Commission's data quality analysis and continuous measure verification process. ORYX Vendors can refer to the Joint Commission's *ORYX Data Quality Manual* for more information.

Definition: Calculated measures results for each episode of care (EOC) that is processed through a measure algorithm.

Used to summarize the outcome for an EOC that is processed through a specific measure algorithm.

Suggested Data Collection Question: Not Applicable

Format:

Length: 1
Type: Character
Occurs: One *Measure Category Assignment* per EOC is expected for every measure that a hospital is participating in.

Allowable Values:

B **Category B - Not in Measure Population**
For rate-based and continuous variable measures:
EOC record is not a member of a measure's population.

For rate-based-ratio measures:
Does not apply.

D **Category D - In Measure Population**
For rate-based measures:
EOC record is a member of the measure's population and there has not been an occurrence of the measure.

For rate-based-ratio measures:
Does not apply.

For continuous variable measures:
EOC record is a member of the measure's population and has sufficient accurate and valid data to compute the measurement.

Note:
For continuous variable measures, EOC records that have a *Measure Category Assignment* of "D" **will** have an associated *Measurement Value*.

E **Category E - In Numerator Population**
For rate-based measures:
EOC record is a member of the measure's population and there has been an occurrence of the measure.

For rate-based-ratio measures:
Event record is a member of the measure's population and there has been an occurrence of the measure.

For continuous variable measures:
Does not apply.

U **Category U – Not In Numerator Population**

For rate-based-proportion measures:
Does not apply

For rate-based-ratio measures:
Event record is a member of the measure's population; however, it contains a data element whose allowable value excludes it from the numerator.

For continuous variable measures:
Does not apply.

X **Category X – Data Are Missing**
For rate-based and continuous variable measures:
Data are missing that is required to calculate the measure. The record will be rejected by the QIO Clinical Warehouse and the Joint Commission's Data Warehouse.

Y **Category Y – UTD Allowable Value Does Not Allow Calculation of The Measure**
For rate-based measures:
Does not apply.

For rate-based-ratio measures: Event record contains a Date, Time, or Numeric data element with a value of 'UTD'.

For continuous variable measures:
EOC record contains a Date, Time, or Numeric data element with a value of 'UTD'.

Note:
For continuous variable measures, EOC records that have a *Measure Category Assignment* of "Y" **will not** have an associated _Measurement Value_

Notes for Abstraction: None

Suggested Data Sources: Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Measure Set*

Collected For: HBIPS, PC, Transmission, Patient Population Data File, Hospital Clinical Data File

Definition: Indicates which measure set (topic) is being transmitted for a hospital.

Suggested Data Collection Question: Not Applicable

Format:

Length: 10
Type: Character
Occurs: Hospital Clinical Data file: 1
Hospital Initial Patient Population Data file: 1 – 9

Allowable Values:

Refer to the Hospital Clinical Data XML File Layout and the Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

Notes for Abstraction: None

Suggested Data Sources: Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Measurement Value*

Collected For: HBIPS, PC, Calculation, Transmission, Hospital Clinical Data File , Used in the calculation of the Joint Commission's aggregate data, Continuous Variable Measures and in the transmission of the Hospital Clinical Data file

Note:

- The ORYX Vendor's calculated *Measurement Value* will be transmitted to The Joint Commission on a quarterly basis with the associated hospital clinical data. These measure results will be used in the Joint Commission's data quality analysis and continuous measure verification process. ORYX Vendors can refer to the Joint Commission's *ORYX Data Quality Manual* for more information.

Definition: This data element is used to store the calculated results of the measurements that are outputs from continuous variable measure algorithms.

Note:
Used in conjunction with *Measure Category Assignment* when its allowable value = "D" (In Measure Population).

Suggested Data Collection Question: Not Applicable

Format:

Length: 6
Type: Numeric
Occurs: One *Measurement Value* is expected per EOC for every continuous variable measure that a hospital is participating in.

Allowable Values:

Any valid number

Notes for Abstraction: None

Suggested Data Sources: Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *National Provider Identifier*

Collected For: HBIPS, PC, Transmission , Optional for All Records

Definition: All Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered healthcare providers must obtain a National Provider Identifier (NPI). The NPI may be provided in addition to the Medicare provider number.

Suggested Data Collection Question: What is the NPI for this provider?

Format:

Length: 10
Type: Character
Occurs: 1

Allowable Values:

Any valid 10 digit NPI number.

The 10th digit is a numeric check digit based off the first 9 digits.

Notes for Abstraction: None

Suggested Data Sources: UB-04, Field Location: 56

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Newborn Admission Source*

Collected For: PC-04, PC-05,

Definition: Documentation in the medical record that the newborn was born inside the hospital, born outside the hospital or received as a transfer from an acute care hospital or other health care setting.

Suggested Data Collection Question: Was the newborn born inside the hospital, born outside the hospital or received as a transfer from another acute care hospital or other health care setting?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

1 Newborn was born inside the hospital

2 Newborn was born outside any hospital or health care setting

3 Newborn was born in another acute-care hospital or health care setting and received as a transfer

4 Unable to determine from medical record documentation

Notes for Abstraction: If the newborn was born outside of the hospital reporting the birth, e.g., at home, in an ambulance or other vehicle, etc. select allowable value 2.

Suggested Data Sources:

- Emergency department record
- History and physical
- Face sheet
- Nursing admission assessment
- Progress notes
- Transfer sheet

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
Examples of other health care settings include, but are not limited to: • critical access hospital • birthing center • clinic • doctor's office	None

Data Element Name: *Parity*

Collected For: PC-02,

Definition: The number of deliveries, whether resulting in live or stillborn infants, the patient experienced prior to current hospitalization.

Suggested Data Collection Question: How many deliveries did the patient experience prior to current hospitalization?

Format:

Length: 2 or UTD
Type: Alphanumeric
Occurs: 1

Allowable Values:

0-50

UTD=Unable to Determine

Notes for Abstraction: The history and physical should be reviewed first for parity. If parity is not recorded in the history and physical, then continue to review the data sources in the following order: prenatal forms, delivery or operating room record and clinician admission progress note until a positive finding for parity is found. In cases where there is conflicting data, parity found in the first document according to the order listed above should be used.

The clinician admission progress note may be written by the following clinicians: physician, certified nurse midwife (CNM), advanced practice nurse/physician assistant (APN/PA) or registered nurse (RN).

Suggested Data Sources: **ONLY ACCEPTABLE SOURCES IN ORDER OF PREFERENCE:**

- History and physical
- Prenatal forms
- Delivery room record
- Operating room record
- Admission clinician progress note

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
The following descriptor must precede the number when determining parity: • Parity • P Examples: parity=2 or g3p2a1	A string of three or more numbers without the alpha designation of "p" preceding the second number can not be used to determine parity. Example: 321

Data Element Name: *Payment Source*

Collected For: All Records , Optional for HBIPS-2 and HBIPS-3

Definition: The source of payment for this episode of care.

Suggested Data Collection Question: What is the patient's source of payment for this episode of care?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

1 Source of payment is Medicare.

2 Source of payment is NonMedicare.

Notes for Abstraction:

- If Medicare is listed as the primary, secondary, tertiary, or even lower down on the list or payers, select "1".
- If the patient has Medicaid only or Medicaid and another insurance type, other than Medicare, select "2". If the patient has Medicaid and Medicare, select "1".
- If the patient is an Undocumented Alien or Illegal immigrant select "1". Undocumented Alien: Section 1011 of the Medicare Modernization Act of 2003 allows for reimbursement for services rendered to patients who are: Undocumented or illegal aliens (immigrants), Aliens who have been paroled into a United States port of entry and Mexican citizens permitted to enter the United States on a laser visa.

Suggested Data Sources:

- Face sheet
- UB-04, Field Location: 50A, B or C

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
Medicare includes, but is not limited to: • Medicare Fee for Service (includes DRG or PPS) • Black Lung • End Stage Renal Disease (ESRD) • Railroad Retirement Board (RRB) • Medicare Secondary Payer • Medicare HMO/Medicare Advantage	• None

Data Element Name: *Predicted Value*

Collected For: PC, Transmission, Risk Adjustment, Hospital Clinical Data File , Used in the calculation of the Joint Commission's aggregate data for Risk Adjusted Measures **(PC-02, PC-04)** and in the Transmission section of the Hospital Clinical Data file.

Note:

- The ORYX Vendor's calculated *Predicted Value* will be transmitted to The Joint Commission on a quarterly basis with the associated hospital clinical data. These measure results will be used in the Joint Commission's data quality analysis and continuous measure verification process. ORYX Vendors can refer to the Joint Commission's *ORYX Data Quality Manual* and *ORYX Risk Adjustment Guide* for more information.

Definition: This data element is used to store the calculated predicted value that results from applying the appropriate Joint Commission risk model to the data.

Note:
Used in conjunction with Measure Category Assignment when its allowable value = "D" (In Measure Population) or "E" (In Numerator Population).

Suggested Data Collection Question: Not Applicable

Format:

Length: 2-9 (including decimal)
Type: Numeric
Occurs: One Predicted Value is expected per EOC for every risk-adjusted measure that a hospital is participating in.

Allowable Values:

0.00000001 – 0.99999999

JOINT COMMISSION NOTE TO PROGRAMMERS:

- Round to 8 decimal places.
- Use only the seventeen ICD-9-CM Diagnosis Codes that are transmitted as part of the patient record when evaluating the patient against the risk model. Do not use additional ICD-9-CM Diagnosis Codes that may be available in the medical record or from the UB download.

Notes for Abstraction: None

Suggested Data Sources: Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Reason for Not Administering Antenatal Steroid*

Collected For: PC-03,

Definition: Reasons for not administering a full course of antenatal steroids before delivery are clearly documented in the medical record. Reasons for not administering a full course of antenatal steroids may include fetal distress, imminent delivery or other reasons documented by physician/APN/PA/CNM.

A full course of antenatal steroids consists of two doses of 12mg bethamethasone IM 24 hours apart **OR** four doses of 6 mg dexamethasone IM every 12 hours.

Suggested Data Collection Question: Was there documentation of reasons for not administering a full course of antenatal steroids before delivery?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation by physician/APN/PA/CNM that the patient has one or more reasons for not administering a full course of antenatal steroids before delivery.

N (No) There is no documentation by physician/APN/PA/CNM of a reason for not administering a full course of antenatal steroids before delivery or unable to determine from medical record documentation.

Notes for Abstraction: When determining whether there is a reason documented by a physician/APN/PA or CNM for not administering the full course of antenatal steroids, reasons must be explicitly documented (e.g., "fetal distress required emergency cesarean section - unable to complete full course of antenatal steroids") or clearly implied (e.g., "delivery is imminent-only one dose of steroid given"). If reasons are not mentioned in the context of antenatal steroid administration, do not make inferences (e.g., Do not assume that the patient did not receive the full course of antenatal steroids because the patient was in active labor upon arrival to the unit.)

Suggested Data Sources:

PHYSICIAN/APN/PA/CNM DOCUMENTATION ONLY

- History and physical
- Physician progress notes
- Prenatal forms

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Reason for Not Exclusively Feeding Breast Milk*

Collected For: PC-05,

Definition: Reasons for not exclusively feeding breast milk during the entire hospitalization are clearly documented in the medical record. These reasons are due to a maternal medical condition for which feeding breast milk should be avoided.

Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.

Suggested Data Collection Question: Was there documentation of a reason for not exclusively feeding breast milk during the entire hospitalization?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation by physician/APN/PA/CNM of a reason for not exclusively feeding breast milk during the entire hospitalization due to a maternal medical condition where breast milk feeding should be avoided.

N (No) There is no documentation by physician/APN/PA/CNM of a reason for not exclusively feeding breast milk during the entire hospitalization due to a maternal medical condition for which breast milk feeding should be avoided OR unable to determine from medical record documentation.

Notes for Abstraction: The mother's refusal to feed the newborn breast milk **does not** constitute a reason for not exclusively feeding breast milk.

When determining whether there is a reason documented by a physician/APN/PA or CNM for not exclusively feeding breast milk, reasons must be explicitly documented (e.g., "mother is HIV positive - infant will not be breast fed") or clearly implied (e.g., "mother is currently abusing alcohol - infant will be fed formula"). If reasons are not mentioned in the context of infant feeding, do not make references (e.g., Do not assume that the infant is not receiving breast milk because of the medications the mother is currently taking).

Suggested Data Sources:

PHYSICIAN/APN/CNM DOCUMENATION ONLY

- History and physical
- Physician progress notes
- Physician's orders

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
These are the only acceptable maternal medical conditions for which breast milk feeding should be avoided which includes one or more of the	None

following medical conditions:

- HIV infection
- Human t-lymphotrophic virus type I or II
- Substance abuse and/or alcohol abuse
- Active, untreated tuberculosis
- Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
- Undergoing radiation therapy
- Active, untreated varicella
- Active herpes simplex virus with breast lesions

Data Element Name: *Sample*

Collected For: HBIPS, PC, Transmission, Aggregate Data File, Hospital Clinical Data File , (Used in transmission of the Joint Commission's aggregate data file and the Hospital Clinical Data file.)

Notes:

- Required for transmission of aggregate data to The Joint Commission. Refer to the *ORYX Technical Implementation Guide* for more information.

Definition: Indicates if the data being transmitted for a hospital has been sampled, or represent an entire population for the specified time period.

Suggested Data Collection Question: Does this case represent part of a sample?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) The data represents part of a sample.

N (No) The data is not part of a sample; this indicates the hospital is performing 100 percent of the discharges eligible for this topic.

Notes for Abstraction: When *Sampling Frequency* equals '3' (No, the hospital is not sampling) or '4' (N/A, submission of patient level data is not required), then abstract *Sample* as "No".

Suggested Data Sources: Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Sample Size – Medicare Only*

Collected For: HBIPS, PC, Transmission, Patient Population Data File , Used in transmission of the Hospital Initial Patient Population Data file.

Note:
For more information refer to the Population and Sampling Specifications section and Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

Definition: Indicates the number of episode of care (EOC) records identified for a hospital with Medicare listed as a payment source for a hospital to perform data abstraction on. This count is after the appropriate sampling methodology, if any, has been applied for the specific time period.

Notes for discharge measures (eg. HBIPS-1, 4, PC-01):

- If the hospital is sampling the discharge measures, then the Sample Size – Medicare Only should be equal or less than the Initial Patient Population Size – Medicare Only for the set, stratum, or sub-population.
- If the hospital is not sampling the discharge measures, then the Sample Size – Medicare Only will equal the Initial Patient Population Size – Medicare Only for the set, stratum, or sub-population.

Notes for HBIPS event measures (HBIPS-2 and 3):

- Hospitals may not sample the HBIPS event measures. For these two measures, the Sample Size – Medicare Only equals the Initial Patient Population Size – Medicare Only for the set, stratum, or sub-population.

Suggested Data Collection Question: Not Applicable

Format:

Length: 6

Type: Numeric

Occurs:

Non-stratified Measure Sets:

One Sample Size – Medicare Only per hospital's measure set (e.g., AMI, HF, PN, and STK).

Stratified Measure Sets:

One Sample Size – Medicare Only per measure set stratum or sub-population the hospital is participating in:
* The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations.
* The HBIPS measure set has four occurrences, one for each age stratum.

Note:
Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the CAC, VTE, and SCIP measure sets.

Allowable Values: 0 through 999,999

Notes for Abstraction: For Discharge measures (eg. HBIPS-1,PC-01), when Sampling Frequency = 'N/A' because the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data, Sample Size – Medicare Only should equal zero.

Suggested Data Sources: Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Sample Size – Non-Medicare Only*

Collected For: HBIPS, PC, Transmission, Patient Population Data File , Used in transmission of the Hospital Initial Patient Population Data file.

Note:

- For more information, refer to the Population and Sampling Specifications section and Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

Definition: Indicates the number of episode of care (EOC) records identified for a hospital with Medicare NOT listed as a payment source for a hospital to perform data abstraction on. This count is after the appropriate sampling methodology, if any, has been applied for the specific time period.

Notes for discharge measures (eg HBIPS-1, 4, PC-01):

- If the hospital is sampling the HBIPS discharge measures, then the Sample Size – Non-Medicare Only should be equal or less than the Initial Patient Population Size – Non-Medicare Only for the set, stratum, or sub-population.
- If the hospital is not sampling the discharge measures, then the Sample Size – Non-Medicare Only will equal the Initial Patient Population Size – Non-Medicare Only for the set, stratum, or sub-population.

Notes for HBIPS event measures (HBIPS-2 and 3):

- Hospitals may not sample the HBIPS event measures. For these two measures, the Sample Size – Non-Medicare Only equals the Initial Patient Population Size – Non-Medicare Only for the set, stratum, or sub-population.

Suggested Data Collection Question: Not Applicable

Format:

Length: 6

Type: Numeric

Occurs:

Non-stratified Measure Sets:

One Sample Size – Non Medicare Only per hospital's measure set (e.g., AMI, HF, PN, and STK).

Stratified Measure Sets:

One Sample Size – Non Medicare Only per measure set stratum or sub-population the hospital is participating in:
* The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations.
* The HBIPS measure set has four occurrences, one for each age stratum.

Note:
Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the CAC, VTE, and SCIP measure sets.

Allowable Values:

0 through 999,999

Notes for Abstraction:

For Discharge measures (eg. HBIPS-1, 4, PC-01), when Sampling Frequency = 'N/A' because the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data, Sample Size – Non-Medicare Only should equal zero.

Suggested Data Sources:

Not Applicable

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Sampling Frequency*

Collected For: HBIPS, PC, Transmission, Patient Population Data File , Used in transmission of the Hospital Initial Patient Population Data file.

Note:
Refer to the Population and Sampling Specifications section and Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

Definition: Indicates if the data being transmitted for a hospital has been sampled (either monthly or quarterly), or represents an entire population for the specified time period.

Suggested Data Collection Question: Not Applicable

Format:

Length: 1
Type: Character
Occurs:

Non-stratified Measure Sets:

One Sample Size – Medicare Only per hospital's measure set (e.g., AMI, HF, PN, and STK).

Stratified Measure Sets:

One Sample Size – Medicare Only per measure set stratum or sub-population the hospital is participating in:
* The PC measure set has three occurrences, one for the mother sub-population and two for the newborn sub-populations.
* The HBIPS measure set has four occurrences, one for each age stratum.

Note:
Refer to the appropriate version of the Specifications Manual for National Quality Inpatient Measures for the number of occurrences for the CAC, VTE, and SCIP measure sets.

Allowable Values:

1 Yes, the hospital is sampling data monthly.

2 Yes, the hospital is sampling data quarterly.

3 No, the hospital is not sampling.

4 N/A, submission of patient level data is not required.

Notes for Abstraction:

- Sampling Frequency must be consistent across a discharge time period.
  Example:
  If the Sampling Frequency for April is monthly, then the Sampling Frequency for May and June must be monthly.
- For Discharge measures (e.g., HBIPS-1, 4, PC-01): Hospitals with five or fewer discharges (both Medicare and Non-Medicare combined) in a quarter are not required to submit patient level data.
- For Event measures (eg., HBIPS-2 and 3): This data element will always be equal to '3' (No, the hospital is not sampling) for the HBIPS event measures (HBIPS-2 and 3).

Data Element Name: *Sex*

Collected For: All Records

Definition: The patient's documented sex on arrival at the hospital.

Suggested Data Collection Question: What is the patient's sex?

Format:

Length: 1
Type: Character
Occurs: 1

Allowable Values:

M = Male
F = Female
U = Unknown

Notes for Abstraction:

- Collect the documented patient's sex at admission or the first documentation after arrival.
- Consider the sex to be unable to be determined and select "Unknown" if:
  - The patient refuses to provide their sex.
  - Documentation is contradictory.
  - Documentation indicates the patient is a Transexual.
  - Documentation indicates the patient is a Hermaphrodite.

Suggested Data Sources:

- Consultation notes
- Emergency department record
- History and physical
- Face sheet
- Progress notes
- UB-04 Field Location: 11
- Nursing admission notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
• None	• None

Data Element Name: *Spontaneous Rupture of Membranes*

Collected For: PC-01,

Definition: Documentation that the patient had spontaneous rupture of membranes (SROM) before medical induction and/or cesarean section.

Suggested Data Collection Question: Is there documentation that the patient had spontaneous rupture of membranes before medical induction and/or cesarean section?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation that the patient had spontaneous rupture of membranes before medical induction and/or cesarean section.

N (No) There is no documentation that the patient had spontaneous rupture of membranes before medical induction and/or cesarean section OR unable to determine from medical record documentation.

Notes for Abstraction: If the patient's spontaneous rupture of membranes is confirmed before medical induction and/or cesarean section by one of the following methods, select allowable value "Yes":

- Positive ferning test
- Positive nitrazine test
- Positive pooling (gross fluid in vagina)
- Positive Amnisure test or equivalent
- Patient report of SROM prior to hospital arrival

Suggested Data Sources:

- History and physical
- Nursing notes
- Physician progress notes

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name:	*Vendor Tracking Identifier*
Collected For:	HBIPS, PC, Transmission, Hospital Clinical Data File
Definition:	An ORYX Vendor® -generated identifier that uniquely identifies this patient's stay or episode of care. It is a fictitious identifier generated by the ORYX Vendor to differentiate between individual patient records across hospitals. This identifier cannot be derived from or related to information about the patient in such a way that it is possible to identify the patient via a review or manipulation of the data. Since this identifier is transmitted to The Joint Commission, ORYX Vendors must be able to link this tracking identifier to the original record (patient and hospital) in the event that data quality issues arise. Any data that require correction and re-transmission must use the same tracking identifier as that used in the original transmission or a duplication of data within the Joint Commission's database will occur. This identifier is linked to a patient's episode of care, not to a specific event that occurs during the episode of care. The Vendor Tracking ID must be the same each time data for a unique patient's episode of care is transmitted; regardless of whether this is the second or thirty-second record being transmitted for the patient.
Suggested Data Collection Question:	Not applicable, this data element is not data entered.
Format:	**Length:** 100 **Type:** Character **Occurs:** 1
Allowable Values:	Up to 100 letters, numbers, and/or special characters can be entered. NOTE: Only the following special characters will be allowed: ~ ! @ # $ % ^ * ( ) _ + { } | : ? ` - = [ ] ; ' . , / and space The identifier cannot be left blank or be the patient's social security number, Medicare number, driver license number, medical record number, account number, or other identifier assigned to the patient for purposes other than transmission of data to The Joint Commission. In addition, this identifier cannot be a combination of data in which one portion of the data directly identifies the patient or the combination of data identifies the patient.
Notes for Abstraction:	None
Suggested Data Sources:	Unique ORYX Vendor generated identifier NOTE TO PROGRAMMERS: • An ORYX Vendor may have its own case identifier. We are not requesting that ORYX Vendors change their internal processes; rather, this tracking identifier is needed for transmission of the hospital clinical data to The Joint Commission. • Since The Joint Commission is not receiving the Health Care Organization Identifier in the hospital clinical data, this tracking identifier identifies both the patient and the hospital. A tracking identifier cannot be reused for multiple hospitals.

Additional Notes:

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Missing and Invalid Data

Introduction

Missing data refers to data elements, required for calculating a national hospital quality measure, that have no values present for one or more episodes of care (EOC) or event records. Invalid data refers to data element values, required for calculating a national hospital quality measure, that fall outside of the range of allowable values defined by The Joint Commission for that data element.

Reducing missing and invalid data minimizes the bias to a measure rate, because episodes of care with missing or invalid data cannot be included in the calculation of the observed measure rate. A measure's observed rate may not accurately reflect the patient population, if the excluded EOC and event records differ significantly from the EOCs and events with no missing data that were included in the measure calculation.

Data Collection and the Unable to be Determined (UTD) Allowable Value

Abstractors must 'touch' and provide an answer to every data element that is applicable per the combined skip logic of all of the measures in a topic. While there is an expectation that all data elements are collected, it is recognized that in certain situations information may not be available (dates, times, codes, etc.). If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select "Unable to Determine (UTD)" as the answer. The "UTD" allowable value is used as follows:

- *Admission Date*, *Birthdate*, *Discharge Date*, *Event Date*, *Event Type*, *ICD-9-CM Principal and Other Diagnosis Codes*, *ICD-9-CM Principal and Other Procedure Codes*, *Psychiatric Care Setting*, *Psychiatric Inpatient Days-Medicare Only*, *Psychiatric Inpatient Days-Non-Medicare Only*, *Total Leave Days-Medicare Only*, and *Total Leave Days-Non-Medicare Only* do not have an "UTD" allowable value for transmission to The Joint Commission. EOC and event records containing "UTD" for any of these data elements are rejected when submitted to the Joint Commission's Data Warehouse.
- Date, time, and numeric data elements, other than those listed above have an "UTD" allowable value option.
    - Rate-based proportion algorithms evaluate EOC records to a *Measure Category Assignment* = "D" or "E" (failed) depending on the desired direction improvement of the associated measure when a date, time, or numeric data element containing an allowable value of "UTD" is evaluated. When the direction of the improvement is an increase in rate, the algorithm will evaluate the EOC records to a *Measure Category Assignment* = "D". When the direction of improvement is a decrease in rate, the algorithm will evaluate the EOC record to a *Measure Category Assignment* = "E".
    - Continuous variable and rate-based ratio algorithms evaluate EOC records to a *Measure Category Assignment* = "Y" (UTD value exists) when a date, time, or numeric data element containing an allowable value of "UTD" is evaluated.
    - The method by which data collection software collects "UTD' information is determined by each software vendor; except the **software cannot automatically default an "UTD" answer.** The decision to enter an "UTD" for each data element is up to the abstractor, not the software.
    - There are specific requirements pertaining to the transmission of this value. Refer to the Transmission section in this manual for more information.
- Yes/No data elements: The allowable value "No" incorporates "UTD" into the definition. Refer to the measure algorithms in which each Yes/No data element is used to determine how the EOC and event records are treated.
- Data elements containing two or more categorical values: The "UTD" value is either classified as a separate allowable value or included in the same category as "None of the above/Not documented". Refer to the measure algorithms in which each categorical data element is used to determine how the EOC record is treated.

Missing and Invalid Episode of Care (EOC) and Event Data

Rejected data must be corrected and resubmitted before the transmission deadline in order for it to be accepted by the Joint Commission's Data Warehouse.

- The majority of general data elements that are missing data* cause the EOC and event records to be rejected. These data elements include *Admission Date*, *Birthdate*, *Discharge Date*, *Event Date*, and *ICD-9-CM Principal*

Diagnosis Codes for *Discharge measure*. Refer to the Introduction to the Data Dictionary in this manual for the complete list of general data elements.
    - Not all patients have an *ICD-9-CM Other Diagnosis Code*. Records will be accepted missing data* for these general data elements.
- Measure-specific data elements that are missing data* cause the EOC and event records to be rejected if any measure algorithm results in a *Measure Category Assignment* = "X" (missing data). If no measure evaluates to a category assignment of "X", the EOC record will be accepted.
- General and measure specific data elements that contain invalid data cause the EOC and events record to be rejected.

Abstraction Software Skip Logic and Missing Data

Skip logic allows hospitals and vendors to minimize abstraction burden by using vendor software edit logic to bypass abstraction of data elements not utilized in the measure algorithm. However, these bypassed elements also negatively impact data quality when elements are incorrectly abstracted and subsequent data elements are bypassed and left blank.

The use of skip logic by hospitals and ORYX vendors is optional and not required by The Joint Commission. Hospitals should be aware the potential impact of skip logic on data quality and abstraction burden. Vendors and hospitals utilizing skip logic should closely monitor the accuracy rate of abstracted data elements, particularly data elements placed higher in the algorithm flow.

Note:
*A missing value occurs when the abstractor does not select an answer for a data element (leaves it blank) or the software incorrectly transmits a "null" instead of the correct value for a data element. An "UTD" allowable value is not considered missing data.

Missing, Invalid, UTD Data Summary:

Missing Data	Invalid Data	UTD
No data element value is present. (blank or "null")	The data element value falls outside of the range of defined allowable values.	The allowable value of "UTD" is present for the data element.

Related Topics

Population and Sampling Specifications

Introduction

Population

Defining the population is the first step to estimate a hospital's performance. A population is generally defined as a collection of patients sharing a common set of universally measured characteristics, such as an ICD-9-CM Principal Diagnosis or Procedure Code. The Initial Patient Population and diagnosis codes meet this description for the national quality measures. For the purpose of measuring national quality core measures, the term "Initial Patient Population" is defined below:

- An "Initial Patient Population" refers to all patients (Medicare and non-Medicare) who share a common set of specified, administratively derived data elements. This may include ICD-9-CM diagnosis codes or other population characteristics such as age. For example, the population for the HBIPS discharge measures (e.g., HBIPS-1, 4, 5, 6, and 7) includes all patients having a principal or secondary psychiatric diagnosis code from Appendix A, Table 10.1.

Cases identified as being in the Initial Patient Population for the measure set, or strata (e.g., HBIPS), or sampling group (e.g., PC) are eligible to be sampled. For the definition of the Initial Patient Population(s) for each measure set, refer to the appropriate Initial Patient Population discussion in the Measure Information section of this manual.

Sampling

Sampling is a process of selecting a representative part of a population in order to estimate the hospital's performance, without collecting data for its entire population. Using a statistically valid sample, a hospital can measure its performance in an effective and efficient manner. Sampling is a particularly useful technique for performance measures that require primary data collection from a source such as the medical record. Sampling should not be used unless the hospital has a large number of cases in the Initial Patient Population because a fairly large number of sample cases are needed to achieve a representative sample of the population. For the purpose of sampling national quality measures, the terms "sample" and "case" are defined as below:

- The "sample" is the fraction of the population that is selected for further study.
- A "case" refers to a single record (or an episode of care [EOC] or event) within the population. For example, during the first quarter a hospital may have 100 patients who had principal or secondary psychiatric diagnosis code associated to the HBIPS-1, 4, 5, 6, and 7 measures. The hospital's Initial Patient Population would include 100 cases or 100 patient records for these measures during the first quarter.

To obtain statistically valid sample data, the sample size should be carefully determined and the sample cases should be randomly selected in such a way that the individual cases in the population have an equal chance of being selected. Only when the sample data truly represent the whole population can the sample-based performance measure data be meaningful and useful.

Each hospital is ultimately responsible that sampling techniques applied for their hospital adhere to the sampling requirements outlined in this manual. ORYX® Vendors are responsible for ensuring that the sampling techniques are applied consistently across their client hospitals.

Sampling is done by national quality inpatient measure set, except for Perinatal Care (PC), and Hospital-Based Inpatient Psychiatric Services (HBIPS) which are done by strata or sampling group. For measures requiring medical record abstraction, sampling must be done using available databases that contain all discharges for the transmission quarter.

Note:
Hospitals are NOT required to sample their data. If sampling offers minimal benefit (i.e., a hospital has 80 cases for the quarter and must select a sample of 76 cases) the hospital may choose to use all cases.

Order of Data Flow

Each measure set or strata have a unique definition of Initial Patient Population and sample size requirement.

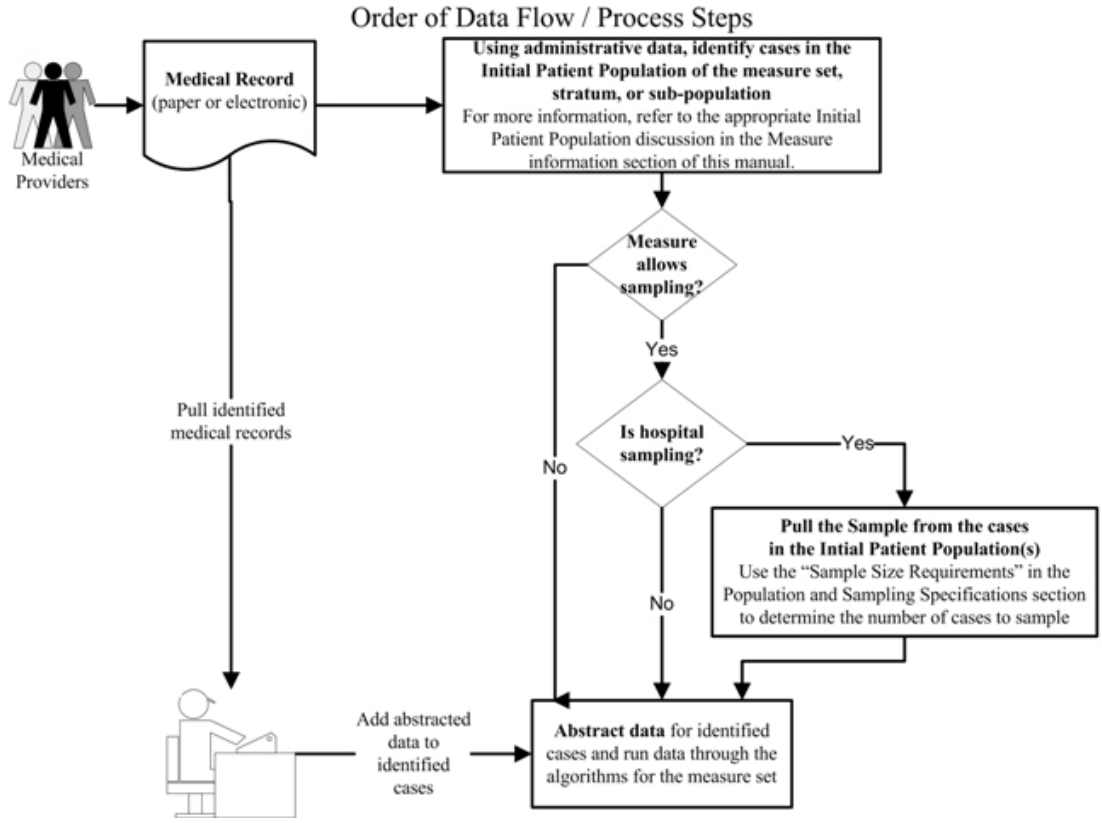
However, the same data flow or process steps can be used to identify the data that is transmitted to the Joint Commission's Data Warehouse. These process steps are:

- First, identify the Initial Patient Population for the measure set. An Initial Patient Population is defined for each measure set, stratum, and sampling group and the count is collected in the Initial Patient Population Size data elements.

All data elements in the appropriate Initial Patient Population definition, including ICD-9-CM Diagnosis Codes when appropriate, must be applied. This identification process must be completed prior to the application of data integrity filter, measure exclusions, and the application of sampling methodology.

For specific measure set, stratum, and sampling group definitions, refers to the Initial Patient Population discussion in the Measure Information section of this manual

- Second, if the measure allows sampling and the hospital is sampling, use the Initial Patient Population identified above and pull the sample of medical records for each measure set, stratum, or sampling group using the Sample Size Requirements defined in the appropriate Measure Information section of this manual. Refer to the Sample Size Requirements discussion in the Measure Information section of this manual for more information.
- Third, collect or abstract from the identified medical records the general and measure specific data elements that are needed for the measure set. The count of the number of cases used in this step is collected in the *Sample Size* data elements.
    - If the hospital is not sampling, use the medical records identified in the first data pull.
    - If the measure allows sampling and the hospital is sampling, use the medical records from the cases in the identified sample.



Sample Size Requirements

Hospitals that choose to sample have the option of sampling quarterly or sampling monthly. The sample size requirements for each of these options are described in turn. Hospitals need to use the next highest whole number when determining their required sample size. See below for rounding examples. For each measure sets sample size requirements, refer to the appropriate measure set's Measure Information section in this manual.

Hospitals selecting sample cases for measure sets that are not stratified must ensure that it's Initial Patient Population(s) and sample size(s) meet the conditions stated in the measure set's Sample Size Requirements.

For hospitals selecting sample cases for stratified measure sets or measure sets with sampling groups (e.g., HBIPS and PC), a modified sampling procedure is required. Hospitals selecting samples cases for these sets must ensure that each individual stratum's Population/sampling group and sample size meets the conditions stated in the measure set's Sample Size Requirements.

Regardless of the option used, hospital samples must be monitored to ensure that sampling procedures consistently produce statistically valid and useful data. Due to exclusions and contraindications, hospitals selecting sample cases MUST submit AT LEAST the minimum required sample size. The sample size tables for each option automatically build the number of cases needed to obtain the required sample sizes.

Hospitals that sample, should sample by their Joint Commission's *Health Care Organization Identifier*. All data that are sampled must be transmitted to The Joint Commission.

A hospital may choose to use a larger sample size than is required. Hospitals whose Initial Patient Population size is less than the minimum number of cases per quarter/month for the stratum cannot sample. For the Discharge measures (e.g., HBIPS-1, 4, 5, 6, 7, and PC), hospitals that have five or fewer discharges (both Medicare and non-Medicare combined) are not required to submit patient level data to the Joint Commission's Data Warehouse. For the event measures (e.g., HBIPS-2, and 3), hospitals must submit patient level data to The Joint Commission regardless of the number of discharges or events they have each quarter. Refer to the Sample Size Requirement tables provided in the Measure Information section to determine the minimum number of cases that need to be sampled for each HBIPS measure set.

Quarterly Sampling Examples

Quarterly Example 1: Measure set is Not Stratified
Hospitals selecting sample cases for measure set ABC, which is not stratified, must ensure that its Initial Patient Population and quarterly sample size meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population for the ABC Measure set

Hospital's Measures	
Average Quarterly Initial Patient Population "N"	Minimum Required Sample Size "n"
≥ 1551	311
391 - 1550	20% of the Initial Patient Population
78-390	78
6 - 77	No sampling; 100% of the Initial Patient Population is required
0 - 5	Submission of patient level data is not required; if submission occurs, 100% Initial Patient Population required.

Examples

- A hospital's ABC Initial Patient Population is 77 patients during the first quarter. Using the above table, no sampling is allowed – 100% of the population is required.
- A hospital's ABC Initial Patient Population is 100 patients during the second quarter. Using the above table, the required sample size is seen to be a minimum of 78 ABC patients for this quarter.
- A hospital's ABC Initial Patient Population is 401 patients during the third quarter. Using the above table, the required sample size is seen to be 20% of the population, or 81 cases for the quarter (twenty percent of 401 equals 80.2 rounded to the next whole number = 81).

- A hospital's ABC Initial Patient Population is 5 patients during the first quarters. Using the above table, submission of patient level data is not required. If the hospital chooses to submit patient level data, the required quarterly sample size would be 100% of the patient populationor 5 cases for the quarter.

Quarterly Example 2: Measure set is stratified
For hospitals selecting sample cases for measure set XYZ which contains 8 strata, a modified sampling procedure is required. Hospitals selecting sample cases for these sets must ensure that each individual stratum's population and quarterly sample size meets the following conditions.

- *Select within each of the seven individual measure stratum and the 8th XYZ stratum*.

Quarterly Sample Size
Based on Initial Patient Population for the XYZ measure set

Hospital's Measures	
Average Quarterly Stratum Initial Patient Population "N"	Minimum Required Stratum Sample Size "n"
≥ 471	48
161 - 470	10% of the Initial Patient Population
16 - 160	16
< 16	No sampling; 100% of the Initial Patient Population is required

Example

- The XYZ Initial Patient Population sizes for a hospital is 5, 50, 15, 140, 35, 201, 3, and 481 patients respectively per stratum for the quarter. Since the total Initial Patient Population for XYZ is 930, the hospital must submit patient level data. The required quarterly sample sizes for each stratum would be 5, 16, 15, 16, 16, 21, 3, and 48.
  - The 1st, 3rd, and 7th strata are less than the minimum required quarterly sample size, so 100% of each of these strata are sampled.
  - The 2nd, 4th, and 5th strata each require 16 cases to be sampled.
  - The 6th stratum has 201 patients per quarter, which requires a 10% sample size, or 21 cases (twenty percent of 201 equals 20.1 rounded to the next whole number = 21).
  - The 8th stratum is more than the maximum required quarterly sample size, so this stratum requires 48 cases to be sampled.

- The XYZ Initial Patient Population sizes for a hospital 1, 1, 0, 0, 1, 0, 1, and 1 patients respectively per stratum for the quarter. Since the total Initial Patient Population for XYZ is 5, the hospital may choose to not submit patient level data. If the hospital chooses to submit patient level data, the required quarterly sample sizes for each stratum would be 1, 1, 0, 0, 1, 0, 1, and 1.
- The 1st, 2nd, 5th, 7th, and 8th strata are less than the minimum required quarterly sample size, so 100% of each of these strata are sampled.
- There is no data to sample for the 3rd, 4th, and 6th strata.

Quarterly Example 3: Measure set has sub-populations
For hospitals selecting sample cases for measure set DEF which contains 3 independent sub-populations a modified sampling procedure is required. The three sub-populations must be sampled independently from each other.

1-Hospitals selecting sample cases for sub-population 1 must ensure that the Initial Patient Population and sample size for the sub-population 1 meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population for the Patient Sub-Population 1

Hospital's Measures	
Average Quarterly Initial Patient Sub-Population Size "N"	Minimum Required Sub-Population Sample Size "n"
≥ 896	180
226 - 895	20% of the Initial Patient Population Size
45 - 225	45
< 45	No sampling; 100% of the Initial Patient Population required
0 - 5	Submission of patient level data is not required; if submission occurs, 100% Initial Patient Population required.

2 - Hospitals selecting sample cases for sub-population 2 must ensure that the initial Patient Population and sample size for sub-population 2 meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population Size for the
Patient Sub-Population 2

Hospital's Measures	
Average Quarterly Initial Patient Sub-Population Size "N"	Minimum Required Sub-Population Sample Size "n"
≥ 1796	360
451 - 1795	20% of the Initial Patient Population
90 - 450	90
< 90	No sampling; 100% of the Initial Patient Population required

3 - Sub-population 3 *is not eligible* for sampling and will use the entire Initial Patient Population for reporting.

Example
1. Quarterly sampling for sub-population 1:

- A hospital's sub-population 1 is 752 during the second quarter. Using the quarterly sampling table for sub-population 1, the sample size required is 20% of this sub-population, or 151 cases for the quarter (twenty percent of 752 equals 150.4 rounded up to the next whole number = 151).
- A hospital's sub-population 1 is 5 during the first quarter. Using the quarterly sampling table for sub-population 1, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population is sampled.
- A hospital's sub-population 1 is 99 during the third quarter. The required quarterly sample is 45 cases.

2. Quarterly sampling for sub-population 2:

- A hospital's sub-population 2 is 511 during the second quarter. Using the quarterly sampling table for sub-population 2, the sample size required is 20% of this sub-population, or 103 cases for the quarter (twenty percent of 511 equals 102.2 rounded up to the next whole number = 103).
- A hospital's sub-population 2 is 3 during the first quarter. Using the quarterly sampling table for sub-population 2, the sample size is less than the minimum required quarterly sample size, so 100% of this sub-population is sampled.
- A hospital's sub-population 2 is 300 during the third quarter. The required quarterly sample is 90 cases.

3. Quarterly sampling for sub-population 3:

- Sub-population *is not eligible* for sampling and will use the entire initial Patient Sub-Population for reporting.

Quarterly Example 4: Measure set has Sampling Groups
For hospitals selecting sample cases for measure set HGI which contains 3 independent sampling groups a modified sampling procedure is required. The three sampling groups are sampled independently from each other. A patient falls into multiple sampling groups but may not actually be sampled for all the groups for chich the patient is eligible.

1-Hospitals selecting sample cases for sampling group 1 must ensure that the Initial Patient Population and sample size for the sampling group 1 meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population Size for the
Patient Sampling Group 1

Hospital's Measures	
Average Quarterly Initial Patient Sampling Group Size "N"	Minimum Required Sampling Group Sample Size "n"
≥ 801	161
201 - 800	20% of the Initial Patient Population Size
40 - 200	40
< 40	No sampling; 100% Initial Patient Population required

2 - Hospitals selecting sample cases for sampling group 2 must ensure that the initial Patient Population and sample size for the sampling group 2 meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population Size for the
Patient Sampling Group 2

Hospital's Measures	
Average Quarterly Initial Patient Sampling Group Size "N"	Minimum Required Sampling Group Sample Size "n"
≥ 2001	401
501 - 2000	20% of the Initial Patient Population
100 - 500	100
< 100	No sampling; 100% Initial Patient Population required

3 - Hospitals selecting sample cases for sampling group 3 must ensure that the Initial Patient Population and sample size for the sampling group 3 meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population Size for the
Patient Sampling Group 3

Hospital's Measures

Average Quarterly Initial Patient Sampling Group Size "N"	Minimum Required Sampling Group Sample Size "n"
≥ 2001	401
501 - 2000	20% of the Initial Patient Population
100 - 500	100
< 100	No sampling; 100% Initial Patient Population required

Example

1. A Hospital's sampling group 1 size 347 during the second quarter. The required sample size is 20% of the patient population or 70 cases for the quarter (twenty percent of 347 equals 69.4 rounded up to the next highest whole number is 70.)
2. A Hospital's sampling group 2 size is 250 patients during the second quarter. The required sample size is seen to be 100 patients for this quarter.
3. A Hospital's sampling group 3 size is 700 patients during the second quarter. The required sample size is seen to be 140 patients for this quarter.

Monthly Sampling Examples

Monthly Example 1: Measure set is Not Stratified
Hospitals selecting sample cases for ABC measure set must ensure that its Initial Patient Population and effective monthly sample size meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population for the ABC measure set

Hospital's Measures	
Average Monthly Initial Patient Population "N"	Minimum Required Sample Size "n"
≥ 516	104
131 – 515	20% of the Initial Patient Population
26 – 130	26
< 26	No sampling; 100% of the Initial Patient Population is required

Examples

- A hospital's ABC Initial Patient Population is 25 patients during January. Using the above table, no sampling is allowed – 100% of the population is required.
- A hospital's ABC Initial Patient Population is 130 patients during February. Using the above table, the required sample size is seen to be a minimum of 26 ABC patients for this month.
- A hospital's ABC Initial Patient Population is 301 patients during March. Using the above table, the required sample size is seen to be 20% of the population, or 61 cases for the month (twenty percent of 301 equals = 60.2 rounded to the next whole number = 61.
- A hospital's ABC Initial Patient Population is 516 patients during April. Using the above table, the required sample size is seen to be a minimum of 104 ABC patients for this month.

Monthly Example 2: Measure set is Stratified
For hospitals selecting sample cases for the XYZ measure set, a modified sampling procedure is required. Hospitals selecting sample cases for this set must ensure that each individual strata population and effective monthly sample size meets the following conditions:

- *Select within each of the seven individual measure stratum and the 8th XYZ stratum*.

Monthly Sample Size
Based on Initial Patient Population for the XYZ measure set

Hospital's Measures	
Average Monthly Stratum Initial Patient Population "N"	Minimum Required Stratum Sample Size "n"
≥ 151	16
61 - 150	10% of the Initial Patient Population
6 - 60	6
< 6	No sampling; 100% of the Initial Patient Population is required

Example

- The XYZ Initial Patient Population sizes for a hospital is 5, 50, 15, 141, 35, 201, 3, and 481 patients respectively in June. The required monthly sample sizes would be 5, 6, 6, 15, 6, 16, 3, and 16.
  - The 1st and 7th strata are less than the minimum required monthly sample size, so 100% of each of these strata are sampled.
  - The 2nd, 3rd, and 5th strata each require 6 cases to be sampled.
  - The 4th stratum has 141 patients per month, which requires a 10% sample size, or 15 cases (twenty percent of 141 equals 14.1 rounded to the next whole number = 15).
  - The 6th and 8th strata are each more than the maximum required monthly sample size, so this stratum requires 16 cases to be sampled.

Monthly Example 3: Measure set has sub-populations
For hospitals selecting sample cases for measure set DEF which contains 3 independent sub-populations a modified sampling procedure is required. The three sub-populations must be sampled independently from each other.

1 - Hospitals selecting sample cases for sub-population 1 must ensure that the Initial Patient Population and sample size for sub-population and sample size for sub-population 1 meet the followind conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the
Patient Sub-Population 1

Hospital's Measures	
Average Monthly Initial Patient Sub-Population Size "N"	Minimum Required Sub-Population Sample Size "n"
≥ 296	60
76 - 295	20% of the Initial Patient Population
15 - 75	15
< 15	No sampling; 100% of the Initial Patient Population is required

2 - Hospitals selecting sample cases for sub=population 2 must ensure that the Initial Patient Population and sample size for sub-population and sample size for sub-population 2 meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the

Patient Sub-Population 2

Hospital's Measures	
Average Monthly Initial Patient Sub-Population Size "N"	Minimum Required Sub-Population Sample Size "n"
≥ 596	120
151 - 595	20% of the Initial Patient Population
30 - 150	30
< 30	No sampling; 100% of the Initial Patient Population is required

3 - Sub-population 3 *is not eligible* for sampling and will use the entire Initial Patient Sub-Population for reporting.

Example
1. Monthly sampling for sub-population 1:

- A hospital's sub-population 1 is 81 during March. Using the monthly sampling table for sub-population 1, the sample size required is 20% of this sub-population, or 17 cases for the month (twenty percent of 81 equals 16.2 rounded up to the next whole number = 17).
- A hospital's sub-population 1 is 5 during February. Using the monthly sampling table for sub-population 1, the sample size is less than the minimum required monthly sample size, so 100% of this sub-population is sampled.
- A hospital's sub-population 1 is 45 during January. The required monthly sample is 15 cases.

2. Monthly sampling for sub-population 2:

- A hospital's sub-population is 387 during March. Using the monthly sampling table for sub-population 2, the sample size required is 20% of this sub-population, or 78 cases for the month (twenty percent of 387 equals 77.4 rounded up to the next whole number = 78).
- A hospital's sub-population 2 is 3 during February. Using the monthly sampling table for sub-population 2, the sample size is less than the minimum required monthly sample size, so 100% of this sub-population is sampled.
- A hospital's sub-population 2 is 47 during January. The required monthly sample is 30 cases.

3. Monthly sampling for sub-population 3:

- Sub-population 3 *is not eligible* for sampling and will use the entire initial Patient Sub-Population for reporting.

Monthly Example 4: Measure set has Sampling Groups

1 - Hospitals selecting sample cases for sampling group 1 must ensure that the Initial Patient Population and sample size for the sampling group 1 meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the
Patient Sampling Group 1

Hospital's Measures	
Average Monthly Initial Patient Sampling Group Size "N"	Minimum Required Sampling Group Sample Size "n"
≥ 201	41
51 - 200	20% of the Initial Patient Population Size

10 - 50	10
< 50	No sampling; 100% Initial Patient Population required

2 - Hospitals selecting sample cases for sampling group 2 must ensure that the initial Patient Population and sample size for the sampling group 2 meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the
Patient Sampling Group 2

Hospital's Measures	
Average Monthly Initial Patient Sampling Group Size "N"	Minimum Required Sampling Group Sample Size "n"
≥ 501	101
126 - 500	20% of the Initial Patient Population
25 - 125	25
< 25	No sampling; 100% Initial Patient Population required

3 - Hospitals selecting sample cases for sampling group 3 must ensure that the Initial Patient Population and sample size for the sampling group 3 meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the
Patient Sampling Group 3

Hospital's Measures	
Average Monthly Initial Patient Sampling Group Size "N"	Minimum Required Sampling Group Sample Size "n"
≥ 501	101
126 - 500	20% of the Initial Patient Population
25 - 125	25
< 25	No sampling; 100% Initial Patient Population required

Example
1. Monthly sampling for sampling group 1:

- A hospital's sampling group 1 is 81 during March. Using the monthly sampling table for sampling group 1, the sample size required is 20% of this sampling group, or 17 cases for the month (twenty percent of 81 equals 16.2 rounded up to the next whole number = 17).
- A hospital's sampling group 1 is 5 during February. Using the monthly sampling table for sub-population 1, the sample size is less than the minimum required monthly sample size, so 100% of this sampling group is sampled.
- A hospital's sampling group 1 is 45 during January. The required monthly sample is 10 cases.

2. Monthly sampling for sampling group 2:

- A hospital's sampling group is 2 is 387 during March. Using the monthly sampling table for sampling group 2,

the sample size required is 20% of this sampling group, or 78 cases for the month (twenty percent of 387 equals 77.4 rounded up to the next whole number = 78).
- A hospital's sampling group 2 is 3 during February. Using the monthly sampling table for sampling group 2, the sample size is less than the minimum required monthly sample size, so 100% of this sampling group is sampled.
- A hospital's sampling group 2 is 47 during January. The required monthly sample is 25 cases.

3. Monthly sampling for sampling group 3:

- A hospital's sampling group 3 is 125 during January. The required monthly sample is 25 cases.

Sampling Approaches

As previously stated in this section, hospitals have the option to sample from their population, or submit their entire population. Hospitals that choose to sample must ensure that the sampled data represent their Initial Patient Population by using either the simple random sampling or systematic random sampling methods and that the sampling techniques are applied consistently within a quarter. For example, monthly samples for a measure set, stratum, or sampling group must use consistent sampling techniques across the quarterly submission period.

- Simple random sampling - selecting a sample size *(n)* from a population of size *(N)* in such a way that every case has the same chance of being selected.
- Systematic random sampling - selecting every kth record from a population of size N in such a way that a sample size of n is obtained, where k ≤ N/n. The first sample record (i.e., the starting point) must be randomly selected before taking every kth record. This is a two-step process: a) Randomly select the starting point by choosing a number between one and k using a table of random numbers or a computer-generated random number; and a) Then select every kth record thereafter until the selection of the sample size is completed.

Each hospital is ultimately responsible that sampling techniques applied for their hospital adhere to the sampling requirements outlined in this manual. ORYX Vendors are responsible for ensuring that the sampling techniques are applied consistently across their client hospitals.

Sampling Approach Examples

For a hospital with an Initial Patient Population size of 350 ABC measure set discharges per quarter, the sample size would be 78. To select a random sample of 78 ABC patients:

- Simple random sampling:
  1. Generate random numbers for individual ABC patient records from a random number function using a statistical software package or computer programming language.
  2. Sort data by the random numbers either in an increasing or decreasing order.
  3. Select the first 78 ABC patient records as the random sample.

- Systematic random sampling:
  1. In this example, the hospital’s Initial Patient Population size= 350 and the sample size = 78. Divide the Initial Patient Population size by the sample size and take the quotient (i.e., the integer portion) as the sampling interval k. The sampling interval k = 350/78 = 4.5. Thus, every 4th ABC patient record will be selected from the Initial Patient Population until 78 cases are selected.
  2. To ensure that each ABC patient has an equal chance of being selected, the “starting point” must be randomly determined before selecting every 4th ABC patient record. This can be done using a computer random number generator or a random number table to randomly choose a number between 1 and 4 as the starting point.

Transmission of Initial Patient Population and Sample Data Elements

The Joint Commission requires transmission of Initial Patient Population and sample count data. Transmission of Initial Patient Population and sample count data elements are used to assist in evaluating completeness of submission in accordance with The Joint Commission sampling requirements.

The Initial Patient Population Size refers to all patients (Medicare and non-Medicare) who share common payment sources which can be identified by utilizing administrative data such as the UB-04. All ICD-9-CM diagnosis and

procedure codes included in the appropriate Initial Patient Population definition must be applied. This identification process must be completed prior to the application of data integrity filter, measure exclusions, and the application of sampling methodology. For specific measure set and strata definitions, refer to the appropriate Initial Patient Population discussion in the Measure Information section of this manual.

The Initial Patient Population and sample data elements are:

- *ICD Population Size* *
- *Initial Patient Population Size – Medicare Only* **
- *Initial Patient Population Size – Non-Medicare Only* **
- *Sample* **
- *Sampling Frequency* **
- *Sample Size – Medicare Only* **
- *Sample Size – Non-Medicare Only* **

Sample indicates whether or not the hospital has sampled data for the specified time period. *Sampling Frequency* indicates if the hospital has sampled using the monthly or quarterly methodology, or whether the entire population was used for the specified time period or the hospital had five or fewer discharges for the dicharge quarter and did not submit patient level data.

Initial Patient Population Size – Medicare Only includes all patients that are billed under Medicare or Title 18. Medicare can be listed as a primary, secondary, tertiary or lower on the list of payment sources for the patient. In addition, patients who are participating as a member of a Medicare HMO/Medicare Advantage are included in the Medicare counts, e.g., Medicare Blue, Humana gold, Secure Horizons, AARP, Coventry Advantra, etc.

* Transmitted in the aggregate data file. Refer to the *ORYX Technical Implementation Guide* for more information.

** Transmitted in the Hospital Initial Patient Population data file. Refer to the *Hospital Initial Patient Population Data XML File Layout* in the Transmission section of this manual.

Initial Patient Population and Sample Size Examples

Example 1 – Hospital does not sample
A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 120 cases in the ABC Initial Patient Population during the second quarter. The hospital does not sample the ABC measure set, so data for all 120 cases are collected and used to calculate the hospital's rate for each ABC measure. 40 of the 120 cases in the ABC Initial Patient Population are Medicare patients.

Note: Sampling Frequency = 3 (not sampling) is the only valid value for HBIPS event measures (HBIPS-2 and 3).

The breakdown of data by month and Medicare / Non-Medicare is:

	April	May	June	Total
Initial Patient Population – Medicare patients	10	15	15	40
Initial Patient Population – Non-Medicare patients	20	30	30	80
Total Initial Patient Population Size	**30**	**45**	**45**	**120**
Sample Size – Medicare patients	10	15	15	40
Sample Size – Non-Medicare patients	20	30	30	80
Total Sample Size	**30**	**45**	**45**	**120**

The following is transmitted for each month in the quarter:

	April	May	June
ICD Population Size (Initial Patient Population Size – Medicare Only + Initial Patient Population Size – Non-Medicare Only)	30	45	45

Initial Patient Population Size – Medicare Only	10	15	15
Initial Patient Population Size – Non-Medicare Only	20	30	30
Sample	N	N	N
Sampling Frequency (3 = not sampling)	3	3	3
Sample Size – Medicare Only	10	15	15
Sample Size – Non-Medicare Only	20	30	30

Example 2 – Hospital samples monthly
A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 120 cases in the ABC Initial Patient Population during the second quarter. From these 120 cases, the hospital uses the monthly sample size requirements and randomly selects a sample of 26 cases for each month. Data for these 26 cases are collected and used to calculate the hospital's rate for each ABC measure. 40 of the 120 cases in the ABC Initial Patient Population are Medicare patients and 24 of these cases were included in the sample.

Note: *Sampling Frequency* = 1 (sampling data monthly) is not valid for HBIPS event measures (HBIPS-2 and 3).

The breakdown of data by month and Medicare / Non-Medicare is:

	April	May	June	Total
Initial Patient Population – Medicare patients	10	15	15	**40**
Initial Patient Population – Non-Medicare patients	20	30	30	**80**
Total Initial Patient Population Size	**30**	**45**	**45**	**120**
Sample Size – Medicare patients	8	9	7	**24**
Sample Size – Non-Medicare patients	18	17	19	**54**
Total Sample Size	**26**	**26**	**26**	**78**

The following is transmitted for each month in the quarter:

	April	May	June
ICD Population Size (Initial Patient Population Size – Medicare Only + Initial Patient Population Size – Non-Medicare Only)	30	45	45
Initial Patient Population Size – Medicare Only	10	15	15
Initial Patient Population Size – Non-Medicare Only	20	30	30
Sample	Y	Y	Y
Sampling Frequency (1 = sampling data monthly)	1	1	1
Sample Size – Medicare Only	8	9	7
Sample Size – Non-Medicare Only	18	17	19

Example 3 – Hospital samples quarterly
A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 120 cases in the ABC Initial Patient Population during the second quarter. From these 120 cases, the hospital uses the quarterly sample size requirements and randomly selects a sample of 78 cases. Data for these 78 cases are collected and are then used to calculate the hospital's rate for each ABC measure. 40 of the 120 cases in the ABC Initial Patient Population are Medicare patients and 20 of these cases were included in the sample.

Note: *Sampling Frequency* = 2 (sampling data quarterly) is not valid for HBIPS event measures (HBIPS-2 and 3).

The breakdown of data by month and Medicare / Non-Medicare is:

	April	May	June	Total
Initial Patient Population – Medicare patients	10	15	15	40
Initial Patient Population – Non-Medicare patients	20	30	30	80
Total Initial Patient Population Size	**30**	**45**	**45**	**120**
Sample Size – Medicare patients	5	10	5	20
Sample Size – Non-Medicare patients	10	20	28	58
Total Sample Size	**15**	**30**	**33**	**78**

The following is transmitted for each month in the quarter:

	April	May	June
ICD Population Size (Initial Patient Population Size – Medicare Only + Initial Patient Population Size – Non-Medicare Only)	30	45	45
Initial Patient Population Size – Medicare Only	10	15	15
Initial Patient Population Size – Non-Medicare Only	20	30	30
Sample	Y	Y	Y
Sampling Frequency (2 = sampling data quarterly)	2	2	2
Sample Size – Medicare Only	5	10	5
Sample Size – Non-Medicare Only	10	20	28

Example 4 – Hospital has five or fewer discharges and chooses not to submit patient level data
Note: This example is only valid for the HBIPS Discharge measures (HBIPS-1, 4, 5, 6, 7, and 8). This is not valid for the HBIPS Event measures (HBIPS-2 and 3) since all data must be submitted for these measures regardless of the number of discharges or events that occur during the quarter.

A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 5 cases in the ABC Initial Patient Population for the entire measure set during the second quarter. Since the total Initial Patient Population for ABC is 5, the hospital chooses to not submit patient level data.

Note: *Sampling Frequency* = 4 (N/A, submission of patient level data is not required) is not valid for HBIPS event measures (HBIPS-2 and 3).

The breakdown of data by month and Medicare / Non-Medicare is:

	April	May	June	Total
Initial Patient Population – Medicare patients	1	0	2	3
Initial Patient Population – Non-Medicare patients	0	1	1	2
Total Initial Patient Population Size	**1**	**1**	**3**	**5**
Sample Size – Medicare patients	0	0	0	0
Sample Size – Non-Medicare patients	0	0	0	0
Total Sample Size	**0**	**0**	**0**	**0**

The following is transmitted for each month in the quarter:

	April	May	June
ICD Population Size (Initial Patient Population Size – Medicare Only + Initial Patient Population Size – Non-Medicare Only)	1	1	3
Initial Patient Population Size – Medicare Only	1	0	2
Initial Patient Population Size – Non-Medicare Only	0	1	1
Sample (clinical XML file)	N/A	N/A	N/A
Sample (Joint Commission's HCO-level file)	N	N	N
Sampling Frequency (2 = sampling data quarterly)	4	4	4
Sample Size – Medicare Only	0	0	0
Sample Size – Non-Medicare Only	0	0	0

Example 5 – Hospital has five or fewer discharges and chooses to submit patient level data
Note: This example is only valid for the HBIPS Dsicharge measures (HBIPS-1, 4, 5, 6, 7, and 8). This is not valid for the HBIPS Event measures (HBIPS-2 and 3) since all data must be submitted for these measures regardless of the number of discharges or events that occur during the quarter.

A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 5 cases in the ABC Initial Patient Population for the entire measure set during the second quarter. Even though the total Initial Patient Population for ABC is 5, the hospital chooses to submit patient level data.

Note: *Sampling Frequency* = 4 (N/A, submission of patient level data is not required) is not valid for HBIPS event measures (e.g., HBIPS-2 and 3).

The breakdown of data by month and Medicare / Non-Medicare is:

	April	May	June	Total
Initial Patient Population – Medicare patients	1	0	2	3
Initial Patient Population – Non-Medicare patients	0	1	1	2
Total Initial Patient Population Size	**1**	**1**	**3**	**5**
Sample Size – Medicare patients	1	0	2	3
Sample Size – Non-Medicare patients	0	1	1	2
Total Sample Size	**1**	**1**	**3**	**5**

The following is transmitted for each month in the quarter:

	April	May	June
ICD Population Size (Initial Patient Population Size – Medicare Only + Initial Patient Population Size – Non-Medicare Only)	1	1	3
Initial Patient Population Size – Medicare Only	1	0	2
Initial Patient Population Size – Non-Medicare Only	0	1	1
Sample	N	N	N
Sampling Frequency (2 = sampling data quarterly)	3	3	3
Sample Size – Medicare Only	1	0	2
Sample Size – Non-Medicare Only	0	1	1

Related Topics

The Joint Commission National Quality Core Measures

Data Transmission

Introduction

This section of the manual is provided to highlight the unique data transmission specifications for The Joint Commission national quality core measure data.

This section is divided into four parts: National Quality Core Measure Data Transmission, Guidelines for Submission of Data, Transmission Alphabetical Data Dictionary, and Transmission Data Processing Flows.

The Data Transmission section provides information related to the transmission of national quality core measure data to the Joint Commission's Data Warehouse.

The Guidelines for Submission of Data includes an overview of the data required to be submitted to the Joint Commission's Data Warehouse, as well as the Hospital Clinical Data XML file layout and the Hospital Initial Patient Population Data XML file Layout.

The Transmission Alphabetical Data Dictionary describes the data elements that are either used to identify the hospital and measure set associated to the transmitted data or are calculated by the vendor using the hospital's patient-level data and measure results. These data elements are not used in the Initial Patient Population Algorithms or Measure Algorithms.

The Transmission Data Processing Flows contain information regarding the order in which the Joint Commission's Data Warehouse evaluates the national hospital quality measures and the associated population and sampling data.

The Joint Commission National Quality Core Measure Data Transmission

Overview

The Joint Commission requires three different data transmissions related to the national quality core measure data. All of these transmissions are submitted by ORYX® Vendors and follow the same data transmission schedule used to submit ORYX data to The Joint Commission. The most significant items related to the transmission of national quality core measure data are listed here, but this is not an exhaustive list. Refer to the appropriate documents as detailed below for more information.

Download File Layouts

- Download Hospital Clinical Data XML File Layout (MS Excel)
- Download ICD Population XML File Layout (MS Excel)

HBIPS Hospital Initial Patient Population Data

The Joint Commission collects Initial Patient Population and sampling information by *Measure Set*. This data is required to be submitted to The Joint Commission on a quarterly basis. All Initial Patient Population and sampling data will be submitted in an XML file that adheres to the *Hospital Initial Patient Population Data XML File Layout* specifications and guidelines provided later in this section. Each file may contain data for only one provider.

Hospital Clinical Data

Hospital clinical data is required to be submitted to The Joint Commission no less than on a quarterly basis. All

HBIPS and PC patient-level data submitted to The Joint Commission must adhere to the *Hospital Clinical Data XML File Layout* specifications and guidelines provided later in this section. The hospital clinical data submitted to The Joint Commission is anonymous because no hospital identifiers or direct patient identifiers are included in the *Hospital Clinical Data XML File*.

If a patient has also been sampled for a different national hospital quality measure set, then a separate XML file must be created for the additional measure set. Refer to the applicable version of the *Specifications Manual for National Hospital Inpatient Quality Measures* for information on how to create and transmit the data for the other measure set.

Each HBIPS discharge case and event case must have a separate XML file. For example:
Example #1: During the quarter, 10 patients are discharged (*Discharge Date*) and no restraint or seclusion events occurred for any patient (not just those discharged). Ten (10) separate XML files are created and transmitted, one for each discharged patient.

Example #2: During the quarter, no patients are discharged (*Discharge Date*) and 4 unique patients have restraint or seclusion events for a total of 11 events. Eleven (11) separate XML files are created and transmitted, one for each event (*Event Date*). Multiple events (*Event Date*) for a patient **cannot** be combined into one XML file. If the same patient is restrained and seclude (*Event Type*) on the same day (*Event Date*), the two events must be transmitted in separate XML files.

Example #3: During the quarter, 1 patient is discharged (*Discharge Date*) and 1 unique patient has a restraint event and a seclusion event (*Event Date*) for a total of 2 events. The patient with the events is the same patient that was discharged. Three (3) separate XML files are created and transmitted, one for the patient's discharge information (*Discharge Date*) and one for each event (*Event Date and Event Type*). A patient's discharge information and event information **cannot** be combined into the same XML file.

Additional information:

- **Unique Key Identifier for Discharge Measures (e.g., HBIPS-1, HBIPS-4, PC-01)**:
  - *Performance Measurement System Identifier* – not part of the file, captured at the point the file is uploaded to The Joint Commission
  - *Vendor Tracking ID* – fictitious identifier generated by the measurement system to differentiate between individual patient records across their client hospitals
  - *Admission Date*
  - *Discharge Date*
  - *Measure Set*
- **Unique Key Identifier for Event Measures (e.g., HBIPS-2 and HBIPS-3)**:
  - *Performance Measurement System Identifier* – not part of the file, captured at the point the file is uploaded to The Joint Commission
  - *Vendor Tracking ID* – fictitious identifier generated by the ORYX Vendor to differentiate between individual patient records across their client hospitals
  - *Admission Date*
  - *Event Date*
  - *Event Type*
  - *Measure Set*
    - Refer to the *ORYX Technical Implementation Guide* for more information concerning the *Performance Measurement System Identifier*.
- **Transaction Processing:** Data can be added, replaced, and deleted during the current reporting quarter using the Action-Code in the XML file. In order to replace or delete an existing file at The Joint Commission, the files must match on the unique key data elements as defined above.
- **Measure Selection:** Data that passes all edits and contains all data required to calculate the measures will be accepted as long as at least one hospital has selected the measure set for the reporting quarter with the ORYX Vendor that is submitting the data.
- **Sample:** All EOC and event records included in the sample, or if the hospital is not sampling the Initial Patient Population, must be transmitted to The Joint Commission. This is true regardless of whether or not any measure for the record calculates to a *Measure Category Assignment* = "X". Note – the HBIPS event measures (HBIPS-2 and 3) do not allow sampling, all data in the Initial Patient Population of these two measures must be transmitted.

- **Data Elements Not Accepted by The Joint Commission:** The following data elements may be transmitted to the Centers for Medicare and Medicaid Services (CMS) for the aligned national hospital quality measures but cannot be transmitted to The Joint Commission for any measure because the data transmitted to The Joint Commission are anonymous. For information concerning these data elements, refer to the applicable version of the *Specifications Manual for National Hospital Inpatient Quality Measures*. Files transmitted to The Joint Commission that contain the following data will be rejected:
  - *CMS Certification Number* (CCN)
  - *National Provider Identifier* (NPI)
  - *Health Care Organization Identifier*
  - *Hospital Patient Identifier*
  - *Patient HIC #*
  - *First Name*
  - *Last Name*
  - *Race*
  - *Hispanic Ethnicity*
  - *Postal Code*
- **Data Elements Required by The Joint Commission:** In order to support the Joint Commission's data quality analysis and continuous measure verification process the following data elements are required to be transmitted for each measure in the HBIPS measure set.
  - *Measure Category Assignment*
  - *Measurement Value*
  - *Predicted Value*
- A fictitious identifier is generated by the ORYX Vendor to differentiate between individual patient records across their client hospitals because the Joint Commission's data are blinded as to whom the hospital and patient are. The following data element is used to transmit this fictitious identifier.
  - *Vendor Tracking ID*
    This identifier is unique to a patient. For the HBIPS measure set, if the patient has multiple events, each event record must be transmitted with the same *Vendor Tracking ID*. In addition, the discharge record must also be transmitted with the same ID. Refer to the Transmission Alpha Data Dictionary for more information concerning this data element.
- **HBIPS Specific Data Elements Not Accepted by The Joint Commission As Part of HCD:** The following data elements will not be transmitted to The Joint Commission in the Hospital Clinical Data (HCD) file. These data are aggregated at the hospital level and are not patient specific data. Performance measurement systems will reference the applicable version of the *ORYX Technical Implementation Guide* for instructions on how to use the data elements to calculate the HCO-level aggregate data (see below). Files transmitted to The Joint Commission that contain the following data will be rejected:
  - *Psychiatric Inpatient Days - Medicare Only*
  - *Psychiatric Inpatient Days - Non-Medicare Only*
  - *Total Leave Days - Medicare Only*
  - *Total Leave Days - Non-Medicare Only*

Aggregate Data

Aggregate hospital data is required to be submitted to The Joint Commission no less than on a quarterly basis.

- Include in the HCO-level statistical aggregate data (e.g., *Observed Rate* and *Number of Cases*) only those cases which process through the patient-level edits without being rejected and do not receive a *Measure Category Assignment* = X for any measure in the set. Refer to the "HCO-Level Data Elements" and "Electronic Data Interchange" sections of the *ORYX Technical Implementation Guide* for a complete set of definitions, allowable values, and edits related to the data elements "Observed Rate", "Number of Cases", and "Number of Rejected Cases". In addition, refer to the data element "Number of Rejected Cases" for information on how to report the number of cases excluded from the HCO-level statistical aggregate data due to data quality and missing data issues.
- **Technical Manual:** ORYX Vendors will reference the applicable version of the *ORYX Technical Implementation Guide* for instructions and data element definitions that pertain to the transmission of aggregate data for national hospital quality core measure data, including how to calculate the HCO-level aggregate data.
- **Stratified national quality core measures:** Although a stratified measure will often be referred to as a single measure (such as measure HBIPS-1), the overall rate and the individual strata measures will actually be

transmitted to The Joint Commission in the aggregate HCO-level data as a series of measures, using a number of pre-determined transmission ID numbers.

- **Missing and Invalid Data:** The following data elements are required for national hospital quality measures and must be included in the health care organization (HCO)-level data transmission file. These will not be used for traditional ORYX data. The data elements include:
  - *Number of Rejected Cases*
  - *Number of Cases with UTD Allowable Values*
  - *ICD Population Size*
  - *Sample*

    Refer to the "HCO-Level Data Elements" and "Electronic Data Interchange" sections of the *ORYX Technical Implementation Guide* for a complete set of definitions, allowable values, and edits related to these data elements.

- Five or fewer cases: The following HCO-level aggregate data elements are still required for hospital electronic to not report data for the quarter because they have five or fewer discharges (both Medicare and non-Medicare combined) for the set. The data elements include:
  - *ICD Population Size*
  - *Sample*
  - *Data Received for Health Care Organization*

Note: Hospitals may choose to not report data when they have five or fewer discharges for Discharge measures only (e.g., HBIPS-1, 4, PC-01). Hospitals must report all data for Event measures regardless of the number of discharges or events that occur during the quarter. Refer to the "HCO-Level Data Elements" and "Electronic Data Interchange" sections of the *ORYX Technical Implementation Guide* for a complete set of definitions, allowable values, and edits related to these data elements.

- **Identifiers used to transmit national quality core measure data:** The performance measure identifiers used to transmit aggregate HCO-level data to The Joint Commission are maintained within the ORYX Technical Implementation Guide. ORYX Vendors have access to the *ORYX Technical Implementation Guide* through the Performance Measurement System Extranet Track (PET).
- **ORYX data re-transmission:** The Joint Commission acknowledges that it is appropriate to allow ORYX data to be updated. We are interested in assuring the best possible data quality, especially in light of public reporting. With each regularly scheduled transmission deadline, we routinely accept retransmission of up to seven quarters of aggregate national quality core measures. In addition, we accept retransmission of up to seven quarters of aggregate non-core measure data. The purposes of the accepting the retransmitted data is to update the data for the ORYX Performance Measure Reports, national comparison group data, and the health care organization Quality Report postings. These retransmitted data may be inclusive of updated data previously submitted and/or data that may have been erroneously omitted.

  ORYX Vendors are required to correct their recognized data integrity issues and retransmit up to seven quarters of updated aggregate national quality core measures and aggregate non-core measure data (due to the rolling quarters of the ORYX Performance Measure Reports that display up to 24 months of data) by the next regularly scheduled quarterly transmission deadline. Retransmission of corrected aggregate data from issues emanating at the client health care organization-level is encouraged whenever feasible. It is the responsibility of the ORYX Vendor to notify their clients that updated data were retransmitted to The Joint Commission, and that the subsequent Quality Report posting and future ORYX Performance Measure Reports will reflect these data. It is important to note, these retransmitted data will refresh the *following quarter's* ORYX Performance Measure Reports and Quality Report (core only), and update the national comparison group rates (core only).
  Refer to the ORYX Performance Measurement System Agreement, ORYX Data Retransmission Process, for further details and associated fees that apply. ORYX Vendor inquires related to the retransmission of ORYX data should be directed to http://manual.jointcommission.org.

Information The Joint Commission Provides To Core ORYX Vendors

Risk Adjustment: The Joint Commission will provide ORYX Vendors with risk adjustment model information for the national quality core measures (e.g., PC) that require risk adjustment. ORYX Vendors must apply the risk model information to their patient-level data and generate aggregate risk adjustment data for submission to The Joint Commission as a part of HCO-level data elements. Additional specifics include:

- ORYX Vendors will have access to current national quality core measure risk model information files through the Performance Measurement System Extranet Track (PET).
- Details related to the risk model information file, its usage by ORYX Vendors and a list of significant risk factors are provided in the *ORYX Risk Adjustment Guide*. This guide is available to the public on the Joint Commission's website and, in addition, it is available to ORYX Vendors via the Joint Commission's extranet site for ORYX Vendors (PET).
- National quality core measure risk models must not be used for any purposes other than calculating risk-adjusted data elements.
- For assistance with the national quality core measure risk model information, please contact the ORYX statistical support staff at http://manual.jointcommission.org and click on Statistical Support.

National Comparison Group: The Joint Commission will provide ORYX Vendors participating in the ORYX national quality core measure initiative with national comparison group data. ORYX Vendors may use this information to prepare feedback reports for client organizations. Additional details in regard to this process include:

- ORYX Vendors will have access to national comparison group data through the Performance Measurement System Extranet Track (PET).
- Refer to the *ORYX Data Quality Manual* for the list of national comparison group data elements, how ORYX Vendors may utilize this data, and related information.
- For assistance with the national quality core measure national comparison group, please contact the ORYX statistical support staff at http://manual.jointcommission.org and click on Statistical Support.

Joint Commission Guidelines for Submission of HBIPS Data

Overview

The below guidelines are for the submission of Hospital Clinical Data and Hospital Initial Patient Population Data to The Joint Commission. Additionally, for the Joint Commission's Hospital Clinical Data Edit and Algorithm Error Messages, please refer to the Joint Commission's extranet for measurement systems (PET).

Joint Commission Guidelines for Submission of Hospital Clinical Data

Minimum Data Requirements	**Note:** Prior to processing measure outcomes all data will be verified according to the rules in the data transmission section and the edits documents. Cases submitted to the Joint Commission's Data Warehouse that do not meet the requirements outlined in these documents will be rejected.
Allowable Measure Set Combination per Patient Episode of Care	Submission of multiple files for different measure sets for a single episode of care are allowable for the following *Measure Set* combinations: 1. Joint Commission's Data Warehouse a. PC and SCIP for babies age 0 to 2 days old b. PC and SCIP for mothers age 8 and older c. PC and VTE for mothers age 18 and older d. PC and HF for mothers age 18 and older e. PC and AMI for mothers age 18 and older f. PC and PN for mothers age 18 and older g. PC and STK for mothers age 18 and older h. PC and CAC for mothers under the age 18 i. HBIPS and AMI for patients age 18 and older j. HBIPS and HF for patients age 18 abd older k. HBIPS and PN for patients age 18 and older l. HBIPS and SCIP for patients age 1 and older m. HBIPS and VTE for patients age 18 and older n. HBIPS and STK for patients age 18 and older o. HBIPS and PC mothers p. HBIPS and CAC for patients age 2 or older

	Submission of multiple files for the same episode of care will not be accepted into the Joint Commission's Data Warehouse for the following *Measure Set combinations*: 1. HBIPS and PC newborn Refer to Appendix E, Table 2.7 Allowable Measure Set Combinations for further guidance.
Requirements for XML Tags and Associated Data	Do not put spaces between XML tags and associated data. Cases with inappropriate spaces will be rejected from the Joint Commission's Data Warehouse.
Export File Character Limitations	ORYX Vendors should refer to the *ORYX Technical Implementation Guide* for guidelines related to file naming for submission of data to the Joint Commission's Data Warehouse.
Missing Data Policy	All cases submitted to the Joint Commission's Data Warehouse must have all data required to calculate the measures. Files submitted which are missing data required to calculate measures (any case that would result in a Measure Category "X" assignment) will be rejected. These cases should be reviewed by the provider and resubmitted with an allowable value indicated for any data element that was missing. Please refer to the Missing and Invalid Data section for additional information.
Data Elements Not Accepted by The Joint Commission	The following data elements may be transmitted to the Centers for Medicare and Medicaid (CMS) for the aligned national quality core measures, but they cannot be transmitted to The Joint Commission because the data transmitted to The Joint Commission is anonymous. For information concerning these data elements, refer to the applicable version of the *Specifications Manual for National Hospital Inpatient Quality Measures*. Files transmitted to The Joint Commission that contain the following data will be rejected: • *CMS Certification Number (CCN)* • *National Provider Identifier (NPI)* • *Health Care Organization Identifier* • *Hospital Patient Identifier* • *Patient HIC #* • *First Name* • *Last Name* • *Race* • *Hispanic Ethnicity* • *Postal Code*
Data Elements Required by The Joint Commission	The following data elements must be transmitted to The Joint Commission: • *Measure Category Assignment* • *Measurement Value* • *Predicted Value*
Unique Record Key (What fields make a record unique?)	Discharge Measures: *Performance Measurement System Identifier, Vendor Tracking Identifier, Admission Date, Discharge Date*, and *Measure Set* Event Measures: *Performance Measurement System Identifier, Vendor Tracking Identifier, Admission Date, Event Date, Event Type*, and *Measure Set* **Note:** Refer to the *ORYX Technical Implementation Guide* for more information concerning the Performance Measurement System Identifier.
Principal and Other Diagnosis Codes	Effective March 1, 2007 The National Uniform Billing Committee has implemented a Present on Admission indicator for Principal and Other Diagnosis codes. Data submitted to the Joint Commission's Data Warehouse must have the Present on Admission Indicator removed prior to submission. Failure to remove the indicator will result in cases being rejected from the Joint Commission's Data Warehouse.

Patient-Level Clinical Data XML File Layout

The XML File Layout is divided into the following five main sections (Please refer to Hospital Clinical Data XML File Layout for details).

Submission	1. Type – Describes the setting for which the data is being collected (Hospital) 2. Data – Describes the type of data being submitted (Clinical). 3. Version – Describes the version of the XML file layout. 4. Action-Code – Describes the action intended with the submission of the file. Options include: a. Add (applicable to a file submitted for the first time for the hospital/time period or to a file being submitted as a replacement of an existing file already submitted for a provider). b. Delete (utilize when the file is submitted for the purpose of deleting a file already submitted to the Joint Commission's Data Warehouse.) **Note:** In order to replace or delete an existing file utilizing the Add or Delete action codes, the files must match on the following fields: Discharge Measures: Performance Measurement System Identifier, Vendor Tracking Identifier, Admission Date, Discharge Date, and Measure Set Event Measures: Performance Measurement System Identifier, Vendor Tracking Identifier, Admission Date, Event Date, Event Type, and Measure Set **Note:** Refer to the *ORYX Technical Implementation Guide* for more information concerning the Performance Measurement System Identifier.
File Audit Data **Note: This section is not required**	1. Create-Date – Indicates the date the file was created. 2. Create-Time – Indicates the time the file was created. 3. Create-By – Indicates who created the file. 4. Version – Indicates the version of the file being submitted. 5. Create-by-Tool – Indicates the software tool utilized to create the file.
Abstraction Audit Data **Note: This section is not required**	1. Abstraction-Date – Indicates the date the file was abstracted. 2. Abstractor-id – Indicates the person who abstracted the file. 3. Total-Abstraction-Time – Indicates the time required to abstract the file (in seconds) 4. Comments – Area for entry of any comments regarding the abstraction.
Provider	**Note:** In order to maintain the same XML file construct, the Provider section is included within the XML file layout; however, just like the other hospital clinical data XML files being transmitted to The Joint Commission, no data will be included within this section.
Patient	Data elements in this section of the XML file relate to patient demographic information such as *Birthdate* and *Sex*.
Episode of Care	Data in this section of the XML file relate to the acute inpatient stay and clinical data associated with the stay. Examples of associated data elements include: 1. *Admission Date* 2. *Discharge Date* (discharge measures) 3. *Event Date* (event measures) 4. *Event Type* (event measures) 5. *Vendor Tracking Identifier* 6. *Measure Set* 7. Clinical Questions and answer codes

The Joint Commission	Data in this section of the XML file support the Joint Commission's data quality analysis and continuous measure verification process of the ORYX Vendors. The following data elements are required to be transmitted to The Joint Commission for each measure in the measure set. 1. *Measure Category Assignment* 2. *Measurement Value* 3. *Predicted Value* Please refer to the data dictionary for further definition of these data elements.

Abstraction Software Skip Logic and Missing Data

Skip logic allows hospitals and vendors to minimize abstraction burden by using vendor software edit logic to bypass abstraction of data elements not utilized in the measure algorithm. However, these bypassed elements also negatively impact data quality when elements are incorrectly abstracted and subsequent data elements are bypassed and left blank.

The use of skip logic by hospitals and ORYX vendors is optional and not required by The Joint Commission. Hospitals should be aware the potential impact of skip logic on data quality and abstraction burden. Vendors and hospitals utilizing skip logic should closely monitor the accuracy rate of abstracted data elements, particularly data elements placed higher in the algorithm flow.

Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data

Hospitals must submit to The Joint Commission on a quarterly basis the aggregate population and sample counts for Medicare and non-Medicare discharges for each of the measure sets. If the aggregate population count is zero, the hospital is still required to submit the Hospital Initial Inpatient Population Data file and would submit zero as the population and sample counts. In addition, The Hospital Initial Inpatient Population Data file must be transmitted to the Joint Commission's Data Warehouse even if the hospital has elected to not report the patient data for the Discharge measures (e.g., HBIPS1, 4, PC-01) when they have five or fewer cases for the set during the quarter.

Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data

Hospital Initial Patient Population Data XML File Layout

The XML File Layout is divided into the following five main sections (Please refer to Hospital Initial Patient Population Data XML File Layout for details).

Submission	1. Type – Describes the setting for which the data is being collected (Hospital) 2. Data – Describes the type of data being submitted (Population). 3. Version – Describes the version of the XML file layout. 4. Action-Code – Describes the action intended with the submission of the file. The "Add" action-code is required for all initial patient population files submitted. **Note:** In order to replace an existing file at the utilizing the Add action code, the files must match on: Health Care Organization ID, Time-Period and Measure-Set In order to replace an existing file all XML tags must be present, however, only the XML tags mentioned above (Health Care Organization ID, Time-Period, and Measure-Set) need to be submitted with values.
File Audit Data* ***Note:** This section is not required	1. Create-Date – Indicates the date the file was created. 2. Create-Time – Indicates the time the file was created. 3. Create-By – Indicates who created the file. 4. Version – Indicates the version of the file being submitted. 5. Create-by-Tool – Indicates the software tool utilized to create the file.

Related Topics

Transmission Alphabetical Data Dictionary

These data elements are either used to identify the hospital and measure set associated to the transmitted data or are calculated by the vendor using the hospital's patient-level data and measure results. These data elements are not used in the Initial Patient Population Algorithms or Measure Algorithms.

Data Element Name	Collected For
CMS Certification Number	Transmission
Health Care Organization Identifier	Transmission, Aggregate Data File, Patient Population Data File
Initial Patient Population Size – Medicare Only	Transmission, Patient Population Data File
Initial Patient Population Size – Non-Medicare Only	Transmission, Patient Population Data File
Measure Set	Transmission, Patient Population Data File, Hospital Clinical Data File
National Provider Identifier	Transmission
Predicted Value	Transmission, Risk Adjustment, Hospital Clinical Data File
Sample	Transmission, Aggregate Data File, Hospital Clinical Data File
Sample Size – Medicare Only	Transmission, Patient Population Data File
Sample Size – Non-Medicare Only	Transmission, Patient Population Data File
Sampling Frequency	Transmission, Patient Population Data File
Vendor Tracking Identifier	Transmission, Hospital Clinical Data File

Go to: Alphabetical List of all Data Elements

Related Topics

Transmission Data Processing Flow: Clinical

Introduction

This section contains information regarding the order in which the Joint Commission's Data Warehouse evaluates the Joint Commission national quality core measures.

The transmission data processing flow ensures that only valid data are used in the measure algorithms. Each case that is rejected by the process will be listed on a report along with a brief description of the problem. Vendors will access the Joint Commission's HCD Report via the Performance Measurement System Extranet Track (PET).

Transmission Data Processing Flow for The Joint Commission

Note: HBIPS contains two Initial Patient Populations, discharges and events. Discharge information and event information are transmitted in separate XML files. All events of the same type occurring on the same day are transmitted in one XML file. However, different types of events occurring on the same day are transmitted in separate XML files.

All data transmitted pass through the following process:

1. If appropriate, files are verified to be proper zip and XML files.
    - If the files are invalid, reject the file(s) and stop processing.
    - If the files are valid, continue processing.

2. The data are verified that no unexpected protected health information (PHI) (e.g., Patient HIC#, CMS Certification Number, and Postal Code) are present.
    - If unexpected PHI exists, reject the file(s) and stop processing.
    - If **no** unexpected PHI exists, continue processing.

    Starting with this step, processing is per case (individual XML file):
3. Data are evaluated to ensure the quarter associated to the *Discharge Date* or *Event Date* is open for data transmission.
    - If the Data Collection quarter is closed, reject the XML file and stop processing.
    - If the Data Collection quarter is open, continue processing.

4. Data are evaluated to ensure the *Measure Set* is expected from the submitter for the time frame (*Discharge Date* or *Event Date*) in question.
    - If the data are not expected, reject the XML file and stop processing.
    - If the data are expected, continue processing.

5. Check the action-code
    - If the action-code = ADD, continue with step #6.
    - If the action-code = DELETE, continue with step #14.

6. The general data elements, as defined in the Introduction to the Data Dictionary section, are evaluated to ensure they exist and contain valid allowable values. The HBIPS measure set is unique in that it has three different groups of general data elements. The first group is "general" for all measures in the set. The second group is only "general" for the HBIPS discharge measures. The third group is only "general" for the HBIPS event measures.

    In addition, HBIPS data elements may be "measure set specific" for one type of HBIPS measure and "general" for the other type. For example, *Psychiatric Care Setting* is a "measure set specific" data element for the discharge measures and a "general" data element for the event measures. See #8 for information concerning the processing of "measure set specific" data elements.
    - If any general data elements fall outside of the data integrity checks, reject the XML file and stop processing.
    - If any general data element is missing or invalid, reject the XML file and stop processing.
    - If all general data elements exist and contain valid allowable values, continue processing.

7. The Initial Patient Population Algorithm associated to the *Measure Set* is evaluated to ensure that the data is in the population of the set. Refer to the appropriate *Measure Set* Data Element List for the algorithm.
    - If the Initial Patient Population Algorithm returns an **Initial Patient Population Reject Case Flag** = "Yes" (case is not in the Initial Patient Population), reject the XML file and stop processing.
    - If the Initial Patient Population Algorithm returns an **Initial Patient Population Reject Case Flag** = "No" (case is in the Initial Patient Population), continue processing.

8. The *Measure Set* specific data elements are evaluated to ensure they contain valid allowable values. This step does not evaluate for missing data because that is performed by the measure algorithms.
    - If any measure set specific data elements fall outside of the data integrity checks, reject the XML file and stop processing.
    - If any measure set specific data elements are invalid, reject the XML file and stop processing.
    - If all measure set specific data elements contain valid allowable values, continue processing.

9. If appropriate for the *Measure Set*, grid data elements are evaluated to ensure each row does not contain missing data. This step does not ensure that the entire grid is empty because that evaluation is performed by the measure algorithms.
    - If any row of the grid is missing data, reject the XML file and stop processing.
    - If the grid is empty or all data elements exist in each row, continue processing.

10. Each XML file is evaluated for unexpected data. While a case may be in the population of more than one measure set, each XML file is associated to only one set.
    - If any data exists that is not expected for the *Measure Set*, reject the XML file and stop processing.
    - If no unexpected data for the *Measure Set* exists, continue processing.

11. Each XML file is evaluated to ensure that it and existing data in the database for the patient does not create an incorrect measure set combinations. For example if *Measure Set* = HBIPS for a patient less than 18 years old and a record for the same patient has previously been accepted by the Warehouse fo the *Measure Set* of PN or AMI, then the new record will create an incorrect measure set combination. Refer to the Joint Commission Guidelines for Submission of Hospital Clinical Data in the Data Transmission section for list of invalid measure set combinations.
    - If this record will create an incorrect measure set combination, reject the XML file and stop processing.
    - If this record will not create an incorrect measure set combination, continue processing.

12. Execute each measure algorithm associated to the measures the hospital has selected for the *Measure Set*. Refer to the appropriate Measure Information Forms for the *Measure Set* for the measure algorithms.
    - If any measure evaluates with a *Measure Category Assignment* = "X", reject the XML file and stop processing.
    - If all measures evaluates with *Measure Category Assignments* = "B", "D", "E", "U", and/or "Y", continue processing.

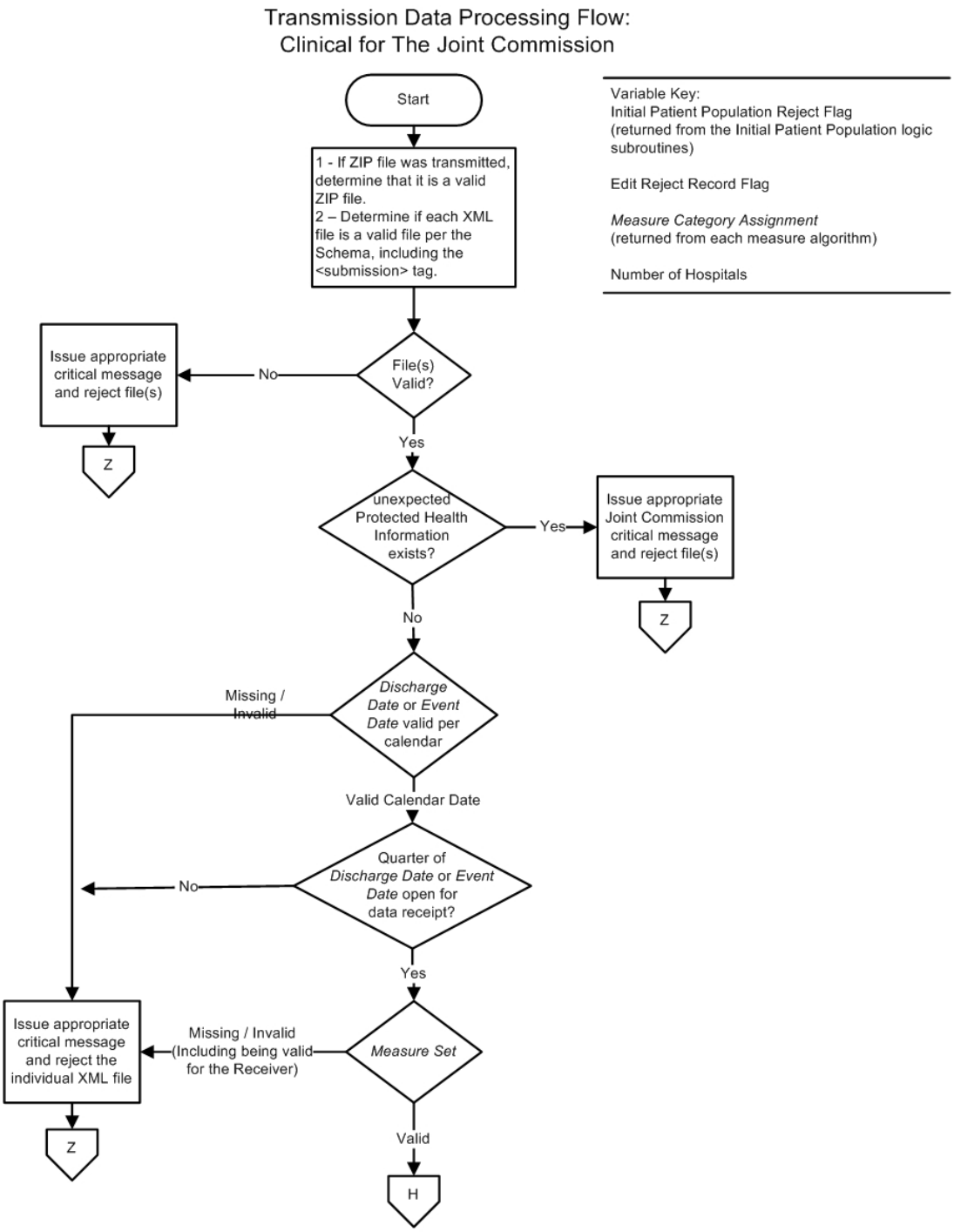
13. The case is accepted into the Joint Commission's Data Warehouse. If the data is being processing by The Joint Commission and the *Measure Set* = "AMI" or "PC", then the appropriate risk models will also be calculated and the associated data stored with the case.

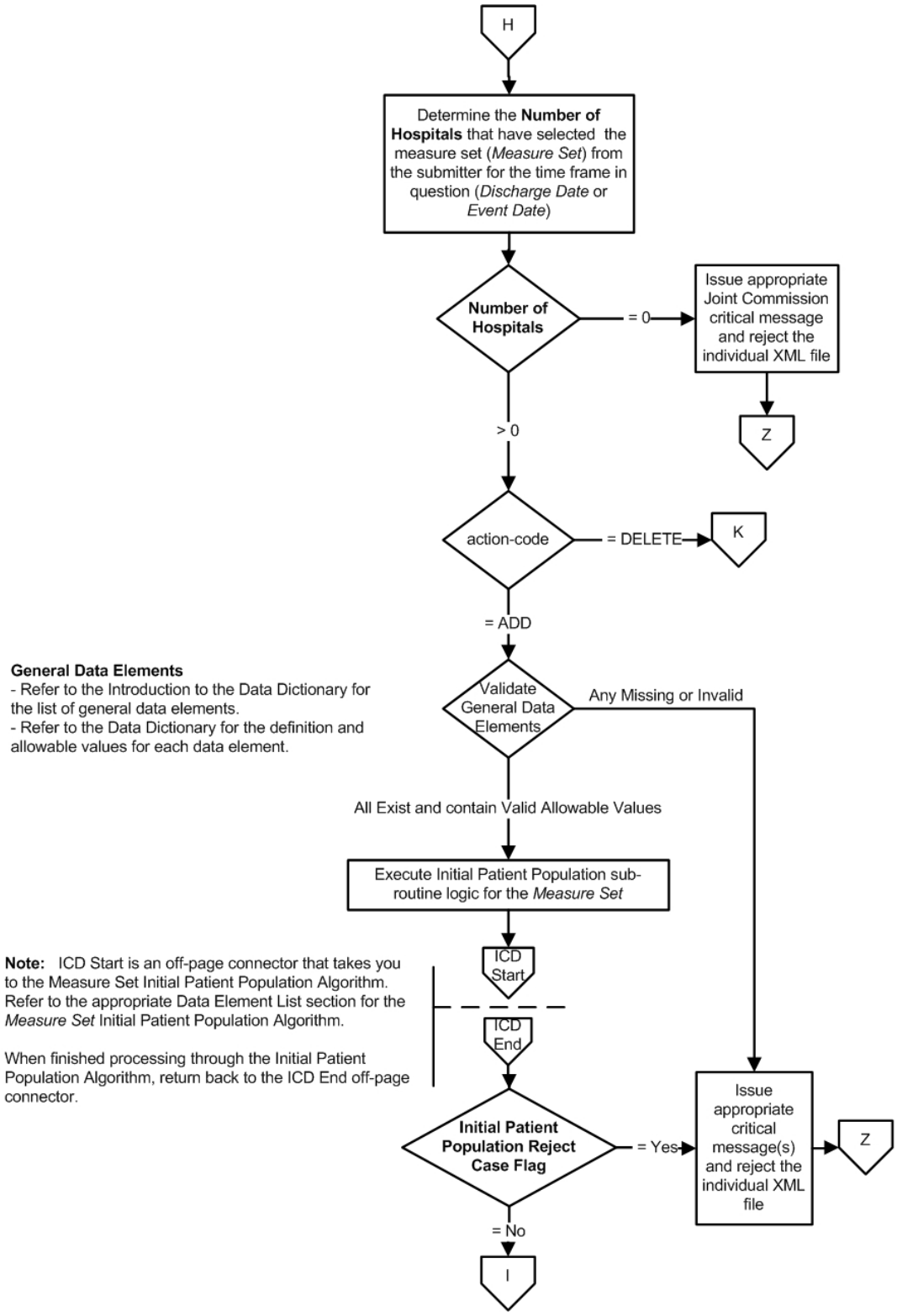
    The following steps are performed if the record's action-code = DELETE:

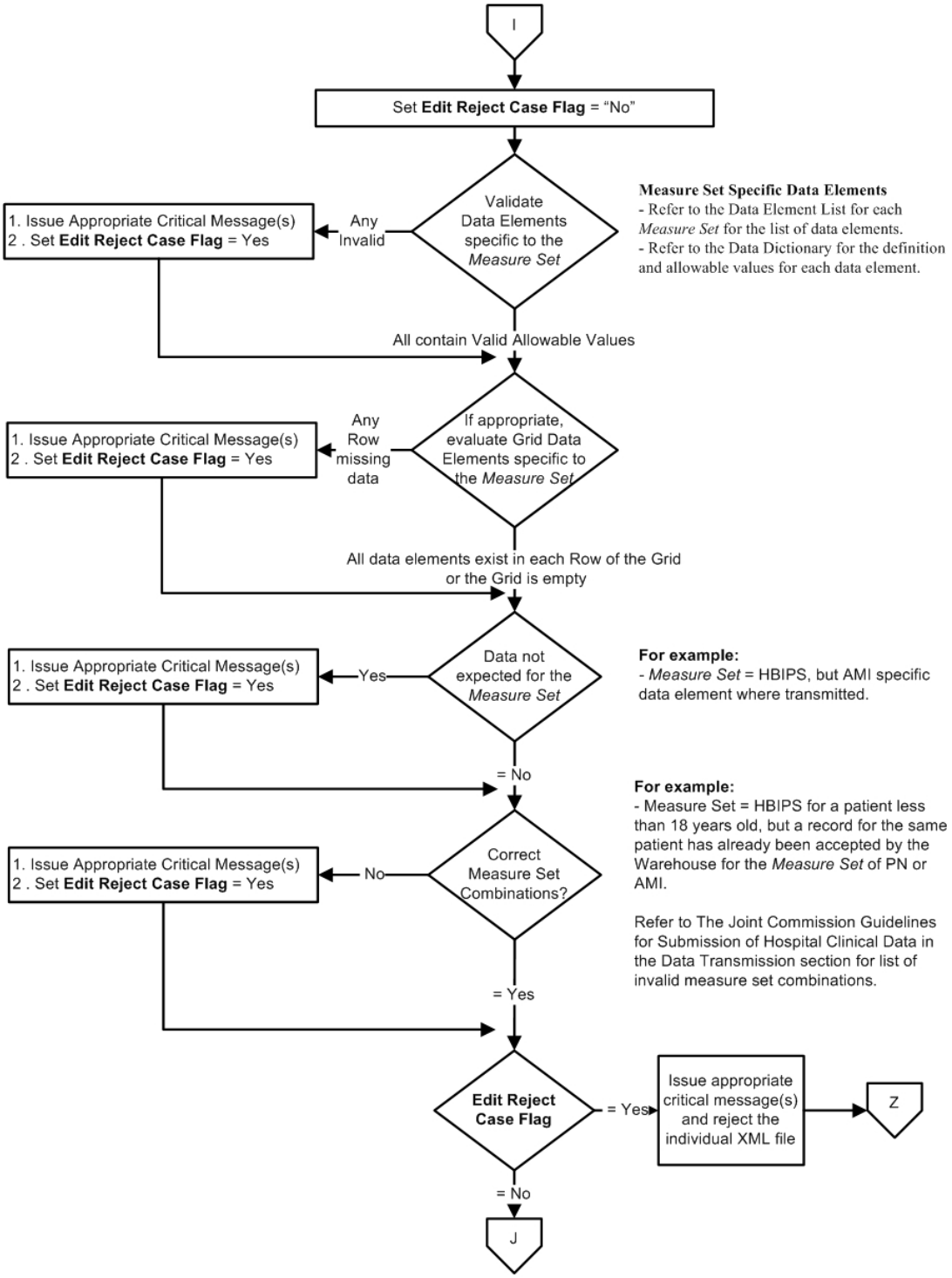
14. The remaining data elements that are part of the Unique Record Key, as defined in the Joint Commission Guidelines for Submission of Hospital Clinical Data in the Data Transmission section, are evaluated to ensure they exist and contain valid allowable values. These data elements are required for all *Measure Sets*.
    - If any Unique Record Key data element is missing or invalid, reject the XML file and stop processing.
    - If all Unique Record Key data elements exist and contain valid allowable values, continue processing.

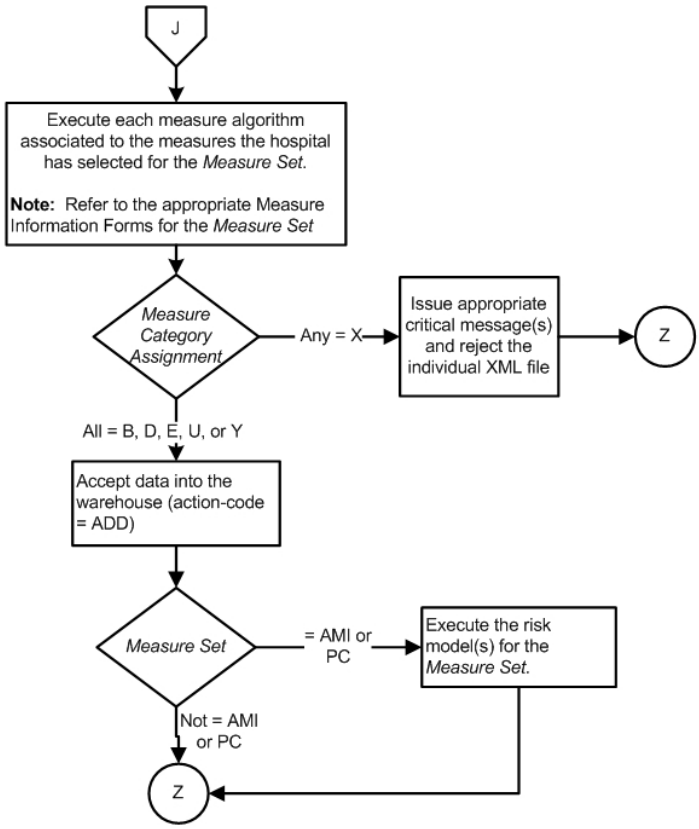
15. The database is checked to see if a record with the same Unique Record Key already exists.
    - If the case does not already exist in the database, then the transmitted DELETE record is rejected.
    - If the record already exists in the database, it is deleted.

Transmission Data Processing Flow: Clinical Algorithm

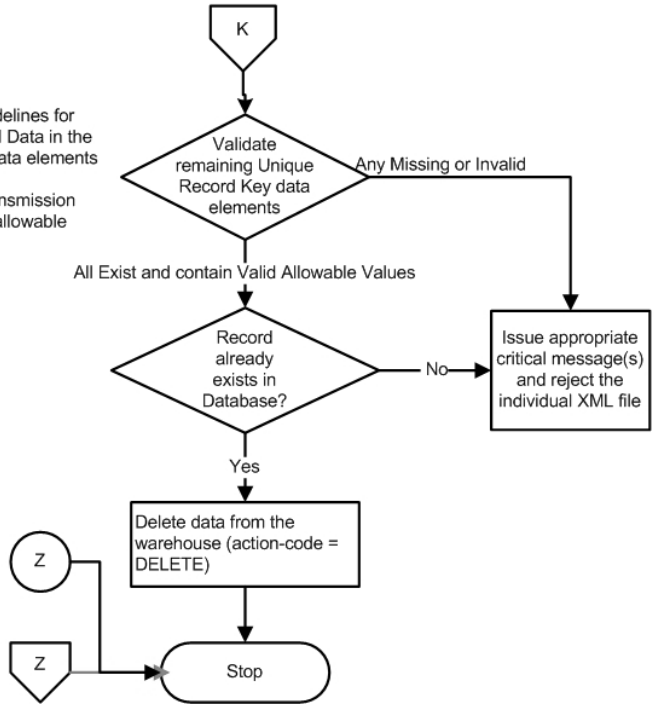



H
Determine the Number of Hospitals that have selected the measure set (Measure Set) from the submitter for the time frame in question (Discharge Date or Event Date)
Number of Hospitals
= 0
Issue appropriate Joint Commission critical message and reject the individual XML file
Z
> 0
action-code
= DELETE
K
= ADD
General Data Elements
- Refer to the Introduction to the Data Dictionary for the list of general data elements.
- Refer to the Data Dictionary for the definition and allowable values for each data element.
Validate General Data Elements
Any Missing or Invalid
All Exist and contain Valid Allowable Values
Execute Initial Patient Population sub-routine logic for the Measure Set
Note: ICD Start is an off-page connector that takes you to the Measure Set Initial Patient Population Algorithm. Refer to the appropriate Data Element List section for the Measure Set Initial Patient Population Algorithm.
When finished processing through the Initial Patient Population Algorithm, return back to the ICD End off-page connector.
ICD Start
ICD End
Initial Patient Population Reject Case Flag
= Yes
Issue appropriate critical message(s) and reject the individual XML file
Z
= No
I


I
Set **Edit Reject Case Flag** = "No"
Validate Data Elements specific to the *Measure Set*
Any Invalid
1. Issue Appropriate Critical Message(s)
2 . Set **Edit Reject Case Flag** = Yes
Measure Set Specific Data Elements
- Refer to the Data Element List for each *Measure Set* for the list of data elements.
- Refer to the Data Dictionary for the definition and allowable values for each data element.
All contain Valid Allowable Values
If appropriate, evaluate Grid Data Elements specific to the *Measure Set*
Any Row missing data
1. Issue Appropriate Critical Message(s)
2 . Set **Edit Reject Case Flag** = Yes
All data elements exist in each Row of the Grid or the Grid is empty
Data not expected for the *Measure Set*
Yes
1. Issue Appropriate Critical Message(s)
2 . Set **Edit Reject Case Flag** = Yes
For example:
- *Measure Set* = HBIPS, but AMI specific data element where transmitted.
= No
Correct Measure Set Combinations?
No
1. Issue Appropriate Critical Message(s)
2 . Set **Edit Reject Case Flag** = Yes
For example:
- Measure Set = HBIPS for a patient less than 18 years old, but a record for the same patient has already been accepted by the Warehouse for the *Measure Set* of PN or AMI.
Refer to The Joint Commission Guidelines for Submission of Hospital Clinical Data in the Data Transmission section for list of invalid measure set combinations.
= Yes
Edit Reject Case Flag
= Yes
Issue appropriate critical message(s) and reject the individual XML file
Z
= No
J



Key Data Elements
- Refer to The Joint Commission Guidelines for Submission of HBIPS Hospital Clinical Data in the Data Transmission section for list of data elements that make up the Unique Record Key.
- Refer to the Data Dictionary and Transmission Data Dictionary for the definition and allowable values for each data element.



Related Topics

Transmission Data Processing Flow: Population and Sampling

Introduction

This section contains information regarding the order in which the Joint Commission's Data Warehouse evaluate submitted files, which contain aggregate population and sampling counts. Transmission of population and sampling counts are used to assist in evaluating completeness of submission in accordance with The Joint Commission's sampling requirements.

Each case that is rejected by the process will be listed on a report along with a brief description of the problem. Vendors will access the Joint Commission's HCD Reports via the Performance Measurement System Extranet Track (PET).

Transmission Data Processing Flow

All data transmitted pass through the following process:

1. If appropriate, files are verified to be proper zip and XML files.
    - If the files are invalid, reject the file(s) and stop processing.
    - If the files are valid, continue processing.

    Starting with this step, processing is per XML file:
2. Data are evaluated to ensure that three individual time periods, which make up a calendar quarter, exist within the file.
    - If the data are not expected, reject the XML file and stop processing.
    - If the data are expected, continue processing.

3. The *Measure Set* /Stratum is evaluated to ensure a valid value is submitted.
    - If the data are not expected, reject the XML file and stop processing.
    - If the data are expected, continue processing.

4. Data are evaluated to ensure the quarter for Time Periods is open for data submission.
    - If the Data Collection quarter is closed, reject the XML file and stop processing.
    - If the Data Collection quarter is open, continue processsing.

5. If the files are submitted to The Joint Commission: The *Health Care Organization Identifier* is evaluated to ensure a valid value is submitted.
    - If the data are not expected, reject the XML file and stop processing.
    - If the data are expected, continue processing.

6. If the files are submitted to The Joint Commission: Data are evaluated to ensure the Measure Set(s) or Strata are expected from the submitter.
    - If the data are not expected, set the reject 'Pending Database' flag = Yes, continue processing.
    - If the data are expected, set the reject 'Pending Database' flag = No, continue processing.

7. Check the action-code
    - If action-code equals Add, continue with processing.
    - If the action-code is missing or invalid, reject the XML file and stop processing..

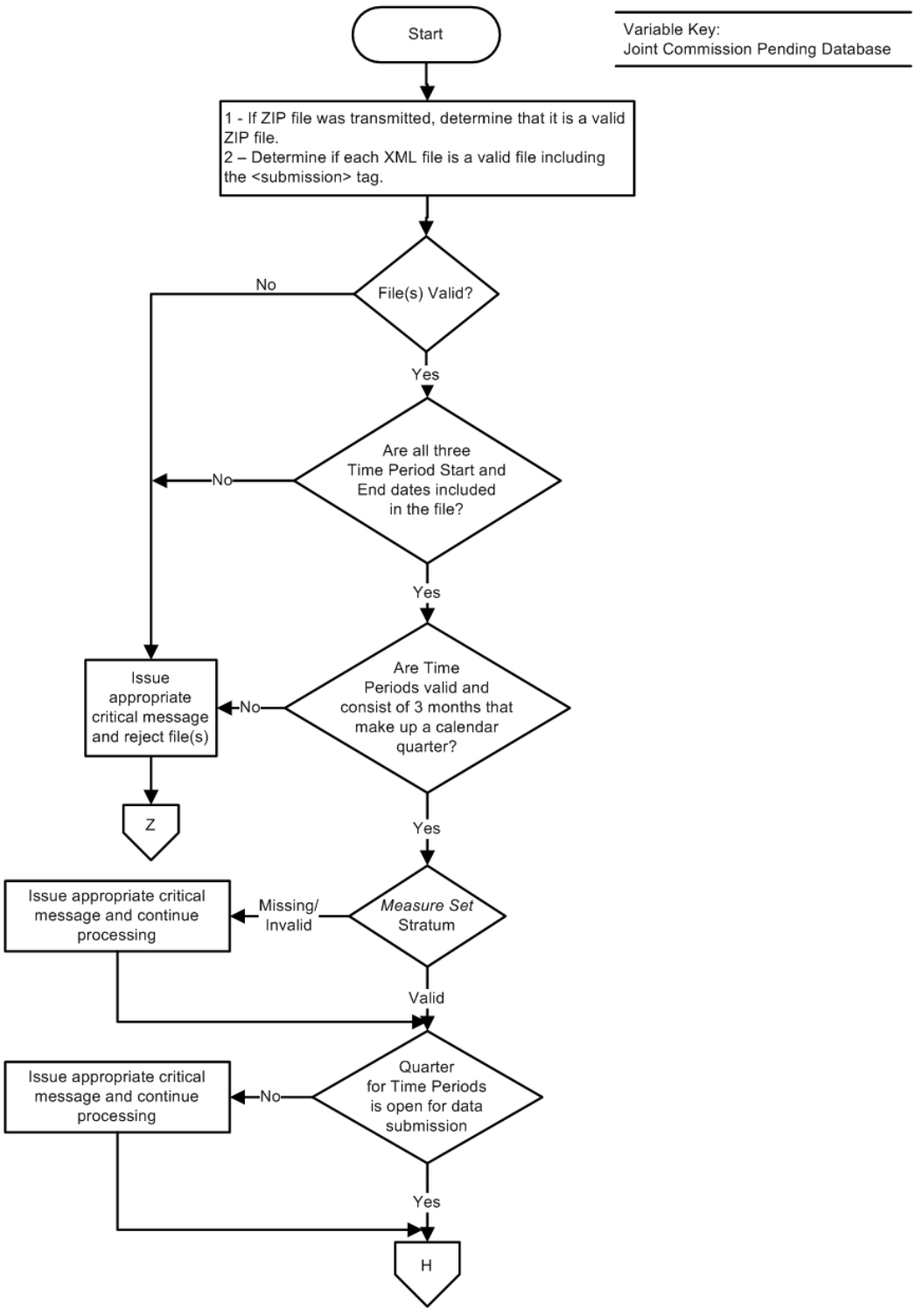
8. The trannsmission data elements, as defined in the Transmission Alphabeticla Data Dictionary, are evaluated to ensure they exist and contain valid allowable values. These transmission data elements are required for all submitted files.
    - If any transmission data elements fall outside of the data integrity checks, reject the XML file and stop processing.
    - If any transmission data element is missing or invalid, reject the XML file and stop processing.
    - If all transmission data elements exist and contain valid allowable values, continue processing.

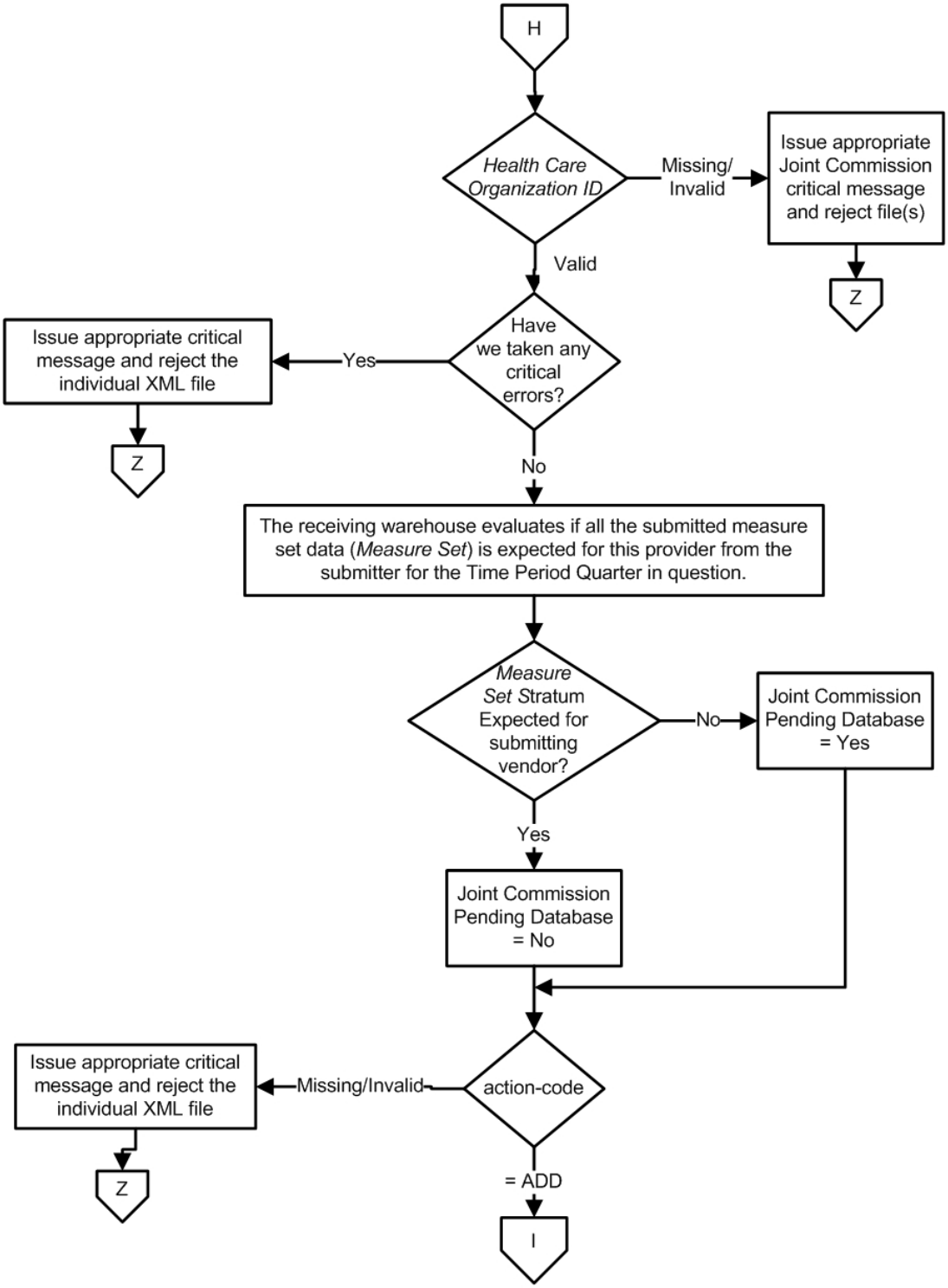
9. Data are evaluated to ensure that the sample size fulfills the required specifications. *Sample Frequency* must be consistent across all three time periods within a calendar quarter.
    - If the data are not expected, informational messages generated, continue processing.
    - If the data are expected, continue processing.

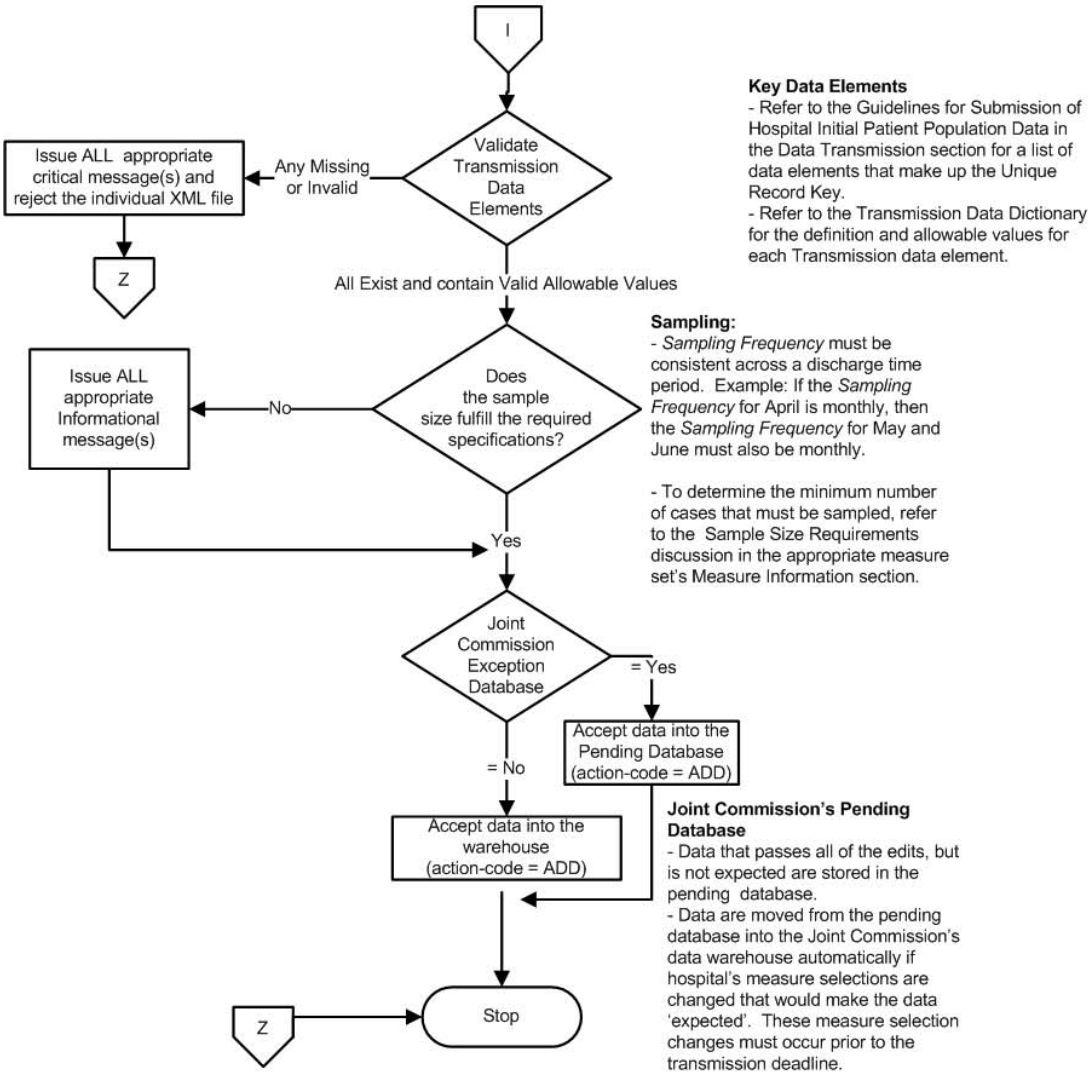
10. a. Check the Pending Database Flag
    - If the Pending Database flag = No, the case is accepted into the Joint Commission's Data Warehouse.
    - If the Pending Database flag = Yes, the case is accepted into the Joint Commission's Data Warehouse automatically if hospital's measure selections are changed that would make the data 'expected' (refer to step #6b above). These measure selection changes must occur prior to the transmission deadline.

Transmission Data Processing Flow Algorithm

Transmission Data Processing Flow: Population and Sampling for The Joint Commission




H
Health Care Organization ID
Missing/ Invalid
Issue appropriate Joint Commission critical message and reject file(s)
Z
Valid
Have we taken any critical errors?
Yes
Issue appropriate critical message and reject the individual XML file
Z
No
The receiving warehouse evaluates if all the submitted measure set data (Measure Set) is expected for this provider from the submitter for the Time Period Quarter in question.
Measure Set Stratum Expected for submitting vendor?
No
Joint Commission Pending Database = Yes
Yes
Joint Commission Pending Database = No
action-code
Missing/Invalid
Issue appropriate critical message and reject the individual XML file
Z
= ADD
I



Related Topics

Appendix A

ICD-9-CM Code Tables

- Download Code Tables (MS Excel)

Table Number 10.01: Mental Disorders *(Ver. 2010B1)*

Code	ICD-9-CM Description	Shortened Description
290.0	Senile dementia, uncomplicated, Senile dementia: NOS, simple type	SENILE DEMENTIA UNCOMP
290.10	Presenile dementia, uncomplicated, Presenile dementia: NOS, Presenile dementia: simple type	PRESENILE DEMENTIA
290.11	Presenile dementia with delirium, Presenile dementia with acute confusional state	PRESENILE DELIRIUM
290.12	Presenile dementia with delusional features, Presenile dementia, paranoid type	PRESENILE DELUSION
290.13	Presenile dementia with depressive features, Presenile dementia, depressed type	PRESENILE DEPRESSION
290.20	Senile dementia with delusional features, Senile dementia, paranoid type, Senile psychosis NOS	SENILE DELUSION
290.21	Senile dementia with depressive features	SENILE DEPRESSIVE
290.3	Senile dementia with delirium, Senile dementia with acute confusional state	SENILE DELIRIUM
290.40	Vascular dementia, uncomplicated, Arteriosclerotic dementia: NOS, simple type	VASCULAR DEMENTIA,UNCOMP
290.41	Vascular dementia with delirium, Arteriosclerotic dementia with acute confusional state	VASC DEMENTIA W DELIRIUM
290.42	Vascular dementia with delusions, Arteriosclerotic dementia, paranoid type	VASC DEMENTIA W DELUSION
290.43	Vascular dementia with depressed mood, Arteriosclerotic dementia, depressed type	VASC DEMENTIA W DEPRESSN
290.8	Other specified senile psychotic conditions, Presbyophrenic psychosis	SENILE PSYCHOSIS NEC
290.9	Unspecified senile psychotic condition	SENILE PSYCHOT COND NOS
291.0	Alcohol withdrawal delirium, Alcoholic delirium, Delirium tremens	DELIRIUM TREMENS
291.1	Alcohol induced persisting amnestic disorder, Alcoholic polyneuritic psychosis, Korsakoff's syndrome (alcoholic), Wernicke- Korsakoff syndrome (alcoholic)	ALCOHOL AMNESTIC DISORDR
291.2	Alcohol induced persisting dementia, Alcoholic dementia NOS, Alcoholism associated with dementia NOS, Chronic alcoholic brain syndrome	ALCOHOL PERSIST DEMENTIA
291.3	Alcohol induced psychotic disorder with hallucinations, Alcoholic: hallucinosis (acute), Alcoholic: psychosis with hallucinosis	ALCOH PSY DIS W HALLUCIN
291.4	Idiosyncratic alcohol intoxication, Pathologic: alcohol intoxication, Pathologic: drunkenness	PATHOLOGIC ALCOHOL INTOX
291.5	Alcohol induced psychotic disorder with delusions, Alcoholic: paranoia, Alcoholic: psychosis paranoid type	ALCOH PSYCH DIS W DELUS
291.81	Alcohol withdrawal, Alcohol: abstinence syndrome or symptoms, withdrawal syndrome or symptoms	ALCOHOL WITHDRAWAL
291.82	Alcohol induces sleep disorders, Alcohol induced circadian rhythm sleep disorders, Alcohol induced hypersomnia, Alcohol induced insomnia, Alcohol induced parasomnia	ALCOH INDUCE SLEEP DISOR
291.89	Other, Alcohol induced anxiety disorder, Alcohol induced mood disorder, Alcohol induced sexual dysfunction	ALCOHOL MENTAL DISOR NEC

291.9	Unspecified alcohol induced mental disorders, Alcoholic: mania NOS, psychosis NOS, Alcoholism (chronic) with psychosis, Alcohol related disorder NOS	ALCOHOL MENTAL DISOR NOS
292.0	Drug withdrawal, Drug: abstinence syndrome or symptoms, withdrawal syndrome or symptoms	DRUG WITHDRAWAL
292.11	Drug induced psychotic disorder with delusions, Paranoid state induces by drugs	DRUG PSYCH DISOR W DELUS
292.12	Drug induced psychotic disorder with hallucinations, Hallucinatory state induced by drugs	DRUG PSY DIS W HALLUCIN
292.2	Pathological drug intoxication, Drug reaction: NOS, idiosyncratic, pathologic-resulting in brief psychotic states	PATHOLOGIC DRUG INTOX
292.81	Drug induced delirium	DRUG-INDUCED DELIRIUM
292.82	Drug induced persisting dementia disorder	DRUG PERSISTING DEMENTIA
292.83	Drug induced persisting amnestic	DRUG PERSIST AMNESTC DIS
292.84	Drug induced mood disorders, Depressive state induced by drugs	DRUG-INDUCED MOOD DISORD
292.85	Drug induced sleep disorders, Drug induced circadian rhythm sleep disorder, Drug induced hypersomnia, Drug induced insomnia, Drug induced parasomnia	DRUG INDUCED SLEEP DISOR
292.89	Other, Drug induced anxiety disorder, Drug induced organic personality syndrome, Drug induced sexual dysfunction, Drug intoxication	DRUG MENTAL DISORDER NEC
292.9	Unspecified drug induced mental disorder, Drug related disorder NOS, Organic psychosis NOS due to or associated with drugs	DRUG MENTAL DISORDER NOS
293.0	Delirium due to conditions classified elsewhere, Acute: confusional state, infective psychosis, organic reaction, posttraumatic organic psychosis, psycho-organic syndrome, Acute psychosis associated with endocrine, metabolic, or cerebrovascular disorder, Epileptic: confusional state, twilight state	DELIRIUM D/T OTHER COND
293.1	Subacute delirium, Subacute: confusional state, infective psychosis, organic reaction, posttraumatic syndrome, psychosis associated with endocrine or metabolic disorder	SUBACUTE DELIRIUM
293.81	Psychotic disorder with delusions in conditions classified elsewhere, Transient organic psychotic condition, paranoid type	PSY DIS W DELUS OTH DIS
293.82	Psychotic disorder with hallucinations in conditions classified elsewhere, Transient organic psychotic condition, hallucinatory type	PSY DIS W HALLUC OTH DIS
293.83	Mood disorder in conditions classified elsewhere, Transient organic psychotic condition, depressive type	MOOD DISORDER OTHER DIS
293.84	Anxiety disorder in conditions classified elsewhere	ANXIETY DISORDER OTH DIS
293.89	Other, Catatonic disorder in conditions classified elsewhere	TRANSIENT MENTAL DIS NEC
293.9	Unspecified transient mental disorder in conditions classified elsewhere, Organic psychosis: infective NOS, posttraumatic NOS, Organic psychosis: transient NOS, Psycho-organic syndrome	TRANSIENT MENTAL DIS NOS
294.0	Amnestic disorder in conditions classified elsewhere, Korsakoff's psychosis or syndrome (nonalcoholic)	AMNESTIC DISORD OTH DIS
294.10	Dementia in conditions classified elsewhere without behavioral disturbance, Dementia in conditions classified elsewhere NOS	DEMENTIA W/O BEHAV DIST
294.11	Dementia in conditions classified elsewhere with behavioral disturbance, Aggressive behavior, Combative behavior, Violent behavior, Wandering off	DEMENTIA W BEHAVIOR DIST
294.8	Other persistent mental disorders due to conditions classified elsewhere, Amnestic disorder NOS, Dementia NOS, Epileptic psychosis NOS, Mixed paranoid and affective organic psychotic states	MENTAL DISOR NEC OTH DIS
294.9	Unspecified persistent mental disorders due to conditions classified elsewhere, Cognitive disorder NOS, Organic psychosis (chronic)	MENTAL DISOR NOS OTH DIS
295.00	Simple type, Schizophrenia simplex, unspecified	SIMPL SCHIZOPHREN-UNSPEC
295.01	Simple type, Schizophrenia simplex, subchronic	SIMPL SCHIZOPHREN-SUBCHR
295.02	Simple type, Schizophrenia simplex, chronic	SIMPLE SCHIZOPHREN-CHR

295.03	Simple type, Schizophrenia simplex, subchronic with acute exacerbation	SIMP SCHIZ-SUBCHR/EXACER
295.04	Simple type, Schizophrenia simplex, chronic with acute exacerbation	SIMPL SCHIZO-CHR/EXACERB
295.05	Simple type, Schizophrenia simplex, in remission	SIMPL SCHIZOPHREN-REMISS
295.10	Disorganized type, Hebephrenia, Hebephrenic type schizophrenia, unspecified	HEBEPHRENIA-UNSPEC
295.11	Disorganized type, Hebephrenia, Hebephrenic type schizophrenia, subchronic	HEBEPHRENIA-SUBCHRONIC
295.12	Disorganized type, Hebephrenia, Hebephrenic type schizophrenia, chronic	HEBEPHRENIA-CHRONIC
295.13	Disorganized type, Hebephrenia, Hebephrenic type schizophrenia, subchronic with acute exacerbation	HEBEPHREN-SUBCHR/EXACERB
295.14	Disorganized type, Hebephrenia, Hebephrenic type schizophrenia, chronic with acute exacerbation	HEBEPHRENIA-CHR/EXACERB
295.15	Disorganized type, Hebephrenia, Hebephrenic type schizophrenia in remission	HEBEPHRENIA-REMISSION
295.20	Catatonic type, Catatonic (schizophrenia): agitation, excitation, excited type, stupor, withdrawn type, Schizophrenic: catalepsy, catatonia, flexibilitas cerea, unspecified	CATATONIA-UNSPEC
295.21	Catatonic type, Catatonic (schizophrenia): agitation, excitation, excited type, stupor, withdrawn type, Schizophrenic: catalepsy, catatonia, flexibilitas cerea, subchronic	CATATONIA-SUBCHRONIC
295.22	Catatonic type, Catatonic (schizophrenia): agitation, excitation, excited type, stupor, withdrawn type, Schizophrenic: catalepsy, catatonia, flexibilitas cerea, chronic	CATATONIA-CHRONIC
295.23	Catatonic type, Catatonic (schizophrenia): agitation, excitation, excited type, stupor, withdrawn type, Schizophrenic: catalepsy, catatonia, flexibilitas cerea, subchronic with acute exacerbation	CATATONIA-SUBCHR/EXACERB
295.24	Catatonic type, Catatonic (schizophrenia): agitation, excitation, excited type, stupor, withdrawn type, Schizophrenic: catalepsy, catatonia, flexibilitas cerea, chronic with acute exacerbation	CATATONIA-CHR/EXACERB
295.25	Catatonic type, Catatonic (schizophrenia): agitation, excitation, excited type, stupor, withdrawn type, Schizophrenic: catalepsy, catatonia, flexibilitas cerea, in remission	CATATONIA-REMISSION
295.30	Paranoid type, Paraphrenic schizophrenia, unspecified	PARANOID SCHIZO-UNSPEC
295.31	Paranoid type, Paraphrenic schizophrenia, subchronic	PARANOID SCHIZO-SUBCHR
295.32	Paranoid type, Paraphrenic schizophrenia, chronic	PARANOID SCHIZO-CHRONIC
295.33	Paranoid type, Paraphrenic schizophrenia, subchronic with acute exacerbation	PARAN SCHIZO-SUBCHR/EXAC
295.34	Paranoid type, Paraphrenic schizophrenia, chronic with actue exacerbation	PARAN SCHIZO-CHR/EXACERB
295.35	Paranoid type, Paraphrenic schizophrenia, in remission	PARANOID SCHIZO-REMISS
295.40	Schizophreniform disorder, Oneirophrenia, Schizophreniform: attack, Schizophreniform: psychosis, confusional type, unspecified	SCHIZOPHRENIFORM DIS NOS
295.41	Schizophreniform disorder, Oneirophrenia, Schizophreniform: attack, Schizophreniform: psychosis, confusional type, subchronic	SCHIZOPHRENIC DIS-SUBCHR
295.42	Schizophreniform disorder, Oneirophrenia, Schizophreniform: attack, Schizophreniform: psychosis, confusional type, chronic	SCHIZOPHREN DIS-CHRONIC
295.43	Schizophreniform disorder, Oneirophrenia, Schizophreniform: attack, Schizophreniform: psychosis, confusional type, subchronic with acute exacerbation	SCHIZO DIS-SUBCHR/EXACER
295.44	Schizophreniform disorder, Oneirophrenia, Schizophreniform: attack, Schizophreniform: psychosis, confusional type, chronic with acute exacerbation	SCHIZOPHR DIS-CHR/EXACER
295.45	Schizophreniform disorder, Oneirophrenia, Schizophreniform: attack, Schizophreniform: psychosis, confusional type, in remission	SCHIZOPHRENIC DIS-REMISS
295.50	Latent schizophrenia, Latent schizophrenic reaction, Schizophrenia: borderline, incipient, prepsychotic, prodromal, pseudoneurotic,	LATENT SCHIZOPHREN-UNSP

	pseudopsychopathic, unspecified	
295.51	Latent schizophrenia, Latent schizophrenic reaction, Schizophrenia: borderline, incipient, prepsychotic, prodromal, pseudoneurotic, pseudopsychopathic, subchronic	LAT SCHIZOPHREN-SUBCHR
295.52	Latent schizophrenia, Latent schizophrenic reaction, Schizophrenia: borderline, incipient, prepsychotic, prodromal, pseudoneurotic, pseudopsychopathic, chronic	LATENT SCHIZOPHREN-CHR
295.53	Latent schizophrenia, Latent schizophrenic reaction, Schizophrenia: borderline, incipient, prepsychotic, prodromal, pseudoneurotic, pseudopsychopathic, subchronic with acute exacerbation	LAT SCHIZO-SUBCHR/EXACER
295.54	Latent schizophrenia, Latent schizophrenic reaction, Schizophrenia: borderline, incipient, prepsychotic, prodromal, pseudoneurotic, pseudopsychopathic, chronic with acute exacerbation	LATENT SCHIZO-CHR/EXACER
295.55	Latent schizophrenia, Latent schizophrenic reaction, Schizophrenia: borderline, incipient, prepsychotic, prodromal, pseudoneurotic, pseudopsychopathic, in remission	LAT SCHIZOPHREN-REMISS
295.60	Residual type, Chronic undifferentiated schizophrenia, Restzustand (schizophrenic), Schizophrenic residual state, unspecified	SCHIZOPHR DIS RESID NOS
295.61	Residual type, Chronic undifferentiated schizophrenia, Restzustand (schizophrenic), Schizophrenic residual state, subchronic	SCHIZOPH DIS RESID-SUBCH
295.62	Residual type, Chronic undifferentiated schizophrenia, Restzustand (schizophrenic), Schizophrenic residual state, chronic	SCHIZOPHR DIS RESID-CHR
295.63	Residual type, Chronic undifferentiated schizophrenia, Restzustand (schizophrenic), Schizophrenic residual state, subchronic with acute exacerbation	SCHIZO RESID SUBCHR/EXAC
295.64	Residual type, Chronic undifferentiated schizophrenia, Restzustand (schizophrenic), Schizophrenic residual state, chronic with acute exacerbation	SCHIZOPH RESID-CHRO/EXAC
295.65	Residual type, Chronic undifferentiated schizophrenia, Restzustand (schizophrenic), Schizophrenic residual state, in remission	SCHIZOPH DIS RESID-REMIS
295.70	Schizoaffective disorder, Cyclic schizophrenia, Mixed schizophrenic and affective psychosis, Schizo-affective psychosis, Schizophreniform psychosis, affective type, unspecified	SCHIZOAFFECTIVE DIS NOS
295.71	Schizoaffective disorder, Cyclic schizophrenia, Mixed schizophrenic and affective psychosis, Schizo-affective psychosis, Schizophreniform psychosis, affective type, subchronic	SCHIZOAFFECTV DIS-SUBCHR
295.72	Schizoaffective disorder, Cyclic schizophrenia, Mixed schizophrenic and affective psychosis, Schizo-affective psychosis, Schizophreniform psychosis, affective type, chronic	SCHIZOAFFECTIVE DIS-CHR
295.73	Schizoaffective disorder, Cyclic schizophrenia, Mixed schizophrenic and affective psychosis, Schizo-affective psychosis, Schizophreniform psychosis, affective type, subchronic with acute exacerbation	SCHIZOAFF DIS-SUBCH/EXAC
295.74	Schizoaffective disorder, Cyclic schizophrenia, Mixed schizophrenic and affective psychosis, Schizo-affective psychosis, Schizophreniform psychosis, affective type, chronic with acute exacerbation	SCHIZOAFFTV DIS-CHR/EXAC
295.75	Schizoaffective disorder, Cyclic schizophrenia, Mixed schizophrenic and affective psychosis, Schizo-affective psychosis, Schizophreniform psychosis, affective type, in remission	SCHIZOAFFECTVE DIS-REMIS
295.80	Other specified types of schizophrenia, Acute (undifferentiated) schizophrenia, Atypical schizophrenia, Cenesthopathic schizophrenia, unspecified	SCHIZOPHRENIA NEC-UNSPEC
295.81	Other specified types of schizophrenia, Acute (undifferentiated) schizophrenia, Atypical schizophrenia, Cenesthopathic schizophrenia, subchronic	SCHIZOPHRENIA NEC-SUBCHR
295.82	Other specified types of schizophrenia, Acute (undifferentiated) schizophrenia, Atypical schizophrenia, Cenesthopathic schizophrenia, chronic	SCHIZOPHRENIA NEC-CHR

295.83	Other specified types of schizophrenia, Acute (undifferentiated) schizophrenia, Atypical schizophrenia, Cenesthopathic schizophrenia, subchronic with acute exacerbation	SCHIZO NEC-SUBCHR/EXACER
295.84	Other specified types of schizophrenia, Acute (undifferentiated) schizophrenia, Atypical schizophrenia, Cenesthopathic schizophrenia, chronic with acute exacerbation	SCHIZO NEC-CHR/EXACERB
295.85	Other specified types of schizophrenia, Acute (undifferentiated) schizophrenia, Atypical schizophrenia, Cenesthopathic schizophrenia, in remission	SCHIZOPHRENIA NEC-REMISS
295.90	Unspecified schizophrenia, Schizophrenia: NOS, mixed NOS, undifferentiated NOS, undifferentiated type, Schizophrenic reaction NOS, Schizophreniform psychosis NOS, unspecified	SCHIZOPHRENIA NOS-UNSPEC
295.91	Unspecified schizophrenia, Schizophrenia: NOS, mixed NOS, undifferentiated NOS, undifferentiated type, Schizophrenic reaction NOS, Schizophreniform psychosis NOS, subchronic	SCHIZOPHRENIA NOS-SUBCHR
295.92	Unspecified schizophrenia, Schizophrenia: NOS, mixed NOS, undifferentiated NOS, undifferentiated type, Schizophrenic reaction NOS, Schizophreniform psychosis NOS, chronic	SCHIZOPHRENIA NOS-CHR
295.93	Unspecified schizophrenia, Schizophrenia: NOS, mixed NOS, undifferentiated NOS, undifferentiated type, Schizophrenic reaction NOS, Schizophreniform psychosis NOS, subchronic with acute exacerbation	SCHIZO NOS-SUBCHR/EXACER
295.94	Unspecified schizophrenia, Schizophrenia: NOS, mixed NOS, undifferentiated NOS, undifferentiated type, Schizophrenic reaction NOS, Schizophreniform psychosis NOS, chronic with acute exacerbation	SCHIZO NOS-CHR/EXACERB
295.95	Unspecified schizophrenia, Schizophrenia: NOS, mixed NOS, undifferentiated NOS, undifferentiated type, Schizophrenic reaction NOS, Schizophreniform psychosis NOS, in remission	SCHIZOPHRENIA NOS-REMISS
296.00	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, unspecified	BIPOL I SINGLE MANIC NOS
296.01	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, mild	BIPOL I SINGLE MANC-MILD
296.02	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, moderate	BIPOL I SINGLE MANIC-MOD
296.03	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, severe, without mention of psychotic behavior	BIPOL I SING-SEV W/O PSY
296.04	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, severe, specified as with psychotic behavior	BIPO I SIN MAN-SEV W PSY
296.05	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, in partial or unspecified remission	BIPOL I SING MAN REM NOS
296.06	Bipolar I disorder, single manic episode, Hypomania (mild) NOS, Hypomanic psychosis, Mania (monopolar) NOS, Manic-depressive psychosis or reaction: hypomanic, manic-single episode or unspecified, in full remission	BIPOL I SINGLE MANIC REM
296.10	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, unspecified	RECUR MANIC DIS-UNSPEC

296.11	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, mild	RECUR MANIC DIS-MILD
296.12	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, moderate	RECUR MANIC DIS-MOD
296.13	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, severe, without mention of psychotic behavior	RECUR MANIC DIS-SEVERE
296.14	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, severe, specified as with psychotic behavior	RECUR MANIC-SEV W PSYCHO
296.15	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, in partial or unspecified remission	RECUR MANIC-PART REMISS
296.16	Manic disorder, recurrent episode, Any condition classifiable to 296.0, stated to be recurrent, in full remission	RECUR MANIC-FULL REMISS
296.20	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, unspecified	DEPRESS PSYCHOSIS-UNSPEC
296.21	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, mild	DEPRESS PSYCHOSIS-MILD
296.22	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, moderate	DEPRESSIVE PSYCHOSIS-MOD
296.23	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, severe, without mention of psychotic behavior	DEPRESS PSYCHOSIS-SEVERE
296.24	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, severe, specified as with psychotic behavior	DEPR PSYCHOS-SEV W PSYCH
296.25	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, in partial or unspecified remission	DEPR PSYCHOS-PART REMISS
296.26	Major depressive disorder, single episode, Depressive psychosis, Endogenous depression, Involutional melancholia, Manic-depressive psychosis or reaction, depressed type, Monopolar depression, Psychotic depression-single episode or unspecified, in full remission	DEPR PSYCHOS-FULL REMISS
296.30	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, unspecified	RECURR DEPR PSYCHOS-UNSP
296.31	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, mild	RECURR DEPR PSYCHOS-MILD
296.32	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, moderate	RECURR DEPR PSYCHOS-MOD
296.33	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, severe, without mention of psychotic behavior	RECUR DEPR PSYCH-SEVERE
296.34	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, severe, specified as with psychotic behavior	REC DEPR PSYCH-PSYCHOTIC

296.35	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, in partial or unspecified remission	RECUR DEPR PSYC-PART REM
296.36	Major depressive disorder, recurrent episode, Any condition classifiable to 296.2, stated to be recurrent, in full remission	RECUR DEPR PSYC-FULL REM
296.40	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, unspecified	BIPOL I CURRNT MANIC NOS
296.41	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, mild	BIPOL I CURNT MANIC-MILD
296.42	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, moderate	BIPOL I CURRNT MANIC-MOD
296.43	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, severe, without mention of psychotic behavior	BIPOL I MANC-SEV W/O PSY
296.44	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, severe, specified as wit psychotic behavior	BIPOL I MANIC-SEV W PSY
296.45	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, in partial or unspecified remission	BIPOL I CUR MAN PART REM
296.46	Bipolar I disorder, most recent episode (or current) manic, Bipolar disorder, now manic, Manic-depressive psychosis, circular type by currently manic, in full remission	BIPOL I CUR MAN FULL REM
296.50	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, unspecified	BIPOL I CUR DEPRES NOS
296.51	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, mild	BIPOL I CUR DEPRESS-MILD
296.52	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, moderate	BIPOL I CUR DEPRESS-MOD
296.53	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, severe, without mention of psychotic behavior	BIPOL I CURR DEP W/O PSY
296.54	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, severe, specified as with psychotic behavior	BIPOL I CURRNT DEP W PSY
296.55	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, in partial or unspecified remission	BIPOL I CUR DEP REM NOS
296.56	Bipolar I disorder most recent episode (or current) depressed, Bipolar disorder, now depressed, Manic-depressive psychosis, circular type but currently depressed, in full remission	BIPOL I CURRNT DEP REMIS
296.60	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, unspecified	BIPOL I CURRNT MIXED NOS
296.61	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, mild	BIPOL I CURRNT MIX-MILD
296.62	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, moderate	BIPOL I CURRNT MIXED-MOD
296.63	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, severe, without mention of psychotic behavior	BIPOL I CUR MIX W/O PSY

296.64	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, severe, specified as with psychotic behavior	BIPOL I CUR MIXED W PSY
296.65	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, in partial or unspecified remission	BIPOL I CUR MIX-PART REM
296.66	Bipolar I disorder, most recent episode (or current) mixed, Manic-depressive psychosis, circular type, mixed, in full remission	BIPOL I CUR MIXED REMISS
296.7	Bipolar I disorder, most recent episode (or current) unspecified, Atypical bipolar affective disorder NOS, Manic-depressive psychosis, circular type, current condition not specified as either manic or depressive	BIPOLOR I CURRENT NOS
296.80	Bipolar disorder, unspecified, Bipolar disorder NOS, Manic-depressive: reaction NOS, syndrome NOS	BIPOLAR DISORDER NOS
296.81	Atypical manic disorder	ATYPICAL MANIC DISORDER
296.82	Atypical depressive disorder	ATYPICAL DEPRESSIVE DIS
296.89	Other, Bipolar II disorder, Manic-depressive psychosis, mixed type	BIPOLAR DISORDER NEC
296.90	Unspecified episodic mood disorder, Affective psychosis NOS, Melancholia NOS, Mood disorder NOS	EPISODIC MOOD DISORD NOS
296.99	Other specified episodic mood disorder, Mood swings brief compensatory, Mood swings: rebound	EPISODIC MOOD DISORD NEC
297.0	Paranoid state, simple	PARANOID STATE, SIMPLE
297.1	Delusional disorder, Chronic paranoid psychosis, Sander's disease, Systematized delusions	DELUSIONAL DISORDER
297.2	Paraphrenia, Involutional paranoid state, Late paraphrenia, Paraphrenia (involutional)	PARAPHRENIA
297.3	Shared psychotic disorder, Folie à deux, Induced psychosis or paranoid disorder	SHARED PSYCHOTIC DISORD
297.8	Other specified paranoid states, Paranoia querulans, Sensitiver Beziehungswahn	PARANOID STATES NEC
297.9	Unspecified paranoid state, Paranoid: disorder NOS, psychosis NOS, Paranoid: reaction NOS, state NOS	PARANOID STATE NOS
298.0	Depressive type psychosis, Psychogenic depressive psychosis, Psychotic reactive depression, Reactive depressive psychosis	REACT DEPRESS PSYCHOSIS
298.1	Excitative type psychosis, Acute hysterical psychosis, Psychogenic excitation, Reactive excitation	EXCITATIV TYPE PSYCHOSIS
298.2	Reactive confusion, Psychogenic twilight state	REACTIVE CONFUSION
298.3	Acute paranoid reaction, Acute psychogenic paranoid psychosis, Bouffée délirante	ACUTE PARANOID REACTION
298.4	Psychogenic paranoid psychosis, Protracted reactive paranoid psychosis	PSYCHOGEN PARANOID PSYCH
298.8	Other and unspecified reactive psychosis, Brief psychotic disorder, Brief reactive psychosis NOS, Hysterical psychosis, Psychogenic psychosis NOS, Psychogenic stupor	REACT PSYCHOSIS NEC/NOS
298.9	Unspecified psychosis, Atypical psychosis, psychosis NOS, Psychotic disorder NOS	PSYCHOSIS NOS
299.00	Autistic disorder, Childhood autism, Infantile psychosis, Kanner's syndrome, current or active state	AUTISTIC DISORD-CURRENT
299.01	Autistic disorder, Childhood autism, Infantile psychosis, Kanner's syndrome, residual state	AUTISTIC DISORD-RESIDUAL
299.10	Childhood disintegrative disorder, Heller's syndrome, current or active state	CHILDHD DISINTEGR-ACTIVE
299.11	Childhood disintegrative disorder, Heller's syndrome, residual state	CHILDHD DISINTEGR-RESID
299.80	Other specified pervasive developmental disorders, Asperger's disorder, Atypical childhood psychosis, Borderline psychosis of childhood, current or active state	PERVASV DEV DIS-CUR NEC
299.81	Other specified pervasive developmental disorders, Asperger's disorder, Atypical childhood psychosis, Borderline psychosis of	PERVASV DEV DIS-RES NEC

	childhood, residual state	
299.90	Unspecified pervasive developmental disorder, Child psychosis NOS, Pervasive developmental disorder NOS, Schizophrenia, childhood type NOS, Schizophrenic syndrome of childhood NOS, current or active state	PERVASV DEV DIS-CUR NOS
299.91	Unspecified pervasive developmental disorder, Child psychosis NOS, Pervasive developmental disorder NOS, Schizophrenia, childhood type NOS, Schizophrenic syndrome of childhood NOS, residual state	PERVASV DEV DIS-RES NOS
300.00	Anxiety state, unspecified, Anxiety: neurosis, reaction, Anxiety: state (neurotic), Atypical anxiety disorder	ANXIETY STATE NOS
300.01	Panic disorder without agoraphobia, Panic: attack, Panic: state	PANIC DIS W/O AGORPHOBIA
300.02	Generalized anxiety disorder	GENERALIZED ANXIETY DIS
300.09	Other	ANXIETY STATE NEC
300.10	Hysteria, unspecified	HYSTERIA NOS
300.11	Conversion disorder, Astasia-abasia, hysterical, Conversion hysteria or reaction, Hysterical: blindness, deafness, paralysis	CONVERSION DISORDER
300.12	Dissociative amnesia, Hysterical amnesia	DISSOCIATIVE AMNESIA
300.13	Dissociative fufue, Hysterical fugue	DISSOCIATIVE FUGUE
300.14	Dissociative identity disorder	DISSOCIATVE IDENTITY DIS
300.15	Dissociative disorder or reaction, unspecified	DISSOCIATIVE REACT NOS
300.16	Factitious disorder with predominantly psychological signs and symptoms, Compensation neurosis, Ganser's syndrome, hysterical	FACTITIOUS DIS W SYMPTOM
300.19	Other and unspecified factitious illness, Factitious disorder (with combined psychological and physical signs and symptoms) (with predominantly physical signs and symptoms) NOS	FACTITIOUS ILL NEC/NOS
300.20	Phobia, unspecified, Anxiety-hysteria NOS, Phobia NOS	PHOBIA NOS
300.21	Agoraphobia with panic disorder, Fear of: open spaces, streets, travel-with panic attacks	AGORAPHOBIA W PANIC DIS
300.22	Agoraphobia without mention of panic attacks, Any condition classifiable to 300.21 without mention of panic attacks	AGORAPHOBIA W/O PANIC
300.23	Social phobia, Fear of: eating in public, public speaking, Fear of: washing in public	SOCIAL PHOBIA
300.29	Other isolated or specific phobias, Acrophobia, Animal phobias, Claustrophobia, Fear of crowds	ISOLATED/SPEC PHOBIA NEC
300.3	Obsessive-compulsive disorders, Anancastic neurosis, Compulsive neurosis, Obsessional phobia (any)	OBSESSIVE-COMPULSIVE DIS
300.4	Dysthymic disorder, Anxiety depression, Depression with anxiety, Depressive reaction, Neurotic depressive state, Reactive depression	DYSTHYMIC DISORDER
300.5	Neurasthenia, Fatigue neurosis, Nervous debility, Psychogenic: asthenia, Psychogenic: general fatigue	NEURASTHENIA
300.6	Depersonalization disorder, Derealization (neurotic), Neurotic state with depersonalization episode	DEPERSONALIZATION DISORD
300.7	Hypochondriasis, Body dysmorphic disorder	HYPOCHONDRIASIS
300.81	Somatization disorder, Briquet's disorder, Severe somatoform disorder	SOMATIZATION DISORDER
300.82	Undifferentiated somatoform disorder, Atypical somatoform disorder, Somatoform disorder NOS	UNDIFF SOMATOFORM DISRDR
300.89	Other somatoform disorders, Occupational neurosis, including writers' cramp, Psychasthenia, Psychasthenic neurosis	SOMATOFORM DISORDERS NEC
300.9	Unspecified nonpsychotic mental disorder, Psychoneurosis NOS	NONPSYCHOTIC DISORD NOS
301.0	Paranoid personality disorder, Fanatic personality, Paranoid personality (disorder), Paranoid traits	PARANOID PERSONALITY
301.10	Affective personality disorder	AFFECTIV PERSONALITY NOS
301.11	Chronic hypomanic personality disorder, Chronic hypomanic disorder, Hypomanic personality	CHRONIC HYPOMANIC PERSON
301.12	Chronic depressive personality disorder, Chronic depressive disorder, Depressive character or personality	CHR DEPRESSIVE PERSON

301.13	Cyclothymic disorder, Cycloid personality, Cyclothymia, Cyclothymic personality	CYCLOTHYMIC DISORDER
301.20	Schizoid personality disorder, unspecified	SCHIZOID PERSONALITY NOS
301.21	Introverted personality	INTROVERTED PERSONALITY
301.22	Schizotypal personality disorder	SCHIZOTYPAL PERSON DIS
301.3	Explosive personality disorder, Aggressive: personality, reaction, Aggressiveness, Emotional instability (excessive), Pathological emotionality, Quarrelsomeness	EXPLOSIVE PERSONALITY
301.4	Obsessive-compulsive personality disorder, Anancastic personality, Obsessional personality	OBSESSIVE-COMPULSIVE DIS
301.50	Histrionic personality disorder, unspecified, Hysterical personality NOS	HISTRIONIC PERSON NOS
301.51	Chronic factitious illness with physical symptoms, Hospital addiction syndrome, Multiple operations syndrome, Munchausen syndrome	CHR FACTITIOUS ILLNESS
301.59	Other histrionic personality disorder, Personality: emotionally unstable, labile, Personality: psychoinfantile	HISTRIONIC PERSON NEC
301.6	Dependent personality disorder, Asthenic personality, Inadequate personality, Passive personality	DEPENDENT PERSONALITY
301.7	Antisocial personality disorder, Amoral personality, Asocial personality, Dyssocial personality, Personality disorder with predominantly sociopathic or asocial manifestation	ANTISOCIAL PERSONALITY
301.81	Narcissistic personality disorder	NARCISSISTIC PERSONALITY
301.82	Avoidant personality disorder	AVOIDANT PERSONALITY DIS
301.83	Borderline personality disorder	BORDERLINE PERSONALITY
301.84	Passive-aggressive personality	PASSIVE-AGGRESSIV PERSON
301.89	Other, Personality: eccentric, "haltlose" type, immature, Personality: masochistic, psychoneurotic	PERSONALITY DISORDER NEC
301.9	Unspecified personality disorder, Pathological personality NOS, Personality disorder NOS, Psychopathic: constitutional state, personality (disorder)	PERSONALITY DISORDER NOS
302.0	Ego-dystonic sexual orientation, Ego-dystonic lesbianism, Sexual orientation conflict disorder	EGO-DYSTONIC SEX ORIENT
302.1	Zoophilia, Bestiality	ZOOPHILIA
302.2	Pedophilia	PEDOPHILIA
302.3	Transvestic fetishism	TRANSVESTIC FETISHISM
302.4	Exhibitionism	EXHIBITIONISM
302.50	With unspecified sexual history	TRANS-SEXUALISM NOS
302.51	With asexual history	TRANS-SEXUALISM, ASEXUAL
302.52	With homosexual history	TRANS-SEXUAL, HOMOSEXUAL
302.53	With heterosexual history	TRANS-SEX, HETEROSEXUAL
302.6	Gender identity disorder in children, Feminism in boys, Gender identity disorder NOS	GENDR IDENTITY DIS-CHILD
302.70	Psychosexual dysfunction, unspecified, Sexual dysfunction NOS	PSYCHOSEXUAL DYSFUNC NOS
302.71	Hypoactive sexual desire disorder	HYPOACTIVE SEX DESIRE
302.72	With inhibited sexual excitement, Female sexual arousal disorder, Frigidity, Impotence, Male erectile disorder	INHIBITED SEX EXCITEMENT
302.73	Female orgasmic disorder	FEMALE ORGASMIC DISORDER
302.74	Male orgasmic disorder	MALE ORGASMIC DISORDER
302.75	Premature ejaculation	PREMATURE EJACULATION
302.76	Dyspareunia, psychogenic	DYSPAREUNIA, PSYCHOGENIC
302.79	With other specified psychosexual dysfunctions, Sexual aversion disorders	PSYCHOSEXUAL DYSFUNC NEC
302.81	Fetishism	FETISHISM
302.82	Voyeurism	VOYEURISM
302.83	Sexual masochism	SEXUAL MASOCHISM
302.84	Sexual sadism	SEXUAL SADISM
302.85	Gender identity disorder in adolescents or adults	GEND IDEN DIS, ADOL/ADULT
302.89	Other, Frotteurism, Nymphomania, Satyriasis	PSYCHOSEXUAL DIS NEC

302.9	Unspecified psychosexual disorder, Paraphilia NOS, Pathologic sexuality NOS, Sexual deviation NOS, Sexual disorder NOS	PSYCHOSEXUAL DIS NOS
306.0	Musculoskeletal, Psychogenic paralysis, Psychogenic torticollis	PSYCHOGEN MUSCULSKEL DIS
306.1	Respiratory, Psychogenic: air hunger, cough, hiccough, Psychogenic: hyperventilation, yawning	PSYCHOGENIC RESPIR DIS
306.2	Cardiovascular, Cardiac neurosis, Cardiovascular neurosis, Neurocirculatory asthenia, Psychogenic cardiovascular disorder	PSYCHOGEN CARDIOVASC DIS
306.3	Skin, Psychogenic pruritus	PSYCHOGENIC SKIN DISEASE
306.4	Gastrointestinal, Aerophagy, Cyclical vomiting, psychogenic, Diarrhea, psychogenic, Nervous gastritis, Psychogenic dyspepsia	PSYCHOGENIC GI DISEASE
306.50	Psychogenic genitourinary malfunction, unspecified	PSYCHOGENIC GU DIS NOS
306.51	Psychogenic vaginismus, Functional vaginismus	PSYCHOGENIC VAGINISMUS
306.52	Psychogenic dysmenorrheal	PSYCHOGENIC DYSMENORRHEA
306.53	Psychogenic dysuria	PSYCHOGENIC DYSURIA
306.59	Other	PSYCHOGENIC GU DIS NEC
306.6	Endocrine	PSYCHOGEN ENDOCRINE DIS
306.7	Organs of special sense	PSYCHOGENIC SENSORY DIS
306.8	Other specified psychophysiological malfunction, Bruxism, Teeth grinding	PSYCHOGENIC DISORDER NEC
306.9	Unspecified psychophysiological malfunction, Psychophysiological disorder NOS, Psychosomatic disorder NOS	PSYCHOGENIC DISORDER NOS
307.0	Stuttering	STUTTERING
307.1	Anorexia nervosa	ANOREXIA NERVOSA
307.20	Tic disorder, unspecified, Tic disorder NOS	TIC DISORDER NOS
307.21	Transient tic disorder	TRANSIENT TIC DISORDER
307.22	Chronic motor or vocal tic disorder	CHR MOTOR/VOCAL TIC DIS
307.23	Tourette's disorder, Motor-verbal tic disorder	TOURETTE'S DISORDER
307.3	Stereotypic movement disorder, Body rocking, Head banging, Spasmus nutans, Stereotypes NOS	STEREOTYPIC MOVEMENT DIS
307.40	Nonorganic sleep disorder, unspecified	NONORGANIC SLEEP DIS NOS
307.41	Transient disorder of initiating or maintaining sleep, Adjustment insomnia, Hyposomnia, Insomnia, Sleeplessness-associated with intermittent emotional reactions or conflicts	TRANSIENT INSOMNIA
307.42	Persistent disorder of initiating or maintaining sleep, Hyposomnia, insomnia, or sleeplessness associated with: anxiety, conditioned arousal, depression (major) (minor), psychosis, Idiopathic insomnia, Paradoxical insomnia, Primary insomnia, Psychophysiological insomnia	PERSISTENT INSOMNIA
307.43	Transient disorder of initiating or maintaining wakefulness, Hypersomnia associated with acute or intermittent emotional reactions or conflicts	TRANSIENT HYPERSOMNIA
307.44	Persistent disorder of initiating or maintaining wakefulness, Hypersomnia associated with depression (major) (minor), Insufficient sleep syndrome, Primary hypersomnia	PERSISTENT HYPERSOMNIA
307.45	Circadian rhythm sleep disorder of nonorganic origin	NONORGANIC CIRCADIAN RHY
307.46	Sleep arousal disorder, Night terror disorder, Night terrors, Sleep terror disorder, Sleepwalking, Somnambulism	SLEEP AROUSAL DISORDER
307.47	Other dysfunctions of sleep stages or arousal from sleep, Nightmare disorder, Nightmares: NOS, REM-sleep type, sleep drunkenness	SLEEP STAGE DYSFUNC NEC
307.48	Repetitive intrusions of sleep, Repetitive intrusion of sleep with : atypical polysomnographic features, environmental disturbances, repeated REM-sleep interruptions	REPETIT SLEEP INTRUSION
307.49	Other, "Short-sleeper", Subjective insomnia complaint	NONORGANIC SLEEP DIS NEC
307.50	Eating disorder, unspecified, Eating disorder NOS	EATING DISORDER NOS
307.51	Bulimia nervosa, Overeating of nonorganic origin	BULIMIA NERVOSA
307.52	Pica, Perverted appetite of nonorganic origin	PICA
307.53	Rumination disorder, Regurgitation, of Nonorganic origin, of food with reswallowing	RUMINATION DISORDER

307.54	Psychogenic vomiting	PSYCHOGENIC VOMITING
307.59	Other, Feeding disorder of infancy or early childhood of Nonorganic origin, Infantile feeding disturbances, Loss of appetite-of Nonorganic origin	EATING DISORDER NEC
307.6	Enuresis, Enuresis (primary) (secondary) of nonorganic origin	ENURESIS
307.7	Encopresis, Encoporisis (continuous) (discontinuous) of nonorganic origin	ENCOPRESIS
307.80	Psychogenic pain, site unspecified	PSYCHOGENIC PAIN NOS
307.81	Tension headache	TENSION HEADACHE
307.89	Other, Code first to site of pain	PSYCHOGENIC PAIN NEC
307.9	Other and unspecified special symptoms or syndromes, not elsewhere classified, Communication disorder NOS, Hair plucking, Lalling, Lisping, Masturbation, Nail-biting, Thumb-sucking	SPECIAL SYMPTOM NEC/NOS
308.0	Predominant disturbance of emotions, Anxiety, Emotional crisis, Panic state-as acute reaction to exceptional [gross] stress	STRESS REACT, EMOTIONAL
308.1	Predominant disturbance of consciousness, Fugues as acute reaction to exceptional [gross] stress	STRESS REACTION, FUGUE
308.2	Predominant psychomotor disturbance, Agitation states, Stupor-as acute reaction to exceptional [gross] stress	STRESS REACT, PSYCHOMOT
308.3	Other acute reactions to stress, Acute situational disturbance, Acute stress disorder	ACUTE STRESS REACT NEC
308.4	Mixed disorders as reaction to stress	STRESS REACT, MIXED DIS
308.9	Unspecified acute reaction to stress	ACUTE STRESS REACT NOS
309.0	Adjustment disorder with depressed mood, Grief reaction	ADJUSTMNT DIS W DEPRESSN
309.1	Prolonged depressive reaction	PROLONG DEPRESSIVE REACT
309.21	Separation anxiety disorder	SEPARATION ANXIETY
309.22	Emancipation disorder of adolescence and early adult life	EMANCIPATION DISORDER
309.23	Specific academic or work inhibition	ACADEMIC/WORK INHIBITION
309.24	Adjustment disorder with anxiety	ADJUSTMENT DIS W ANXIETY
309.28	Adjustment disorder with mixed anxiety and depressed mood	ADJUST DIS W ANXIETY/DEP
309.29	Other, Culture shock	ADJ REACT-EMOTION NEC
309.3	Adjustment disorder with disturbance of conduct, Conduct disturbance, Destructiveness-as adjustment reaction	ADJUST DISOR/DIS CONDUCT
309.4	Adjustment disorder with mixed disturbance of emotions and conduct	ADJ DIS-EMOTION/CONDUCT
309.81	Posttraumatic stress disorder, Chronic posttraumatic stress disorder, Concentration camp syndrome, Posttraumatic stress disorder NOS	POSTTRAUMATIC STRESS DIS
309.82	Adjustment reaction with physical symptoms	ADJUST REACT-PHYS SYMPT
309.83	Adjustment reaction with withdrawal, Elective mutism as adjustment reaction, Hospitalism (in children) NOS	ADJUST REACT-WITHDRAWAL
309.89	Other	ADJUSTMENT REACTION NEC
309.9	Unspecified adjustment reaction, Adaptation reaction NOS, Adjustment reaction NOS	ADJUSTMENT REACTION NOS
310.0	Fontal lobe syndrome, Lobotomy syndrome, Postleucotomy syndrome [state]	FRONTAL LOBE SYNDROME
310.1	Personality change due to conditions classified elsewhere, Cognitive or personality change of other type, of nonpsychotic severity, Organic psychosyndrome of nonpsychotic severity, Presbyophrenia NOS, Senility with mental changes of nonpsychotic severity	PERSONALITY CHG OTH DIS
310.2	Postconcussion syndrome, Postcontusion syndrome or encephalopathy, Posttraumatic brain syndrome, nonpsychotic, Satus postcommotio cerebri	POSTCONCUSSION SYNDROME
310.8	Other specified nonpsychotic mental disorders following organic brain damage, Mild memory disturbance, Postencephalitic syndrome, Other focal (partial) organic psychosyndromes	NONPSYCHOT BRAIN SYN NEC
310.9	Unspecified nonpsychotic mental disorder following organic brain damage	NONPSYCHOT BRAIN SYN NOS

311	Depressive disorder, not elsewhere classified, Depressive disorder NOS, Depressive state NOS, Depression NOS	DEPRESSIVE DISORDER NEC
312.00	Undersocialized conduct disorder, aggressive type, Aggressive outburst, Anger reaction, Unsocialized aggressive disorder, unspecified	UNSOCIAL AGGRESS-UNSPEC
312.01	Undersocialized conduct disorder, aggressive type, Aggressive outburst, Anger reaction, Unsocialized aggressive disorder, mild	UNSOCIAL AGGRESSION-MILD
312.02	Undersocialized conduct disorder, aggressive type, Aggressive outburst, Anger reaction, Unsocialized aggressive disorder, moderate	UNSOCIAL AGGRESSION-MOD
312.03	Undersocialized conduct disorder, aggressive type, Aggressive outburst, Anger reaction, Unsocialized aggressive disorder, severe	UNSOCIAL AGGRESS-SEVERE
312.10	Undersocialized conduct disorder, unaggressive type, Childhood truancy, unsocialized, Solitary stealing, Tantrums, unspecified	UNSOCIAL UNAGGRESS-UNSP
312.11	Undersocialized conduct disorder, unaggressive type, Childhood truancy, unsocialized, Solitary stealing, Tantrums, mild	UNSOCIAL UNAGGRESS-MILD
312.12	Undersocialized conduct disorder, unaggressive type, Childhood truancy, unsocialized, Solitary stealing, Tantrums, moderate	UNSOCIAL UNAGGRESS-MOD
312.13	Undersocialized conduct disorder, unaggressive type, Childhood truancy, unsocialized, Solitary stealing, Tantrums, severe	UNSOCIAL UNAGGR-SEVERE
312.20	Socialized conduct disorder, Childhood truancy, socialized, Group delinquency, unspecified	SOCIAL CONDUCT DIS-UNSP
312.21	Socialized conduct disorder, Childhood truancy, socialized, Group delinquency, mild	SOCIAL CONDUCT DIS-MILD
312.22	Socialized conduct disorder, Childhood truancy, socialized, Group delinquency, moderate	SOCIAL CONDUCT DIS-MOD
312.23	Socialized conduct disorder, Childhood truancy, socialized, Group delinquency, severe	SOCIAL CONDUCT DIS-SEV
312.30	Impulse control disorder, unspecified	IMPULSE CONTROL DIS NOS
312.31	Pathological gambling	PATHOLOGICAL GAMBLING
312.32	Kleptomania	KLEPTOMANIA
312.33	Pyromania	PYROMANIA
312.34	Intermittent explosive disorder	INTERMITT EXPLOSIVE DIS
312.35	Isolated explosive disorder	ISOLATED EXPLOSIVE DIS
312.39	Other, Trichotillomania	IMPULSE CONTROL DIS NEC
312.4	Mixed disturbance of conduct and emotions, Neurotic delinquency	MIX DIS CONDUCT/EMOTION
312.81	Conduct disorder, childhood onset type	CNDCT DSRDR CHLDHD ONST
312.82	Conduct disorder, adolescent onset type	CNDCT DSRDR ADLSCNT ONST
312.89	Other conduct disorder, Conduct disorder or unspecified onset	OTHER CONDUCT DISORDER
312.9	Unspecified disturbance of conduct, Delinquency (juvenile)	CONDUCT DISTURBANCE NOS
313.0	Overanxious disorder, Anxiety and fearfulness, Overanxious disorder-of childhood and adolescence	OVERANXIOUS DISORDER
313.1	Misery and unhappiness disorder	MISERY & UNHAPPINESS DIS
313.21	Shyness disorder of childhood, Sensitivity reaction of childhood or adolescence	SHYNESS DISORDER-CHILD
313.22	Introverted disorder of childhood, Social withdrawal, Withdrawal reaction -of childhood or adolescence	INTROVERTED DIS-CHILD
313.23	Selective mutism	SELECTIVE MUTISM
313.3	Relationship problems, Sibling jealousy	RELATIONSHIP PROBLEMS
313.81	Oppositional defiant disorder	OPPOSITION DEFIANT DISOR
313.82	Identity disorder, Identity problem	IDENTITY DISORDER
313.83	Academic underachievement disorder	ACADEMIC UNDERACHIEVMENT
313.89	Other, Reactive attachment disorder of infancy or early childhood	EMOTIONAL DIS CHILD NEC
313.9	Unspecified emotional disturbance of childhood or adolescence, Mental disorder of infancy, childhood or adolescence NOS	EMOTIONAL DIS CHILD NOS
314.00	Without mention of hyperactivity, Predominantly inattentive type	ATTN DEFIC NONHYPERACT

314.01	With hyperactivity, Combined type, Overactivity NOS, Predominantly hyperactive/impulsive type, Simple disturbance of attention with overactivity	ATTN DEFICIT W HYPERACT
314.1	Hyperkinesis with developmental delay, Developmental disorder of hyperkinesis, Use additional code to identify any associated neurological disorder	HYPERKINET W DEVEL DELAY
314.2	Hyperkinetic conduct disorder, Hyperkinetic, conduct disorder without developmental delay	HYPERKINETIC CONDUCT DIS
314.8	Other specified manifestations of hyperkinetic syndrome	OTHER HYPERKINETIC SYND
314.9	Unspecified hyperkinetic syndrome, Hyperkinetic reaction of childhood or adolescence NOS, Hyperkinetic syndrome NOS	HYPERKINETIC SYND NOS
315.00	Reading disorder, unspecified	READING DISORDER NOS
315.01	Alexia	ALEXIA
315.02	Developmental dyslexia	DEVELOPMENTAL DYSLEXIA
315.09	Other, Specific spelling difficulty	READING DISORDER NEC
315.1	Mathematics disorder, Dyscalculia	MATHEMATICS DISORDER
315.2	Other specific learning difficulties, Disorder of written expression	OTH LEARNING DIFFICULTY
315.31	Expressive language disorder, Developmental aphasia, Word deafness	EXPRESSIVE LANGUAGE DIS
315.32	Mixed receptive-expressive language disorder	RECP-EXPRES LANGUAGE DIS
315.34	Speech and language developmental delay due to hearing loss	SPEECHDEL D/T HEAR LOSS
315.39	Other, Developmental articulation disorder, Dyslalia, Phonological disorder	SPEECH/LANGUAGE DIS NEC
315.4	Developmental coordination disorder, Clumsiness syndrome, Dyspraxia syndrome, Specific motor development disorder	DEVEL COORDINATION DIS
315.5	Mixed development disorder	MIXED DEVELOPMENT DIS
315.8	Other specified delays in development	DEVELOPMENT DELAYS NEC
315.9	Unspecified delay in development, Developmental disorder NOS, Learning disorder NOS	DEVELOPMENT DELAY NOS
316	Psychic factors associated with diseases classified elsewhere, Psychologic factors in physical conditions classified elsewhere, Use additional code to identify the associated physical conditions as: psychogenic: asthma, dermatitis, duodenal ulcer, eczema, gastric ulcer, mucous colitis, paroxysmal tachycardia, ulcerative colitis, urticaria, psychosocial dwarfism	PSYCHIC FACTOR W OTH DIS
317	Mild mental retardation, High-grade defect, IQ 50-70, Mild mental subnormality	MILD MENTAL RETARDATION
318.0	Moderate mental retardation, IQ 35-49, Moderate mental subnormality	MOD MENTAL RETARDATION
318.1	Severe mental retardation, IQ 20-34, Severe mental subnormality	SEVERE MENTAL RETARDAT
318.2	Profound mental retardation, IQ under 20, Profound mental subnormality	PROFOUND MENTAL RETARDAT
319	Unspecified mental retardation, Mental deficiency NOS, Mental subnormality NOS	MENTAL RETARDATION NOS

Table Number 11.01: Complication Mainly Related to Pregnancy *(Ver. 2010B1)*

Code	ICD-9-CM Description	Shortened Description
640.81	Other specified hemorrhage in early pregnancy, delivered w/ or w/o mention of antepartum condition	HEM EARLY PREG NEC-DELIV
640.91	Unspecified hemorrhage in early pregnancy, delivered w/ or w/o mention of antepartum condition	HEM EARLY PREG-DELIVERED
641.01	Placenta previa w/o hemorrhage, delivered w/ or w/out mention of antepartum condition	PLACENTA PREVIA-DELIVER
641.11	Hemorrhage from placenta previa, delivered w/ or w/out mention of antepartum condition	PLACENTA PREV HEM-DELIV
641.21	Premature separation of placenta, delivered, w/ or w/out mention of antepartum condition	PREM SEPAR PLACEN-DELIV

641.31	Antepartum hemorrhage associated w/coagulation defects, delivered w/ or w/out mention of antepartum condition	COAG DEF HEMORR-DELIVER
641.81	Other antepartum hemorrhage, delivered w/ or w/out mention of antepartum condition	ANTEPARTUM HEM NEC-DELIV
641.91	Unspecified antepartum hemorrhage, delivered w/ or w/out mention of antepartum condition	ANTEPARTUM HEM NOS-DELIV
642.01	Benign essential hypertension complicating pregnancy, childbirth, & puerperium, delivered w/or w/out mention of antepartum condition	ESSEN HYPERTEN-DELIVERED
642.02	Benign essential hypertension complicating pregnancy, childbirth, & puerperium, delivered w/mention of postpartum complication	ESSEN HYPERTEN-DEL W P/P
642.11	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium, delivered w/ or w/out mention of antepartum condition	RENAL HYPERTEN PG-DELIV
642.12	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium, delivered w/mention of postpartum complication	RENAL HYPERTEN-DEL P/P
642.21	Other pre-existing hypertension complicating pregnancy, childbirth & puerperium, delivered w/ or w/out mention of antepartum condition	OLD HYPERTEN NEC-DELIVER
642.22	Other pre-existing hypertension complicating pregnancy, childbirth & puerperium, delivered w/mention of postpartum complication	OLD HYPERTEN-DELIV W P/P
642.31	Transient hypertension of pregnancy, delivered w/ or w/out mention of antepartum condition	TRANS HYPERTEN-DELIVERED
642.32	Transient hypertension of pregnancy, delivered w/mention of postpartum complication	TRANS HYPERTEN-DEL W P/P
642.41	Mild or unspecified pre-eclampsia, delivered w/ or w/out mention of antepartum condition	MILD/NOS PREECLAMP-DELIV
642.42	Mild or unspecified pre-eclampsia, delivered w/mention of postpartum complication	MILD PREECLAMP-DEL W P/P
642.51	Severe pre-eclampsia, delivered w/ or w/out mention of antepartum condition	SEVERE PREECLAMP-DELIVER
642.52	Severe pre-eclampsia, delivered w/mention of postpartum complication	SEV PREECLAMP-DEL W P/P
642.61	Eclampsia, delivered w/ or w/out mention of antepartum condition	ECLAMPSIA-DELIVERED
642.62	Eclampsia, delivered w/mention of postpartum complication	ECLAMPSIA-DELIV W P/P
642.71	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, delivered w/ or w/out mention of antepartum condition	TOX W OLD HYPERTEN-DELIV
642.72	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, delivered w/mention of postpartum complication	TOX W OLD HYP-DEL W P/P
642.91	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, delivered w/ or w/out mention of antepartum condition	HYPERTENS NOS-DELIVERED
642.92	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, delivered w/mention of postpartum complication	HYPERTENS NOS-DEL W P/P
643.01	Mild hyperemesis gravidarum, delivered w/ or w/out mention of antepartum condition	MILD HYPEREM GRAV-DELIV
643.11	Hyperemesis gravidarum w/metabolic disturbance, delivered w/ or w/out mention of antepartum condition	HYPEREM W METAB DIS-DEL
643.21	Late vomiting of pregnancy, delivered w/ or w/out mention of antepartum condition	LATE VOMIT OF PREG-DELIV
643.81	Other vomiting complicating pregnancy, delivered w/ or w/out mention of antepartum condition	VOMIT COMPL PREG-DELIVER
643.91	Unspecified vomiting of pregnancy, delivered w/ or w/out mention of antepartum condition	VOMIT OF PREG NOS-DELIV
644.21	Early onset of delivery, delivered, w/ or w/out mention of antepartum condition	EARLY ONSET DELIVERY-DEL
645.11	Post term pregnancy, delivered, w/ or w/out mention of antepartum condition	POST TERM PREG-DEL
645.21	Prolonged pregnancy, delivered w/ or w/out mention of antepartum condition	PROLONGED PREG-DEL

646.01	Papyraceous fetus, delivered w/ or w/out mention of antepartum condition	PAPYRACEOUS FETUS-DELIV
646.11	Edema or excessive weight gain in pregnancy, w/out mention of hypertension, delivered w/ or w/out mention of antepartum condition	EDEMA IN PREG-DELIVERED
646.12	Edema or excessive weight gain in pregnancy, w/out mention of hypertension, delivered w/mention of postpartum complication	EDEMA IN PREG-DEL W P/P
646.21	Unspecified renal disease in pregnancy, w/out mention of hypertension, delivered w/ or w/out mention of antepartum condition	RENAL DIS NOS-DELIVERED
646.22	Unspecified renal disease in pregnancy, w/out mention of hypertension, delivered w/mention of postpartum complication	RENAL DIS NOS-DEL W P/P
646.31	Recurrent pregnancy loss, delivered, with or without mention of antepartum condition	RECURNT PREG LOSS-DELIV
646.41	Peripheral neuritis in pregnancy, delivered w/ or w/out mention of antepartum condition	NEURITIS-DELIVERED
646.42	Peripheral neuritis in pregnancy, delivered w/mention of postpartum complication	NEURITIS-DELIVERED W P/P
646.51	Asymptomatic bacteriuria in pregnancy, delivered w/ or w/out mention of antepartum condition	ASYM BACTERIURIA-DELIVER
646.52	Asymptomatic bacteriuria in pregnancy, delivered w/mention of postpartum complication	ASY BACTERURIA-DEL W P/P
646.61	Infections of genitourinary tract in pregnancy, delivered w/ or w/out mention of antepartum condition	GU INFECTION-DELIVERED
646.62	Infections of genitourinary tract in pregnancy, delivered w/mention of postpartum complication	GU INFECTION-DELIV W P/P
646.71	Liver disorders in pregnancy, delivered w/ or w/out mention of antepartum condition	LIVER DISORDER-DELIVERED
646.81	Other specified complications of pregnancy, delivered w/ or w/out mention of antepartum condition	PREG COMPL NEC-DELIVERED
646.82	Other specified complications of pregnancy, delivered w/mention of postpartum complication	PREG COMPL NEC-DEL W P/P
646.91	Unspecified complication of pregnancy, delivered w/ or w/out mention of antepartum condition	PREG COMPL NOS-DELIVERED
647.01	Syphilis, delivered w/ or w/out mention of antepartum condition	SYPHILIS-DELIVERED
647.02	Syphilis, delivered w/mention of postpartum complication	SYPHILIS-DELIVERED W P/P
647.11	Gonorrhea, delivered w/ or w/out mention of antepartum condition	GONORRHEA-DELIVERED
647.12	Gonorrhea, delivered w/mention of postpartum complication	GONORRHEA-DELIVER W P/P
647.21	Other venereal diseases, delivered w/ or w/out mention of antepartum condition	OTHER VD-DELIVERED
647.22	Other venereal diseases, delivered w/mention of postpartum complication	OTHER VD-DELIVERED W P/P
647.31	Tuberculosis, delivered w/ or w/out mention of antepartum condition	TUBERCULOSIS-DELIVERED
647.32	Tuberculosis, delivered w/mention of postpartum complication	TUBERCULOSIS-DELIV W P/P
647.41	Malaria, delivered w/ or w/out mention of antepartum condition	MALARIA-DELIVERED
647.42	Malaria, delivered w/mention of postpartum complication	MALARIA-DELIVERED W P/P
647.51	Rubella, delivered w/ or w/out mention of antepartum condition	RUBELLA-DELIVERED
647.52	Rubella, delivered w/mention of postpartum complication	RUBELLA-DELIVERED W P/P
647.61	Other viral diseases, delivered w/ or w/out mention of antepartum condition	OTH VIRAL DIS-DELIVERED
647.62	Other viral diseases, delivered w/mention of postpartum complication	OTH VIRAL DIS-DEL W P/P
647.81	Other specified infections and parasitic diseases, delivered w/ or w/out mention of antepartum condition	INFECT DIS NEC-DELIVERED
647.82	Other specified infections and parasitic diseases, delivered w/mention of postpartum complication	INFECT DIS NEC-DEL W P/P
647.91	Unspecified infection or infestation, delivered w/ or w/out mention of antepartum condition	INFECT NOS-DELIVERED
647.92	Unspecified infection or infestation, delivered w/mention of postpartum complication	INFECT NOS-DELIVER W P/P

648.01 Diabetes mellitus, delivered with or without mention of antepartum condition	DIABETES-DELIVERED
648.02 Diabetes mellitus, delivered with mention of postpartum condition	DIABETES-DELIVERED W P/P
648.11 Thyroid dysfunction, delivered with or without mention of antepartum condition	THYROID DYSFUNC-DELIVER
648.12 Thyroid dysfunction, delivered with mention of postpartum condition	THYROID DYSFUN-DEL W P/P
648.21 Anemia, delivered w/ or w/out mention of antepartum condition	ANEMIA-DELIVERED
648.22 Anemia, delivered w/mention of postpartum complication	ANEMIA-DELIVERED W P/P
648.31 Drug dependence, delivered w/ or w/out mention of antepartum condition	DRUG DEPENDENCE-DELIVER
648.32 Drug dependence delivered w/mention of postpartum complication	DRUG DEPENDEN-DEL W P/P
648.41 Mental disorders delivered w/ or w/out mention of antepartum condition	MENTAL DISORDER-DELIVER
648.42 Mental disorders, delivered w/mention of postpartum complication	MENTAL DIS-DELIV W P/P
648.51 Congenital cardiovascular disorders, delivered w/ or w/out mention of antepartum condition	CONGEN CV DIS-DELIVERED
648.52 Congenital cardiovascular disorders, delivered w/mention of postpartum complication	CONGEN CV DIS-DEL W P/P
648.61 Other cardiovascular diseases, delivered w/ or w/o mention of antepartum condition	CV DIS NEC PREG-DELIVER
648.62 Other cardiovascular diseases, delivered w/mention of postpartum complication	CV DIS NEC-DELIVER W P/P
648.71 Bone and joint disorders of back, pelvis, and lower limbs, delivered w/ or w/out mention of antepartum condition	BONE DISORDER-DELIVERED
648.72 Bone and joint disorders of back, pelvis, and lower limbs, delivered w/mention of postpartum complication	BONE DISORDER-DEL W P/P
648.81 Abnormal glucose tolerance, delivered w/ or w/o mention of antepartum condition	ABN GLUCOSE TOLER-DELIV
648.82 Abnormal glucose tolerance, delivered w/mention of postpartum complication	ABN GLUCOSE-DELIV W P/P
648.91 Other current conditions classifiable elsewhere, delivered w/ or w/out mention of antepartum condition	OTH CURR COND-DELIVERED
648.92 Other current conditions classifiable elsewhere, delivered w/mention of postpartum complication	OTH CURR COND-DEL W P/P
649.01 Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	TOBACCO USE DISOR-DELLIV
649.02 Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	TOBACCO USE DIS-DEL-P/P
649.11 Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	OBESITY-DELIVERED
649.12 Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	OBESITY-DELIVERED W P/P
649.21 Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	BARIATRIC SURG STAT-DEL
649.22 Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	BARIATRIC SURG-DEL W P/P
649.31 Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	COAGULATION DEF-DELIV
649.32 Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	COAGULATN DEF-DEL W P/P
649.41 Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	EPILEPSY-DELIVERED
649.42 Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	EPILEPSY-DELIVERED W P/P

649.51	Spotting complicating pregnancy, delivered, with or without mention of antepartum condition	SPOTTING-DELIVERED
649.61	Uterine size date discrepancy, delivered, with or without mention of antepartum condition	UTERINE SIZE DESCREP-DEL
649.62	Uterine size date discrepancy, delivered, with mention of postpartum complication	UTERINE SIZE-DEL W P/P

Table Number 11.02: Normal Delivery and Other Indications for Care *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
650	Delivery in a completely normal case	NORMAL DELIVERY
651.01	Multiple gestation, twin pregnancy, delivered with or without mention of antepartum condition	TWIN PREGNANCY-DELIVERED
651.11	Multiple gestation, triplet pregnancy, delivered with or without mention of antepartum condition	TRIPLET PREGNANCY-DELIV
651.21	Multiple gestation, quadruplet pregnancy, delivered with or without mention of antepartum condition	QUADRUPLET PREG-DELIVER
651.31	Multiple gestation, twin pregnancy w/fetal loss and retention of 1 fetus, delivered with or without mention of antepartum condition	TWINS W FETAL LOSS-DEL
651.41	Multiple gestation, triplet pregnancy, w/fetal loss and retention of one or more fetus (es), delivered with or without mention of antepartum condition	TRIPLETS W FET LOSS-DEL
651.51	Multiple gestation, quadruplet pregnancy, w/fetal loss and retention of 1 or more fetus(es), delivered with or without mention of antepartum condition	QUADS W FETAL LOSS-DEL
651.61	Multiple gestation, other multiple pregnancy, w/fetal loss and retention of 1 or more fetus(es), delivered with or without mention of antepartum condition	MULT GES W FET LOSS-DEL
651.71	Multiple gestation following (elective) fetal reduction, delivered without mention of antepartum condition	MULT GEST-FET REDUCT DEL
651.81	Multiple gestation, other specified multiple gestation, delivered with or without mention of antepartum condition	MULTI GESTAT NEC-DELIVER
651.91	Multiple gestation, unspecified multiple gestation, delivered with or without mention of antepartum condition	MULT GESTATION NOS-DELIV
652.01	Unstable lie, delivered, w/ or w/out mention of antepartum condition	UNSTABLE LIE-DELIVERED
652.11	Breech or other malpresentation successfully converted to cephalic presentation, delivered, w/ or w/out mention of antepartum condition	CEPHALIC VERS NOS-DELIV
652.21	Breech presentation w/o mention of version, delivered, w/ or w/out mention of antepartum condition	BREECH PRESENTAT-DELIVER
652.31	Transverse or oblique presentation, delivered, w/ or w/out mention of antepartum condition	TRANSVER/OBLIQ LIE-DELIV
652.41	Face or brow presentation, delivered, w/ or w/o mention of antepartum condition	FACE/BROW PRESENT-DELIV
652.51	High head at term, delivered, w/ or w/out mention of antepartum condition	HIGH HEAD AT TERM-DELIV
652.61	Multiple gestation w/malpresentation of 1 fetus or more, delivered, w/ or w/out mention of antepartum condition	MULT GEST MALPRES-DELIV
652.71	Prolapsed arm, delivered, w/ or w/out mention of antepartum condition	PROLAPSED ARM-DELIVERED
652.81	Other specified malposition or malpresentation, delivered, w/ or w/out mention of antepartum condition	MALPOSITION NEC-DELIVER
652.91	Unspecified malposition or malpresentation, delivered, w/ or w/out mention of antepartum condition	MALPOSITION NOS-DELIVER
653.01	Major abnormality of bony pelvis, not further specified, delivered, w/ or w/o mention of antepartum condition	PELVIC DEFORM NOS-DELIV
653.11	Generally contracted pelvis, delivered, w/ or w/o mention of antepartum condition	CONTRACT PELV NOS-DELIV

653.21	Inlet contraction of pelvis, delivered, w/ or w/o mention of antepartum condition	INLET CONTRACTION-DELIV
653.31	Outlet contraction of pelvis, delivered, w/ or w/o mention of antepartum condition	OUTLET CONTRACTION-DELIV
653.41	Fetopelvic disproportion, delivered, w/ or w/o mention of antepartum condition	FETOPELV DISPROPOR-DELIV
653.51	Unusually large fetus causing disproportion, delivered, w/ or w/o mention of antepartum condition	FETAL DISPROP NOS-DELIV
653.61	Hydrocephalic fetus causing disproportion, delivered, w/ or w/o mention of antepartum condition	HYDROCEPH FETUS-DELIVER
653.71	Other fetal abnormality causing disproportion, delivered, w/ or w/o mention of antepartum condition	OTH ABN FET DISPRO-DELIV
653.81	Disproportion of other origin, delivered, w/ or w/o mention of antepartum condition	DISPROPORTION NEC-DELIV
653.91	Unspecified disproportion, delivered, w/ or w/o mention of antepartum condition	DISPROPORTION NOS-DELIV
654.01	Congenital abnormalities of uterus, delivered w/ or w/o mention of antepartum condition	CONGEN ABN UTERUS-DELIV
654.02	Congenital abnormalities of uterus, delivered w/mention of postpartum complication	CONG ABN UTER-DEL W P/P
654.11	Tumors of body of uterus, delivered w/ or w/o mention of antepartum condition	UTERINE TUMOR-DELIVERED
654.12	Tumors of body of uterus, delivered w/mention of postpartum complication	UTERINE TUMOR-DEL W P/P
654.21	Previous cesarean delivery, delivered w/ or w/o mention of antepartum condition	PREV C-DELIVERY-DELIVRD
654.31	Retroverted and incarcerated gravid uterus, delivered w/ or w/o mention of antepartum condition	RETROVERT UTERUS-DELIVER
654.32	Retroverted and incarcerated gravid uterus, delivered w/mention of postpartum complication	RETROVERT UTER-DEL W P/P
654.41	Other abnormalities in shape or position of gravid uterus and of neighboring structures, delivered w/ or w/o mention of antepartum condition	ABN UTERUS NEC-DELIVERED
654.42	Other abnormalities in shape or position of gravid uterus and of neighboring structures, delivered w/mention of postpartum complication	ABN UTERUS NEC-DEL W P/P
654.51	Cervical incompetence, delivered w/ or w/o mention of antepartum condition	CERVICAL INCOMPET-DELIV
654.52	Cervical incompetence, delivered w/mention of postpartum complication	CERV INCOMPET-DEL W P/P
654.61	Other congenital or acquired abnormality of cervix, delivered w/ or w/o mention of antepartum condition	ABN CERVIX NEC-DELIVERED
654.62	Other congenital or acquired abnormality of cervix, delivered w/mention of postpartum complication	ABN CERVIX NEC-DEL W P/P
654.71	Congenital or acquired abnormality of vagina, delivered w/ or w/o mention of antepartum condition	ABNORM VAGINA-DELIVERED
654.72	Congenital or acquired abnormality of vagina, delivered w/mention of postpartum complication	ABNORM VAGINA-DEL W P/P
654.81	Congenital or acquired abnormality of vulva, delivered w/ or w/o mention of antepartum condition	ABNORMAL VULVA-DELIVERED
654.82	Congenital or acquired abnormality of vulva, delivered w/mention of postpartum complication	ABNORMAL VULVA-DEL W P/P
654.91	Other and unspecified abnormality of organs and soft tissues of pelvis, delivered w/ or w/o mention of antepartum condition	ABN PELV ORG NEC-DELIVER
654.92	Other and unspecified abnormality of organs and soft tissues of pelvis, delivered w/mention of postpartum complication	ABN PELV NEC-DELIV W P/P
655.01	Central nervous system malformation in fetus, delivered, w/ or w/o mention of antepartum condition	FETAL CNS MALFORM-DELIV

655.11	Chromosomal abnormality in fetus, delivered w/ or w/o mention of antepartum condition	FETAL CHROMOSO ABN-DELIV
655.21	Hereditary disease in family possibly affecting fetus, delivered w/ or w/o mention of antepartum condition	FAMIL HEREDIT DIS-DELIV
655.31	Suspected damage to fetus from viral disease in the mother, delivered w/ or w/o mention of antepartum condition	FET DAMG D/T VIRUS-DELIV
655.41	Suspected damage to fetus from other disease in the mother, delivered w/ or w/o mention of antepartum condition	FET DAMG D/T DIS-DELIVER
655.51	Suspected damage to fetus from drugs, delivered w/ or w/o mention of antepartum condition	FET DAMAG D/T DRUG-DELIV
655.61	Suspected damage to fetus from radiation, delivered w/ or w/o mention of antepartum condition	RADIAT FETAL DAMAG-DELIV
655.71	Decreased fetal movements, delivered w/ or w/o mention of antepartum condition	DECREASE FETAL MOVMT DEL
655.81	Other known or suspected fetal abnormality, not elsewhere classified, delivered w/ or w/o mention of antepartum condition	FETAL ABNORM NEC-DELIVER
655.91	Unspecified known or suspected fetal abnormality, delivered w/ or w/o mention of antepartum condition	FETAL ABNORM NOS-DELIVER
656.01	Fetal-maternal hemorrhage, delivered, w/ or w/o mention of antepartum condition	FETAL-MATERNAL HEM-DELIV
656.11	Rhesus isoimmunization, delivered, w/ or w/o mention of antepartum condition	RH ISOIMMUNIZAT-DELIVER
656.21	Isoimmunization from other and unspecified blood-group incompatibility, delivered, w/ or w/o mention of antepartum condition	ABO ISOIMMUNIZAT-DELIVER
656.31	Fetal distress, delivered, w/ or w/o mention of antepartum condition	FETAL DISTRESS-DELIVERED
656.41	Intrauterine death, delivered, w/ or w/o mention of antepartum condition	INTRAUTER DEATH-DELIVER
656.51	Poor fetal growth, delivered, w/ or w/o mention of antepartum condition	POOR FETAL GROWTH-DELIV
656.61	Excessive fetal growth, delivered, w/ or w/o mention of antepartum condition	EXCESS FETAL GRTH-DELIV
656.71	Other placental conditions, delivered, w/ or w/o mention of antepartum condition	OTH PLACENT COND-DELIVER
656.81	Other specified fetal and placental problems, delivered, w/ or w/o mention of antepartum condition	FET/PLAC PROB NEC-DELIV
656.91	Unspecified fetal and placental problem, delivered, w/ or w/o mention of antepartum condition	FET/PLAC PROB NOS-DELIV
657.01	Polyhydramnios, delivered w/ or w/o mention of antepartum condition	POLYHYDRAMNIOS-DELIVERED
658.01	Oligohydramnios, delivered w/ or w/o mention of antepartum condition	OLIGOHYDRAMNIOS-DELIVER
658.11	Premature rupture of membranes, delivered w/ or w/o mention of antepartum condition	PREM RUPT MEMBRAN-DELIV
658.21	Delayed delivery after spontaneous or unspecified rupture of membranes, delivered w/ or w/o mention of antepartum condition	PROLONG RUPT MEMB-DELIV
658.31	Delayed delivery after artificial rupture of membranes, delivered w/ or w/o mention of antepartum condition	ARTIFIC RUPT MEMBR-DELIV
658.41	Infection of amniotic cavity, delivered w/ or w/o mention of antepartum condition	AMNIOTIC INFECTION-DELIV
658.81	Other problems associated w/amniotic cavity and membranes, delivered w/ or w/o mention of antepartum condition	AMNIOTIC PROB NEC-DELIV
658.91	Unspecified problems associated w/amniotic cavity and membranes, delivered w/ or w/o mention of antepartum condition	AMNIOTIC PROB NOS-DELIV
659.01	Failed mechanical induction, delivered w/ or w/o mention of antepartum condition	FAIL MECH INDUCT-DELIVER
659.11	Failed medical or unspecified induction, delivered w/ or w/o mention of antepartum condition	FAIL INDUCTION NOS-DELIV

659.21	Maternal pyrexia during labor, unspecified, delivered w/ or w/o mention of antepartum condition	PYREXIA IN LABOR-DELIVER
659.31	Generalized infection during labor, delivered w/ or w/o mention of antepartum condition	SEPTICEM IN LABOR-DELIV
659.41	Grand multiparity, delivered w/ or w/o mention of antepartum condition	GRAND MULTIPARITY-DELIV
659.51	Elderly primigravida, delivered w/ or w/o mention of antepartum condition	ELDERLY PRIMIGRAVIDA-DEL
659.61	Elderly multigravida, delivered w/ or w/o mention of antepartum condition	ELDERLY MULTIGRAVIDA-DEL
659.71	Abnormality in fetal heart rate or rhythm, delivered w/ or w/o mention of antepartum condition	ABN FTL HRT RATE/RHY-DEL
659.81	Other specified indications for care or intervention related to labor and delivery, delivered w/ or w/o mention of antepartum condition	COMPLIC LABOR NEC-DELIV
659.91	Unspecified indication for care or intervention related to labor and delivery, delivered w/ or w/o mention of antepartum condition	COMPLIC LABOR NOS-DELIV

Table Number 11.03: Complication Mainly in the Course of Labor and Delivery *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
660.01	Obstructed labor, obstructions caused by malposition of fetus at onset of labor, delivered with or without mention of antepartum condition	OBSTRUC/FET MALPOS-DELIV
660.11	Obstructed labor, obstruction by bony pelvis, delivered with or without mention of antepartum condition	BONY PELV OBSTRUCT-DELIV
660.21	Obstructed labor, obstruction by abnormal pelvic soft tissues, delivered with or without mention of antepartum condition	ABN PELV TIS OBSTR-DELIV
660.31	Obstructed labor, deep transverse arrest and persistent occipitoposterior position, delivered with or without mention of antepartum condition	PERSIST OCCIPTPOST-DELIV
660.41	Shoulder (girdle) dystocia, delivered w/ or w/o mention of antepartum condition	SHOULDER DYSTOCIA-DELIV
660.51	Locked twins, delivered w/ or w/o mention of antepartum condition	LOCKED TWINS-DELIVERED
660.61	Failed trial of labor, unspecified, delivered w/ or w/o mention of antepartum condition	FAIL TRIAL LAB NOS-DELIV
660.71	Failed forceps or vacuum extractor, unspecified, delivered w/ or w/o mention of antepartum condition	FAILED FORCEPS NOS-DELIV
660.81	Other causes of obstructed labor, delivered w/ or w/o mention of antepartum condition	OBSTRUCT LABOR NEC-DELIV
660.91	Unspecified obstructed labor, delivered w/ or w/o mention of antepartum condition	OBSTRUCT LABOR NOS-DELIV
661.01	Primary uterine inertia, delivered w/ or w/o mention of antepartum condition	PRIM UTERINE INERT-DELIV
661.11	Secondary uterine inertia, delivered w/ or w/o mention of antepartum condition	SEC UTERINE INERT-DELIV
661.21	Other and unspecified uterine inertia, delivered w/ or w/o mention of antepartum condition	UTERINE INERT NEC-DELIV
661.31	Precipitate labor, delivered w/ or w/o mention of antepartum condition	PRECIPITATE LABOR-DELIV
661.41	Hypertonic, incoordinate, or prolonged uterine contractions, delivered w/ or w/o mention of antepartum condition	UTER DYSTOCIA NOS-DELIV
661.91	Unspecified abnormality of labor, delivered w/ or w/o mention of antepartum condition	ABNORMAL LABOR NOS-DELIV
662.01	Prolonged first stage, delivered w/ or w/o mention of antepartum condition	PROLONG 1ST STAGE-DELIV
662.11	Prolonged labor, unspecified, delivered w/ or w/o mention of antepartum condition	PROLONG LABOR NOS-DELIV

662.21 Prolonged second stage, delivered w/ or w/o mention of antepartum condition	PROLONG 2ND STAGE-DELIV
662.31 Delayed delivery of second twin, triplet, etc., delivered w/ or w/o mention of antepartum condition	DELAY DEL 2ND TWIN-DELIV
663.01 Prolapse of cord, delivered, w/ or w/o mention of antepartum condition	CORD PROLAPSE-DELIVERED
663.11 Cord around neck, w/compression, delivered, w/ or w/o mention of antepartum condition	CORD AROUND NECK-DELIVER
663.21 Other and unspecified cord entanglement, w/compression, delivered, w/ or w/o mention of antepartum condition	CORD COMPRESS NEC-DELIV
663.31 Other and unspecified cord entanglement, w/o compression, delivered, w/ or w/o mention of antepartum condition	CORD ENTANGLE NEC-DELIV
663.41 Short cord, delivered, w/ or w/o mention of antepartum condition	SHORT CORD-DELIVERED
663.51 Vasa previa, delivered, w/ or w/o mention of antepartum condition	VASA PREVIA-DELIVERED
663.61 Vascular lesions of cord, delivered, w/ or w/o mention of antepartum condition	VASC LESION CORD-DELIVER
663.81 Other umbilical cord complications, delivered, w/ or w/o mention of antepartum condition	CORD COMPLICAT NEC-DELIV
663.91 Unspecified umbilical cord complication, delivered, w/ or w/o mention of antepartum condition	CORD COMPLICAT NOS-DELIV
664.01 First degree perineal laceration, delivered w/ or w/o mention of antepartum condition	DEL W 1 DEG LACERAT-DEL
664.11 Second degree perineal laceration, delivered w/ or w/o mention of antepartum condition	DEL W 2 DEG LACERAT-DEL
664.21 Third degree perineal laceration, delivered w/ or w/o mention of antepartum condition	DEL W 3 DEG LACERAT-DEL
664.31 Fourth degree perineal laceration, delivered w/ or w/o mention of antepartum condition	DEL W 4 DEG LACERAT-DEL
664.41 Unspecified perineal laceration, delivered w/ or w/o mention of antepartum condition	OB PERINEAL LAC NOS-DEL
664.51 Vulval and perineal hematoma, delivered w/ or w/o mention of antepartum condition	OB PERINEAL HEMATOMA-DEL
664.81 Other specified trauma to perineum and vulva, delivered w/ or w/o mention of antepartum condition	OB PERINEAL TRAU NEC-DEL
664.91 Unspecified trauma to perineum and vulva, delivered w/ or w/o mention of antepartum condition	OB PERINEAL TRAU NOS-DEL
665.01 Rupture of uterus before onset of labor, delivered, w/ or w/o mention of antepartum condition	PRELABOR RUPT UTERUS-DEL
665.11 Rupture of uterus during labor, delivered, w/ or w/o mention of antepartum condition	RUPTURE UTERUS NOS-DELIV
665.22 Inversion of uterus, delivered, w/mention of postpartum complication	INVERS UTERUS-DEL W P/P
665.31 Laceration of cervix, delivered, w/ or w/o mention of antepartum condition	LACERAT OF CERVIX-DELIV
665.41 High vaginal laceration, delivered, w/ or w/o mention of antepartum condition	HIGH VAGINAL LACER-DELIV
665.51 Other injury to pelvic organs, delivered, w/ or w/o mention of antepartum condition	OB INJ PELV ORG NEC-DEL
665.61 Damage to pelvic joints and ligaments, delivered, w/ or w/o mention of antepartum condition	DAMAGE TO PELVIC JT-DEL
665.71 Pelvic hematoma, delivered, w/ or w/o mention of antepartum condition	OB PELVIC HEMATOMA-DELIV
665.72 Pelvic hematoma, delivered, w/mention of postpartum complication	PELVIC HEMATOM-DEL W PP
665.81 Other specified obstetrical trauma, delivered, w/ or w/o mention of antepartum condition	OB TRAUMA NEC-DELIVERED
665.82 Other specified obstetrical trauma, delivered, w/mention of postpartum complication	OB TRAUMA NEC-DEL W P/P
665.91 Unspecified obstetrical trauma, delivered, w/ or w/o mention of antepartum condition	OB TRAUMA NOS-DELIVERED

665.92 Unspecified obstetrical trauma, delivered, w/mention of postpartum complication	OB TRAUMA NOS-DEL W P/P
666.02 Third stage hemorrhage, delivered w/mention of postpartum complication	THRD-STAGE HEM-DEL W P/P
666.12 Other immediate postpartum hemorrhage, delivered w/mention of postpartum complication	POSTPA HEM NEC-DEL W P/P
666.22 Delayed and secondary postpartum hemorrhage, delivered w/mention of postpartum complication	DELAY P/P HEM-DEL W P/P
666.32 Postpartum coagulation defects, delivered w/mention of postpartum complication	P/P COAG DEF-DEL W P/P
667.02 Retained placenta, w/o hemorrhage, delivered w/mention of postpartum complication	RETND PLAC NOS-DEL W P/P
667.12 Retained portions of placenta or membranes, w/o hemorrhage, delivered w/mention of postpartum complication	RET PROD CONC-DEL W P/P
668.01 Pulmonary complications, delivered w/ or w/o mention of antepartum condition	PULM COMPL IN DEL-DELIV
668.02 Pulmonary complications, delivered w/mention of postpartum complication	PULM COMPLIC-DEL W P/P
668.11 Cardiac complications, delivered w/ or w/o mention of antepartum condition	HEART COMPL IN DEL-DELIV
668.12 Cardiac complications, delivered w/mention of postpartum complication	HEART COMPL-DEL W P/P
668.21 Central nervous system complications, delivered w/ or w/o mention of antepartum condition	CNS COMPL LAB/DEL-DELIV
668.22 Central nervous system complications, delivered w/mention of postpartum complication	CNS COMPLIC-DEL W P/P
668.81 Other complications of anesthesia or other sedation in labor and delivery, delivered w/ or w/o mention of antepartum condition	ANESTH COMPL NEC-DELIVER
668.82 Other complications of anesthesia or other sedation in labor and delivery, delivered w/mention of postpartum complication	ANESTH COMPL NEC-DEL P/P
668.91 Unspecified complications of anesthesia and other sedation, delivered w/ or w/o mention of antepartum condition	ANESTH COMPL NOS-DELIVER
668.92 Unspecified complications of anesthesia and sedation, delivered w/mention of postpartum complication	ANESTH COMPL NOS-DEL P/P
669.01 Maternal distress, delivered w/ or w/o mention of antepartum condition	MATERNAL DISTRESS-DELIV
669.02 Maternal distress, delivered w/mention of postpartum complication	MATERN DISTRES-DEL W P/P
669.11 Shock during or following labor and delivery, delivered w/ or w/o mention of antepartum condition	OBSTETRIC SHOCK-DELIVER
669.12 Shock during or following labor and delivery, delivered w/mention of postpartum complication	OBSTET SHOCK-DELIV W P/P
669.21 Maternal hypotension syndrome, delivered w/ or w/o mention of antepartum condition	MATERN HYPOTEN SYN-DELIV
669.22 Maternal hypotension syndrome, delivered w/mention of postpartum complication	MATERN HYPOTEN-DEL W P/P
669.32 Acute kidney failure following labor and delivery, delivered w/mention of postpartum complication	AC REN FAIL-DELIV W P/P
669.41 Other complications of obstetrical surgery and procedures, delivered w/ or w/o mention of antepartum condition	OTH OB COMPL-DELIVERED
669.42 Other complications of obstetrical surgery and procedures, delivered w/mention of postpartum complication	OTH OB COMPL-DELIV W P/P
669.51 Forceps or vacuum extractor delivery w/o mention of indication, delivered w/ or w/o mention of antepartum condition	FORCEP DELIV NOS-DELIVER
669.61 Breech extraction, w/o mention of indication, delivered w/ or w/o mention of antepartum condition	BREECH EXTR NOS-DELIVER
669.71 Cesarean delivery, w/o mention of indication, delivered w/ or w/o mention of antepartum condition	CESAREAN DELIVERY NOS

669.81	Other complications of labor and delivery, delivered w/ or w/o mention of antepartum condition	COMP LAB/DELIV NEC-DELIV
669.82	Other complications of labor and delivery, delivered w/mention of postpartum complication	COMPL DEL NEC-DEL W P/P
669.91	Unspecified complication of labor and delivery, delivered w/ or w/o mention of antepartum condition	COMP LAB/DELIV NOS-DELIV
669.92	Unspecified complication of labor and delivery, delivered w/mention of postpartum complication	COMPL DEL NOS-DEL W P/P

Table Number 11.04: Complication of the Puerperium *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
670.02	Major puerperal infection, unspecified, delivered with mention of postpartum condition	MAJOR PUERP INF-DEL P/P
670.12	Puerperal endometritis, delivered, with mention of postpartum complication	PUERP ENDOMET DEL W P/P
670.22	Puerperal sepsis, delivered, with mention of postpartum complication	PUERPRL SEPSIS-DEL W P/P
670.32	Puerperal septic thrombophlebitis, delivered, with mention od postpartum complication	PRP SPTC THRMB-DEL W P/P
670.82	Other major puerperal infection, delivered, with mention of postpartum complication	MAJ PRP INF NEC-DL W P/P
671.01	Varicose veins of legs, delivered with or without mention of antepartum condition	VARICOSE VEIN LEG-DELIV
671.02	Varicose veins of legs, delivered with mention of postpartum	VARIC VEIN LEG-DEL W P/P
671.11	Varicose veins of vulva and perineum, delivered with or without mention of antepartum condition	VARICOSE VULVA-DELIVERED
671.12	Varicose veins of vulva and perineum, delivered w/mention of postpartum complication	VARICOSE VULVA-DEL W P/P
671.21	Superficial thrombophlebitis, delivered w/ or w/o mention of antepartum condition	THROMBOPHLEBITIS-DELIVER
671.22	Superficial thrombophlebitis, delivered w/mention of postpartum condition	THROMBOPHLEB-DELIV W P/P
671.31	Deep phlebothrombosis, antepartum, delivered w/ or w/o mention of antepartum condition	DEEP THROM ANTEPAR-DELIV
671.42	Deep phlebothrombosis, postpartum, delivered w/mention of postpartum complication	THROMB POSTPAR-DEL W P/P
671.51	Other phlebitis and thrombosis, delivered w/ or w/o mention of antepartum condition	THROMBOSIS NEC-DELIVERED
671.52	Other phlebitis and thrombosis, delivered w/mention of postpartum complication	THROMB NEC-DELIV W P/P
671.81	Other venous complication, delivered w/ or w/o mention of antepartum condition	VENOUS COMPL NEC-DELIVER
671.82	Other venous complication, delivered w/mention of postpartum complication	VEN COMP NEC-DELIV W P/P
671.91	Unspecified venous complication, delivered w/ or w/o mention of antepartum condition	VENOUS COMPL NOS-DELIVER
671.92	Unspecified venous complication, delivered w/mention of postpartum complication	VEN COMP NOS-DELIV W P/P
672.02	Pyrexia of unknown origin during the puerperium, delivered w/mention of postpartum complication	PUERP PYREXIA-DEL W P/P
673.01	Obstetrical air embolism, delivered w/ or w/o mention of antepartum condition	OB AIR EMBOLISM-DELIVER
673.02	Obstetrical air embolism, delivered w/mention of postpartum complication	OB AIR EMBOL-DELIV W P/P
673.11	Amniotic fluid embolism, delivered w/ or w/o mention of antepartum condition	AMNIOTIC EMBOLISM-DELIV
673.12	Amniotic fluid embolism, delivered w/mention of postpartum complication	AMNIOT EMBOL-DELIV W P/P

673.21	Obstetrical blood-clot embolism, delivered w/ or w/o mention of antepartum condition	PULM EMBOL NOS-DELIVERED
673.22	Obstetrical blood-clot embolism, delivered w/mention of postpartum complication	PULM EMBOL NOS-DEL W P/P
673.31	Obstetrical pyemic and septic embolism, delivered w/ or w/o mention of antepartum condition	OB PYEMIC EMBOL-DELIVER
673.32	Obstetrical pyemic and septic embolism, delivered w/mention of postpartum complication	OB PYEM EMBOL-DEL W P/P
673.81	Other pulmonary embolism, delivered w/ or w/o mention of antepartum condition	PULMON EMBOL NEC-DELIVER
673.82	Other pulmonary embolism, delivered w/mention of postpartum complication	PULM EMBOL NEC-DEL W P/P
674.01	Cerebrovascular disorders in the puerperium, delivered w/ or w/o mention of antepartum condition	PUERP CEREBVAS DIS-DELIV
674.02	Cerebrovascular disorders in the puerperium, delivered w/mention of postpartum complication	CEREBVAS DIS-DELIV W P/P
674.12	Disruption of cesarean wound, delivered w/mention of postpartum complication	DISRUPT C-SECT-DEL W P/P
674.22	Disruption of perineal wound, delivered w/mention of postpartum complication	DISRUPT PERIN-DEL W P/P
674.32	Other complications of obstetrical surgical wounds, delivered w/mention of postpartum complication	OB SURG COMPL-DEL W P/P
674.42	Placental polyp, delivered w/mention of postpartum complication	PLACENT POLYP-DEL W P/P
674.82	Other complications of the puerperium, delivered w/mention of postpartum complication	PUERP COMP NEC-DEL W P/P
674.92	Unspecified complications of the puerperium, delivered w/mention of postpartum complication	PUERP COMP NOS-DEL W P/P
675.01	Infections of nipple, delivered w/ or w/o mention of antepartum condition	INFECT NIPPLE-DELIVERED
675.02	Infections of nipple, delivered w/mention of postpartum complication	INFECT NIPPLE-DEL W P/P
675.11	Abscess of breast, delivered w/ or w/o mention of antepartum condition	BREAST ABSCESS-DELIVERED
675.12	Abscess of breast, delivered w/mention of postpartum complication	BREAST ABSCESS-DEL W P/P
675.21	Nonpurulent mastitis, delivered w/ or w/o mention of antepartum condition	MASTITIS-DELIVERED
675.22	Nonpurulent mastitis, delivered w/mention of postpartum complication	MASTITIS-DELIV W P/P
675.81	Other specified infections of the breast and nipple, delivered w/ or w/o mention of antepartum condition	BREAST INFECT NEC-DELIV
675.82	Other specified infections of the breast and nipple, delivered w/mention of postpartum complication	BREAST INF NEC-DEL W P/P
675.91	Unspecified infection of the breast and nipple, delivered w/ or w/o mention of antepartum condition	BREAST INFECT NOS-DELIV
675.92	Unspecified infection of the breast and nipple, delivered w/mention of postpartum complication	BREAST INF NOS-DEL W P/P
676.01	Retracted nipple, delivered w/ or w/o mention of antepartum condition	RETRACTED NIPPLE-DELIVER
676.02	Retracted nipple, delivered w/mention of postpartum complication	RETRACT NIPPLE-DEL W P/P
676.11	Cracked nipple, delivered w/ or w/o mention of antepartum condition	CRACKED NIPPLE-DELIVERED
676.12	Cracked nipple, delivered w/mention of postpartum complication	CRACKED NIPPLE-DEL W P/P
676.21	Engorgement of breasts, delivered w/ or w/o mention of antepartum condition	BREAST ENGORGE-DELIVERED
676.22	Engorgement of breasts, delivered w/mention of postpartum complication	BREAST ENGORGE-DEL W P/P
676.31	Other and unspecified disorder of breast, delivered w/ or w/o mention of antepartum condition	BREAST DIS NEC-DELIVERED
676.32	Other and unspecified disorder of breast, delivered w/mention of postpartum complication	BREAST DIS NEC-DEL W P/P

676.41	Failure of lactation, delivered w/ or w/o mention of antepartum condition	LACTATION FAIL-DELIVERED
676.42	Failure of lactation, delivered w/mention of postpartum complication	LACTATION FAIL-DEL W P/P
676.51	Suppressed lactation, delivered w/ or w/o mention of antepartum condition	SUPPR LACTATION-DELIVER
676.52	Suppressed lactation, delivered w/mention of postpartum complication	SUPPR LACTAT-DEL W P/P
676.61	Galactorrhea, delivered w/ or w/o mention of antepartum condition	GALACTORRHEA-DELIVERED
676.62	Galactorrhea, delivered w/mention of postpartum complication	GALACTORRHEA-DEL W P/P
676.81	Other disorders of lactation, delivered w/ or w/o mention of antepartum condition	LACTATION DIS NEC-DELIV
676.82	Other disorders of lactation, delivered w/mention of postpartum complication	LACTAT DIS NEC-DEL W P/P
676.91	Unspecified disorder of lactation, delivered w/ or w/o mention of antepartum condition	LACTATION DIS NOS-DELIV
676.92	Unspecified disorder of lactation, delivered w/mention of postpartum complication	LACTAT DIS NOS-DEL W P/P

Table Number 11.05: Medical Induction of Labor *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
73.01	Induction of labor by artificial rupture of membranes	INDUCT LABOR-RUPT MEMB
73.1	Other surgical induction of labor	SURG INDUCT LABOR NEC
73.4	Medical induction of labor	MEDICAL INDUCTION LABOR

Table Number 11.06: Cesarean Section *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
74.0	Classical cesarean section	CLASSCIAL C-SECTION
74.1	Low cervical cesarean section	LOW CERVICAL C-SECTION
74.2	Extraperitoneal cesarean section	EXTRAPERITONEAL C-SECTION
74.4	Cesarean section of other specified type	CESAREAN SECTION NEC
74.99	Other cesarean section of unspecified type	CESAREAN SECTION NOS

Table Number 11.07: Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation *(Ver. 2010B1)*

Code	ICD-9-CM Description	Shortened Description
042	Human immunodeficiency virus [HIV] disease	HUMAN IMMUNO VIRUS DIS
641.01	Placenta previa w/o hemorrhage, delivered w/ or w/out mention of antepartum condition	PLACENTA PREVIA-DELIVER
641.11	Hemorrhage from placenta previa, delivered w/ or w/out mention of antepartum condition	PLACENTA PREV HEM-DELIV
641.21	Premature separation of placenta, delivered, w/ or w/out mention of antepartum condition	PREM SEPAR PLACEN-DELIV
641.31	Antepartum hemorrhage associated w/coagulation defects, delivered w/ or w/out mention of antepartum condition	COAG DEF HEMORR-DELIVER
641.81	Other antepartum hemorrhage, delivered w/ or w/out mention of antepartum condition	ANTEPARTUM HEM NEC-DELIV
641.91	Unspecified antepartum hemorrhage, delivered w/ or w/out mention of antepartum condition	ANTEPARTUM HEM NOS-DELIV
642.01	Benign essential hypertension complicating pregnancy, childbirth, & puerperium, delivered w/or w/out mention of antepartum condition	ESSEN HYPERTEN-DELIVERED
642.02	Benign essential hypertension complicating pregnancy, childbirth, & puerperium, delivered w/mention of postpartum complication	ESSEN HYPERTEN-DEL W P/P

642.11	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium, delivered w/ or w/out mention of antepartum condition	RENAL HYPERTEN PG-DELIV
642.12	Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium, delivered w/mention of postpartum complication	RENAL HYPERTEN-DEL P/P
642.21	Other pre-existing hypertension complicating pregnancy, childbirth & puerperium, delivered w/ or w/out mention of antepartum condition	OLD HYPERTEN NEC-DELIVER
642.22	Other pre-existing hypertension complicating pregnancy, childbirth & puerperium, delivered w/mention of postpartum complication	OLD HYPERTEN-DELIV W P/P
642.31	Transient hypertension of pregnancy, delivered w/ or w/out mention of antepartum condition	TRANS HYPERTEN-DELIVERED
642.32	Transient hypertension of pregnancy, delivered w/mention of postpartum complication	TRANS HYPERTEN-DEL W P/P
642.41	Mild or unspecified pre-eclampsia, delivered w/ or w/out mention of antepartum condition	MILD/NOS PREECLAMP-DELIV
642.42	Mild or unspecified pre-eclampsia, delivered w/mention of postpartum complication	MILD PREECLAMP-DEL W P/P
642.51	Severe pre-eclampsia, delivered w/ or w/out mention of antepartum condition	SEVERE PREECLAMP-DELIVER
642.52	Severe pre-eclampsia, delivered w/mention of postpartum complication	SEV PREECLAMP-DEL W P/P
642.61	Eclampsia, delivered w/ or w/out mention of antepartum condition	ECLAMPSIA-DELIVERED
642.62	Eclampsia, delivered w/mention of postpartum complication	ECLAMPSIA-DELIV W P/P
642.71	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, delivered w/ or w/out mention of antepartum condition	TOX W OLD HYPERTEN-DELIV
642.72	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, delivered w/mention of postpartum complication	TOX W OLD HYP-DEL W P/P
642.91	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, delivered w/ or w/out mention of antepartum condition	HYPERTENS NOS-DELIVERED
642.92	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, delivered w/mention of postpartum complication	HYPERTENS NOS-DEL W P/P
645.11	Post term pregnancy, delivered, w/ or w/out mention of antepartum condition	POST TERM PREG-DEL
646.21	Unspecified renal disease in pregnancy, w/out mention of hypertension, delivered w/ or w/out mention of antepartum condition	RENAL DIS NOS-DELIVERED
646.22	Unspecified renal disease in pregnancy, w/out mention of hypertension, delivered w/mention of postpartum complication	RENAL DIS NOS-DEL W P/P
646.71	Liver disorders in pregnancy, delivered w/ or w/out mention of antepartum condition	LIVER DISORDER-DELIVERED
648.01	Diabetes mellitus, delivered, with or without mention of antepartum condition	DIABETES-DELIVERED
648.51	Congenital cardiovascular disorders, delivered w/ or w/out mention of antepartum condition	CONGEN CV DIS-DELIVERED
648.52	Congenital cardiovascular disorders, delivered w/mention of postpartum complication	CONGEN CV DIS-DEL W P/P
648.61	Other cardiovascular diseases, delivered w/ or w/o mention of antepartum condition	CV DIS NEC PREG-DELIVER
648.62	Other cardiovascular diseases, delivered w/mention of postpartum complication	CV DIS NEC-DELIVER W P/P
648.81	Abnormal glucose tolerance, delivered w/ or w/o mention of antepartum condition	ABN GLUCOSE TOLER-DELIV
648.82	Abnormal glucose tolerance, delivered w/mention of postpartum complication	ABN GLUCOSE-DELIV W P/P
649.31	Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	COAGULATION DEF-DELIV

649.32	Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	COAGULATN DEF-DEL W P/P
651.01	Multiple gestation, twin pregnancy, delivered with or without mention of antepartum condition	TWIN PREGNANCY-DELIVERED
651.11	Multiple gestation, triplet pregnancy, delivered with or without mention of antepartum condition	TRIPLET PREGNANCY-DELIV
651.21	Multiple gestation, quadruplet pregnancy, delivered with or without mention of antepartum condition	QUADRUPLET PREG-DELIVER
651.31	Multiple gestation, twin pregnancy w/fetal loss and retention of 1 fetus, delivered with or without mention of antepartum condition	TWINS W FETAL LOSS-DEL
651.41	Multiple gestation, triplet pregnancy, w/fetal loss and retention of one or more fetus (es), delivered with or without mention of antepartum condition	TRIPLETS W FET LOSS-DEL
651.51	Multiple gestation, quadruplet pregnancy, w/fetal loss and retention of 1 or more fetus(es), delivered with or without mention of antepartum condition	QUADS W FETAL LOSS-DEL
651.61	Multiple gestation, other multiple pregnancy, w/fetal loss and retention of 1 or more fetus(es), delivered with or without mention of antepartum condition	MULT GES W FET LOSS-DEL
651.71	Multiple gestation following (elective) fetal reduction, delivered without mention of antepartum condition	MULT GEST-FET REDUCT DEL
651.81	Multiple gestation, other specified multiple gestation, delivered with or without mention of antepartum condition	MULTI GESTAT NEC-DELIVER
651.91	Multiple gestation, unspecified multiple gestation, delivered with or without mention of antepartum condition	MULT GESTATION NOS-DELIV
652.01	Unstable lie, delivered, w/ or w/out mention of antepartum condition	UNSTABLE LIE-DELIVERED
652.61	Multiple gestation w/malpresentation of 1 fetus or more, delivered, w/ or w/out mention of antepartum condition	MULT GEST MALPRES-DELIV
655.01	Central nervous system malformation in fetus, delivered, w/ or w/o mention of antepartum condition	FETAL CNS MALFORM-DELIV
655.11	Chromosomal abnormality in fetus, delivered w/ or w/o mention of antepartum condition	FETAL CHROMOSO ABN-DELIV
655.31	Suspected damage to fetus from viral disease in the mother, delivered w/ or w/o mention of antepartum condition	FET DAMG D/T VIRUS-DELIV
655.41	Suspected damage to fetus from other disease in the mother, delivered w/ or w/o mention of antepartum condition	FET DAMG D/T DIS-DELIVER
655.51	Suspected damage to fetus from drugs, delivered w/ or w/o mention of antepartum condition	FET DAMAG D/T DRUG-DELIV
655.61	Suspected damage to fetus from radiation, delivered w/ or w/o mention of antepartum condition	RADIAT FETAL DAMAG-DELIV
655.80	Other known or suspected fetal abnormality, not elsewhere specified	FETAL ABNORM NEC-UNSPEC
656.01	Fetal-maternal hemorrhage, delivered, w/ or w/o mention of antepartum condition	FETAL-MATERNAL HEM-DELIV
656.11	Rhesus isoimmunization, delivered, w/ or w/o mention of antepartum condition	RH ISOIMMUNIZAT-DELIVER
656.21	Isoimmunization from other and unspecified blood-group incompatibility, delivered, w/ or w/o mention of antepartum condition	ABO ISOIMMUNIZAT-DELIVER
656.31	Fetal distress, delivered, w/ or w/o mention of antepartum condition	FETAL DISTRESS-DELIVERED
656.41	Intrauterine death, delivered, w/ or w/o mention of antepartum condition	INTRAUTER DEATH-DELIVER
656.51	Poor fetal growth, delivered, w/ or w/o mention of antepartum condition	POOR FETAL GROWTH-DELIV
657.01	Polyhydramnios, delivered w/ or w/o mention of antepartum condition	POLYHYDRAMNIOS-DELIVERED
658.01	Oligohydramnios, delivered w/ or w/o mention of antepartum condition	OLIGOHYDRAMNIOS-DELIVER
658.11	Premature rupture of membranes, delivered w/ or w/o mention of antepartum condition	PREM RUPT MEMBRAN-DELIV

658.21	Delayed delivery after spontaneous or unspecified rupture of membranes, delivered w/ or w/o mention of antepartum condition	PROLONG RUPT MEMB-DELIV
658.21	Delayed delivery after spontaneous or unspecified rupture of membranes, delivered w/ or w/o mention of antepartum condition	PROLONG RUPT MEMB-DELIV
659.71	Abnormality in fetal heart rate or rhythm, delivered, w/ or w/o mention of antepartum condition	ABN FTL HRT RATE/RHY-DEL
663.5	Vasa previa	VASA PREVIA-UNSPECIFIED
V08	Asymptomatic human immunodeficiency virus [HIV] infection virus	ASYMP HIV INFECTN STATUS
V23.5	Pregnancy with other poor obstetric history; Pregnancy with history of stillbirth or neonatal death	PREG W POOR REPRODUCT HX
V27.1	Single stillborn	DELIVER-SINGLE STILLBORN

Table Number 11.08: Outcome of Delivery *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
V27.0	Single liveborn	DELIVER-SINGLE LIVEBORN

Table Number 11.09: Contraindications to Vaginal Delivery *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
644.20	Early onset of delivery, onset (spontaneous) of delivery premature labor with onset of delivery, unspecified as to episode of care or not applicable	EARLY ONSET DELIV-UNSPEC
644.21	Early onset of delivery, onset (spontaneous) of delivery premature labor with onset of delivery, delivered, with or without mention of antepartum condition	EARLY ONSET DELIVERY-DEL
651.00	Multiple gestation, twin pregnancy, unspecified as to episode of care or not applicable	TWIN PREGNANCY-UNSPEC
651.01	Multiple gestation, twin pregnancy, delivered with or without mention of antepartum condition	TWIN PREGNANCY-DELIVERED
651.03	Multiple gestation, twin pregnancy, antepartum condition or complication	TWIN PREGNANCY-ANTEPART
651.10	Multiple gestation, triplet pregnancy, unspecified as to episode of care or not applicable	TRIPLET PREGNANCY-UNSPEC
651.11	Multiple gestation, triplet pregnancy, delivered with or without mention of antepartum condition	TRIPLET PREGNANCY-DELIV
651.13	Multiple gestation, triplet pregnancy, antepartum condition or complication	TRIPLET PREG-ANTEPARTUM
651.20	Multiple gestation, quadruplet pregnancy, unspecified as to episode of care or not applicable	QUADRUPLET PREG-UNSPEC
651.21	Multiple gestation, quadruplet pregnancy, delivered with or without mention of antepartum condition	QUADRUPLET PREG-DELIVER
651.23	Multiple gestation, quadruplet pregnancy, antepartum condition or complication	QUADRUPLET PREG-ANTEPART
651.30	Multiple gestation, twin pregnancy w/fetal loss and retention of 1 fetus, unspecified as to episode of care or not applicable	TWINS W FETAL LOSS-UNSP
651.31	Multiple gestation, twin pregnancy w/fetal loss and retention of 1 fetus, delivered with or without mention of antepartum condition	TWINS W FETAL LOSS-DEL
651.33	Multiple gestation, twin pregnancy w/fetal loss and retention of 1 fetus, antepartum condition or complication	TWINS W FETAL LOSS-ANTE
651.40	Multiple gestation, triplet pregnancy, w/fetal loss and retention of one or more fetus (es), unspecified as to episode of care or not applicable	TRIPLETS W FET LOSS-UNSP
651.41	Multiple gestation, triplet pregnancy, w/fetal loss and retention of one or more fetus (es), delivered with or without mention of antepartum condition	TRIPLETS W FET LOSS-DEL
651.43	Multiple gestation, triplet pregnancy, w/fetal loss and retention of one or more fetus (es), antepartum condition or complication	TRIPLETS W FET LOSS-ANTE

651.50	Multiple gestation, quadruplet pregnancy, w/fetal loss and retention of 1 or more fetus(es), unspecified as to episode of care or not applicable	QUADS W FETAL LOSS-UNSP
651.51	Multiple gestation, quadruplet pregnancy, w/fetal loss and retention of 1 or more fetus(es), delivered with or without mention of antepartum condition	QUADS W FETAL LOSS-DEL
651.53	Multiple gestation, quadruplet pregnancy, w/fetal loss and retention of 1 or more fetus(es), antepartum condition or complication	QUADS W FETAL LOSS-ANTE
651.60	Multiple gestation, other multiple pregnancy, w/fetal loss and retention of 1 or more fetus(es), unspecified as to episode of care or not applicable	MULT GES W FET LOSS-UNSP
651.61	Multiple gestation, other multiple pregnancy, w/fetal loss and retention of 1 or more fetus(es), delivered with or without mention of antepartum condition	MULT GES W FET LOSS-DEL
651.63	Multiple gestation, other multiple pregnancy, w/fetal loss and retention of 1 or more fetus(es), antepartum condition or complication	MULT GES W FET LOSS-ANTE
651.80	Multiple gestation, other specified multiple gestation, unspecified as to episode of care or not applicable	MULTI GESTAT NEC-UNSPEC
651.81	Multiple gestation, other specified multiple gestation, delivered with or without mention of antepartum condition	MULTI GESTAT NEC-DELIVER
651.83	Multiple gestation, other specified multiple gestation, antepartum condition or complication	MULTI GEST NEC-ANTEPART
651.90	Multiple gestation, unspecified multiple gestation, unspecified as to episode of care or not applicable	MULTI GESTAT NOS-UNSPEC
651.91	Multiple gestation, unspecified multiple gestation, delivered with or without mention of antepartum condition	MULT GESTATION NOS-DELIV
651.93	Multiple gestation, unspecified multiple gestation, antepartum condition or complication	MULTI GEST NOS-ANTEPART
652.20	Multiple gestation, unspecified multiple gestation, unspecified as to episode of care or not applicable	MULTI GESTAT NOS-UNSPEC
652.21	Breech presentation w/o mention of version, delivered, w/ or w/out mention of antepartum condition	BREECH PERSENTAT-DELIVER
652.23	Breech presentation w/o mention of version, delivered, antepartum condition or complication	BREECH PRESENT-ANTEPART
652.30	Transverse or oblique presentation, delivered, unspecified as to episode of care or not applicable	TRANS/OBLIQ LIE-UNSPEC
652.31	Transverse or oblique presentation, delivered, w/ or w/out mention of antepartum condition	TRANSVER/OBLIQ LIE-DELIV
652.33	Transverse or oblique presentation, delivered, antepartum condition or complication	TRANS/OBLIQ LIE-ANTEPAR
652.40	Face or brow presentation, delivered, unspecified as to episode of care or not applicable	FACE/BROW PRESENT-UNSPEC
652.41	Face or brow presentation, delivered, w/ or w/o mention of antepartum condition	FACE/BROW PRESENT DELIV
652.43	Face or brow presentation, delivered, antepartum condition or complication	FACE/BROW PRES-ANTEPART
652.60	Multiple gestation w/malpresentation of 1 fetus or more, unspecified as to episode of care or not applicable	MULT GEST MALPRESEN-UNSP
652.61	Multiple gestation w/malpresentation of 1 fetus or more, delivered, w/ or w/out mention of antepartum condition	MULT GEST MALPRE-DELIV
652.63	Multiple gestation w/malpresentation of 1 fetus or more, antepartum condition or complication	MULT GES MALPRES-ANTEPAR
654.20	Abnormality of organs and soft tissue of pelvis, previous cesarean delivery, unspecified as to episode of care or not applicable	PREV C-SECT NOS-UNSPEC
654.21	Abnormality of organs and soft tissue of pelvis, previous cesarean delivery, w/ or w/out mention of antepartum condition	PREV C-SECT NOS-DELIVER
654.23	Abnormality of organs and soft tissue of pelvis, previous cesarean delivery, antepartum condition or complication	PREV C-SECT NOS-ANTEPART

656.40	Other known or suspected fetal and placental problems affecting management of mother, intrauterine death, unspecified as to episode of care or not applicable	INTRAUTERINE DEATH-UNSP
656.41	Other known or suspected fetal and placental problems affecting management of mother, intrauterine death, w/ or w/out mention of antepartum condition	INTRAUTER DEATH-DELIVER
656.43	Other known or suspected fetal and placental problems affecting management of mother, intrauterine death, antepartum condition or complication	INTRAUTER DEATH-ANTEPART
660.50	Obstructed labor, locked twins, unspecified as to episode of care or not applicable	LOCKED TWINS-UNSPECIFIED
660.51	Obstructed labor, locked twins, w/ or w/out mention of antepartum condition	LOCKED TWINS-DELIVERED
660.53	Obstructed labor, locked twins, antepartum condition or complication	LOCKED TWINS-ANTEPARTUM
662.30	Long labor, delayed delivery of second twin, triplet, etc., unspecified as to episode of care or not applicable	DELAY DEL 2ND TWIN-UNSP
662.31	Long labor, delayed delivery of second twin, triplet, etc., w/ or w/out mention of antepartum condition	DELAY DEL 2ND TWIN-DELIV
662.33	Long labor, delayed delivery of second twin, triplet, etc., antepartum condition or complication	DELAY DEL 2 TWIN-ANTEPAR
669.60	Other complications of labor and delivery, not elsewhere classified, breech extraction, without mention of indication, unspecified as to episode of care or not applicable	BREECH EXTR NOS-UNSPEC
669.61	Other complications of labor and delivery, not elsewhere classified, breech extraction, without mention of indication, w/ or w/out mention of antepartum condition	BREECH EXTR NOS-DELIVER
761.5	Fetus or newborn affected by maternal complications of pregnancy, multiple pregnancy	MULT PREGNANCY AFF NB
V27.1	Single stillborn	DELIVER-SINGLE STILLBORN
V27.2	Twins, both liveborn	DELIVER-TWINS, BOTH LIVE
V27.3	Twins, one liveborn and one stillborn	DEL-TWINS, 1 NB, 1 SB
V27.4	Twins, both stillborn	DELIVER-TWINS, BOTH SB
V27.5	Other multiple births, all liveborn	DEL-MULT BIRTH, ALL LIVE
V27.6	Other multiple births, some liveborn	DEL-MULT BRTH, SOME LIVE
V27.7	Other multiple births, all stillborn	DEL-MULT BIRTH, ALL SB

Table Number 11.10: Newborn Septicemia or Bacteremia *(Ver. 2010B)*

Code	ICD-9-CM Description	Shortened Description
771.81	Septicemia [sepsis] of newborn	NB SEPTICEMIA [SEPSIS]
771.83	Bacteremia of newborn	BACTEREMIA OF NEWBORN
790.7	Bacteremia	BACTEREMIA

Table Number 11.10.1: Septicemias *(Ver. 2010B1)*

Code	ICD-9-CM Description	Shortened Description
038.10	Staphylococcal septicemia, unspecified	STAPHYLOCOCC SEPTICEMIA NOS
038.11	Methicillin susceptible Staphylococcus aureus septicemia	METH SUSC STAPH AUR SEPT
038.19	Other staphylococcal septicemia	STAPHYLOCOCC SEPTICEM NEC
038.40	Septicemia due to other gram-negative organisms, gram-negative organism, unspecified	GRAM-NEG SEPTICEMIA NOS
038.42	Septicemia due to other gram-negative organisms, Escherichia coli	E COLI SEPTICEMIA
038.43	Septicemia due to other gram-negative organisms, Pseudomonas	PSEUDOMONAS SEPTICEMIA
038.44	Septicemia due to other gram-negative organisms, Serratia	SERRATIA SEPTICEMIA
038.49	Septicemia due to other gram-negative organisms, other	GRAM-NEG SEPTICEMIA NEC
112.5	Candidiasis disseminated	DISSEMINATED CANDIDIASIS

Table Number 11.10.2: Sepsis *(Ver. 2010B)*

Code	ICD-9-CM Description	Shortened Description
038.0	Streptococcal septicemia	STREPTOCOCCAL SEPTICEMIA
038.10	Staphylococcal septicemia, unspecified	STAPHYLOCOCC SEPTICEMIA NOS
038.1	Staphylococcal septicemia	STAPHYLCOCC SEPTICEM NOS
038.11	Methicillin susceptible staphylococcus aureus septicemia	METH SUSC STAPH AUR SEPT
038.12	Methicillin resistant staphylococcus aureus septicemia	MRSA SEPTICEMIA
038.19	Other staphylococcal septicemia	STAPHYLOCOCC SEPTICEM NEC
038.2	Pneumococcal septicemia	PNEUMOCOCCAL SEPTICEMIA
038.3	Septicemia due to anaerobes	ANAEROBIC SEPTICEMIA
038.40	Septicemia due to other gram-negative organisms, gram-negative organism, unspecified	GRAM-NEG SEPTICEMIA NOS
038.41	Septicemia due to hemophilus influenzae	H. INFLUENAE SEPTICEMIA
038.42	Septicemia due to other gram-negative organisms, Escherichia coli	E COLI SEPTICEMIA
038.43	Septicemia due to other gram-negative organisms, Pseudomonas	PSEUDOMONAS SEPTICEMIA
038.44	Septicemia due to other gram-negative organisms, Serratia	SERRATIA SEPTICEMIA
038.49	Septicemia due to other gram-negative organisms, other	GRAM-NEG SEPTICEMIA NEC
038.8	Other specified septicemia	SEPTICEMIA NEC
038.9	Unspecified septicemia	SEPTICEMIA NOS
785.52	Shock without mention of trauma, septic shock	SEPTIC SHOCK
785.59	Shock without mention of trauma, other	SHOCK W/O TRAUMA NEC
995.91	Systemic inflammatory response syndrome, sepsis	SEPSIS
995.92	Systemic inflammatory response syndrome, severe sepsis	SEVERE SEPSIS
998.0	Other complications of procedures, not elsewhere classified, postoperative shock	POSTOPERATIVE SHOCK

Table Number 11.11: Newborn Bacteremia *(Ver. 2010B)*

Code	ICD-9-CM Description	Shortened Description
041.04	Streptococcus Group D (Enterococcus)	ENTEROCOCCUS GROUP D
041.10	Staphylococcus, unspecified	STAPHYLOCOCCUS UNSPCFIED
041.11	Staphylococcus aureus	STAPHYLOCOCCUS AUREUS
041.19	Other Staphylococcus	OTHER STAPHYLOCOCCUS
041.3	Friedländer's bacillus (Klebsiella pneumoniae)	KLEBSIELLA INFECT NOS
041.4	Escherichia coli	E. COLI INFECT NOS
041.7	Pseudomonas	PSEUDOMONAS INFECT NOS
041.85	Other specified bacterial infections, other gram-negative organisms	OTH GRAM NEGATV BACTERIA

Table Number 11.12: Birth Weight 500-749 Grams *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
764.02	Light-for-dates without mention of fetal malnutrition - 500-749 grams	LT-FOR-DATES 500-749G
764.12	Light-for-dates with signs of fetal malnutrition - 500-749 grams	LT-DATE W/MAL 500-749G
764.22	Fetal malnutrition without mention of "light-for-dates" - 500-749 grams	FETAL MALNUTR 500-749G
764.92	Fetal growth retardation, unspecified - 500-749 grams	FET GROWTH RET 500-749G
765.02	Extreme immaturity - 500-749 grams	EXTREME IMMATUR 500-749G
765.12	Other preterm infants - 500-749 grams	PRETERM NEC 500-749G

Table Number 11.13: Birth Weight 750-999 Grams *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
764.03	Light-for-dates without mention of fetal malnutrition - 750-999 grams	LT-FOR-DATES 750-999G
764.13	Light-for-dates with signs of fetal malnutrition - 750-999 grams	LT-DATE W/MAL 750-999G

764.23	Fetal malnutrition without mention of "light-for-dates" - 750-999 grams	FETAL MAL 750-999G
764.93	Fetal growth retardation, unspecified - 750-999 grams	FET GROWTH RET 750-999G
765.03	Extreme immaturity - 750-999 grams	EXTREME IMMATUR 750-999G
765.13	Other preterm infants - 750-999 grams	PRETERM NEC 750-999G

Table Number 11.14: Birth Weight 1000-1499 Grams *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
764.04	Light-for-dates without mention of fetal malnutrition - 1000-1249 grams	LT-FOR-DATES 1000-1249G
764.05	Light-for-dates without mention of fetal malnutrition - 1250-1499 grams	LT-FOR-DATES 1250-1499G
764.14	Light-for-dates with signs of fetal malnutrition - 1000-1249 grams	LT-DATE W/MAL 1000-1249G
764.15	Light-for-dates with signs of fetal malnutrition - 1250-1499 grams	LT-DATE W/MAL 1250-1499G
764.24	Fetal malnutrition without mention of "light-for-dates" - 1000-1249 grams	FETAL MAL 1000-1249G
764.25	Fetal malnutrition without mention of "light-for-dates" - 1250-1499 grams	FETAL MAL 1250-1499G
764.94	Fetal growth retardation, unspecified - 1000-1249 grams	FET GRWTH RET 1000-1249G
764.95	Fetal growth retardation, unspecified - 1250-1499 grams	FET GRWTH RET 1250-1499G
765.04	Extreme immaturity - 1000-1249 grams	EXTREME IMMAT 1000-1249G
765.05	Extreme immaturity - 1250-1499 grams	EXTREME IMMAT 1250-1499G
765.14	Other preterm infants - 1000-1249 grams	PRETERM NEC 1000-1249G
765.15	Other preterm infants - 1250-1499 grams	PRETERM NEC 1250-1499G

Table Number 11.15: Birth Weight 1500-1999 Grams *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
764.06	Light-for-dates without mention of fetal malnutrition - 1500-1749 grams	LT-FOR-DATES 1500-1749G
764.07	Light-for-dates without mention of fetal malnutrition - 1750-1999 grams	LT-FOR-DATES 1750-1999G
764.16	Light-for-dates with signs of fetal malnutrition - 1500-1749 grams	LT-DATE W/MAL 1500-1749G
764.17	Light-for-dates with signs of fetal malnutrition - 1750-1999 grams	LT-DATE W/MAL 1750-1999G
764.26	Fetal malnutrition without mention of "light-for-dates" - 1500-1749 grams	FETAL MAL 1500-1749G
764.27	Fetal malnutrition without mention of "light-for-dates" - 1750-1999 grams	FETAL MALNUTR 1750-1999G
764.96	Fetal growth retardation, unspecified - 1500-1749 grams	FET GRWTH RET 1500-1749G
764.97	Fetal growth retardation, unspecified - 1750-1999 grams	FET GRWTH RET 1750-1999G
765.06	Extreme immaturity - 1500-1749 grams	EXTREME IMMAT 1500-1749G
765.07	Extreme immaturity - 1750-1999 grams	EXTREME IMMAT 1750-1999G
765.16	Other preterm infants - 1500-1749 grams	PRETERM NEC 1500-1749G
765.17	Other preterm infants - 1750-1999 grams	PRETERM NEC 1750-1999G

Table Number 11.16: Birth Weight 2000-2499 Grams *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
764.08	Light-for-dates without mention of fetal malnutrition - 2000-2499 grams	LT-FOR-DATES 2000-2499G
764.18	Light-for-dates with signs of fetal malnutrition - 2000-2499 grams	LT-DATE W/MAL 2000-2499G
764.28	Fetal malnutrition without mention of "light-for-dates" - 2000-2499 grams	FETAL MALNUTR 2000-2499G
764.98	Fetal growth retardation, unspecified - 2000-2499 grams	FET GRWTH RET 2000-2499G
765.08	Extreme immaturity - 2000-2499 grams	EXTREME IMMAT 2000-2499G
765.18	Other preterm infants - 2000-2499 grams	PRETERM NEC 2000-2499G

Table Number 11.17: Birth Weight 2500 Grams and over *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
764.09	Light-for-dates without mention of fetal malnutrition - 2500 grams and over	LT-FOR-DATES 2500+G
764.19	Light-for-dates with signs of fetal malnutrition - 2500 grams and over	LT-DATE W/MAL 2500+G
764.29	Fetal malnutrition without mention of "light-for-dates" - 2500 grams and over	FETAL MALNUTR 2500+G
764.99	Fetal growth retardation, unspecified - 2500 grams and over	FET GRWTH RET 2500+G
765.09	Extreme immaturity - 2500 grams and over	EXTREME IMMAT 2500+G
765.19	Other preterm infants - 2500 grams and over	PRETERM NEC 2500+G

Table Number 11.18: Major Surgery *(Ver. 2010B1)*

Code	ICD-9-CM Description	Shortened Description
00.44		PROC-VESSEL BIFURCATION
00.50		IMPL CRT PACEMAKER SYS
00.51		IMPL CRT DEFIBRILLAT SYS
00.52		IMP/REP LEAD LF VEN SYS
00.53		IMP/REP CRT PACEMAKR GEN
00.54		IMP/REP CRT DEFIB GENAT
00.56		INS/REP IMPL SENSOR LEAD
00.57		IMP/REP SUBCUE CARD DEV
00.60		INS D-E STNT SUP FEM ART
00.61		PERC ANGIO PRECEREB VESS
00.62		PERC ANGIO INTRACRAN VES
00.66		PTCA OR CORONARY ATHER
00.70		REV HIP REPL-ACETAB/FEM
00.71		REV HIP REPL-ACETAB COMP
00.72		REV HIP REPL-FEM COMP
00.73		REV HIP REPL-LINER/HEAD
00.74		HIP REPL SURF-METAL/POLY
00.75		HIP REP SURF-METAL/METAL
00.76		HIP REP SURF-CERMC/CERMC
00.77		HIP REPL SURF-CERMC/POLY
00.80		REV KNEE REPLACEMT-TOTAL
00.81		REV KNEE REPL-TIBIA COMP
00.82		REV KNEE REPL-FEMUR COMP
00.83		REV KNEE REPLACE-PATELLA
00.84		REV KNEE REPL-TIBIA LIN
00.85		RESRF HIPTOTAL-ACET/FEM
00.86		RESRF HIPPART-FEM HEAD
00.87		RESRF HIPPART-ACETABLUM
01.12		OPEN CEREB MENINGES BX
01.14		OPEN BRAIN BIOPSY
01.15		SKULL BIOPSY
01.18		OTHER BRAIN DX PROCEDURE
01.19		OTHER SKULL DX PROCEDURE
01.21		CRANIAL SINUS I & D
01.22		REMOV INTRACRAN STIMULAT
01.23		REOPEN CRANIOTOMY SITE
01.24		OTHER CRANIOTOMY
01.25		OTHER CRANIECTOMY
01.26		INS CATH-CRANIAL CAVITY
01.27		REM CATH-CRANIAL CAVITY
01.28		INTRACEREB CTH-BURR HOLE
01.31		INCISE CEREBRAL MENINGES

01.32	LOBOTOMY & TRACTOTOMY
01.39	OTHER BRAIN INCISION
01.41	THALAMUS OPERATIONS
01.42	GLOBUS PALLIDUS OPS
01.51	EX CEREB MENINGEAL LES
01.52	HEMISPHERECTOMY
01.53	BRAIN LOBECTOMY
01.59	OTHER BRAIN EXCISION
01.6	EXCISE SKULL LESION
02.01	LINEAR CRANIECTOMY
02.02	ELEVATE SKULL FX FRAGMNT
02.03	SKULL FLAP FORMATION
02.04	BONE GRAFT TO SKULL
02.05	SKULL PLATE INSERTION
02.06	CRANIAL OSTEOPLASTY NEC
02.07	SKULL PLATE REMOVAL
02.11	SIMPLE SUTURE OF DURA
02.12	BRAIN MENINGE REPAIR NEC
02.13	MENINGE VESSEL LIGATION
02.14	CHOROID PLEXECTOMY
02.2	VENTRICULOSTOMY
02.31	VENTRICL SHUNT-HEAD/NECK
02.32	VENTRI SHUNT-CIRCULA SYS
02.33	VENTRICL SHUNT-THORAX
02.34	VENTRICL SHUNT-ABDOMEN
02.35	VENTRI SHUNT-UNINARY SYS
02.39	OTHER VENTRICULAR SHUNT
02.42	REPLACE VENTRICLE SHUNT
02.43	REMOVE VENTRICLE SHUNT
02.91	LYSIS CORTICAL ADHESION
02.92	BRAIN REPAIR
02.93	IMPLANT BRAIN STIMULATOR
02.94	INSERT/REPLAC SKULL TONG
02.99	SKULL & BRAIN OP NEC
03.01	REMOVAL FB SPINAL CANAL
03.02	REOPEN LAMINECTOMY SITE
03.09	SPINAL CANAL EXPLOR NEC
03.1	INTRASPIN NERVE ROOT DIV
03.21	PERCUTANEOUS CHORDOTOMY
03.29	OTHER CHORDOTOMY
03.32	SPINAL CORD/MENINGES BX
03.39	OTHER SPINAL DX PROC
03.4	EXCIS SPINAL CORD LESION
03.51	SPINE MENINGOCELE REPAIR
03.52	MYELOMENINGOCEL REPAIR
03.53	VERTEBRAL FX REPAIR
03.59	SPINAL STRUCT REPAIR NEC
03.6	SPINAL CORD ADHESIOLYSIS
03.71	SUBARACH-PERITON SHUNT
03.72	SUBARACH-URETERAL SHUNT
03.79	OTH SPINAL THECAL SHUNT
03.93	INSERT SPINAL STIMULATOR
03.94	REMOVE SPINAL STIMULATOR
03.97	REVISE SPINE THECA SHUNT
03.98	REMOVE SPINE THECA SHUNT
03.99	SPINE CANAL STRUC OP NEC
04.01	EXCISION ACOUSTC NEUROMA

04.02	TRIGEMINAL NERV DIVISION
04.03	PERIPH NERVE DIV NEC
04.04	PERIPH NERVE INCIS NEC
04.05	GASSERIAN GANGLIONECTOMY
04.06	PERIPH GANGLIONECT NEC
04.07	PERIPH NERV EXCISION NEC
04.12	OPEN PERIPH NERVE BIOPSY
04.19	PERIPH NERVE DX PROC NEC
04.3	PERIPHERAL NERVE SUTURE
04.41	DECOMPRESS TRIGEM ROOT
04.42	CRAN NERV ROOT DECOM NEC
04.43	CARPAL TUNNEL RELEASE
04.44	TARSAL TUNNEL RELEASE
04.49	PER NERVE ADHESIOLYS NEC
04.5	PERIPHERAL NERVE GRAFT
04.6	PERIPH NERVE TRANSPOSIT
04.71	HYPOGLOSS-FACIAL ANASTOM
04.72	ACCESSORY-FACIAL ANASTOM
04.73	ACCESS-HYPOGLOSS ANASTOM
04.74	PERIPH NERV ANASTOM NEC
04.75	POSTOP REVIS PER NERV OP
04.76	LATE REPAIR PER NERV INJ
04.79	OTHER NEUROPLASTY
04.91	NEURECTASIS
04.92	IMPLANT PERIPH STIMULAT
04.93	REMOVE PERIPH STIMULATOR
04.99	PERIPHERAL NERVE OPS NEC
05.0	SYMPATH NERVE DIVISION
05.11	SYMPATHETIC NERVE BIOPSY
05.19	SYMPATH NRV DX PROC NEC
05.21	SPHENOPALATIN GANGLIONEC
05.22	CERVICAL SYMPATHECTOMY
05.23	LUMBAR SYMPATHECTOMY
05.24	PRESACRAL SYMPATHECTOMY
05.25	PERIART SYMPATHECTOMY
05.29	OTHER SYMPATHECTOMY
05.81	SYMPATHETIC NERVE REPAIR
05.89	SYMPATHETIC NERVE OP NEC
05.9	OTHER NERVOUS SYSTEM OPS
06.02	REOPEN THYROID FIELD WND
06.09	INCIS THYROID FIELD NEC
06.12	OPEN THYROID GLAND BX
06.13	PARATHYROID BIOPSY
06.19	THYR/PARATHY DX PROC NEC
06.2	UNILAT THYROID LOBECTOMY
06.31	EXCISION THYROID LESION
06.39	PART THYROIDECTOMY NEC
06.4	COMPLETE THYROIDECTOMY
06.50	SUBSTERN THYROIDECT NOS
06.51	PART SUBSTERN THYROIDECT
06.52	TOT SUBSTERN THYROIDECT
06.6	LINGUAL THYROID EXCISION
06.7	THYROGLOSS DUCT EXCISION
06.81	TOTAL PARATHYROIDECTOMY
06.89	OTHER PARATHYROIDECTOMY
06.91	THYROID ISTHMUS DIVISION
06.92	THYROID VESSEL LIGATION

06.93	THYROID SUTURE
06.94	THYROID REIMPLANTATION
06.95	PARATHYROID REIMPLANT
06.98	OTHER THYROID OPERATIONS
06.99	OTHER PARATHYROID OPS
07.00	ADRENAL EXPLORATION NOS
07.01	UNILAT ADRENAL EXPLORAT
07.02	BILAT ADRENAL EXPLORAT
07.12	OPEN ADRENAL GLAND BX
07.13	TRANSFRONT PITUITARY BX
07.14	TRANSPHEN PITUITARY BX
07.15	PITUITARY BIOPSY NOS
07.16	THYMUS BIOPSY
07.17	PINEAL BIOPSY
07.19	ENDOCRINE DX PROC NEC
07.21	ADRENAL LESION EXCISION
07.22	UNILATERAL ADRENALECTOMY
07.29	PART ADRENALECTOMY NEC
07.3	BILATERAL ADRENALECTOMY
07.41	ADRENAL INCISION
07.42	ADRENAL NERVE DIVISION
07.43	ADRENAL VESSEL LIGATION
07.44	ADRENAL REPAIR
07.45	ADRENAL REIMPLANTATION
07.49	ADRENAL OPERATION NEC
07.51	PINEAL FIELD EXPLORATION
07.52	PINEAL GLAND INCISION
07.53	PARTIAL PINEALECTOMY
07.54	TOTAL PINEALECTOMY
07.59	PINEAL OPERATION NEC
07.61	EXC PITUIT LES-TRANSFRON
07.62	EXC PITUIT LES-TRANSPHEN
07.63	PART EXCIS PITUITARY NOS
07.64	TOT EXC PITUIT-TRANSFRON
07.65	TOT EXC PITUIT-TRANSPHEN
07.68	TOTAL EXC PITUITARY NEC
07.69	TOTAL EXC PITUITARY NOS
07.71	PITUITARY FOSSA EXPLORAT
07.72	PITUITARY GLAND INCISION
07.79	PITUITARY OPERATION NEC
07.80	THYMECTOMY NOS
07.81	PART EXCISION OF THYMUS
07.82	TOTAL EXCISION OF THYMUS
07.91	THYMUS FIELD EXPLORATION
07.92	INCISION OF THYMUS
07.93	REPAIR OF THYMUS
07.94	THYMUS TRANSPLANTATION
07.99	THYMUS OPERATION NEC
08.11	EYELID BIOPSY
08.20	REMOVE EYELID LESION NOS
08.21	CHALAZION EXCISION
08.22	EXCISE MINOR LES LID NEC
08.23	EXC MAJ LES LID PRT-THIC
08.24	EXC MAJ LES LID FUL-THIC
08.25	DESTRUCTION LID LESION
08.31	PTOSIS REP-FRONT MUS SUT
08.32	PTOSIS REP-FRON MUS SLNG

08.33	PTOSIS REP-LEVAT MUS ADV
08.34	PTOSIS REP-LEVAT MUS NEC
08.35	PTOS REP-TARSAL TECHNIQ
08.36	BLEPHAROPTOS REPAIR NEC
08.37	REDUC OVERCORRECT PTOSIS
08.38	CORRECT LID RETRACTION
08.41	THERMOCAUT/ENTROPION REP
08.42	SUTURE ENTROPION REPAIR
08.43	WEDG RESEC ENTROPION REP
08.44	LID RECONS ENTROPION REP
08.49	ENTROPION/ECTROP REP NEC
08.51	CANTHOTOMY
08.52	BLEPHARORRHAPHY
08.59	ADJUST LID POSITION NEC
08.61	LID RECONST W SKIN GRAFT
08.62	LID RECONST W MUC GRAFT
08.63	LID RECONST W HAIR GRAFT
08.64	LID RECON-TARSOCONJ FLAP
08.69	LID RECONSTR W GRAFT NEC
08.70	LID RECONSTRUCTION NOS
08.71	LID MARG RECON-PART THIC
08.72	LID RECONS-PART THIC NEC
08.73	LID MARG RECONS FUL THIC
08.74	LID RECONST-FUL THIC NEC
08.91	ELECTROSURG LID EPILAT
08.92	CRYOSURG LID EPILATION
08.93	EYELID EPILATION NEC
08.99	EYELID OPERATION NEC
09.0	LACRIMAL GLAND INCISION
09.11	LACRIMAL GLAND BIOPSY
09.12	LACRIMAL SAC BIOPSY
09.19	LACRIMAL SYS DX PROC NEC
09.20	EXC LACRIMAL GLAND NOS
09.21	EXCIS LES LACRIMAL GLAND
09.22	PART DACRYOADENECT NEC
09.23	TOTAL DACRYOADENECTOMY
09.3	OTHER LACRIMAL GLAND OPS
09.41	LACRIMAL PUNCTUM PROBE
09.42	LAC CANALICULI PROBE
09.43	NASOLACRIMAL DUCT PROBE
09.44	NASOLAC DUCT INTUBAT
09.49	LAC PASSAGE MANIP NEC
09.51	LAC PUNCTUM INCISION
09.52	LAC CANALICULI INCISION
09.53	LACRIMAL SAC INCISION
09.59	LACRIM PASSAGE INCIS NEC
09.6	LACRIM SAC/PASSAGE EXCIS
09.71	CORRECT EVERTED PUNCTUM
09.72	PUNCTUM REPAIR NEC
09.73	CANALICULUS REPAIR
09.81	DACRYOCYSTORHINOSTOMY
09.82	CONJUNCTIVOCYSTORHINOST
09.83	CONJUNCTIVORHINOS W TUBE
09.91	LAC PUNCTUM OBLITERATION
09.99	LACRIMAL SYSTEM OP NEC
10.0	INCISE/REMOV CONJUNCT FB
10.1	CONJUNCTIVA INCISION NEC

10.21	CONJUNCTIVAL BIOPSY
10.29	CONJUNCTIVA DX PROC NEC
10.31	EXCISE CONJUNCTIV LESION
10.32	DESTRUCT CONJUNC LES NEC
10.33	OTH CONJUNC DESTRUC PROC
10.41	SYMBLEPH REP W FREE GRFT
10.42	GRAFT CONJUNC CUL-DE-SAC
10.43	CONJUN CUL-DE-SAC RX NEC
10.44	CONJUNC FREE GRAFT NEC
10.49	CONJUNCTIVOPLASTY NEC
10.5	CONJUNC/LID ADHESIOLYSIS
10.6	REPAIR CONJUNCT LACERAT
10.91	SUBCONJUNCTIVAL INJECT
10.99	CONJUNCTIVAL OP NEC
11.0	MAGNET REMOVAL CORNEA FB
11.1	CORNEAL INCISION
11.21	CORNEAL SCRAPE FOR SMEAR
11.22	CORNEAL BIOPSY
11.29	CORNEAL DX PROC NEC
11.31	PTERYGIUM TRANSPOSITION
11.32	PTERYG EXC W CORNEA GRFT
11.39	PTERYGIUM EXCISION NEC
11.41	MECH REMOV CORNEA EPITH
11.42	THERMOCAUT CORNEA LESION
11.43	CRYOTHERAP CORNEA LESION
11.49	DESTRUCT CORNEA LES NEC
11.51	SUTURE CORNEA LACERATION
11.52	REP CORNEA POSTOP DEHISC
11.53	RX CORNEA LAC W CONJ FLP
11.59	CORNEAL REPAIR NEC
11.60	CORNEAL TRANSPLANT NOS
11.61	LAM KERATPLAST W AUTGRFT
11.62	LAMELLAR KERATOPLAST NEC
11.63	PERF KERATOPL W AUTOGRFT
11.64	PERFORAT KERATOPLAST NEC
11.69	CORNEAL TRANSPLANT NEC
11.71	KERATOMILEUSIS
11.72	KERATOPHAKIA
11.73	KERATOPROSTHESIS
11.74	THERMOKERATOPLASTY
11.75	RADIAL KERATOTOMY
11.76	EPIKERATOPHAKIA
11.79	CORNEA RECONSTRUCT NEC
11.91	CORNEAL TATTOOING
11.92	REMOVE CORNEAL IMPLANT
11.99	CORNEAL OPERATION NEC
12.00	REMOV ANT SEGMNT FB NOS
12.01	MAGNET REMOV ANT SEG FB
12.02	NONMAG REMOV ANT SEG FB
12.11	IRIDOTOMY W TRANSFIXION
12.12	IRIDOTOMY NEC
12.13	PROLAPSED IRIS EXCISION
12.14	IRIDECTOMY NEC
12.21	DX ASPIRAT-ANT CHAMBER
12.22	IRIS BIOPSY
12.29	ANT SEGMENT DX PROC NEC
12.31	GONIOSYNECHIAE LYSIS

12.32	ANT SYNECHIA LYSIS NEC
12.33	POST SYNECHIAE LYSIS
12.34	CORNEOVITREAL ADHESIOLYS
12.35	COREOPLASTY
12.39	IRIDOPLASTY NEC
12.40	REMOV ANT SEGMNT LES NOS
12.41	NONEXC DESTRUC IRIS LES
12.42	EXCISION OF IRIS LESION
12.43	NONEXC DESTR CIL BOD LES
12.44	EXCISE CILIARY BODY LES
12.51	GONIOPUNCTURE
12.52	GONIOTOMY
12.53	GONIOTOMY W GONIOPUNCTUR
12.54	TRABECULOTOMY AB EXTERNO
12.55	CYCLODIALYSIS
12.59	FACILIT INTRAOC CIRC NEC
12.61	TREPHIN SCLERA W IRIDECT
12.62	THERMCAUT SCLER W IRIDEC
12.63	IRIDENCLEISIS/IRIDOTASIS
12.64	TRABECULECTOM AB EXTERNO
12.65	SCLER FISTULIZ W IRIDECT
12.66	POSTOP REVIS SCL FISTUL
12.69	SCLER FISTULIZING OP NEC
12.71	CYCLODIATHERMY
12.72	CYCLOCRYOTHERAPY
12.73	CYCLOPHOTOCOAGULATION
12.74	CIL BODY DIMINUTION NOS
12.79	GLAUCOMA PROCEDURE NEC
12.81	SUTURE SCLERAL LACER
12.82	SCLERAL FISTULA REPAIR
12.83	REVIS ANT SEG OP WND NEC
12.84	DESTRUCT SCLERAL LESION
12.85	REPAIR STAPHYLOM W GRAFT
12.86	REP SCLER STAPHYLOMA NEC
12.87	GRAFT REINFORCE SCLERA
12.88	SCLERA REINFORCEMENT NEC
12.89	SCLERAL OPERATION NEC
12.91	THERAPEUT EVAC ANT CHAMB
12.92	ANTERIOR CHAMBER INJECT
12.93	REMOV EPITHEL DOWNGROWTH
12.97	IRIS OPERATION NEC
12.98	CILIARY BODY OP NEC
12.99	ANTERIOR CHAMBER OP NEC
13.00	REMOVE FB LENS NOS
13.01	MAGNET REMOVE FB LENS
13.02	NONMAGNET REMOVE FB LENS
13.11	TEMP-INF INTRCAP LENS EX
13.19	INTRACAPSUL LENS EXT NEC
13.2	LINEAR EXTRACAP LENS EXT
13.3	SIMPL ASPIR LENS EXTRACT
13.41	CATARAC PHACOEMULS/ASPIR
13.42	POST CATARAC FRAG/ASPIR
13.43	CATARACT FRAG/ASPIR NEC
13.51	TEMP-INF XTRACAP LENS EX
13.59	EXTRACAP LENS EXTRAC NEC
13.64	AFTER-CATAR DISCISSION
13.65	AFTER-CATARACT EXCISION

13.66	AFTER CATAR FRAGMNTATION
13.69	CATARACT EXTRACTION NEC
13.70	INSERT PSEUDOPHAKOS NOS
13.71	INSERT LENS AT CATAR EXT
13.72	SECONDARY INSERT LENS
13.8	IMPLANTED LENS REMOVAL
13.90	OPERATION ON LENS NEC
13.91	IMPL INTRAOC TELESC PROS
14.00	REMOV POST SEGMNT FB NOS
14.01	MAGNET REMOV POST SEG FB
14.02	NONMAG REMOV POST SEG FB
14.11	DIAGNOST VITREOUS ASPIR
14.19	DX PROC POST SEG NEC
14.21	CHORIORET LES DIATHERMY
14.22	CHORIORETIN LES CRYOTHER
14.26	CHORIORET LES RADIOTHER
14.27	CHORIORET LES RAD IMPLAN
14.29	CHORIORET LES DESTR NEC
14.31	RETINAL TEAR DIATHERMY
14.32	RETINAL TEAR CRYOTHERAPY
14.39	RETINAL TEAR REPAIR NEC
14.41	SCLERAL BUCKLE W IMPLANT
14.49	SCLERAL BUCKLING NEC
14.51	DETACH RETINA-DIATHERMY
14.52	DETACH RETINA-CRYOTHERAP
14.53	DETACH RETINA XENON COAG
14.54	DETACH RETINA LASER COAG
14.55	DETACH RET PHOTOCOAG NOS
14.59	REPAIR RETINA DETACH NEC
14.6	REMOV PROS MAT POST SEG
14.71	ANTERIOR REMOV VITREOUS
14.72	VITREOUS REMOVAL NEC
14.73	ANTERIOR MECHAN VITRECT
14.74	MECH VITRECTOMY NEC
14.75	VITREOUS SUBSTITUT INJEC
14.79	VITREOUS OPERATION NEC
14.9	OTHER POST SEGMENT OPS
15.01	EXTRAOC MUSC-TEND BIOPSY
15.09	EXTRAOC MUSC DX PROC NEC
15.11	ONE EXTRAOC MUS RECESS
15.12	1 EXTRAOC MUSCL ADVANCE
15.13	1 EXTRAOC MUSCL RESECT
15.19	XTRAOC MUS OP/DETACH NEC
15.21	LENGTHEN 1 EXTRAOC MUSC
15.22	SHORTEN 1 EXTRAOC MUSC
15.29	OP ON 1 EXTRAOC MUSC NEC
15.3	TEMP DETACH >1 XTROC MUS
15.4	OTH OP ON >L EXTRAOC MUS
15.5	EXTRAOCUL MUS TRANSPOSIT
15.6	REVIS EXTRAOC MUSC SURG
15.7	EXTRAOC MUSC INJ REPAIR
15.9	OTH EXTRAOC MUS-TEND OP
16.01	ORBITOTOMY W BONE FLAP
16.02	ORBITOTOMY W IMPLANT
16.09	ORBITOTOMY NEC
16.1	REMOVE PENETRAT FB EYE
16.22	DIAGNOSTIC ASP OF ORBIT

16.23	EYEBALL & ORBIT BIOPSY
16.29	EYEBAL/ORBIT DX PROC NEC
16.31	EYE EVISC W SYNCH IMPLAN
16.39	EYEBALL EVISCERATION NEC
16.41	EYE ENUC/IMPLAN/MUSC ATT
16.42	EYE ENUC W IMPLANT NEC
16.49	EYEBALL ENUCLEATION NEC
16.51	RADICAL ORBITOMAXILLECT
16.52	ORBIT EXENT W BONE REMOV
16.59	ORBITAL EXENTERATION NEC
16.61	2NDRY OCULAR IMP INSERT
16.62	REVIS/REINSERT OCUL IMP
16.63	REVIS ENUC SOCKET W GRFT
16.64	ENUC SOCKET REVIS NEC
16.65	2NDRY EXENT CAVITY GRAFT
16.66	REVIS EXENTER CAVITY NEC
16.69	2ND OP POST EYE REM NEC
16.71	REMOVE OCULAR IMPLANT
16.72	REMOVE ORBITAL IMPLANT
16.81	REPAIR OF ORBITAL WOUND
16.82	REPAIR EYEBALL RUPTURE
16.89	EYE/ORBIT INJ REPAIR NEC
16.92	EXCISION ORBITAL LESION
16.93	EXCISION EYE LESION NOS
16.98	OPERATION ON ORBIT NEC
16.99	OPERATION ON EYEBALL NEC
18.21	PREAURICULAR SINUS EXCIS
18.31	RAD EXCIS EXT EAR LES
18.39	EXCIS EXTERNAL EAR NEC
18.5	CORRECTION PROMINENT EAR
18.6	EXT AUDIT CANAL RECONSTR
18.71	CONSTRUCTION EAR AURICLE
18.72	REATTACH AMPUTATED EAR
18.79	PLASTIC REP EXT EAR NEC
18.9	OTHER EXT EAR OPERATIONS
19.0	STAPES MOBILIZATION
19.11	STAPEDECT W REPLAC INCUS
19.19	STAPEDECTOMY NEC
19.21	REV STAPDEC W INCUS REPL
19.29	STAPEDECTOMY REVIS NEC
19.3	OSSICULAR CHAIN OP NEC
19.4	MYRINGOPLASTY
19.52	TYPE 2 TYMPANOPLASTY
19.53	TYPE 3 TYMPANOPLASTY
19.54	TYPE 4 TYMPANOPLASTY
19.55	TYPE 5 TYMPANOPLASTY
19.6	TYMPANOPLASTY REVISION
19.9	MIDDLE EAR REPAIR NEC
20.01	MYRINGOTOMY W INTUBATION
20.21	MASTOID INCISION
20.22	PETRUS PYRAM AIR CEL INC
20.23	MIDDLE EAR INCISION
20.32	MID & INNER EAR BIOPSY
20.39	MID/IN EAR DX PROC NEC
20.41	SIMPLE MASTOIDECTOMY
20.42	RADICAL MASTOIDECTOMY
20.49	MASTOIDECTOMY NEC

20.51	EXCISE MIDDLE EAR LESION
20.59	MIDDLE EAR EXCISION NEC
20.61	INNER EAR FENESTRATION
20.62	REVIS INNER EAR FENESTRA
20.71	ENDOLYMPHATIC SHUNT
20.72	INNER EAR INJECTION
20.79	INC/EXC/DESTR IN EAR NEC
20.91	TYMPANOSYMPATHECTOMY
20.92	MASTOIDECTOMY REVISION
20.93	REPAIR OVAL/ROUND WINDOW
20.95	ELECMAG HEAR DEV IMPLANT
20.96	IMPLT COCHLEAR PROST NOS
20.97	IMP/REP SCHAN COCH PROS
20.98	IMP/REP MCHAN COCHL PROS
20.99	MID-INNER EAR OPS NEC
21.04	ETHMOID ART LIGAT-EPIST
21.05	MAX ART LIG FOR EPISTAX
21.06	EXT CAROT ART LIG-EPIST
21.07	NASAL SEPT GRFT-EPISTAX
21.09	EPISTAXIS CONTROL NEC
21.4	RESECTION OF NOSE
21.5	SUBMUC NASAL SEPT RESECT
21.61	DIATHER/CRYO TURBINECTOM
21.62	TURBINATE FRACTURE
21.69	TURBINECTOMY NEC
21.72	OPEN REDUCTION NASAL FX
21.82	NASAL FISTULA CLOSURE
21.83	TOT NASAL RECONSTRUCTION
21.84	REVISION RHINOPLASTY
21.85	AUGMENTATION RHINOPLASTY
21.86	LIMITED RHINOPLASTY
21.87	RHINOPLASTY NEC
21.88	SEPTOPLASTY NEC
21.89	NASAL REPAIR NEC
21.99	NASAL OPERATION NEC
22.12	OPEN BIOPSY NASAL SINUS
22.31	RADICAL MAXILLARY ANTROT
22.39	EXT MAXILLARY ANTROT NEC
22.41	FRONTAL SINUSOTOMY
22.42	FRONTAL SINUSECTOMY
22.50	SINUSOTOMY NOS
22.51	ETHMOIDOTOMY
22.52	SPHENOIDOTOMY
22.53	MULTIPLE SINUS INCISION
22.60	SINUSECTOMY NOS
22.61	C-LUC EXC MAX SINUS LES
22.62	EXC MAX SINUS LESION NEC
22.63	ETHMOIDECTOMY
22.64	SPHENOIDECTOMY
22.71	NASAL SINUS FISTULA CLOS
22.79	NASAL SINUS REPAIR NEC
22.9	OTHER NASAL SINUS OPS
24.2	GINGIVOPLASTY
24.4	EXC OF DENTAL LES OF JAW
24.5	ALVEOLOPLASTY
25.02	OPEN BIOPSY OF TONGUE
25.1	DESTRUCTION TONGUE LES

25.2	PARTIAL GLOSSECTOMY
25.3	COMPLETE GLOSSECTOMY
25.4	RADICAL GLOSSECTOMY
25.59	REPAIR OF TONGUE NEC
25.94	OTHER GLOSSOTOMY
25.99	TONGUE OPERATION NEC
26.12	OPEN BX SALIV GLAND/DUCT
26.21	SALIVARY CYST MARSUPIAL
26.29	SALIV LESION EXCIS NEC
26.30	SIALOADENECTOMY NOS
26.31	PARTIAL SIALOADENECTOMY
26.32	COMPLETE SIALOADENECTOMY
26.41	SUTURE OF SALIV GLND LAC
26.42	SALIVARY FISTULA CLOSURE
26.49	SALIVARY REPAIR NEC
26.99	SALIVARY OPERATION NEC
27.0	DRAIN FACE & MOUTH FLOOR
27.1	INCISION OF PALATE
27.21	BONY PALATE BIOPSY
27.22	UVULA AND SOFT PALATE BX
27.31	LOC EXC BONY PALATE LES
27.32	WIDE EXC BONY PALATE LES
27.42	WIDE EXCISION OF LIP LES
27.43	EXCISION OF LIP LES NEC
27.49	EXCISION OF MOUTH NEC
27.53	CLOSURE OF MOUTH FISTULA
27.54	REPAIR OF CLEFT LIP
27.55	FULL-THICK GRFT TO MOUTH
27.56	SKIN GRAFT TO MOUTH NEC
27.57	PEDICLE ATTACH TO MOUTH
27.59	MOUTH REPAIR NEC
27.61	SUTURE OF PALATE LACERAT
27.62	CLEFT PALATE CORRECTION
27.63	REVIS CLEFT PALAT REPAIR
27.69	OTH PLASTIC REPAIR PALAT
27.71	INCISION OF UVULA
27.72	EXCISION OF UVULA
27.73	REPAIR OF UVULA
27.79	OTHER UVULA OPERATIONS
27.92	MOUTH INCISION NOS
27.99	ORAL CAVITY OPS NEC
28.0	PERITONSILLAR I & D
28.11	TONSIL&ADENOID BIOPSY
28.19	TONSIL&ADENOID DX OP NEC
28.2	TONSILLECTOMY
28.3	TONSILLECTOMY/ADENOIDEC
28.4	EXCISION OF TONSIL TAG
28.5	EXCISION LINGUAL TONSIL
28.6	ADENOIDECTOMY
28.7	HEMORR CONTRL POST T & A
28.91	INCIS TO REMOV TONSIL FB
28.92	EXCIS TONSIL/ADENOID LES
28.99	TONSIL/ADENOID OPS NEC
29.0	PHARYNGOTOMY
29.2	EXC BRANCHIAL CLEFT CYST
29.31	CRICOPHARYNGEAL MYOTOMY
29.32	PHARYNGEAL DIVERTICULEC

29.33	PHARYNGECTOMY
29.39	EXCIS/DESTR LES PHAR NEC
29.4	PLASTIC OP ON PHARYNX
29.51	SUTURE OF PHARYNGEAL LAC
29.52	CLOS BRANCH CLEFT FISTUL
29.53	CLOS PHARYNX FISTULA NEC
29.54	LYSIS PHARYNGEAL ADHES
29.59	PHARYNGEAL REPAIR NEC
29.92	DIVIS GLOSSOPHARYNG NERV
29.99	PHARYNGEAL OPERATION NEC
30.01	LARYNX CYST MARSUPIALIZ
30.09	DESTRUCT LARYNX LES NEC
30.1	HEMILARYNGECTOMY
30.21	EPIGLOTTIDECTOMY
30.22	VOCAL CORDECTOMY
30.29	OTHER PART LARYNGECTOMY
30.3	COMPLETE LARYNGECTOMY
30.4	RADICAL LARYNGECTOMY
31.21	MEDIASTINAL TRACHEOSTOMY
31.29	OTHER PERM TRACHEOSTOMY
31.3	INCIS LARYNX TRACHEA NEC
31.45	OPN BX LARYNX OR TRACHEA
31.5	LOCAL DESTRUC TRACH LES
31.61	SUTURE OF LARYNGEAL LAC
31.62	LARYNGEAL FISTULA CLOS
31.63	LARYNGOSTOMY REVISION
31.64	LARYNGEAL FX REPAIR
31.69	OTHER LARYNGEAL REPAIR
31.71	SUTURE OF TRACHEAL LACER
31.72	CLOSURE OF TRACHEOSTOMY
31.73	TRACHEA FISTULA CLOS NEC
31.74	REVISION OF TRACHEOSTOMY
31.75	TRACHEAL RECONSTRUCTION
31.79	OTHER TRACHEAL REPAIR
31.91	LARYNGEAL NERV DIVISION
31.92	LYSIS TRACH/LARYNX ADHES
31.98	OTH LARYNGEAL OPERATION
31.99	OTHER TRACHEAL OPERATION
32.09	OTHER DESTRUC BRONC LES
32.1	OTHER BRONCHIAL EXCISION
32.21	EMPHYSEMA BLEB PLICATION
32.22	LUNG VOL REDUCTION SURG
32.23	OPEN ABLTN LUNG LES/TISS
32.24	PERC ABLTN LUNG LES/TISS
32.25	THOR ABLTN LUNG LES/TISS
32.26	ABLTN LUNG TISS NEC/NOS
32.27	BRNC THRMPLSTY,ABLT MSCL
32.29	DESTROY LOC LUNG LES NEC
32.6	RAD DISSEC THORAC STRUCT
32.9	OTHER EXCISION OF LUNG
33.0	INCISION OF BRONCHUS
33.1	INCISION OF LUNG
33.25	OPEN BRONCHIAL BIOPSY
33.27	CLOS ENDOSCOPIC LUNG BX
33.28	OPEN LUNG BIOPSY
33.29	BRONCH/LUNG DX PROC NEC
33.34	THORACOPLASTY

33.39	SURG COLLAPS OF LUNG NEC
33.41	BRONCHIAL LACERAT SUTURE
33.42	BRONCHIAL FISTULA CLOS
33.43	LUNG LACERATION CLOSURE
33.48	BRONCHIAL REPAIR NEC
33.49	LUNG REPAIR NEC
33.50	LUNG TRANSPLANT NOS
33.51	UNILAT LUNG TRANSPLANT
33.52	BILAT LUNG TRANSPLANT
33.6	COMB HEART/LUNG TRANSPLA
33.92	BRONCHIAL LIGATION
33.93	PUNCTURE OF LUNG
33.98	BRONCHIAL OPERATION NEC
33.99	LUNG OPERATION NEC
34.02	EXPLORATORY THORACOTOMY
34.03	REOPEN THORACOTOMY SITE
34.1	INCISION OF MEDIASTINUM
34.21	TRANSPLEURA THORACOSCOPY
34.22	MEDIASTINOSCOPY
34.26	OPEN MEDIASTINAL BIOPSY
34.27	BIOPSY OF DIAPHRAGM
34.28	DX PROCEDURE THORAX NEC
34.29	DX PROC MEDIASTINUM NEC
34.3	DESTRUCT MEDIASTIN LES
34.4	DESTRUCT CHEST WALL LES
34.51	DECORTICATION OF LUNG
34.59	OTHER PLEURAL EXCISION
34.6	SCARIFICATION OF PLEURA
34.73	CLOS THORACIC FISTUL NEC
34.74	PECTUS DEFORMITY REPAIR
34.79	OTHER CHEST WALL REPAIR
34.81	EXCISE DIAPHRAGM LESION
34.82	SUTURE DIAPHRAGM LACERAT
34.83	CLOSE DIAPHRAGM FISTULA
34.84	OTHER DIAPHRAGM REPAIR
34.85	IMPLANT DIAPHRA PACEMAKE
34.89	DIAPHRAGM OPERATION NEC
34.93	REPAIR OF PLEURA
34.99	THORACIC OPERATION NEC
35.00	CLOSED VALVOTOMY NOS
35.01	CLOSED AORTIC VALVOTOMY
35.02	CLOSED MITRAL VALVOTOMY
35.03	CLOSED PULMON VALVOTOMY
35.04	CLOSED TRICUSP VALVOTOMY
35.10	OPEN VALVULOPLASTY NOS
35.11	OPN AORTIC VALVULOPLASTY
35.12	OPN MITRAL VALVULOPLASTY
35.13	OPN PULMON VALVULOPLASTY
35.14	OPN TRICUS VALVULOPLASTY
35.20	REPLACE HEART VALVE NOS
35.21	REPLACE AORT VALV-TISSUE
35.22	REPLACE AORTIC VALVE NEC
35.23	REPLACE MITR VALV-TISSUE
35.24	REPLACE MITRAL VALVE NEC
35.25	REPLACE PULM VALV-TISSUE
35.26	REPLACE PULMON VALVE NEC
35.27	REPLACE TRIC VALV-TISSUE

35.28	REPLACE TRICUSP VALV NEC
35.31	PAPILLARY MUSCLE OPS
35.32	CHORDAE TENDINEAE OPS
35.33	ANNULOPLASTY
35.34	INFUNDIBULECTOMY
35.35	TRABECUL CARNEAE CORD OP
35.39	TISS ADJ TO VALV OPS NEC
35.42	CREATE SEPTAL DEFECT
35.50	PROSTH REP HRT SEPTA NOS
35.51	PROS REP ATRIAL DEF-OPN
35.52	PROS REPAIR ATRIA DEF-CL
35.53	PROST REPAIR VENTRIC DEF
35.54	PROS REP ENDOCAR CUSHION
35.55	PROS REP VENTRC DEF-CLOS
35.60	GRFT REPAIR HRT SEPT NOS
35.61	GRAFT REPAIR ATRIAL DEF
35.62	GRAFT REPAIR VENTRIC DEF
35.63	GRFT REP ENDOCAR CUSHION
35.70	HEART SEPTA REPAIR NOS
35.71	ATRIA SEPTA DEF REP NEC
35.72	VENTR SEPTA DEF REP NEC
35.73	ENDOCAR CUSHION REP NEC
35.81	TOT REPAIR TETRAL FALLOT
35.82	TOTAL REPAIR OF TAPVC
35.83	TOT REP TRUNCUS ARTERIOS
35.84	TOT COR TRANSPOS GRT VES
35.91	INTERAT VEN RETRN TRANSP
35.92	CONDUIT RT VENT-PUL ART
35.93	CONDUIT LEFT VENTR-AORTA
35.94	CONDUIT ARTIUM-PULM ART
35.95	HEART REPAIR REVISION
35.96	PERC HEART VALVULOPLASTY
35.98	OTHER HEART SEPTA OPS
35.99	OTHER HEART VALVE OPS
36.03	OPEN CORONRY ANGIOPLASTY
36.09	REM OF COR ART OBSTR NEC
36.10	AORTOCORONARY BYPASS NOS
36.11	AORTOCOR BYPAS-1 COR ART
36.12	AORTOCOR BYPAS-2 COR ART
36.13	AORTOCOR BYPAS-3 COR ART
36.14	AORTCOR BYPAS-4+ COR ART
36.15	1 INT MAM-COR ART BYPASS
36.16	2 INT MAM-COR ART BYPASS
36.17	ABD-CORON ARTERY BYPASS
36.19	HRT REVAS BYPS ANAS NEC
36.2	ARTERIAL IMPLANT REVASC
36.31	OPEN CHEST TRANS REVASC
36.32	OTH TRANSMYO REVASCULAR
36.33	ENDO TRANSMYO REVASCULAR
36.34	PERC TRANSMYO REVASCULAR
36.39	OTH HEART REVASCULAR
36.91	CORON VESS ANEURYSM REP
36.99	HEART VESSEL OP NEC
37.10	INCISION OF HEART NOS
37.11	CARDIOTOMY
37.12	PERICARDIOTOMY
37.24	PERICARDIAL BIOPSY

37.31	PERICARDIECTOMY
37.32	HEART ANEURYSM EXCISION
37.33	EXC/DEST HRT LESION OPEN
37.34	EXC/DEST HRT LES OTHER
37.35	PARTIAL VENTRICULECTOMY
37.41	IMPL CARDIAC SUPPORT DEV
37.49	HEART/PERICARD REPR NEC
37.51	HEART TRANSPLANTATION
37.52	IMPLANT TOT REP HRT SYS
37.53	REPL/REP THORAC UNIT HRT
37.54	REPL/REP OTH TOT HRT SYS
37.61	PULSATION BALLOON IMPLAN
37.62	IMPLANT HRT ASST SYS NEC
37.63	REPLACE HRT ASSIST SYST
37.64	REMOVE HEART ASSIST SYS
37.65	IMP EXT PUL HRT ASST SYS
37.66	IMP IMP PUL HRT ASST SYS
37.67	IMP CARDIOMYOSTIMUL SYS
37.74	INT OR REPL LEAD EPICAR
37.75	REVISION OF LEAD
37.76	REPL TV ATRI-VENT LEAD
37.77	REMOVAL OF LEAD W/O REPL
37.79	REVIS OR RELOCATE POCKET
37.80	INT OR REPL PERM PACEMKR
37.85	REPL PACEM W 1-CHAM, NON
37.86	REPL PACEM 1-CHAM, RATE
37.87	REPL PACEM W DUAL-CHAM
37.89	REVISE OR REMOVE PACEMAK
37.90	INS LEFT ATR APPEND DEV
37.91	OPN CHEST CARDIAC MASSAG
37.94	IMPLT/REPL CARDDEFIB TOT
37.95	IMPLT CARDIODEFIB LEADS
37.96	IMPLT CARDIODEFIB GENATR
37.97	REPL CARDIODEFIB LEADS
37.98	REPL CARDIODEFIB GENRATR
37.99	OTHER HEART/PERICARD OPS
38.00	INCISION OF VESSEL NOS
38.01	INTRACRAN VESSEL INCIS
38.02	HEAD/NECK VES INCIS NEC
38.03	UPPER LIMB VESSEL INCIS
38.04	INCISION OF AORTA
38.05	THORACIC VESSEL INC NEC
38.06	ABDOMEN ARTERY INCISION
38.07	ABDOMINAL VEIN INCISION
38.08	LOWER LIMB ARTERY INCIS
38.09	LOWER LIMB VEIN INCISION
38.10	ENDARTERECTOMY NOS
38.11	INTRACRAN ENDARTERECTOMY
38.12	HEAD & NECK ENDARTER NEC
38.13	UPPER LIMB ENDARTERECTOM
38.14	ENDARTERECTOMY OF AORTA
38.15	THORACIC ENDARTERECTOMY
38.16	ABDOMINAL ENDARTERECTOMY
38.18	LOWER LIMB ENDARTERECT
38.21	BLOOD VESSEL BIOPSY
38.29	BLOOD VESSEL DX PROC NEC
38.30	VESSEL RESECT/ANAST NOS

38.31	INTRACRAN VES RESEC-ANAS
38.32	HEAD/NECK VES RESEC-ANAS
38.33	ARM VESSEL RESECT/ANAST
38.34	AORTA RESECTION & ANAST
38.35	THOR VESSEL RESECT/ANAST
38.36	ABD VESSEL RESECT/ANAST
38.37	ABD VEIN RESECT & ANAST
38.38	LEG ARTERY RESECT/ANAST
38.39	LEG VEIN RESECT/ANASTOM
38.40	VESSEL RESECT/REPLAC NOS
38.41	INTRACRAN VES RESEC-REPL
38.42	HEAD/NECK VES RESEC-REPL
38.43	ARM VES RESECT W REPLACE
38.44	RESECT ABDM AORTA W REPL
38.45	RESECT THORAC VES W REPL
38.46	ABD ARTERY RESEC W REPLA
38.47	ABD VEIN RESECT W REPLAC
38.48	LEG ARTERY RESEC W REPLA
38.49	LEG VEIN RESECT W REPLAC
38.50	VARICOSE V LIG-STRIP NOS
38.51	INTCRAN VAR V LIG-STRIP
38.52	HEAD/NECK VAR V LIG-STR
38.53	ARM VARICOSE V LIG-STRIP
38.55	THORAC VAR V LIG-STRIP
38.57	ABD VARICOS V LIGA-STRIP
38.59	LEG VARICOS V LIGA-STRIP
38.60	EXCISION OF VESSEL NOS
38.61	INTRACRAN VESSEL EXCIS
38.62	HEAD/NECK VESSEL EXCIS
38.63	ARM VESSEL EXCISION
38.64	EXCISION OF AORTA
38.65	THORACIC VESSEL EXCISION
38.66	ABDOMINAL ARTERY EXCIS
38.67	ABDOMINAL VEIN EXCISION
38.68	LEG ARTERY EXCISION
38.69	LEG VEIN EXCISION
38.80	SURG VESSEL OCCLUS NEC
38.81	OCCLUS INTRACRAN VES NEC
38.82	OCCLUS HEAD/NECK VES NEC
38.83	OCCLUDE ARM VESSEL NEC
38.84	OCCLUDE AORTA NEC
38.85	OCCLUDE THORACIC VES NEC
38.86	OCCLUDE ABD ARTERY NEC
38.87	OCCLUDE ABD VEIN NEC
38.88	OCCLUDE LEG ARTERY NEC
38.89	OCCLUDE LEG VEIN NEC
39.0	SYSTEMIC-PULM ART SHUNT
39.1	INTRA-ABD VENOUS SHUNT
39.21	CAVAL-PULMON ART ANASTOM
39.22	AORTA-SUBCLV-CAROT BYPAS
39.23	INTRATHORACIC SHUNT NEC
39.24	AORTA-RENAL BYPASS
39.25	AORTA-ILIAC-FEMOR BYPASS
39.26	INTRA-ABDOMIN SHUNT NEC
39.27	DIALYSIS ARTERIOVENOSTOM
39.28	EXTRACRAN-INTRACR BYPASS
39.29	VASC SHUNT & BYPASS NEC

39.30	SUTURE OF VESSEL NOS
39.31	SUTURE OF ARTERY
39.32	SUTURE OF VEIN
39.41	POSTOP VASC OP HEM CONTR
39.42	REVIS REN DIALYSIS SHUNT
39.43	REMOV REN DIALYSIS SHUNT
39.49	VASC PROC REVISION NEC
39.50	ANGIO/ATH NON-CORO VES
39.51	CLIPPING OF ANEURYSM
39.52	ANEURYSM REPAIR NEC
39.53	ARTERIOVEN FISTULA REP
39.54	RE-ENTRY OPERATION
39.55	REIMPLAN ABERR RENAL VES
39.56	REPAIR VESS W TIS PATCH
39.57	REP VESS W SYNTH PATCH
39.58	REPAIR VESS W PATCH NOS
39.59	REPAIR OF VESSEL NEC
39.71	ENDO IMPL GRFT ABD AORTA
39.72	ENDOVASC EMBOL HEAD VES
39.73	ENDO IMP GRFT THOR AORTA
39.74	ENDO REM OBS HD/NECK VES
39.79	OTH ENDO PROC OTH VESSEL
39.81	IMP CRTD SINUS STM,TOTL
39.82	IMP/REP CRTD SINUS LEAD
39.83	IMP/REP CRTD SINUS GNRTR
39.84	REV CRTD SINUS STM LEADS
39.85	REV CRTD SINUS PULSE GEN
39.86	REM CRTD SINUS STM, TOTL
39.87	REM CRTD SINUS STM LEAD
39.88	REM CRTD SINUS PULSE GEN
39.89	OTH CARTD BODY/SINUS OP
39.91	FREEING OF VESSEL
39.92	VEIN INJECT-SCLEROS AGNT
39.93	INSERT VES-TO-VES CANNUL
39.94	REPLAC VES-TO-VES CANNUL
39.98	HEMORRHAGE CONTROL NOS
39.99	VESSEL OPERATION NEC
40.0	INCIS LYMPHATIC STRUCTUR
40.11	LYMPHATIC STRUCT BIOPSY
40.19	LYMPHATIC DIAG PROC NEC
40.21	EXCIS DEEP CERVICAL NODE
40.22	EXCISE INT MAMMARY NODE
40.23	EXCISE AXILLARY NODE
40.24	EXCISE INGUINAL NODE
40.29	SIMP EXC LYMPH STRUC NEC
40.3	REGIONAL LYMPH NODE EXC
40.40	RAD NECK DISSECTION NOS
40.41	UNILAT RAD NECK DISSECT
40.42	BILAT RAD NECK DISSECT
40.50	RAD NODE DISSECTION NOS
40.51	RAD DISSEC AXILLARY NODE
40.52	RAD DISSEC PERIAORT NODE
40.53	RAD DISSECT ILIAC NODES
40.54	RADICAL GROIN DISSECTION
40.59	RAD NODE DISSECTION NEC
40.61	THORAC DUCT CANNULATION
40.62	THORACIC DUCT FISTULIZAT

40.63	CLOSE THORACIC DUCT FIST
40.64	LIGATE THORACIC DUCT
40.69	THORACIC DUCT OP NEC
40.9	LYMPH STRUCTURE OP NEC
41.2	SPLENOTOMY
41.33	OPEN SPLEEN BIOPSY
41.41	SPLENIC CYST MARSUPIAL
41.42	EXC SPLENIC LESION/TISS
41.43	PARTIAL SPLENECTOMY
41.5	TOTAL SPLENECTOMY
41.93	EXC OF ACCESSORY SPLEEN
41.94	SPLEEN TRANSPLANTATION
41.95	REPAIR OF SPLEEN
41.99	SPLEEN OPERATION NEC
42.01	ESOPHAGEAL WEB INCISION
42.09	ESOPHAGEAL INCISION NEC
42.10	ESOPHAGOSTOMY NOS
42.11	CERVICAL ESOPHAGOSTOMY
42.12	ESOPH POUCH EXTERIORIZAT
42.19	EXT FISTULIZAT ESOPH NEC
42.21	ESOPHAGOSCOPY BY INCIS
42.25	OPEN BIOPSY OF ESOPHAGUS
42.31	LOC EXCIS ESOPH DIVERTIC
42.32	LOCAL EXCIS ESOPHAG NEC
42.39	DESTRUCT ESOPHAG LES NEC
42.40	ESOPHAGECTOMY NOS
42.41	PARTIAL ESOPHAGECTOMY
42.42	TOTAL ESOPHAGECTOMY
42.51	THORAC ESOPHAGOESOPHAGOS
42.52	THORAC ESOPHAGOGASTROST
42.53	THORAC SM BOWEL INTERPOS
42.54	THORAC ESOPHAGOENTER NEC
42.55	THORAC LG BOWEL INTERPOS
42.56	THORAC ESOPHAGOCOLOS NEC
42.58	THORAC INTERPOSITION NEC
42.59	THORAC ESOPHAG ANAST NEC
42.61	STERN ESOPHAGOESOPHAGOST
42.62	STERN ESOPHAGOGASTROSTOM
42.63	STERN SM BOWEL INTERPOS
42.64	STERN ESOPHAGOENTER NEC
42.65	STERN LG BOWEL INTERPOS
42.66	STERN ESOPHAGOCOLOS NEC
42.68	STERN INTERPOSITION NEC
42.69	STERN ESOPHAG ANAST NEC
42.7	ESOPHAGOMYOTOMY
42.82	SUTURE ESOPHAGEAL LACER
42.83	ESOPHAGOSTOMY CLOSURE
42.84	ESOPH FISTULA REPAIR NEC
42.85	ESOPHAG STRICTURE REPAIR
42.86	PROD SUBQ TUNNEL NO ANAS
42.87	ESOPHAGEAL GRAFT NEC
42.89	ESOPHAGEAL REPAIR NEC
42.91	LIGATION ESOPH VARIX
43.0	GASTROTOMY
43.3	PYLOROMYOTOMY
43.42	LOCAL GASTR EXCISION NEC
43.49	LOCAL GASTR DESTRUCT NEC

43.5	PROXIMAL GASTRECTOMY
43.6	DISTAL GASTRECTOMY
43.7	PART GASTREC W JEJ ANAST
43.81	PART GAST W JEJ TRANSPOS
43.89	PARTIAL GASTRECTOMY NEC
43.91	TOT GAST W INTES INTERPO
43.99	TOTAL GASTRECTOMY NEC
44.00	VAGOTOMY NOS
44.01	TRUNCAL VAGOTOMY
44.02	HIGHLY SELECT VAGOTOMY
44.03	SELECTIVE VAGOTOMY NEC
44.11	TRANSABDOMIN GASTROSCOPY
44.15	OPEN GASTRIC BIOPSY
44.21	DILATE PYLORUS, INCISION
44.29	OTHER PYLOROPLASTY
44.31	HIGH GASTRIC BYPASS
44.32	PERCU GASTROJEJUNOSTOMY
44.38	LAP GASTROENTEROSTOMY
44.39	GASTROENTEROSTOMY NEC
44.40	SUTURE PEPTIC ULCER NOS
44.41	SUT GASTRIC ULCER SITE
44.42	SUTURE DUODEN ULCER SITE
44.5	REVISION GASTRIC ANASTOM
44.61	SUTURE GASTRIC LACERAT
44.63	CLOSE GASTRIC FISTUL NEC
44.64	GASTROPEXY
44.65	ESOPHAGOGASTROPLASTY
44.66	CREAT ESOPHAGASTR SPHINC
44.67	LAP CREAT ESOPH SPHINCT
44.68	LAPAROSCOP GASTROPLASTY
44.69	GASTRIC REPAIR NEC
44.91	LIGATE GASTRIC VARICES
44.92	INTRAOP GASTRIC MANIPUL
44.95	LAP GASTRIC RESTRIC PROC
44.96	LAP REV GAST RESTRI PROC
44.97	LAP REM GAST RESTRIC DEV
44.98	ADJUST GAST RESTRICT DEV
44.99	GASTRIC OPERATION NEC
45.00	INTESTINAL INCISION NOS
45.01	DUODENAL INCISION
45.02	SMALL BOWEL INCISION NEC
45.03	LARGE BOWEL INCISION
45.11	TRANSAB SM BOWEL ENDOSC
45.15	OPEN SMALL BOWEL BIOPSY
45.21	TRANSAB LG BOWEL ENDOSC
45.26	OPEN LARGE BOWEL BIOPSY
45.31	OTH EXCISE DUODENUM LES
45.32	DESTRUCT DUODEN LES NEC
45.33	LOCAL EXCIS SM BOWEL NEC
45.34	DESTR SM BOWEL LES NEC
45.41	EXCISE LG INTESTINE LES
45.49	DESTRUC LG BOWEL LES NEC
45.50	INTEST SEG ISOLAT NOS
45.51	SM BOWEL SEGMENT ISOLAT
45.52	LG BOWEL SEGMENT ISOLAT
45.61	MULT SEG SM BOWEL EXCIS
45.62	PART SM BOWEL RESECT NEC

45.63	TOTAL REMOVAL SM BOWEL
45.71	MULT SEG LG BOWEL EXCIS
45.72	CECECTOMY
45.73	RIGHT HEMICOLECTOMY
45.74	TRANSVERSE COLON RESECT
45.75	LEFT HEMICOLECTOMY
45.76	SIGMOIDECTOMY
45.79	PART LG BOWEL EXCIS NEC
45.90	INTESTINAL ANASTOM NOS
45.91	SM-TO-SM BOWEL ANASTOM
45.92	SM BOWEL-RECT STUMP ANAS
45.93	SMALL-TO-LARGE BOWEL NEC
45.94	LG-TO-LG BOWEL ANASTOM
45.95	ANAL ANASTOMOSIS
46.01	SM BOWEL EXTERIORIZATION
46.02	RESECT EXT SEG SM BOWEL
46.03	LG BOWEL EXTERIORIZATION
46.04	RESECT EXT SEG LG BOWEL
46.10	COLOSTOMY NOS
46.11	TEMPORARY COLOSTOMY
46.13	PERMANENT COLOSTOMY
46.20	ILEOSTOMY NOS
46.21	TEMPORARY ILEOSTOMY
46.22	CONTINENT ILEOSTOMY
46.23	PERMANENT ILEOSTOMY NEC
46.40	INTEST STOMA REVIS NOS
46.41	SM BOWEL STOMA REVISION
46.42	PERICOLOST HERNIA REPAIR
46.43	LG BOWEL STOMA REVIS NEC
46.50	INTEST STOMA CLOSURE NOS
46.51	SM BOWEL STOMA CLOSURE
46.52	LG BOWEL STOMA CLOSURE
46.60	INTESTINAL FIXATION NOS
46.61	SM BOWEL-ABD WALL FIXAT
46.62	SMALL BOWEL FIXATION NEC
46.63	LG BOWEL-ABD WALL FIXAT
46.64	LARGE BOWEL FIXATION NEC
46.71	DUODENAL LACERAT SUTURE
46.72	DUODENAL FISTULA CLOSURE
46.73	SMALL BOWEL SUTURE NEC
46.74	CLOSE SM BOWEL FIST NEC
46.75	SUTURE LG BOWEL LACERAT
46.76	CLOSE LG BOWEL FISTULA
46.79	REPAIR OF INTESTINE NEC
46.80	INTRA-AB BOWEL MANIP NOS
46.81	INTRA-ABD SM BOWEL MANIP
46.82	INTRA-ABD LG BOWEL MANIP
46.91	MYOTOMY OF SIGMOID COLON
46.92	MYOTOMY OF COLON NEC
46.93	REVISE SM BOWEL ANASTOM
46.94	REVISE LG BOWEL ANASTOM
46.97	TRANSPLANT OF INTESTINE
46.99	INTESTINAL OP NEC
47.01	LAP APPENDECTOMY
47.09	OTHER APPENDECTOMY
47.11	LAP INCID APPENDECTOMY
47.19	OTHER INCID APPENDECTOMY

47.2	DRAIN APPENDICEAL ABSC
47.91	APPENDICOSTOMY
47.92	CLOSE APPENDICEAL FISTUL
47.99	APPENDICEAL OPS NEC
48.0	PROCTOTOMY
48.1	PROCTOSTOMY
48.21	TRANSAB PROCTOSIGMOIDOSC
48.25	OPEN RECTAL BIOPSY
48.35	LOCAL EXCIS RECTAL LES
48.41	SOAVE SUBMUC RECT RESECT
48.49	PULL-THRU RECT RESEC NEC
48.61	TRANSSAC RECTOSIGMOIDECT
48.62	ANT RECT RESECT W COLOST
48.63	ANTERIOR RECT RESECT NEC
48.64	POSTERIOR RECT RESECTION
48.65	DUHAMEL RECTAL RESECTION
48.69	RECTAL RESECTION NEC
48.71	SUTURE OF RECTAL LACER
48.72	CLOSURE OF PROCTOSTOMY
48.73	CLOSE RECTAL FIST NEC
48.74	RECTORECTOSTOMY
48.75	ABDOMINAL PROCTOPEXY
48.76	PROCTOPEXY NEC
48.79	REPAIR OF RECTUM NEC
48.81	PERIRECTAL INCISION
48.82	PERIRECTAL EXCISION
48.91	INCIS RECTAL STRICTURE
48.92	ANORECTAL MYOMECTOMY
48.93	REPAIR PERIRECT FISTULA
48.99	RECTAL PERIRECT OP NEC
49.01	INCIS PERIANAL ABSCESS
49.02	PERIANAL INCISION NEC
49.04	PERIANAL EXCISION NEC
49.11	ANAL FISTULOTOMY
49.12	ANAL FISTULECTOMY
49.39	OTHER DESTRUC ANUS LES
49.44	HEMORRHOID CRYOTHERAPY
49.45	HEMORRHOID LIGATION
49.46	HEMORRHOIDECTOMY
49.49	HEMORRHOID PROCEDURE NEC
49.51	LEFT LAT SPHINCTEROTOMY
49.52	POST SPHINCTEROTOMY
49.59	ANAL SPHINCTEROTOMY NEC
49.6	EXCISION OF ANUS
49.71	SUTURE ANAL LACERATION
49.72	ANAL CERCLAGE
49.73	CLOSURE OF ANAL FISTULA
49.74	GRACILIS MUSC TRANSPLAN
49.75	IMPL OR REV ART ANAL SPH
49.76	REMOV ART ANAL SPHINCTER
49.79	ANAL SPHINCT REPAIR NEC
49.91	INCISION OF ANAL SEPTUM
49.92	INSERT SUBQ ANAL STIMUL
49.93	ANAL INCISION NEC
49.94	REDUCTION ANAL PROLAPSE
49.95	CONTROL ANAL HEMORRHAGE
49.99	ANAL OPERATION NEC

50.0	HEPATOTOMY
50.12	OPEN LIVER BIOPSY
50.19	HEPATIC DX PROC NEC
50.21	MARSUPIALIZAT LIVER LES
50.22	PARTIAL HEPATECTOMY
50.23	OPN ABLTN LIVER LES/TISS
50.24	PERC ABLTN LIVER LES/TIS
50.25	LAP ABLTN LIVER LES/TISS
50.26	ABLTN LIVER LES/TISS NEC
50.29	DESTRUC HEPATIC LES NEC
50.3	HEPATIC LOBECTOMY
50.4	TOTAL HEPATECTOMY
50.51	AUXILIARY LIVER TRANSPL
50.59	LIVER TRANSPLANT NEC
50.61	CLOSURE LIVER LACERAT
50.69	LIVER REPAIR NEC
51.02	TROCAR CHOLECYSTOSTOMY
51.03	CHOLECYSTOSTOMY NEC
51.04	CHOLECYSTOTOMY NEC
51.13	OPEN BILIARY TRACT BX
51.19	BILIARY TR DX PROC NEC
51.21	OTH PART CHOLECYSTECTOMY
51.22	CHOLECYSTECTOMY
51.23	LAPAROSCOPIC CHOLECYSTEC
51.24	LAP PART CHOLECYSTECTOMY
51.31	GB-TO-HEPAT DUCT ANAST
51.32	GB-TO-INTESTINE ANASTOM
51.33	GB-TO-PANCREAS ANASTOM
51.34	GB-TO-STOMACH ANASTOMOS
51.35	GALLBLADDER ANASTOM NEC
51.36	CHOLEDOCHOENTEROSTOMY
51.37	HEPATIC DUCT-GI ANASTOM
51.39	BILE DUCT ANASTOMOS NEC
51.41	CDE FOR CALCULUS REMOV
51.42	CDE FOR OBSTRUCTION NEC
51.43	CHOLEDOCHOHEPAT INTUBAT
51.49	INCIS OBSTR BILE DUC NEC
51.51	COMMON DUCT EXPLORATION
51.59	BILE DUCT INCISION NEC
51.61	EXCIS CYST DUCT REMNANT
51.62	EXCIS AMPULLA OF VATER
51.63	COMMON DUCT EXCIS NEC
51.69	BILE DUCT EXCISION NEC
51.71	SIMPLE SUT-COMMON DUCT
51.72	CHOLEDOCHOPLASTY
51.79	BILE DUCT REPAIR NEC
51.81	SPHINCTER OF ODDI DILAT
51.82	PANCREAT SPHINCTEROTOM
51.83	PANCREAT SPHINCTEROPLAS
51.89	SPHINCT OF ODDI OP NEC
51.91	REPAIR GB LACERATION
51.92	CLOSURE CHOLECYSTOSTOMY
51.93	CLOS BILIARY FISTUL NEC
51.94	REVIS BILE TRACT ANASTOM
51.95	REMOVE BILE DUCT PROSTH
51.99	BILIARY TRACT OP NEC
52.01	CATH DRAIN-PANCREAT CYST

52.09	PANCREATOTOMY NEC
52.12	OPEN PANCREATIC BIOPSY
52.19	PANCREATIC DX PROC NEC
52.22	OTHER DESTRU PANCREA LES
52.3	PANCREAT CYST MARSUPIALI
52.4	INT DRAIN PANCREAT CYST
52.51	PROXIMAL PANCREATECTOMY
52.52	DISTAL PANCREATECTOMY
52.53	RAD SUBTOT PANCREATECTOM
52.59	PARTIAL PANCREATECT NEC
52.6	TOTAL PANCREATECTOMY
52.7	RAD PANCREATICODUODENECT
52.80	PANCREAT TRANSPLANT NOS
52.81	REIMPLANT PANCREATIC TIS
52.82	PANCREATIC HOMOTRANSPLAN
52.83	PANCREATIC HETEROTRANSPL
52.92	CANNULATION PANCREA DUC
52.95	PANCREATIC REPAIR NEC
52.96	PANCREATIC ANASTOMOSIS
52.99	PANCREATIC OPERATION NEC
53.00	UNILAT ING HERN REP NOS
53.01	REPAIR DIRECT ING HERNIA
53.02	REPAIR INDIR ING HERNIA
53.03	DIR ING HERNIA REP-GRAFT
53.04	IND ING HERNIA REP-GRAFT
53.05	ING HERNIA REP-GRAFT NOS
53.10	BILAT ING HERNIA REP NOS
53.11	BILAT DIR ING HERN REP
53.12	BILAT IND ING HERN REP
53.13	BIL DIR/IND ING HRN REP
53.14	BIL DIR ING HRN REP-GRFT
53.15	BIL IND ING HRN REP-GRFT
53.16	BIL DIR/IND ING HERN-PRO
53.17	BIL ING HRN REP-GRFT NOS
53.21	UNIL FEMOR HRN REP-GRFT
53.29	UNIL FEMOR HERN REP NEC
53.31	BIL FEM HERN REPAIR-GRFT
53.39	BIL FEM HERN REPAIR NEC
53.41	UMBIL HERNIA REPAIR-GRFT
53.49	UMBIL HERNIA REPAIR NEC
53.51	INCISIONAL HERNIA REPAIR
53.59	ABD WALL HERN REPAIR NEC
53.61	INCIS HERNIA REPAIR-GRFT
53.69	ABD HERN REPAIR-GRFT NEC
53.80	THOR REP-DIAPH HERN NOS
53.81	DIAPHRAGMATIC PLICATION
53.82	PARASTERN HERNIA REPAIR
53.9	OTHER HERNIA REPAIR
54.0	ABDOMINAL WALL INCISION
54.11	EXPLORATORY LAPAROTOMY
54.12	REOPEN RECENT LAP SITE
54.19	LAPAROTOMY NEC
54.21	LAPAROSCOPY
54.22	ABDOMINAL WALL BIOPSY
54.23	PERITONEAL BIOPSY
54.29	ABD REGION DX PROC NEC
54.3	DESTRUCT ABD WALL LESION

54.4	DESTRUCT PERITONEAL TISS
54.51	LAP PERITON ADHESIOLYSIS
54.59	OTH PERITON ADHESIOLYSIS
54.61	RECLOSE POST OP DISRUPT
54.62	DELAYED CLOS ABD WOUND
54.63	ABD WALL SUTURE NEC
54.64	PERITONEAL SUTURE
54.71	REPAIR OF GASTROSCHISIS
54.72	ABDOMEN WALL REPAIR NEC
54.73	PERITONEAL REPAIR NEC
54.74	OMENTAL REPAIR NEC
54.75	MESENTERIC REPAIR NEC
54.92	REMOVE FB FROM PERITON
54.93	CREATE CUTANPERITON FIST
54.94	CREAT PERITONEOVAS SHUNT
54.95	PERITONEAL INCISION
55.01	NEPHROTOMY
55.02	NEPHROSTOMY
55.03	PERCU NEPHROSTM W/O FRAG
55.04	PERCU NEPHROSTMY W FRAG
55.11	PYELOTOMY
55.12	PYELOSTOMY
55.24	OPEN RENAL BIOPSY
55.29	RENAL DIAGNOST PROC NEC
55.31	RENAL LES MARSUPIALIZAT
55.32	OPN ABLTN RENAL LES/TISS
55.33	PERC ABLTN RENL LES/TISS
55.34	LAP ABLTN RENAL LES/TISS
55.35	ABLTN RENAL LES/TISS NEC
55.39	LOC DESTR RENAL LES NEC
55.4	PARTIAL NEPHRECTOMY
55.51	NEPHROURETERECTOMY
55.52	SOLITARY KIDNEY NEPHRECT
55.53	REJECTED KIDNEY NEPHRECT
55.54	BILATERAL NEPHRECTOMY
55.61	RENAL AUTOTRANSPLANT
55.69	KIDNEY TRANSPLANT NEC
55.7	NEPHROPEXY
55.81	SUTURE KIDNEY LACERATION
55.82	CLOSE NEPHROST & PYELOST
55.83	CLOSE RENAL FISTULA NEC
55.84	REDUCE RENAL PEDICL TORS
55.85	SYMPHYSIOTOMY
55.86	RENAL ANASTOMOSIS
55.87	CORRECT URETEROPELV JUNC
55.89	RENAL REPAIR NEC
55.91	RENAL DECAPSULATION
55.97	IMPLANT MECHANIC KIDNEY
55.98	REMOV MECHANICAL KIDNEY
55.99	RENAL OPERATION NEC
56.0	TU REMOV URETER OBSTRUCT
56.1	URETERAL MEATOTOMY
56.2	URETEROTOMY
56.34	OPEN URETERAL BIOPSY
56.39	URETERAL DX PROCEDUR NEC
56.40	URETERECTOMY NOS
56.41	PARTIAL URETERECTOMY

56.42	TOTAL URETERECTOMY
56.51	FORM CUTAN ILEOURETEROST
56.52	REVIS CUTAN ILEOURETEROS
56.61	FORM CUTAN URETEROSTOMY
56.62	REVIS CUTAN URETEROS NEC
56.71	URIN DIVERSION TO BOWEL
56.72	REVIS URETEROENTEROSTOMY
56.73	NEPHROCYSTANASTOMOSI NOS
56.74	URETERONEOCYSTOSTOMY
56.75	TRANSURETEROURETEROSTOMY
56.79	URETERAL ANASTOMOSIS NEC
56.81	INTRALUM URETE ADHESIOLY
56.82	SUTURE URETERAL LACERAT
56.83	URETEROSTOMY CLOSURE
56.84	CLOSE URETER FISTULA NEC
56.85	URETEROPEXY
56.86	REMOVE URETERAL LIGATURE
56.89	REPAIR OF URETER NEC
56.92	IMPLANT URETERAL STIMUL
56.93	REPLACE URETERAL STIMUL
56.94	REMOVE URETERAL STIMULAT
56.95	LIGATION OF URETER
56.99	URETERAL OPERATION NEC
57.12	CYSTOTOMY & ADHESIOLYSIS
57.18	OTHER SUPRAPU CYSTOSTOMY
57.19	CYSTOTOMY NEC
57.21	VESICOSTOMY
57.22	REVISE CLO VESICOSTOMY
57.33	CLOS TRANSURETH BLADD BX
57.34	OPEN BLADDER BIOPSY
57.39	BLADDER DIAGNOS PROC NEC
57.41	TU ADHESIOLYSIS BLADDER
57.49	TU DESTRUC BLADD LES NEC
57.51	EXCISION OF URACHUS
57.59	BLADDER LES DESTRUCT NEC
57.6	PARTIAL CYSTECTOMY
57.71	RADICAL CYSTECTOMY
57.79	TOTAL CYSTECTOMY NEC
57.81	SUTURE BLADDER LACERAT
57.82	CYSTOSTOMY CLOSURE
57.83	ENTEROVESICO FIST REPAIR
57.84	VESIC FISTULA REPAIR NEC
57.85	CYSTOURETHROPLASTY
57.86	BLADDER EXSTROPHY REPAIR
57.87	BLADDER RECONSTRUCTION
57.88	BLADDER ANASTOMOSIS NEC
57.89	BLADDER REPAIR NEC
57.91	BLADDER SPHINCTEROTOMY
57.93	CONTROL BLADD HEMORRHAGE
57.96	IMPLANT BLADDER STIMULAT
57.97	REPLACE BLADDER STIMULAT
57.98	REMOVE BLADDER STIMULAT
57.99	BLADDER OPERATION NEC
58.0	URETHROTOMY
58.1	URETHRAL MEATOTOMY
58.41	SUTURE URETHRAL LACERAT
58.42	URETHROSTOMY CLOSURE

58.43	CLOSE URETH FISTULA NEC
58.44	URETHRAL REANASTOMOSIS
58.45	HYPO-EPISPADIUS REPAIR
58.46	URETH RECONSTRUCTION NEC
58.47	URETHRAL MEATOPLASTY
58.49	URETHRAL REPAIR NEC
58.5	URETH STRICTURE RELEASE
58.91	PERIURETHRAL INCISION
58.92	PERIURETHRAL EXCISION
58.93	IMPLT ARTF URIN SPHINCT
58.99	URETH/PERIURETH OP NEC
59.00	RETROPERIT DISSECT NOS
59.02	PERIREN ADHESIOLYS NEC
59.03	LAP LYS PERIREN/URET ADH
59.09	PERIREN/URETER INCIS NEC
59.11	OTH LYS PERIVES ADHESIO
59.12	LAP LYS PERIVESURETH ADH
59.19	PERIVESICAL INCISION NEC
59.21	PERIREN/URETERAL BIOPSY
59.29	PERIREN/URET DX PROC NEC
59.3	URETHROVES JUNCT PLICAT
59.4	SUPRAPUBIC SLING OP
59.5	RETROPUBIC URETH SUSPENS
59.6	PARAURETHRAL SUSPENSION
59.71	LEVATOR MUSC SUSPENSION
59.79	URIN INCONTIN REPAIR NEC
59.91	PERIREN/VESICLE EXCISION
59.92	PERIREN/VESICLE OP NEC
60.0	INCISION OF PROSTATE
60.12	OPEN PROSTATIC BIOPSY
60.14	OPEN SEMINAL VESICLES BX
60.15	PERIPROSTATIC BIOPSY
60.18	PROSTATIC DX PROCED NEC
60.19	SEMIN VES DX PROCED NEC
60.21	TRANSURETH PROSTATECTOMY
60.29	OTH TRANSURETH PROSTATEC
60.3	SUPRAPUBIC PROSTATECTOMY
60.4	RETROPUBIC PROSTATECTOMY
60.5	RADICAL PROSTATECTOMY
60.61	LOS EXCIS PROSTATIC LES
60.62	PERINEAL PROSTATECTOMY
60.69	PROSTATECTOMY NEC
60.72	SEMINAL VESICLE INCISION
60.73	SEMINAL VESICLE EXCISION
60.79	SEMINAL VESICLE OP NEC
60.81	PERIPROSTATIC INCISION
60.82	PERIPROSTATIC EXCISION
60.93	REPAIR OF PROSTATE
60.94	CONTROL PROSTATE HEMORR
60.95	TRANS BAL DIL PROS URETH
60.96	TU DESTR PROSTATE BY MT
60.97	OTH TU DESTR PROS - RT
60.99	PROSTATIC OPERATION NEC
61.2	EXCISION OF HYDROCELE
61.42	SCROTAL FISTULA REPAIR
61.49	SCROTUM/TUNIC REPAIR NEC
61.92	EXCISION TUNICA LES NEC

61.99	SCROTUM & TUNICA OP NEC
62.0	INCISION OF TESTES
62.12	OPEN TESTICULAR BIOPSY
62.19	TESTES DX PROCEDURE NEC
62.2	TESTICULAR LES DESTRUCT
62.3	UNILATERAL ORCHIECTOMY
62.41	REMOVE BOTH TESTES
62.42	REMOVE SOLITARY TESTIS
62.5	ORCHIOPEXY
62.61	SUTURE TESTICULAR LACER
62.69	TESTICULAR REPAIR NEC
62.7	INSERT TESTICULAR PROSTH
62.99	TESTICULAR OPERATION NEC
63.09	SPERMAT CORD/VAS DX NEC
63.1	EXC SPERMATIC VARICOCELE
63.2	EXCISE EPIDIDYMIS CYST
63.3	EXCISE CORD/EPID LES NEC
63.4	EPIDIDYMECTOMY
63.51	SUTURE CORD & EPID LACER
63.53	TRANSPLANT SPERMAT CORD
63.59	CORD & EPIDID REPAIR NEC
63.81	SUTURE VAS & EPIDID LAC
63.82	POSTOP VAS RECONSTRUCT
63.83	EPIDIDYMOVASOSTOMY
63.85	REMOV VAS DEFERENS VALVE
63.89	VAS & EPIDIDY REPAIR NEC
63.92	EPIDIDYMOTOMY
63.93	SPERMATIC CORD INCISION
63.94	SPERM CORD ADHESIOLYSIS
63.95	INSERT VALVE IN VAS DEF
63.99	CORD/EPID/VAS OPS NEC
64.11	PENILE BIOPSY
64.2	LOCAL EXCIS PENILE LES
64.3	AMPUTATION OF PENIS
64.41	SUTURE PENILE LACERATION
64.42	RELEASE OF CHORDEE
64.43	CONSTRUCTION OF PENIS
64.44	RECONSTRUCTION OF PENIS
64.45	REPLANTATION OF PENIS
64.49	PENILE REPAIR NEC
64.5	SEX TRANSFORMAT OP NEC
64.92	INCISION OF PENIS
64.93	DIVISION OF PENILE ADHES
64.95	INS NONINFL PENIS PROSTH
64.96	REMOVE INT PENILE PROSTH
64.97	INS INFLATE PENIS PROSTH
64.98	PENILE OPERATION NEC
64.99	MALE GENITAL OP NEC
65.01	LAPAROSCOPIC OOPHOROTOMY
65.09	OTHER OOPHOROTOMY
65.11	OVARIAN ASPIRAT BIOPSY
65.12	OVARIAN BIOPSY NEC
65.13	LAP BIOPSY OF OVARY
65.14	OTH LAP DX PROC OVARIES
65.19	OVARIAN DX PROCEDURE NEC
65.21	OVARIAN CYST MARSUPIALIZ
65.22	OVARIAN WEDGE RESECTION

65.23	LAP MARSUP OVARIAN CYST
65.24	LAP WEDGE RESECT OVARY
65.25	OTH LAP LOC EXC DEST OVA
65.29	LOCAL DESTR OVA LES NEC
65.31	LAP UNILAT OOPHORECTOMY
65.39	OTH UNILAT OOPHORECTOMY
65.41	LAP UNI SALPINGO-OOPHOR
65.49	OTH UNI SALPINGO-OOPHOR
65.51	OTH REMOVE BOTH OVARIES
65.52	OTH REMOVE REMAIN OVARY
65.53	LAP REMOVE BOTH OVARIES
65.54	LAP REMOVE REMAIN OVARY
65.61	OTH REMOVE OVARIES/TUBES
65.62	OTH REMOVE REM OVA/TUBE
65.63	LAP REMOVE OVARIES/TUBES
65.64	LAP REMOVE REM OVA/TUBE
65.71	OTH SIMPLE SUTURE OVARY
65.72	OTH REIMPLANT OF OVARY
65.73	OTH SALPINGO-OOPHOROPLAS
65.74	LAP SIMPLE SUTURE OVARY
65.75	LAP REIMPLANT OF OVARY
65.76	LAP SALPINGO-OOPHOROPLAS
65.79	REPAIR OF OVARY NEC
65.81	LAP ADHESIOLYS OVA/TUBE
65.89	ADHESIOLYSIS OVARY/TUBE
65.91	ASPIRATION OF OVARY
65.92	TRANSPLANTATION OF OVARY
65.93	MANUAL RUPT OVARIAN CYST
65.94	OVARIAN DENERVATION
65.95	OVARIAN TORSION RELEASE
65.99	OVARIAN OPERATION NEC
66.01	SALPINGOTOMY
66.02	SALPINGOSTOMY
66.11	FALLOPIAN TUBE BIOPSY
66.19	FALLOP TUBE DX PROC NEC
66.21	BILAT ENDOSC CRUSH TUBE
66.22	BILAT ENDOSC DIVIS TUBE
66.29	BILAT ENDOS OCC TUBE NEC
66.31	BILAT TUBAL CRUSHING NEC
66.32	BILAT TUBAL DIVISION NEC
66.39	BILAT TUBAL DESTRUCT NEC
66.4	TOTAL UNILAT SALPINGECT
66.51	REMOVE BOTH FALLOP TUBES
66.52	REMOVE SOLITARY FAL TUBE
66.61	DESTROY FALLOP TUBE LES
66.62	REMOV TUBE & ECTOP PREG
66.63	BILAT PART SALPINGEC NOS
66.69	PARTIAL SALPINGECTOM NEC
66.71	SIMPL SUTURE FALLOP TUBE
66.72	SALPINGO-OOPHOROSTOMY
66.73	SALPINGO-SALPINGOSTOMY
66.74	SALPINGO-UTEROSTOMY
66.79	FALLOP TUBE REPAIR NEC
66.92	UNILAT FALLOP TUBE DESTR
66.93	IMPL FALLOP TUBE PROSTH
66.94	REMOV FALLOP TUBE PROSTH
66.95	BLOW THERAPEUT INTO TUBE

66.96	FALLOPIAN TUBE DILATION
66.97	BURY FIMBRIAE IN UTERUS
66.99	FALLOPIAN TUBE OP NEC
67.11	ENDOCERVICAL BIOPSY
67.12	CERVICAL BIOPSY NEC
67.19	CERVICAL DX PROCEDUR NEC
67.2	CONIZATION OF CERVIX
67.31	CERVICAL CYST MARSUPIAL
67.32	CERVICAL LES CAUTERIZAT
67.33	CERVICAL LES CRYOTHERAPY
67.39	CERVICAL LES DESTRUC NEC
67.4	AMPUTATION OF CERVIX
67.51	TRANSAB CERCLAGE CERVIX
67.59	OTH REP INT CERVICAL OS
67.61	SUTURE CERVICAL LACERAT
67.62	CERVICAL FISTULA REPAIR
67.69	CERVICAL REPAIR NEC
68.0	HYSTEROTOMY
68.13	OPEN UTERINE BIOPSY
68.14	OPEN UTERINE LIGAMENT BX
68.15	CLOS UTERINE LIGAMENT BX
68.16	CLOSED UTERINE BIOPSY
68.19	UTERUS/ADNEX DX PROC NEC
68.21	ENDOMET SYNECHIAE DIVIS
68.22	INCISION UTERINE SEPTUM
68.23	ENDOMETRIAL ABLATION
68.29	UTERINE LES DESTRUCT NEC
68.31	LAP SCERVIC HYSTERECTOMY
68.39	OTH SUBTOT ABD HYSTERECT
68.41	LAP TOTAL ABDOMINAL HYST
68.49	TOTAL ABD HYST NEC/NOS
68.51	LAP AST VAG HYSTERECTOMY
68.59	OTHER VAG HYSTERECTOMY
68.61	LAP RADICAL ABDOMNL HYST
68.69	RADICAL ABD HYST NEC/NOS
68.71	LAP RADICAL VAGINAL HYST
68.79	RADICAL VAG HYST NEC/NOS
68.8	PELVIC EVISCERATION
68.9	HYSTERECTOMY NEC/NOS
69.01	D & C FOR PREG TERMINAT
69.02	D & C POST DELIVERY
69.09	D & C NEC
69.19	DESTRUC UTER SUPPORT NEC
69.21	INTERPOSIT OP UTERIN LIG
69.22	UTERINE SUSPENSION NEC
69.23	VAG REPAIR INVERS UTERUS
69.29	UTERUS/ADNEXA REPAIR NEC
69.3	PARACERV UTERINE DENERV
69.41	SUTURE UTERINE LACERAT
69.42	CLOSURE UTERINE FISTULA
69.49	UTERINE REPAIR NEC
69.51	ASPIRAT CURET-PREG TERMI
69.52	ASPIRAT CURET-POST DELIV
69.95	INCISION OF CERVIX
69.97	REMOVE PENETRAT CERV FB
69.98	UTERINE SUPPORT OP NEC
69.99	UTERINE OPERATION NEC

70.12	CULDOTOMY
70.13	INTRALUM VAG ADHESIOLYS
70.14	VAGINOTOMY NEC
70.23	CUL-DE-SAC BIOPSY
70.24	VAGINAL BIOPSY
70.29	VAGIN/CUL-DE-SAC DX NEC
70.31	HYMENECTOMY
70.32	EXCIS CUL-DE-SAC LESION
70.33	EXCISION VAGINAL LESION
70.4	VAGINAL OBLITERATION
70.50	CYSTOCEL/RECTOCEL REPAIR
70.51	CYSTOCELE REPAIR
70.52	RECTOCELE REPAIR
70.61	VAGINAL CONSTRUCTION
70.62	VAGINAL RECONSTRUCTION
70.71	SUTURE VAGINA LACERATION
70.72	REPAIR COLOVAGIN FISTULA
70.73	REPAIR RECTOVAG FISTULA
70.74	REP VAGINOENT FISTUL NEC
70.75	REPAIR VAG FISTULA NEC
70.76	HYMENORRHAPHY
70.77	VAGINAL SUSPENS & FIXAT
70.79	VAGINAL REPAIR NEC
70.8	VAGINAL VAULT OBLITERAT
70.91	VAGINAL OPERATION NEC
70.92	CUL-DE-SAC OPERATION NEC
71.01	VULVAR ADHESIOLYSIS
71.09	INCIS VULVA/PERINEUM NEC
71.11	VULVAR BIOPSY
71.19	VULVAR DIAGNOS PROC NEC
71.22	INCISE BARTHOLIN"S GLAND
71.23	BARTHOLIN GLAND MARSUP
71.24	DESTRUC BARTHOLIN GLAND
71.29	BARTHOLIN"S GLAND OP NEC
71.3	LOCAL VULVAR EXCIS NEC
71.4	OPERATIONS ON CLITORIS
71.5	RADICAL VULVECTOMY
71.61	UNILATERAL VULVECTOMY
71.62	BILATERAL VULVECTOMY
71.71	SUTURE VULVAR LACERATION
71.72	REPAIR VULVAR FISTULA
71.79	VULVAR/PERIN REPAIR NEC
71.8	OTHER VULVAR OPERATIONS
71.9	OTHER FEMALE GENITAL OPS
73.94	PUBIOTOMY TO ASSIST DEL
73.99	OPS ASSISTING DELIV NEC
74.0	CLASSICAL C-SECTION
74.1	LOW CERVICAL C-SECTION
74.2	EXTRAPERITONEAL C-SECT
74.3	REM EXTRATUB ECTOP PREG
74.4	CESAREAN SECTION NEC
74.91	HYSTEROTOMY TO TERMIN PG
74.99	CESAREAN SECTION NOS
75.36	CORRECTION FETAL DEFECT
75.50	REPAIR OB LAC UTERUS NOS
75.51	REPAIR OB LACERAT CERVIX
75.52	REPAIR OB LAC CORP UTERI

75.61	REPAIR OB LAC BLAD/URETH
75.93	SURG CORR INVERT UTERUS
75.99	OBSTETRIC OPERATION NEC
76.01	FACIAL BONE SEQUESTRECT
76.09	FACIAL BONE INCISION NEC
76.11	FACIAL BONE BIOPSY
76.19	FACIAL BONE DX PROC NEC
76.2	DESTRUCT FACIAL BONE LES
76.31	PARTIAL MANDIBULECTOMY
76.39	PART FACIAL OSTECTOM NEC
76.41	TOT MANDIBULEC W RECONST
76.42	TOTAL MANDIBULECTOMY NEC
76.43	MANDIBULAR RECONST NEC
76.44	TOT FACE OSTECT W RECONS
76.45	TOT FACE BONE OSTECT NEC
76.46	FACIAL BONE RECONSTR NEC
76.5	TEMPOROMAND ARTHROPLASTY
76.61	CL OSTEOPLASTY MAND RAMI
76.62	OPEN OSTEOPLAS MAND RAMI
76.63	OSTEOPLASTY MANDIBLE BDY
76.64	MAND ORTHOGNATHIC OP NEC
76.65	SEG OSTEOPLASTY MAXILLA
76.66	TOT OSTEOPLASTY MAXILLA
76.67	REDUCTION GENIOPLASTY
76.68	AUGMENTATION GENIOPLASTY
76.69	FACIAL BONE REPAIR NEC
76.70	REDUCTION FACIAL FX NOS
76.72	OPN REDUCT MALAR/ZYGO FX
76.74	OPEN REDUCT MAXILLARY FX
76.76	OPEN REDUCT MANDIBLE FX
76.77	OPEN REDUCT ALVEOLAR FX
76.79	OPEN REDUCT FACE FX NEC
76.91	BONE GRAFT TO FACE BONE
76.92	SYN IMPLANT TO FACE BONE
76.94	OPEN REDUCT TM DISLOCAT
76.97	REMOVE INT FIX FACE BONE
76.99	FACIAL BONE/JNT OP NEC
77.00	SEQUESTRECTOMY NOS
77.01	CHEST CAGE SEQUESTREC
77.02	HUMERUS SEQUESTRECTOMY
77.03	RADIUS & ULNA SEQUESTREC
77.04	METACARP/CARP SEQUESTREC
77.05	FEMORAL SEQUESTRECTOMY
77.06	PATELLAR SEQUESTRECTOMY
77.07	TIBIA/FIBULA SEQUESTREC
77.08	METATAR/TAR SEQUESTREC
77.09	SEQUESTRECTOMY NEC
77.10	OTHER BONE INCISION NOS
77.11	OTHER CHEST CAGE INCIS
77.12	OTHER HUMERUS INCISION
77.13	OTHER RADIUS/ULNA INCIS
77.14	OTH METACARP/CARP INCIS
77.15	OTHER FEMORAL INCISION
77.16	OTHER PATELLAR INCISION
77.17	OTHER TIBIA/FIBULA INCIS
77.18	OTH METATARS/TARS INCIS
77.19	BONE INCIS W/O DIV NEC

77.20	WEDGE OSTEOTOMY NOS
77.21	CHEST CAGE WEDG OSTEOTOM
77.22	HUMERUS WEDGE OSTEOTOMY
77.23	RADIUS/ULNA WEDG OSTEOTO
77.24	METACAR/CAR WEDG OSTEOTO
77.25	FEMORAL WEDGE OSTEOTOMY
77.26	PATELLAR WEDGE OSTEOTOMY
77.27	TIBIA/FIBUL WEDG OSTEOT
77.28	METATAR/TAR WEDG OSTEOT
77.29	WEDGE OSTEOTOMY NEC
77.30	OTHER BONE DIVISION NOS
77.31	CHEST CAGE BONE DIV NEC
77.32	HUMERUS DIVISION NEC
77.33	RADIUS/ULNA DIVISION NEC
77.34	METACAR/CAR DIVISION NEC
77.35	FEMORAL DIVISION NEC
77.36	PATELLAR DIVISION NEC
77.37	TIBIA/FIBULA DIV NEC
77.38	METATAR/TAR DIVISION NEC
77.39	BONE DIVISION NEC
77.40	BONE BIOPSY NOS
77.41	CHEST CAGE BONE BIOPSY
77.42	HUMERUS BIOPSY
77.43	RADIUS & ULNA BIOPSY
77.44	METACARPAL/CARPAL BIOPSY
77.45	FEMORAL BIOPSY
77.46	PATELLAR BIOPSY
77.47	TIBIA & FIBULA BIOPSY
77.48	METATARSAL/TARSAL BIOPSY
77.49	BONE BIOPSY NEC
77.51	BUNIONECT/SFT/OSTEOTOMY
77.52	BUNIONECT/SFT/ARTHRODES
77.53	OTH BUNIONECT W SFT CORR
77.54	EXC CORRECT BUNIONETTE
77.56	REPAIR OF HAMMER TOE
77.57	REPAIR OF CLAW TOE
77.58	OTH EXC, FUS, REPAIR TOE
77.59	BUNIONECTOMY NEC
77.60	LOC EXC BONE LESION NOS
77.61	EXC CHEST CAGE BONE LES
77.62	LOC EXC BONE LES HUMERUS
77.63	LOC EXC LES RADIUS/ULNA
77.64	LOC EXC LES METACAR/CAR
77.65	LOC EXC BONE LES FEMUR
77.66	LOC EXC BONE LES PATELLA
77.67	LOC EXC LES TIBIA/FIBULA
77.68	LOC EXC LES METATAR/TAR
77.69	LOC EXC BONE LESION NEC
77.70	EXCISE BONE FOR GRFT NOS
77.71	EX CHEST CAGE BONE-GFT
77.72	EXCISE HUMERUS FOR GRAFT
77.73	EXCIS RADIUS/ULNA-GRAFT
77.74	EXCIS METACAR/CAR-GRAFT
77.75	EXCISE FEMUR FOR GRAFT
77.76	EXCISE PATELLA FOR GRAFT
77.77	EXCISE TIB/FIB FOR GRAFT
77.78	EXCIS METATAR/TAR-GRAFT

77.79	EXCISE BONE FOR GFT NEC
77.80	OTH PART OSTECTOMY NOS
77.81	OTH CHEST CAGE OSTECTOMY
77.82	PARTIAL HUMERECTOMY NEC
77.83	PART OSTECT-RADIUS/ULNA
77.84	PART OSTECT-METACAR/CAR
77.85	PART OSTECTOMY-FEMUR
77.86	PARTIAL PATELLECTOMY
77.87	PART OSTECT-TIBIA/FIBULA
77.88	PART OSTECT-METATAR/TAR
77.89	PARTIAL OSTECTOMY NEC
77.90	TOTAL OSTECTOMY NOS
77.91	TOT CHEST CAGE OSTECTOMY
77.92	TOTAL OSTECTOMY-HUMERUS
77.93	TOT OSTECT-RADIUS/ULNA
77.94	TOT OSTECT-METACARP/CARP
77.95	TOT OSTECTOMY-FEMUR
77.96	TOTAL PATELLECTOMY
77.97	TOT OSTECT-TIBIA/FIBULA
77.98	TOT OSTECT-METATARS/TARS
77.99	TOTAL OSTECTOMY NEC
78.00	BONE GRAFT NOS
78.01	BONE GRAFT TO CHEST CAGE
78.02	BONE GRAFT TO HUMERUS
78.03	BONE GRAFT-RADIUS/ULNA
78.04	BONE GRFT TO METACAR/CAR
78.05	BONE GRAFT TO FEMUR
78.06	BONE GRAFT TO PATELLA
78.07	BONE GRAFT-TIBIA/FIBULA
78.08	BONE GRAFT-METATAR/TAR
78.09	BONE GRAFT NEC
78.10	APPLIC EXT FIX DEV NOS
78.11	APPL EXT FIX-CHEST CAGE
78.12	APPLIC EXT FIX-HUMERUS
78.13	APPL EXT FIX-RADIUS/ULNA
78.14	APPL EXT FIX-METACAR/CAR
78.15	APPLIC EXT FIX DEV-FEMUR
78.16	APPL EXT FIX DEV-PATELLA
78.17	APPL EXT FIX-TIB/FIBULA
78.18	APPL EXT FIX-METATAR/TAR
78.19	APPLIC EXT FIX DEV NEC
78.20	LIMB SHORTEN PROC NOS
78.22	LIMB SHORT PROC-HUMERUS
78.23	LIMB SHORTEN-RADIUS/ULNA
78.24	LIMB SHORTEN-METACAR/CAR
78.25	LIMB SHORT PROC-FEMUR
78.27	LIMB SHORTEN-TIB/FIBULA
78.28	LIMB SHORTEN-METATAR/TAR
78.29	LIMB SHORTEN PROC NEC
78.30	LIMB LENGTHEN PROC NOS
78.32	LIMB LENGTH PROC-HUMERUS
78.33	LIMB LENGTH-RADIUS/ULNA
78.34	LIMB LENGTH-METACAR/CAR
78.35	LIMB LENGTH PROC-FEMUR
78.37	LIMB LENGTHEN-TIB/FIBULA
78.38	LIMB LENGTHN-METATAR/TAR
78.39	LIMB LENGTHEN PROC NEC

78.40	OTH BONE REPAIR/PLAST OP
78.41	OTH CHEST CAGE REP/PLAST
78.42	OTH HUMERUS REPAIR/PLAST
78.43	OTH RAD/ULN REPAIR/PLAST
78.44	OTH METAC/CARP REP/PLAST
78.45	OTH FEMUR REPAIR/PLASTIC
78.46	OTH PATELLA REPAIR/PLAST
78.47	OTH TIB/FIB REPAIR/PLAST
78.48	OTH META/TAR REPA/PLAST
78.49	OTH BONE REPA/PLAST NEC
78.50	INT FIX W/O FX REDUC NOS
78.51	INT FIXATION-CHEST CAGE
78.52	INT FIXATION-HUMERUS
78.53	INT FIXATION-RADIUS/ULNA
78.54	INT FIXATION-METACAR/CAR
78.55	INTERNAL FIXATION-FEMUR
78.56	INTERNAL FIX-PATELLA
78.57	INT FIXATION-TIBIA/FIBUL
78.58	INT FIXATION-METATAR/TAR
78.59	INT FIX-NO FX REDUCT NEC
78.60	REMOVE IMP DEVICE NOS
78.61	REMOV IMP DEV-CHEST CAGE
78.62	REMOVE IMPL DEV-HUMERUS
78.63	REMOV IMP DEV-RADIUS/ULN
78.64	REMOV IMP DEV-METAC/CARP
78.65	REMOVE IMP DEVICE-FEMUR
78.66	REMOV IMP DEVICE-PATELLA
78.67	REMOV IMP DEV-TIB/FIBULA
78.68	REMOVE IMP DEV-METAT/TAR
78.69	REMOVE IMPL DEVICE NEC
78.70	OSTEOCLASIS NOS
78.71	OSTEOCLASIS-CHEST CAGE
78.72	OSTEOCLASIS-HUMERUS
78.73	OSTEOCLASIS-RADIUS/ULNA
78.74	OSTEOCLASIS-METACAR/CAR
78.75	OSTEOCLASIS-FEMUR
78.76	OSTEOCLASIS-PATELLA
78.77	OSTEOCLASIS-TIBIA/FIBULA
78.78	OSTEOCLASIS-METATAR/TAR
78.79	OSTEOCLASIS NEC
78.80	OTHER BONE DX PROC NOS
78.81	OTH DX PROCED-CHEST CAGE
78.82	OTH DX PROCED-HUMERUS
78.83	OTH DX PROC-RADIUS/ULNA
78.84	OTH DX PROC-METACAR/CAR
78.85	OTH DX PROCED-FEMUR
78.86	OTH DX PROCED-PATELLA
78.87	OTH DX PROC-TIBIA/FIBULA
78.88	OTH DX PROC-METATAR/TAR
78.89	OTHER BONE DX PROC NEC
78.90	INSERT BONE STIMUL NOS
78.91	INSERT BONE STIMUL-CHEST
78.92	INSERT BONE STIM-HUMERUS
78.93	INSER BONE STIM-RAD/ULNA
78.94	INSER BONE STIM-META/CAR
78.95	INSERT BONE STIM-FEMUR
78.96	INSERT BONE STIM-PATELLA

78.97	INSER BONE STIM-TIB/FIB
78.98	INSER BONE STIM-META/TAR
78.99	INSERT BONE STIMUL NEC
79.10	CL FX REDUC-INT FIX NOS
79.11	CLOS RED-INT FIX HUMERUS
79.12	CL RED-INT FIX RAD/ULNA
79.13	CL RED-INT FIX METAC/CAR
79.14	CLOSE RED-INT FIX FINGER
79.15	CLOSED RED-INT FIX FEMUR
79.16	CL RED-INT FIX TIB/FIBU
79.17	CL RED-INT FIX METAT/TAR
79.18	CLOSE RED-INT FIX TOE FX
79.19	CL FX REDUC-INT FIX NEC
79.20	OPEN FX REDUCTION NOS
79.21	OPEN REDUC-HUMERUS FX
79.22	OPEN REDUC-RADIUS/ULN FX
79.23	OPEN REDUC-METAC/CAR FX
79.24	OPEN REDUCTION-FINGER FX
79.25	OPEN REDUCTION-FEMUR FX
79.26	OPEN REDUC-TIBIA/FIB FX
79.27	OPEN REDUC-METAT/TARS FX
79.28	OPEN REDUCTION-TOE FX
79.29	OPEN FX REDUCTION NEC
79.30	OPN FX RED W INT FIX NOS
79.31	OPEN RED-INT FIX HUMERUS
79.32	OP RED-INT FIX RAD/ULNA
79.33	OP RED-INT FIX METAC/CAR
79.34	OPEN RED-INT FIX FINGER
79.35	OPEN REDUC-INT FIX FEMUR
79.36	OP RED-INT FIX TIB/FIBUL
79.37	OP RED-INT FIX METAT/TAR
79.38	OPEN REDUCT-INT FIX TOE
79.39	OPN FX RED W INT FIX NEC
79.40	CLS REDUC-SEP EPIPHY NOS
79.41	CLOSE RED-HUMERUS EPIPHY
79.42	CLS RED-RADIUS/UL EPIPHY
79.45	CLOSE REDUC-FEMUR EPIPHY
79.46	CLS RED-TIBIA/FIB EPIPHY
79.49	CLS REDUC-SEP EPIPHY NEC
79.50	OPEN RED-SEP EPIPHY NOS
79.51	OPN RED-SEP EPIPHY-HUMER
79.52	OP RED-RADIUS/ULN EPIPHY
79.55	OPN RED-SEP EPIPHY-FEMUR
79.56	OP RED-TIBIA/FIB EPIPHYS
79.59	OPEN RED-SEP EPIPHY NEC
79.60	OPEN FX SITE DEBRIDE NOS
79.61	DEBRID OPEN FX-HUMERUS
79.62	DEBRID OPN FX-RADIUS/ULN
79.63	DEBRID OPN FX-METAC/CAR
79.64	DEBRID OPN FX-FINGER
79.65	DEBRID OPN FX-FEMUR
79.66	DEBRID OPN FX-TIBIA/FIB
79.67	DEBRID OPN FX-METAT/TAR
79.68	DEBRID OPN FX-TOE
79.69	OPEN FX SITE DEBRIDE NEC
79.80	OPEN REDUC-DISLOCAT NOS
79.81	OPN REDUC DISLOC-SHOULDR

79.82	OPEN REDUC-ELBOW DISLOC
79.83	OPEN REDUC-WRIST DISLOC
79.84	OPN REDUC DISLOC-HAND
79.85	OPEN REDUC-HIP DISLOCAT
79.86	OPEN REDUC-KNEE DISLOCAT
79.87	OPEN REDUC-ANKLE DISLOC
79.88	OPN REDUC DISLOC-FT/TOE
79.89	OPEN REDUC-DISLOCAT NEC
79.90	UNSPEC OP BONE INJ NOS
79.91	HUMERUS INJURY OP NOS
79.92	RADIUS/ULNA INJ OP NOS
79.93	METACARP/CARP INJ OP NOS
79.94	FINGER INJURY OP NOS
79.95	FEMUR INJURY OP NOS
79.96	TIBIA/FIBULA INJ OP NOS
79.97	METATARS/TARS INJ OP NOS
79.98	TOE INJURY OPERATION NOS
79.99	UNSPEC OP-BONE INJ NEC
80.00	ARTH/PROS REM WO REP NOS
80.01	ARTH/PROS REM WO-SHLD
80.02	ARTH/PROS REM WO REP-ELB
80.03	ARTH/PROS REM WO RE-WRST
80.04	ARTH/PROS REM WO REP-HND
80.05	ARTH/PROS REM WO REP-HIP
80.06	ARTH/PROS REM WO RE-KNEE
80.07	ARTH/PROS REM WO REP-ANK
80.08	ARTH/PROS REM WO RE-FOOT
80.09	ARTH/PROS REM WO REP NEC
80.10	OTHER ARTHROTOMY NOS
80.11	OTH ARTHROTOMY-SHOULDER
80.12	OTH ARTHROTOMY-ELBOW
80.13	OTH ARTHROTOMY-WRIST
80.14	OTH ARTHROTOMY-HAND/FNGR
80.15	OTH ARTHROTOMY-HIP
80.16	OTH ARTHROTOMY-KNEE
80.17	OTH ARTHROTOMY-ANKLE
80.18	OTH ARTHROTOMY-FOOT/TOE
80.19	OTHER ARTHROTOMY NEC
80.20	ARTHROSCOPY NOS
80.21	SHOULDER ARTHROSCOPY
80.22	ELBOW ARTHROSCOPY
80.23	WRIST ARTHROSCOPY
80.24	HAND & FINGER ARTHROSCOP
80.25	HIP ARTHROSCOPY
80.26	KNEE ARTHROSCOPY
80.27	ANKLE ARTHROSCOPY
80.28	FOOT & TOE ARTHROSCOPY
80.29	ARTHROSCOPY NEC
80.40	JT STRUCTUR DIVISION NOS
80.41	SHOULDER STRUCT DIVISION
80.42	ELBOW STRUCTURE DIVISION
80.43	WRIST STRUCTURE DIVISION
80.44	HAND JOINT STRUCT DIVIS
80.45	HIP STRUCTURE DIVISION
80.46	KNEE STRUCTURE DIVISION
80.47	ANKLE STRUCTURE DIVISION
80.48	FOOT JOINT STRUCT DIVIS

80.49	JT STRUCTUR DIVISION NEC
80.50	EXC/DEST INTVRT DISC NOS
80.51	EXCISION INTERVERT DISC
80.59	OTH EXC/DEST INTVRT DISC
80.6	EXCIS KNEE SEMILUN CARTL
80.70	SYNOVECTOMY-SITE NOS
80.71	SHOULDER SYNOVECTOMY
80.72	ELBOW SYNOVECTOMY
80.73	WRIST SYNOVECTOMY
80.74	HAND SYNOVECTOMY
80.75	HIP SYNOVECTOMY
80.76	KNEE SYNOVECTOMY
80.77	ANKLE SYNOVECTOMY
80.78	FOOT SYNOVECTOMY
80.79	SYNOVECTOMY-SITE NEC
80.80	DESTRUCT JOINT LES NOS
80.81	DESTRUC-SHOULDER LES NEC
80.82	DESTRUC-ELBOW LESION NEC
80.83	DESTRUC-WRIST LESION NEC
80.84	DESTRUC-HAND JT LES NEC
80.85	DESTRUCT-HIP LESION NEC
80.86	DESTRUCT-KNEE LESION NEC
80.87	DESTRUC-ANKLE LESION NEC
80.88	DESTRUC-FOOT JT LES NEC
80.89	DESTRUCT JOINT LES NEC
80.90	EXCISION OF JOINT NOS
80.91	EXCISION OF SHOULDER NEC
80.92	EXCISION OF ELBOW NEC
80.93	EXCISION OF WRIST NEC
80.94	EXCISION HAND JOINT NEC
80.95	EXCISION OF HIP NEC
80.96	EXCISION OF KNEE NEC
80.97	EXCISION OF ANKLE NEC
80.98	EXCISION FOOT JOINT NEC
80.99	EXCISION OF JOINT NEC
81.00	SPINAL FUSION NOS
81.01	ATLAS-AXIS FUSION
81.02	OTHER CERVICAL FUS ANT
81.03	OTHER CERVICAL FUS POST
81.04	DORSAL/DORSOLUM FUS ANT
81.05	DORSAL/DORSOLUM FUS POST
81.06	LUMBAR/LUMBOSAC FUS ANT
81.07	LUMBAR/LUMBOSAC FUS LAT
81.08	LUMBAR/LUMBOSAC FUS POST
81.11	ANKLE FUSION
81.12	TRIPLE ARTHRODESIS
81.13	SUBTALAR FUSION
81.14	MIDTARSAL FUSION
81.15	TARSOMETATARSAL FUSION
81.16	METATARSOPHALANGEAL FUS
81.17	OTHER FUSION OF FOOT
81.18	OTHER FUSION OF FOOT
81.20	ARTHRODESIS NOS
81.21	ARTHRODESIS OF HIP
81.22	ARTHRODESIS OF KNEE
81.23	ARTHRODESIS OF SHOULDER
81.24	ARTHRODESIS OF ELBOW

81.25	CARPORADIAL FUSION
81.26	METACARPOCARPAL FUSION
81.27	METACARPOPHALANGEAL FUS
81.28	INTERPHALANGEAL FUSION
81.29	ARTHRODESIS NEC
81.30	SPINAL REFUSION NOS
81.31	REFUSION OF ATLAS-AXIS
81.32	REFUSION OF OTH CERV ANT
81.33	REFUS OF OTH CERV POST
81.34	REFUSION OF DORSAL ANT
81.35	REFUSION OF DORSAL POST
81.36	REFUSION OF LUMBAR ANT
81.37	REFUSION OF LUMBAR LAT
81.38	REFUSION OF LUMBAR POST
81.39	REFUSION OF SPINE NEC
81.40	REPAIR OF HIP, NEC
81.42	FIVE-IN-ONE KNEE REPAIR
81.43	TRIAD KNEE REPAIR
81.44	PATELLAR STABILIZATION
81.45	CRUCIATE LIG REPAIR NEC
81.46	COLLATERL LIG REPAIR NEC
81.47	OTHER REPAIR OF KNEE
81.49	OTHER REPAIR OF ANKLE
81.51	TOTAL HIP REPLACEMENT
81.52	PARTIAL HIP REPLACEMENT
81.53	REVISE HIP REPLACEMENT
81.54	TOTAL KNEE REPLACEMENT
81.55	REVISE KNEE REPLACEMENT
81.56	TOTAL ANKLE REPLACEMENT
81.57	REPL JOINT OF FOOT, TOE
81.59	REV JT REPL LOW EXT NEC
81.62	FUS/REFUS 2-3 VERTEBRAE
81.63	FUS/REFUS 4-8 VERTEBRAE
81.64	FUS/REFUS 9 VERTEBRAE
81.65	VERTEBROPLASTY
81.66	KYPHOPLASTY
81.71	ARTHROPLAS METACARP WIT
81.72	ARTHROPLASTY METACAR W/O
81.73	TOTAL WRIST REPLACEMENT
81.74	ARTHROPLASTY CARPAL WIT
81.75	ARTHROPLASTY CARPAL W/O
81.79	OTH REPAIR HAN/FIN/WRIS
81.80	OTH TOTL SHOULDR REPLACE
81.81	PARTIAL SHOULDER REPLACE
81.82	REP RECUR SHLDER DISLOC
81.83	SHOULDER ARTHROPLAST NEC
81.84	TOTAL ELBOW REPLACEMENT
81.85	ELBOW ARTHROPLASTY NEC
81.88	RVRS TOTL SHLDR REPLACMT
81.93	SUTUR CAPSUL/LIGAMEN ARM
81.94	SUTURE CAPSUL/LIG ANK/FT
81.95	SUTUR CAPSUL/LIG LEG NEC
81.96	OTHER REPAIR OF JOINT
81.97	REV JT REPL UPPER EXTREM
81.98	OTHER JOINT DX PROCEDURE
81.99	JOINT STRUCTURE OP NEC
82.01	EXPLOR TEND SHEATH-HAND

82.02	MYOTOMY OF HAND
82.03	BURSOTOMY OF HAND
82.09	INC SOFT TISSUE HAND NEC
82.11	TENOTOMY OF HAND
82.12	FASCIOTOMY OF HAND
82.19	DIV SOFT TISSUE HAND NEC
82.21	EXC LES TEND SHEATH HAND
82.22	EXCISION HAND MUSCLE LES
82.29	EXC LES SFT TISS HND NEC
82.31	BURSECTOMY OF HAND
82.32	EXCIS HAND TEND FOR GRFT
82.33	HAND TENONECTOMY NEC
82.34	EXC HND MUS/FAS FOR GRFT
82.35	HAND FASCIECTOMY NEC
82.36	OTHER MYECTOMY OF HAND
82.39	HAND SOFT TISSUE EXC NEC
82.41	SUTURE TENDN SHEATH HAND
82.42	DELAY SUT FLEX TEND HAND
82.43	DELAY SUT HAND TEND NEC
82.44	SUTUR FLEX TEND HAND NEC
82.45	SUTURE HAND TENDON NEC
82.46	SUTURE HAND MUSCLE/FASC
82.51	HAND TENDON ADVANCEMENT
82.52	HAND TENDON RECESSION
82.53	HAND TENDON REATTACHMENT
82.54	HAND MUSCLE REATTACHMENT
82.55	CHNG HND MUS/TEN LNG NEC
82.56	TRANSPLANT HAND TEND NEC
82.57	TRANSPOSIT HAND TEND NEC
82.58	TRANSPLANT HAND MUSC NEC
82.59	TRANSPOSIT HAND MUSC NEC
82.61	POLLICIZATION OPERATION
82.69	THUMB RECONSTRUCTION NEC
82.71	HAND TEND PULLEY RECONST
82.72	PLAST OP HND-MUS/FAS GRF
82.79	PLAST OP HAND W GRFT NEC
82.81	TRANSFER OF FINGER
82.82	REPAIR OF CLEFT HAND
82.83	REPAIR OF MACRODACTYLY
82.84	REPAIR OF MALLET FINGER
82.85	OTHER TENODESIS OF HAND
82.86	OTHER TENOPLASTY OF HAND
82.89	HAND PLASTIC OP NEC
82.91	LYSIS OF HAND ADHESIONS
82.99	HAND MUS/TEN/FAS/OPS NEC
83.01	TENDON SHEATH EXPLORAT
83.02	MYOTOMY
83.03	BURSOTOMY
83.09	SOFT TISSUE INCISION NEC
83.11	ACHILLOTENOTOMY
83.12	ADDUCTOR TENOTOMY OF HIP
83.13	OTHER TENOTOMY
83.14	FASCIOTOMY
83.19	SOFT TISSUE DIVISION NEC
83.21	SOFT TISSUE BIOPSY
83.29	SOFT TISSUE DX PROC NEC
83.31	EXCIS LES TENDON SHEATH

83.32	EXCIS LESION OF MUSCLE
83.39	EXC LES SOFT TISSUE NEC
83.41	TENDON EXCISION FOR GRFT
83.42	OTHER TENONECTOMY
83.43	MUSC/FASC EXCIS FOR GRFT
83.44	OTHER FASCIECTOMY
83.45	OTHER MYECTOMY
83.49	OTHER SOFT TISSUE EXCIS
83.5	BURSECTOMY
83.61	TENDON SHEATH SUTURE
83.62	DELAYED TENDON SUTURE
83.63	ROTATOR CUFF REPAIR
83.64	OTHER SUTURE OF TENDON
83.65	OTHER MUSCLE/FASC SUTURE
83.71	TENDON ADVANCEMENT
83.72	TENDON RECESSION
83.73	TENDON REATTACHMENT
83.74	MUSCLE REATTACHMENT
83.75	TENDON TRNSFR/TRANSPLANT
83.76	OTHER TENDON TRANSPOSIT
83.77	MUSCLE TRNSFR/TRANSPLANT
83.79	OTHER MUSCLE TRANSPOSIT
83.81	TENDON GRAFT
83.82	MUSCLE OR FASCIA GRAFT
83.83	TENDON PULLEY RECONSTRUC
83.84	CLUBFOOT RELEASE NEC
83.85	MUSC/TEND LNG CHANGE NEC
83.86	QUADRICEPSPLASTY
83.87	OTHER PLASTIC OPS MUSCLE
83.88	OTHER PLASTIC OPS TENDON
83.89	OTHER PLASTIC OPS FASCIA
83.91	ADHESIOLYSIS MUS/TEN/FAS
83.92	INSERT SKEL MUSC STIMULA
83.93	REMOV SKEL MUSC STIMULAT
83.99	MUS/TEN/FAS/BUR OP NEC
84.00	UPPER LIMB AMPUTAT NOS
84.01	FINGER AMPUTATION
84.02	THUMB AMPUTATION
84.03	AMPUTATION THROUGH HAND
84.04	DISARTICULATION OF WRIST
84.05	AMPUTATION THRU FOREARM
84.06	DISARTICULATION OF ELBOW
84.07	AMPUTATION THRU HUMERUS
84.08	SHOULDER DISARTICULATION
84.09	FOREQUARTER AMPUTATION
84.10	LOWER LIMB AMPUTAT NOS
84.11	TOE AMPUTATION
84.12	AMPUTATION THROUGH FOOT
84.13	DISARTICULATION OF ANKLE
84.14	AMPUTAT THROUGH MALLEOLI
84.15	BELOW KNEE AMPUTAT NEC
84.16	DISARTICULATION OF KNEE
84.17	ABOVE KNEE AMPUTATION
84.18	DISARTICULATION OF HIP
84.19	HINDQUARTER AMPUTATION
84.21	THUMB REATTACHMENT
84.22	FINGER REATTACHMENT

84.23	FOREARM/WRIST/HAND REATT
84.24	UPPER ARM REATTACHMENT
84.25	TOE REATTACHMENT
84.26	FOOT REATTACHMENT
84.27	LOWER LEG/ANKLE REATTACH
84.28	THIGH REATTACHMENT
84.29	REATTACHMENT NEC
84.3	AMPUTATION STUMP REVIS
84.40	IMPLNT/FIT PROS LIMB NOS
84.44	IMPLANT ARM PROSTHESIS
84.48	IMPLANT LEG PROSTHESIS
84.59	INSERT OTHR SPIN DEVICE
84.60	INSERT DISC PROS NOS
84.61	INS PART DISC PROS CERV
84.62	INS TOT DISC PROST CERV
84.63	INS SPIN DISC PROS THOR
84.64	INS PART DISC PROS LUMB
84.65	INS TOTL DISC PROS LUMB
84.66	REVISE DISC PROST CERV
84.67	REVISE DISC PROST THORA
84.68	REVISE DISC PROSTH LUMB
84.69	REVISE DISC PROSTH NOS
84.72	APP EXT FIX DEV-RING SYS
84.73	APP HYBRID EXT FIX DEV
84.91	AMPUTATION NOS
84.92	SEPARAT EQUAL JOIN TWIN
84.93	SEPARAT UNEQUL JOIN TWIN
84.99	MUSCULOSKELETAL OP NEC
85.12	OPEN BREAST BIOPSY
85.20	BREAST TISSU DESTRUC NOS
85.21	LOCAL EXCIS BREAST LES
85.22	QUADRANT RESECT BREAST
85.23	SUBTOTAL MASTECTOMY
85.24	EXC ECTOPIC BREAST TISSU
85.25	EXCISION OF NIPPLE
85.31	UNILAT REDUCT MAMMOPLAST
85.32	BILAT REDUCT MAMMOPLASTY
85.33	UNIL SUBQ MAMMECT-IMPLNT
85.34	UNILAT SUBQ MAMMECT NEC
85.35	BIL SUBQ MAMMECT-IMPLANT
85.36	BILAT SUBQ MAMMECTOM NEC
85.41	UNILAT SIMPLE MASTECTOMY
85.42	BILAT SIMPLE MASTECTOMY
85.43	UNILAT EXTEN SIMP MASTEC
85.44	BILAT EXTEND SIMP MASTEC
85.45	UNILAT RADICAL MASTECTOM
85.46	BILAT RADICAL MASTECTOMY
85.47	UNIL EXT RAD MASTECTOMY
85.48	BIL EXTEN RAD MASTECTOMY
85.50	AUGMENT MAMMOPLASTY NOS
85.53	UNILAT BREAST IMPLANT
85.54	BILATERAL BREAST IMPLANT
85.6	MASTOPEXY
85.82	BREAST SPLIT-THICK GRAFT
85.83	BREAST FULL-THICK GRAFT
85.84	BREAST PEDICLE GRAFT
85.85	BREAST MUSCLE FLAP GRAFT

85.86	TRANSPOSITION OF NIPPLE
85.87	NIPPLE REPAIR NEC
85.89	MAMMOPLASTY NEC
85.93	BREAST IMPLANT REVISION
85.94	BREAST IMPLANT REMOVAL
85.95	INSER BREAST TISSU EXPAN
85.96	REMOV BREAST TISSU EXPAN
85.99	BREAST OPERATION NEC
86.06	INSERT INFUSION PUMP
86.21	EXCISION OF PILONID CYST
86.22	EXC WOUND DEBRIDEMENT
86.25	DERMABRASION
86.4	RADICAL EXCIS SKIN LES
86.60	FREE SKIN GRAFT NOS
86.61	FULL-THICK HAND SKIN GRF
86.62	HAND SKIN GRAFT NEC
86.63	FULL-THICK SKIN GRFT NEC
86.65	HETEROGRAFT TO SKIN
86.66	HOMOGRAFT TO SKIN
86.67	DERMAL REGENER GRAFT
86.69	FREE SKIN GRAFT NEC
86.70	PEDICLE GRAFT/FLAP NOS
86.71	CUT & PREP PEDICLE GRAFT
86.72	PEDICLE GRAFT ADVANCEMEN
86.73	ATTACH PEDICLE TO HAND
86.74	ATTACH PEDICLE GRAFT NEC
86.75	REVISION OF PEDICLE GRFT
86.81	REPAIR FACIAL WEAKNESS
86.82	FACIAL RHYTIDECTOMY
86.83	SIZE REDUCT PLASTIC OP
86.84	RELAXATION OF SCAR
86.85	SYNDACTYLY CORRECTION
86.86	ONYCHOPLASTY
86.89	SKIN REPAIR & PLASTY NEC
86.91	SKIN EXCISION FOR GRAFT
86.93	INSERT TISSUE EXPANDER
86.94	INS/REPL SINGLE PUL GEN
86.95	INS/REPL DUAL PULSE GEN
86.96	INSERT/REPL OTH NEUROST
86.97	INS/REP 1 PUL GEN
86.98	INS/REP 2 PUL GEN
87.53	INTRAOPER CHOLANGIOGRAM
95.04	ANESTHETIZED EYE EXAM

Table Number 11.19: Mechanical Ventilation *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
96.70	Continuous invasive mechanical ventilation of unspecified duration	CON INV MEC VEN-UNSP DUR
96.71	Continuous invasive mechanical ventilation for less than 96 consecutive hours	CONT INV MEC VEN <96 HRS
96.72	Continuous invasive mechanical ventilation for 96 consecutive hours or more	CONT INV MEC VEN 96+ HRS

Table Number 11.20: Birth Weight Less Than 500 Grams *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description

764.01	Light-for-dates without mention of fetal malnutrition - less than 500 grams	LIGHT-FOR-DATES <500G
764.11	Light-for-dates with signs of fetal malnutrition - less than 500 grams	LT-FOR-DATE W/MAL <500G
764.21	Fetal malnutrition without mention of "light-for-dates" - less than 500 grams	FETAL MALNUTRITION <500G
764.91	Fetal growth retardation, unspecified - less than 500 grams	FET GROWTH RETARD <500G
765.01	Extreme immaturity - less than 500 grams	EXTREME IMMATUR <500G
765.11	Other preterm infants - less than 500 grams	PRETERM NEC <500G

Table Number 11.20.1: Term Gestation *(Ver. 2010B)*

Code	ICD-9-CM Description	Shortened Description
765.29	37 or more completed weeks of gestation	37+ COMP WKS GESTATION

Table Number 11.21: Galactosemia *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
271.1	Galactosemia	GALACTOSEMIA

Table Number 11.22: Parenteral Infusion *(Ver. 2010A)*

Code	ICD-9-CM Description	Shortened Description
99.15	Parenteral infusion of concentrated nutritional substances	PARENT INFUS NUTRIT SUB

Related Topics

Appendix B

Medication Tables

- Download Medication Tables (MS Excel)

Table Number 10.0: Antipsychotic Medications *(Ver. 2010A1)*

Medication	Generic
Abilify Discmelt	Aripiprazole
Abilify Oral Solution	Aripiprazole
Abilify Tablets	Aripiprazole
Antipsychotic Not Otherwise Specified (NOS)	Antipsychotic Not Otherwise Specified (NOS)
Aripiprazole Oral Solution	Aripiprazole
Aripiprazole Tablets	Aripiprazole
Asenapine	Asenapine
Chlorpromazine Oral Solution	Chlorpromazine
Chlorpromazine Oral Syrup	Chlorpromazine
Chlorpromazine Tablets	Chlorpromazine
Clozapine Tablets	Clozapine
Clozaril Tablets	Clozapine
Etrafon	Amitriptyline + Perphenazine
Fanapt	Iloperidone
FazaClo Orally Disintegrating Tablets	Clozapine
Fluphenazine	Fluphenazine
Fluphenazine Decanoate Injectable	Fluphenazine
Fluphenazine HCL Oral Solution	Fluphenazine
Fluphenazine HCL Tablets	Fluphenazine
Geodon Capsules	Ziprasidone
Haldol Decanoate Injectable-Long Acting	Haloperidol
Haldol Oral Solution	Haloperidol
Haldol Tablets	Haloperidol
Haloperidol Decanoate Injectable Long-Acting	Haloperidol
Haloperidol Oral Solution	Haloperidol
Haloperidol Tablets	Haloperidol
Iloperidone	Iloperidone
Invega Tablets	Paliperidone
Loxapine Capsules	Loxapine
Loxitane Capsules	Loxapine
Mellaril Tablets	Thioridazine
Mesoridazine	Mesoridazine
Moban Tablets	Molindone
Molindone Tablets	Molindone
Navane Capsules	Thiothixene
Olanzapine + Fluoxetine Capsules	Olanzapine + Fluoxetine
Olanzapine Tablets	Olanzapine
Olanzapine ZYDIS Orally Disintegrating Tablets	Olanzapine
Orap Tablets	Pimozide
Paliperidone Tablets	Paliperidone
Permitril	Fluphenazine
Perphenazine Tablets	Perphenazine
Pimozide Tablets	Pimozide
Prolixin Decanoate Injectable- Long Acting	Fluphenazine
Prolixin Oral Solution	Fluphenazine
Prolixin Tablets	Fluphenazine

Quetiapine Fumarate	Quetiapine
Quetiapine Tablets	Quetiapine
Risperal Consta Injectable- Long Acting	Risperidone
Risperdal M-Tab Orally Disintegrating Tablets	Risperidone
Risperdal Oral Solution	Risperidone
Risperdal Tablets	Risperidone
Risperidone Injectable - Long Acting	Risperidone
Risperidone M- Tab Orally Disintegrating Tablets	Risperidone
Risperidone Tablets	Risperidone
Saphris	Asenapine
Serentil	Mesoridazine
Seroquel Tablets	Quetiapine
Seroquel XR Tablets	Quetiapine
Stelazine Tablets	Trifluoperazine
Symbyax Capsules	Olanzapine + Fluoxetine
Thioridazine HCL Tablets	Thiothixene
Thiothixene Capsules	Thioridazine
Thorazine Oral Solution	Chlorpromazine
Thorazine Oral Syrup	Chlorpromazine
Thorazine Tablets	Chlorpromazine
Triavil	Amitriptyline + Perphenazine
Trifluroperazine HCL Tablets	Trifluoperazine
Trilafon Tablets	Perphenazine
Ziprasidone HCL Tablets	Ziprasidone
Zyprexa Tablets	Olanzapine
Zyprexa ZYDIS Orally Disintegrating Tablets	Olanzapine

Table Number 10.1: Short-Acting Intramuscular Antipsychotic Medications *(Ver. 2010A)*

Medication	Generic
Abilify Injectable- Short Acting	Aripiprazole
Aripiprazole Injectable- Short Acting	Aripiprazole
Chlorpromazine Injectable- Short Acting	Chlorpromazine
Geodon Injectable- Short Acting	Ziprasidone
Haldol Injectable- Short Acting	Haloperidol
Haloperidol Injectable- Short Acting	Haloperidol
Olanzapine Injectable- Short Acting	Olanzapine
Prolixin Injectable- Short Acting	Fluphenazine
Thorazine Injectable- Short Acting	Chlorpromazine
Ziprasidone Mesylate Injectable- Short Acting	Ziprasidone
Zyprexa Injectable- Short Acting	Olanzapine

Table Number 11.0: Antenatal Steroid Medications *(Ver. 2010A)*

Medication	Generic
Betamethasone	Betamethasone
Betamethasone Sodium Phosphate	Betamethasone Sodium Phosphate
Betamethasone Sodium Phosphate and Betamethasone Acetate	Betamethasone Sodium Phosphate and Betamethasone Acetate
Celestone	Betamethasone
Celestone Phosphate	Betamethasone Sodium Phosphate
Celestone Soluspan	Betamethasone Sodium Phosphate and Betamethasone Acetate
Cortastat	Dexamethasone Sodium Phosphate
Dalalone	Dexamethasone Sodium Phosphate
Dalalone DP	Dexamethasone Acetate
Dalalone LA	Dexamethasone Acetate

Decadron	Dexamethasone
Decadron LA	Dexamethasone Acetate
Decadron Phosphate	Dexamethasone Sodium Phosphate
Decadron w/Xylocaine	Dexamethasone Sodium Phosphate with Lidocaine HCL
Decaject	Dexamethasone Sodium Phosphate
Decaject LA	Dexamethasone Sodium Phosphate
Dexamethasone	Dexamethasone
Dexamethasone Acetate	Dexamethasone Acetate
Dexamethasone Intensol	Dexamethasone
Dexamethasone Sodium Phosphate	Dexamethasone Sodium Phosphate
Dexamethasone Sodium Phosphate with Lidocaine	Dexamethasone Sodium Phosphate with Lidocaine
Dexamethasone Sodium Phosphate with Lidocaine HCL	Dexamethasone Sodium Phosphate with Lidocaine HCL
Dexasone	Dexamethasone Sodium Phosphate
Dexasone LA	Dexamethasone Acetate
Dexone	Dexamethasone
Dexone LA	Dexamethasone Acetate
Hexadrol	Dexamethasone
Hexadrol Phosphate	Dexamethasone Sodium Phosphate
Solurex	Dexamethasone Sodium Phosphate
Solurex LA	Dexamethasone Acetate

Related Topics

Appendix C

General Glossary of Terms

accuracy (of data) The extent to which data are free of identifiable errors.

acute hemorrhagic stroke A non-traumatic intracerebral hemorrhage, subarachnoid hemorrhage or hemorrhagic infarction.

acute ischemic stroke A measurable neurological deficit of sudden onset, presumed secondary to focal cerebral ischemia, and not otherwise attributable to intracerebral hemorrhage (ICH) or another disease process. Cerebrovascular disorder caused by deprivation of blood flow to an area of the brain, generally as a result of thrombosis, embolism, or reduced blood pressure.

acute myocardial infarction (AMI) Death of heart muscle resulting from insufficient blood supply to the heart.

administrative/billing data (data source) Administrative data are patient-identifiable data used for administrative, regulatory, and payment (financial) purposes. Administrative data that generally reflect the content of discharge abstracts (for example, demographic information on patients such as age, sex, zip code; information about the episode of care such as admission source, length of stay, charges, discharge status; and ICD-9-CM diagnostic and procedure codes). Namely, the Uniform Hospital Discharge Data Set and the Uniform Bill of the Health Care Financing Administration (UB-04) provides specifications for the abstraction of administrative/billing data.

Agency for Healthcare Research and Quality (AHRQ) The Agency for Healthcare Research and Quality (AHRQ) is the health services research arm of the U.S. Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health. AHRQ is a home to research centers that specialize in major areas of health care research such as quality improvement and patient safety, outcomes and effectiveness of care, clinical practice and technology assessment, and health care organization and delivery systems.

aftercare (see next level of care) Inpatient or outpatient care that the patient will receive after discharge from the hospital.

aggregate (hospital data) Aggregate data elements derived for a specific hospital from the results of each measure's algorithm over a given time period (e.g., monthly, quarterly). These data are transmitted to The Joint Commission by ORYX® Vendors.

aggregate risk-adjusted data elements Aggregate data elements derived from episode of care (EOC) records that result from the application of risk adjustment models by ORYX® Vendors for transmission to The Joint Commission.

algorithm An ordered sequence of data element retrieval and aggregation through which numerator and denominator events or continuous variable values are identified by a measure. The algorithms are depicted using flowcharting symbols.

allowable value A list of acceptable responses for a data element.

angioplasty Reconstruction of blood vessels damaged by disease or injury.

ANSI X12 The American National Standards Institute’s standard for transmitting data electronically, or electronic data interchange (EDI).

antenatal steroids Steroids given before birth.

antithrombotic therapy Pharmacologic agents (oral or parenteral) preventing or interfering with the formation of a thrombus or blood coagulation.

atherosclerosis Common disorder characterized by yellowish plaques of cholesterol, other lipids, and cellular debris in the inner layers of the walls of arteries.

atrial fibrillation Cardiac arrhythmia characterized by disorganized electrical activity in the atria accompanied by an irregular ventricular response that is usually rapid. The atria quiver instead of pumping in an organized fashion, resulting in compromised ventricular filling and reduced stroke volume. Stasis of left atrial flow increases the risk of stroke.

atrial flutter Type of atrial tachycardia characterized by contraction rates between 230/min and 380/min.

binary outcome Events or conditions that occur in one or two possible states often labeled 0 or 1. Such data are frequently encountered in medical research. Common examples include dead or alive, and improved or not improved.

cardiac module A set of evidence-based process measures designed to prevent cardiac complications in surgical patients.

caregiver The patient's family or any other person who will be responsible for care of the patient after discharge.

central tendency A property of the distribution of a variable, usually measured by statistics such as the mean, median, and mode.

cesarean section Surgical delivery of a fetus through incision in the abdominal wall and the uterine wall. Does not include removal of the fetus from the abdominal cavity in case of rupture of the uterus or abdominal pregnancy.

children's asthma care (CAC) Asthma is defined as a lung disorder marked by breathing difficulty, wheezing, or coughing. For purposes of this measure set, the population is defined as children equal or greater than 2 through 17 years of age.

clinical measures Measures designed to evaluate the processes or outcomes of care associated with the delivery of clinical services; allow for intra- and interorganizational comparisons to be used to continuously improve patient health outcomes; may focus on the appropriateness of clinical decision making and implementation of these decisions; must be condition specific, procedure specific, or address important functions of patient care (e.g., medication use, infection control, patient assessment, etc.).

comparison group The group of health care organizations to which an individual health care organization is compared. (ORYX® Vendors transmit aggregated comparison group data for non-core measures. The Joint Commission will aggregate health care organization-level data to create the comparison group for each core measure.)

confounding factors Intervening variables that distort the true relationship between/among the variables of interest. They are related to the outcome of interest, but extraneous to the study question and are non-randomly distributed among the groups being compared. They can hide a true correlation or give the appearance of a correlation when none actually exists.

continuous variable An aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale (e.g., the time [in minutes] from hospital arrival to administration of thrombolysis).

continuous variable data elements Those data elements required to construct the measure as stated in the section labeled "Continuous Variable Statement."

contraindication A factor or condition that may render the administration of a drug or agent or the performance of a procedure or other practice inadvisable, improper, and/or undesirable.

controllers Controllers are long term control medications for asthma. Controllers reduce airway inflammation and prevent asthma exacerbations. Inhaled corticosteroids are the preferred medications for controlling mild, moderate, and severe persistent asthma. Refer to Appendix C, Table 6.1 for a listing of controller medications.

corticosteroids Any of the hormones produced by the adrenal cortex or their synthetic equivalents, used to achieve quick relief of asthma exacerbations or long term control of the swelling, inflammation and mucus production that occurs when the airway are irritated. Corticosteroids are available in inhaled, topical, oral, and intravenous forms.

critical access hospital (CAH) Is a rural public, non-profit or for-profit hospital: a hospital that was closed within the previous ten years; or is a rural health clinic that was downsized from a hospital that is located in a State that has

established a State plan with CMS for the Medicare Rural Hospital Flexibility Program. A CAH makes available 24-hour emergency care services 7 days per week and are, by definition, located more than a 35 mile drive from any other hospital or CAH (in mountainous terrain or in areas with only secondary roads available, the mileage criterion is 15 miles); or is certified by the State in the State plan as being a **necessary provider** of health care services to residents in the area. They provide no more than 15 beds for acute (hospital-level) inpatient care and provide an annual average length of stay of 96 hours per facilities. An exception to the 15-bed requirement is made for swing-bed facilites, which are allowed to have up to 25 inpatient beds that can be used interchangeably for acute or SNF-level care, provided that not more than 15 beds are used at any one time for acute care. Hospitals certified by the Secretary of the Department of Health and Human Services (DHHS) as critical access hospitals are eligible for cost-based reimbursement from Medicare if they meet a specific set of federal Conditions of Participation (COPs).

data collection The act or process of capturing raw or primary data from a single or number of sources. Also called "data gathering."

data collection effort The availability and accessibility of the required data elements, the relative effort required, and associated cost of abstracting or collecting the data.

data element A discrete piece of data, such as patient birthdate or principal diagnosis. See also *denominator data elements, numerator data elements, continuous variable data elements*, and *risk adjustment data elements*.

data entry The process by which data are transcribed or transferred into an electronic format.

data quality The accuracy and completeness of measure data on performance in the context of the analytic purposes for which they will be used.

data transmission The process by which data are electronically sent from one organization to another. For example, a hospital sending patient-level data to their selected ORYX® Vendor, and the vendor sending measure-level data to The Joint Commission or patient-level data to the QIO Clinical Warehouse.

denominator The lower part of a fraction used to calculate a rate, proportion, or ratio. Also the population for a rate based measure.

denominator data elements Those data elements required to construct the denominator.

depilatories Chemical-based lotions or creams used to dissolve hair at the skin's surface.

disaster medical assistance team (DMAT) Provides emergency medical assistance following a catastrophic disaster or other major emergency.

discrete variable See *rate-based measure*.

elective carotid endarterectomy Surgical procedure performed by choice, involving excision of atheromatous segments of the endothelium and tunica media of the carotid artery, leaving a smooth tissue lining and facilitating blood flow through the vessel; surgery done to prevent stroke.

elective carotid intervention Surgery (i.e., carotid endarterectomy) and other procedures (e.g., carotid angioplasty, stenting) involving the carotid artery, performed due to the patient's choice.

elective delivery Delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.

electronic data interchange (EDI) An instance of data being sent electronically between parties, normally according to predefined industry standards.

electrocardiogram (ECG) A graphic tracing of the heart's electrical impulses.

elopement When a patient wanders away, walks away, runs away, escapes, or otherwise leaves the hospital unsupervised, unnoticed, and/or prior to their scheduled discharge.

empiric antibiotic therapy Antibiotic treatment based on the clinician's judgment and the patients signs and symptoms and offered before a diagnosis has been confirmed.

episode of care (EOC) A patient or case-level record submitted to the database.

excluded populations Detailed information describing the populations that should not be included in the indicator. For example, specific age groups, ICD-9-CM procedure or diagnostic codes, or certain time periods could be excluded from the general population drawn upon by the indicator.

extranet A private network using the Internet protocol to securely share business information or operations with vendors, customers, and/or other businesses. “The Joint Commission Connect TM” is the name given to the Joint Commission’s extranet site.

event An occurrence of physical restraint or seclusion. Events that occur during the patient's stay do not define new episodes of care.

fibrinolytic therapy Administration of a pharmacological agent intended to cause lysis of a thrombus (destruction or dissolution of a blood clot). Refer to Appendix C, Table 1.5 for a listing of fibrinolytic agents.

format Specifies the character length of a specific data element; the type of information the data element contains: numeric, decimal, number, date, time, character, or alphanumeric; and the frequency with which the data element occurs.

general data elements Those data elements that have wide application and are collected for every patient that is included in any measure population.

health care-associated infection A localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s). There must be no evidence that the infection was present or incubating at the time of admission to the care setting.

health care organization (HCO) The business entity which is participating in an ORYX Vendor (e.g., health care organization level data describes information about the business entity).

health care organization (HCO) level data Aggregation of patient level data to summarize the performance of an individual health care organization on a performance measure. This data is transmitted to The Joint Commission by the hospital’s ORYX Vendor.

heart failure (HF) A clinical syndrome characterized by signs and symptoms resulting from disturbances in cardiac output or from increased venous pressure, including fatigue, shortness of breath, or leg swelling. For purposes of this measure, heart failure is identified by ICD-9-CM codes in Appendix A, Table 2.1.

hospital According to the American Hospital Association, hospitals are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions by an organized physician staff, and have continuous nursing services under the supervision of registered nurses.

hospital-based inpatient psychiatric services (HBIPS) The Hospital-Based Inpatient Psychiatric Services (HBIPS) is a national quality partnership of organizations focused on improving quality and performance in impatient psychiatric settings through performance measurement utilizing 5 process measures in 3 separate domains (assessment, patient safety, continuity/transition of care).

hospitalist A physician whose main practice provides care for hospitalized patients.

ICD-9-CM codes A two-part classification system in current use for coding patient medical information used in abstracting systems and for classifying patients into diagnosis-related groups (DRGs). The first part is a comprehensive list of diseases with corresponding codes compatible with the World Health Organization’s list of disease codes. The second part contains procedure codes independent of the disease codes.

initial patient populations Detailed information describing the population(s) that the indicator intends to measure. Details could include such information as specific age groups, diagnoses, ICD-9-CM diagnostic and procedure codes, CPT codes, revenue codes, enrollment periods, insurance and health plan groups, etc.

infection module A set of evidence-based process measures designed to prevent postoperative infection in the surgical patient.

inpatient mortality Any patient death occurring while admitted as an in-patient in the hospital.

inpatient prospective payment system (IPPS) rule A prospective payment system (PPS) under Medicare for hospital acute inpatient services. Hospitals contract with Medicare to furnish acute inpatient care and are reimbursed through pre-determined payment on a per discharge or per case basis for Medicare beneficiaries with inpatient stays.

intermittent pneumatic compression device Device that uses sequential and/or intermittent compression to counteract blood flow stasis by increasing peak flow velocity. As a result, less blood is allowed to pool in veins thus decreasing chances for thrombus formation. In addition compression has an anticlotting effect by increasing fibrolytic activity which in turn stimulates the release of plasminogen activator. These two physiological effects, in combination with the mechanical movement of fluid in a proximal direction make the sequential devices effective in preventing and treating VTE.

intracerebral hemorrhage (ICH) Non-traumatic abrupt onset of headache or altered level of consciousness and/or focal neurological deficit that is associated with a focal collection of blood within the brain parenchyma on CT scan and is not due to trauma or hemorrhagic conversion of a cerebral infarction.

invalid data Values for data elements that are required for calculating and/or risk adjusting a core measure that fall outside of the acceptable range of values defined for that data element. Refer to the Missing and Invalid Data section for further information.

IV thrombolytic therapy Intravenous administration of a thrombolytic agent, such as tissue plasminogen activator (TPA), to dissolve an arterial clot.

"The Joint Commission Connect" The name given to the Joint Commission's extranet site, a secured online connection to The Joint Commission.

leave day An authorized or unauthorized absence from a facility, excluding discharges, during which the patient is absent from the facility at the time of the daily census and is not under the direct supervision of facility staff while absent.

low-density lipoprotein (LDL) Plasma protein provided by the liver, carrying relatively more cholesterol and triglycerides than protein. The high cholesterol content may account for its greater atherogenic potential. Also known as "bad cholesterol".

mean A measure of central tendency for a continuous variable measure. The mean is the sum of the values divided by the number of observations.

measure data elements Data elements used by one specific measure or several measures in two or more measure sets, such as Clinical Trial.

measure information form Tool to provide specific clinical and technical information on a measure. The information contained includes: performance measure name, description, rationale, numerator/denominator/continuous variable statements, included populations, excluded populations, data elements, risk adjustment, sampling, data accuracy, and selected references.

measure of performance See *performance measure*.

measure-specific data elements Data elements used by one specific measure or several measures in one specific measure set, such as Laparoscope in the SCIP measures.

measurement system See *performance measurement system*.

median The value in a group of ranked observations that divides the data into two equal parts.

medical record (data source) Data obtained from the records or documentation maintained on a patient in any health care setting (for example, hospital, home care, long term care, practitioner office). Includes automated and paper medical record systems.

military time A 24 –hour period from midnight to midnight using a 4-digit number of which the first two digits

indicate the hour and the last two digits indicate the minute.

missing data No values present for one or more data elements that are required for calculating and/or risk adjusting a national quality measure. Refer to the Missing and Invalid Data section for further information.

mode The most frequently occurring response for that data element.

module A set of measures under a common group/topic area (e.g., infection module).

national quality measure A standardized performance measure that meets the Centers for Medicare & Medicaid Services and Joint Commission evaluation criteria, has precisely defined specifications, can be uniformly embedded in extant systems, has standardized data collection protocols to permit uniform implementation by health care organizations and permit comparisons of health care organization performance over time through the establishment of a national comparative data base.

national quality measure set A unique grouping of performance measures carefully selected to provide, when viewed together, a robust picture of the care provided in a given area (e.g., cardiovascular care, pregnancy).

neonatal intensive care unit (NICU) A hospital unit organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness.

next level of care (see aftercare) Inpatient or outpatient care that the patient will receive after discharge from the hospital.

non-core measure A performance measure defined by the ORYX Vendor that has undergone review against Joint Commission established measure criteria and has been accepted for use in the ORYX initiative.

numerator The upper portion of a fraction used to calculate a rate, proportion, or ratio.

numerator data elements Those data elements necessary or required to construct the numerator.

observed rate The observed rate is the measure rate that is based on a hospital's aggregated data for the reporting period. This is calculated as the number of measure numerator cases for the reporting period divided by the number of denominator cases. Observed rates are used to measure hospital performances.

oral antibiotics For the purposes of the SCIP measure set, refers to two different combinations of antibiotics by the PO route, which can be given by mouth, NG tube, or PEG tube. Those combinations are either Neomycin and Erythromycin or Neomycin and Flagyl (also called Metronidazole). These combinations are for use in prophylaxis specifically for colon surgery patients.

ORYX® vendor An entity consisting of an automated database(s), that facilitates performance improvement in health care organizations through the collection and dissemination of process and/or outcome measures of performance. ORYX Vendors must be able to generate internal comparisons of organization performance over time, and external comparisons of performance among participating organizations at comparable times.

outpatient prospective payment system (OPPS) Rule A prospective payment system (PPS) under Medicare for hospital outpatient services, certain Part B services furnished to hospital inpatients that have no Part A coverage, and partial hospitalization services furnished by community mental health centers. All services paid under the PPS are classified into groups called Ambulatory Payment Classifications or APCs. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC for an encounter.

parenteral Not through the alimentary canal but rather by injection through some other route, as subcutaneous, intramuscular, intraorbital, intracapsular, intraspinal, intrasternal, intravenous, etc.

parity The state of having given birth to an infant or infants, weighing 500gm or more, alive or dead.

paroxysmal Occurring as sudden or periodic attacks or recurrences of symptoms of a disease; exacerbation.

patient level data Collection of data elements that depict the health care services provided to an individual (patient). Patient level data are aggregated to generate hospital level data and comparison group data.

patient survey (data source) Survey data are exclusively obtained from patients and/or their family members/significant others.

percentile A value on a scale of 100 that indicates the percentage of a distribution that is equal to or below it.

performance measure A quantitative tool (for example, rate, ratio, index, percentage) that provides an indication of an organization's performance in relation to a specified process or outcome. Refer to *process measure* and the *outcome measure* in Appendix D.

performance measurement system's extranet track (PET) An electronic information and message center available to ORYX Vendors. Access to the Internet and a browser are necessary to connect to PET. Access to PET is available by clicking on the "Joint Commission Connect ™" button on the Joint Commission's home page (www.jointcommission.org).

perinatal care (PC) The care and management of the fetus and newborn infant in the perinatal period before, during, and after delivery.

pneumonia (PN) Pneumonia is defined as an acute infection of the pulmonary parenchyma that is associated with at least some symptoms of acute infection, accompanied by presence of acute infiltrate on chest radiograph or auscultatory findings consistent with pneumonia (such as altered breath sounds and/or localized rales).

predicted value The statistically expected response or outcome for a patient after the risk adjustment model has been applied and the patient's unique set of risk factors have been taken into account.

P.R.N. Abbreviation for pro re nata, Latin term for "as needed".

prophylactic antibiotic An antibiotic used to prevent, rather than treat or cure, disease. For the purposes of SCIP-Inf-1-3, antibiotics given to prevent postoperative infection will be collected. Because the overuse of antibiotics can lead to resistance, antibiotics taken to prevent infection should be used only for a short time.

process An interrelated series of events, activities, actions, mechanisms, or steps that transform inputs into outputs.

process measure A measure which focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

proportion measure A measure which shows the number of occurrences over the entire group within which the occurrence should take place (e.g., patients delivered by cesarean section over all deliveries).

protected (personal) health information (PHI) A subset of health information, including demographics, that identifies the individual or for which there is a reasonable basis to believe that it can be used to identify the individual.

randomization A technique for selecting or assigning cases such that each case has an equal probability of being selected or assigned. It is done to stimulate chance distribution, reduce the effects of confounding factors, and produce unbiased statistical data.

range A measure of the spread of a data set. The difference between the smallest and largest observation.

rate Derived by dividing the numerator (e.g., cases that meet the criterion for good or poor care) by the denominator (e.g., all cases to which the criterion applies) within a given time frame. In other words, the numerator is a subset of the denominator.

rate based (measure) An aggregate data measure in which the value of each measurement is expressed as a proportion or as a ratio. In a proportion, the numerator is expressed as a subset of the denominator (for example, patients with cesarean section, divided by all patient who deliver). In a ratio, the numerator and denominator measure different phenomena (for example, the number of patients with central lines who develop infections divided by the number of central line days).

ratio A relationship between two counted sets of data, which may have a value of zero or greater. In a ratio, the numerator is not necessarily a subset of the denominator (e.g., pints of blood transfused to number of patients

discharged).

reliability The ability of the indicator to accurately and consistently identify the events it was designed to identify across multiple health care settings.

relievers Relievers are used to quickly alleviate bronchoconstriction. Relievers relax the bands of muscle that surround the airways. Relievers are also known as rescue, quick relief, or short-acting medications of choice to quickly relieve asthma exacerbations. Relievers include short acting beta2 agonists and anticholinergics. Refer to Appendix C, Table 6.2 for a listing of reliever medications.

Reporting Hospital Data for Annual Payment Update The Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiative is intended to empower consumers with quality of care information to make more informed decisions about their health care, while encouraging hospitals and clinicians to improve the quality of inpatient care provided to all patients. The hospital quality of care information gathered through the RHQDAPU initiative is available to consumers on the Hospital Compare website.

reporting period The defined time period which describes the patient's end-of-service.

reperfusion Reestablishing blood flow in an obstructed coronary artery. It may be accomplished with thrombolytic therapy or percutaneous coronary intervention.

risk adjusted measures Measures that are risk adjusted using statistical modeling or stratification methods.

risk adjusted rate A rate that takes into account differences in case mix to allow for more valid comparisons between groups.

risk adjustment A statistical process for reducing, removing, or clarifying the influences of confounding factors that differ among comparison groups (for example, logistic regression, stratification).

risk adjustment data elements Those data elements used to risk adjust a performance measure (e.g., reduce, remove, or clarify the influences of confounding patient factors that differ among comparison groups). Such data elements may be used exclusively for risk adjustment (e.g., not required to construct the numerator or denominator) or may be required for numerator or denominator construction as well as risk adjustment.

risk adjustment model The statistical algorithm that specifies the numerical values and the sequence of calculations used to risk adjust (e.g., reduce or remove the influence of confounding factors) performance measures.

risk factor A factor that produces or influences a result. In statistics, an independent variable used to identify membership of qualitatively different groups. Refer to Appendix B for risk factor definitions.

risk factor value A specific value assigned to a risk factor for a given episode of care (EOC) record.

risk model The statistical algorithm that specifies the numerical values and the sequence of calculations used to risk adjust (e.g., reduce or remove the influence of confounding factors) performance measures.

routinely scheduled medications Medications prescribed to be taken regularly after discharge from the hospital.

sampling frequency If a hospital chooses to sample, they may sample data on either a monthly or quarterly basis. Refer to the "Sample Size Requirements" discussion in the Population and Sampling Specifications section for further information.

sampling method Describes the process used to select a sample. Possible approaches to sampling include simple random sampling, cluster sampling, systematic sampling and judgment sampling.

sample size The number of individuals or particular patients included in a study. Usually chosen so that the study has a particular statistical power of detecting an effect of a particular size. For measure set specific "Sample Size Requirements" refer to Measure Information section.

score A rating, usually expressed as a number, and based on the degree to which certain qualities or attributes are present (e.g., Glascow coma, ASA scores).

severity The degree of biomedical risk, or mortality of medical treatment.

simple random sample A process in which a sample of data is selected from the total population in such a way that every case has the same chance of being selected and that the sample size is met. Refer to the "Sampling Approaches" discussion in the Population and Sampling Specifications section for further information.

standard deviation A measure of variability that indicates the dispersion, spread, or variation in a distribution.

statin A class of pharmaceutical agents that modify LDL-cholesterol by blocking the action of an enzyme in the liver which is needed to synthesize cholesterol, thereby decreasing the level of cholesterol circulating in the blood; HMG-CoA reductase inhibitors.

stent Rod or threadlike device for supporting tubular structures during surgical anastamosis or for holding arteries open during percutaneous angioplasty.

strata See stratified measure.

stratification A form of risk adjustment which involves classifying data into subgroups based on one or more characteristics, variables, or other categories.

stratification based approach for risk adjustment The process of dividing or classifying subgroups known as strata in order to facilitate more valid comparisons. For example, a measure's outcome may be divided into type of surgery-specific categories or strata.

stratified measure A performance measure that is classified into a number of subgroups to assist in analysis and interpretation. The overall or un-stratified measure evaluates all subgroups together. The stratified measure consists of a subset of the overall measure. For example, surgical patients who received a prophylactic antibiotic within one hour prior to surgical incision can be reported as all surgical patients who received the prophylactic antibiotic within one hour prior to surgical incision; however, the stratified measure(s) for SCIP-Inf-1 could be reported by specific allowable values for the data element Infection Procedure of Interest, such as 1 – CABG (SCIP-Inf-1b) or 2 – Other Cardiac Surgery (SCIP-Inf-1c).

stratum See stratified measure.

stroke (STK) See definitions for acute ischemic stroke and acute hemorrhagic stroke.

subarachnoid hemorrhage (SAH) Non-traumatic abrupt onset of headache or altered level of consciousness that is associated with blood in the subarachnoid space on CT or a clinical history and exam consistent with SAH (sudden onset of severe headache or altered level of consciousness) with xanthochromia and many red blood cells in the cerebrospinal fluid.

sub-population A population that is part of a larger population. For example, the measure set Perinatal Care evaluates the obstetrical population in the hospital. This measure set is broken into two distinct sub-populations, mothers (PC-01, PC-02 and PC-33) and newborns (PC-04 and PC-05).

surgical care improvement project (SCIP) The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations focused on improving surgical care by significantly reducing surgical complications through performance measurement. Utilizing ten process measures in three separate modules (infection, cardiac, and VTE), the goal is to reduce the incidence of surgical complications nationally by 25 percent by the year 2010.

surgical infection prevention (SIP) In August of 2002, the Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention collaborated to develop the Surgical Infection Prevention project. The Medicare Surgical Infection Prevention Project was started with the single objective - to decrease morbidity and mortality associated with postoperative infection in the Medicare patient population. As of July 2006 discharges, the three SIP measures become the first three SCIP infection measures.

systematic random sampling A process in which the starting case is selected randomly, and the next cases are selected according to a fixed interval that is based upon the number of cases in the population. For example, the starting case is the second patient that arrives at the hospital. This patient and every subsequent fifth patient becomes part of the random sample until the sample size is reached. Refer to the "Sampling Approaches" discussion in the Population and Sampling Specifications section for further information.

systemic corticosteroids Corticosteroids are hormones produced by the adrenal cortex or their synthetic equivalents and are administered orally or intravenous. Corticosteroids are used to achieve quick relief of acute or moderate to severe asthma exacerbations. Oral corticosteroids are also used for long term control of the swelling, inflammation and mucus production in the airways. Refer to Appendix C, Table 2.15 for a listing of PN systemic corticosteroid medications or Table 6.3 for a listing of CAC systemic corticosteroid medications.

thrombolytic therapy See fibrinolytic therapy

time last known well Time at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her prior baseline. Variation may exist if the signs and symptoms are not witnessed.

time-out The restriction of a patient for any period of time to a designated area from which the patient is not physically prevented from leaving and for the purpose of providing the patient an opportunity to regain self-control.

tissue plasminogen activator (TPA) Clot-dissolving substance produced naturally by cells in the walls of blood vessels, and also manufactured synthetically. TPA activates plasminogen to dissolve clots and is used therapeutically to open occluded arteries.

transmission schedule The schedule of dates on which data are expected to be transmitted to The Joint Commission and the QIO Clinical Warehouse.

unable to be determined (UTD) Each data element that is applicable per the algorithm for each of the measures within a topic must be “touched” by the abstractor. While there is an expectation that all data elements are collected, it is recognized that in certain situations information may not be available (i.e., dates, times, codes, etc.). If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select “Unable to Determine (UTD)” as the answer.

vaccine A vaccine is a suspension of an attenuated (weakened) or killed microorganism, such as bacteria or virus, administered for the prevention, amelioration, or treatment of infectious diseases.

validation The process by which the integrity and correctness of data are established. Validation processes can occur immediately after a data item is collected or after a complete set of data are collected. The Centers for Medicare & Medicaid Services (CMS) chart level validation will validate the data at several levels. There are consistency and internal edit checks to assure the integrity of the submitted data; there are external edit checks to verify expectations about the volume of the data received, and, there will be chart level audits to assure the reliability of the submitted data. Information on these procedures is available on www.qualitynet.org.

validity Ability to identify opportunities for improvement in the quality of care; demonstration that the indicator use results in improvements in outcomes and/or quality of care.

variance Equal to the square of the standard deviation.

venous thromboembolism (VTE) A term that includes deep vein thrombosis and/or pulmonary embolism.

verification The process used to ensure consistent implementation of core measure algorithms specified in this manual across disparate ORYX Vendors .

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Appendix D

Overview of Measure Information Form and Flowchart Formats for collected measures

Measure Information Form Introduction

Measure Set

The specific national hospital quality measure set to which an individual measure belongs (e.g., acute myocardial infarction, pneumonia).

Set Measure ID

A unique alpha-numeric identifier assigned to a measure. Information associated with a measure is identified by this unique alpha-numeric number.

Performance Measure Name

A brief title that uniquely identifies the measure.

Description

A brief explanation of the measure's focus, such as the activity or the area on which the measure centers attention (e.g., pain management for terminally ill patients)

Rationale

The reason for performing a specified process to improve the quality of care outcomes. This may include specific literature references, evidence based information, expert consensus, etc.

Type of Measure

Indicates whether the measure is used to examine a process or an outcome over time.

- **Process:** A measure used to assess a goal directed, interrelated series of actions, events, mechanisms, or steps, such as measure of performance that describes what is done to, for, or by patients, as in performance of a procedure.
- **Outcome:** A measure that indicates the result of performance (or non-performance) of a function(s) or process(es).

Improvement Noted As

Describes how improvement would be indicated by the measure.

- An increase in the rate/score/number of occurrences (for example, immunizations)
- A decrease in the rate/score/number of occurrences (for example, surgical site infections)
- Either an increase or a decrease in the rate/score/number of occurrences, depending upon the context of the measure (for example, utilization)

Numerator Statement

Represents the portion of the denominator population that satisfies the conditions of the performance measure to be an indicator event.

Note: If the measure is reported as a rate (proportion or ratio), the Numerator and Denominator Statement are completed. If a performance measure does not have both a numerator and a denominator, then a Continuous Variable Statement is completed.

Included Population in Numerator Specific information describing the population(s) comprising the numerator, not contained in the numerator statement, or not applicable

Excluded Population in Numerator Specific information describing the population(s) that should not be included in the numerator, or none

Data Elements Those data elements necessary or required to determine (or establish) the numerator.

Denominator Statement

Represents the population evaluated by the performance measure.

Note: If measure is reported as a rate (proportion or ratio), the Numerator and Denominator Statement are completed. If a performance measure does not have both a numerator and a denominator, then a Continuous Variable Statement is completed.

Included Population in Denominator Specific information describing the population(s) comprising the denominator, not contained in the denominator statement or not applicable

Excluded Population in Denominator Specific information describing the population(s) that should not be included in the denominator, or none

Data Elements Those data elements required to determine (or establish) the denominator

Continuous Variable Statement

Describes an aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale.

Note: If measure is reported as a central tendency, Continuous Variable Statement is completed. This item is only completed when the performance measure does not have numerator and denominator statements.

Included Population in Continuous Variable Specific information describing the population(s) comprising the performance measure, not contained in the continuous variable statement or not applicable

Excluded Population in Continuous Variable Specific information describing the population(s) that should not be included in the performance measure or none

Date Elements Those data elements required to determine (or establish) the measure for a continuous variable

Risk Adjustment

Indicates whether a measure is subject to the statistical process for reducing, removing, or clarifying the influences of confounding factors to allow more useful comparisons.

Data Collection Approach

Recommended timing for when data should be collected for a measure. Data collection approaches include retrospective, concurrent or prospective data collection. **Retrospective** data collection involves collecting data for events that have already occurred. **Concurrent** data collection is the process of gathering data on how a process works or is working while a patient is in active treatment. **Prospective** data collection is data collection in anticipation of an event or occurrence.

Data Accuracy

Recommendations to reduce identifiable data errors, to the extent possible.

Measure Analysis Suggestions

Recommendations to assist in the process of interpreting data and drawing valid conclusions.

Sampling

Indicates whether or not a measure can be sampled. Sampling is a process of selecting a representative part of a population in order to estimate the organization's performance, without collecting data for the entire population.

Data Reported As

Indicates how data will be reported for a measure.

- Aggregate rate generated from count data reported as a **proportion** (for example, rate-based measures which report summary data generated from the number of Cesarean sections as a proportion of deliveries)
- Aggregate rate generated from count data reported as a **ratio** (e.g., bloodstream infection per 1,000 line days).
- Aggregate measures of **central tendency** (e.g., continuous variables which report means and medians such as length of stay).

Selected References

Specific literature references that are used to support the importance of the performance measure.

Algorithm Introduction

Each measure's initial patient population and the measure is described by a unique algorithm. An algorithm is a predefined set of rules that help to break down complex processes into simple, repetitive steps.

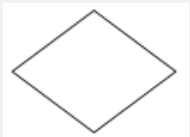
Measure algorithms serve two purposes. First, they evaluate and identify which episode of care (EOC) records contain missing and/or invalid data that will prohibit the ability to properly evaluate the measure. Second, they determine if:

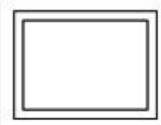
- For rate-based measures, the patient's EOC record belongs in the measure population of interest described by the denominator, and if the patient experienced the event described in the numerator.
- For continuous variable measures, the patient's EOC record belongs in the patient population described in the measure's statement and, if so, to define and calculate the *measurement* value.

This section contains some standard flow-charting conventions used to develop each algorithm:

- **Flow lines** are used to guide the reader to different parts of the algorithm, with arrows denoting the direction of movement. Generally, movement is from the top to the bottom of the chart.
- **Symbols** used in each algorithm flow charts are described later in this section under Flow Chart Symbols.
- **Temporary variables** within the algorithm are noted in the variable key at the top of each page.

Flowchart Symbols

Symbol	Explanation
	Start/Stop denotes the beginning or end of an algorithm
	Diamonds represent "If...Then" decision points for logic tests and comparisons. Two or three flow lines exit the decision point to reflect alternative actions based upon an evaluation of the condition(s) stated around the decision point.
	Rectangles or process boxes show when computation or manipulation of the data are required, such as a calculation or summarization.

	Circle or "On-page: connectors, labeled with a letter, show a link to sections of the algorithm which are continued on the same page.
	Five-sided or "Off-page" connectors, labeled with a letter, show a link to sections of the algorithm which are continued on different pages. *Note: Both circular, On-page, five-sided*, and *Off-page* Connectors containing the letters B, D, E, U, X, or Y lead to *measure Outcome Boxes*.
	Outcome Boxes represent the result of data passed through the algorithm. Connectors extending from outcome boxes lead to the end of the algorithm, or to risk adjustment procedures, where applicable. This symbol is also used to identify the strata within a stratified measure.
	Symbol to represent comments that should be taken into account when programming flowchart.
	This symbol is placed along side the Process box to which they are applicable. Comments are used to expand upon information contained within the process box, such as how to properly calculate age. Comments are never the sole location where processing logic is provided.
	Start/Return denotes the beginning and ending of a sub-routine. Algorithms that use this symbol are called from another algorithm and the data processing flow returns to the calling algorithm when the ‘Return’ is encountered. See the Initial Patient Population Algorithms and Transmission Data Processing Flows for an example of the usage of this symbol.

Appendix E - Miscellaneous Tables

Table 2.5 Discharge Status

Note: This chart provides supportive clarification of the Allowable Values listed in the data element _Discharge Status_.

Discharge Status	Discharge Disposition
01	• Adult Foster Care • Another acute care facility for an outpatient procedure • Board and care • Foster care facility • Group home • Home with home oxygen • Home with Hospice referral only (has not accepted hospice care by a hospice organization) • Home with oxygen that is not provided through home health plan of care • Home with walker • Home with IV's or home with IV services under a home health agency • Home with outpatient therapy (OT/PT) not provided by a home health service organization • Home with PICC line for home IV therapy or home with PICC line under an Infusion Company • Home with services of DME supplier • Homeless shelter • Personal care home • Residential care • Partial hospitalization - A nonresidential treatment modality which includes psychiatric, psychological, social and vocational elements under medical supervision. It is designed for patients with moderate to severe mental or emotional disorders. Partial hospitalization patients require less than 24-hour care, but more intensive and comprehensive services than are offered in outpatient treatment programs. Partial hospitalization is provided on a planned and regularly scheduled basis for a minimum of 3 hours, but less than 24 hours in any 1day. • Physician's office
02	• Short term general hospital • Tertiary care
03	• Skilled nursing facility (SNF) • Skilled nursing facility with hospice referral only (has not accepted hospice care by a hospice organization) • SNF rehabilitation unit (a unit within the SNF) • Sub-Acute Care • Transitional Care Unit (TCU)
04	• Assisted Living Facility • ECF (Extended Care Facility) • ICF (Intermediate Care Facility) • Nursing Home • Nursing facility for non-skilled/custodial/residential level of care • Nursing facility with hospice referral only (has not accepted hospice care by a hospice organization)
05	• Children's hospital

	• Designated cancer centers
06	• Home under care of organized home health services with oxygen • Foster care facility with home care • Home under care of organized home health service organization • Home with home health agency with DME • Home with therapy services (PT/OT) provided by home health service organization • Home with written plan of care for home care services – whether home attendant, nursing aides, certified attendants, etc.
07	• Left against medical advice or discontinued care
20	• Expired
21	• Jail • Prison • Other Detention Facilities
30	• Leave of absence days • Interim bills
43	• Federal health care facility (VA, DOD) • Department of Defense hospital (DOD) • Veteran's Administration hospital (VA) • Veteran's Administration nursing facility • Psych unit within VA hospital • Transfer to VA hospital
50	• Discharged to home or an alternative setting that is the patient's "home," such as a nursing facility, and will receive in-home hospice services
51	• Discharged from acute care hospital but remains at the same hospital under hospice care • General Inpatient Hospice care • General Inpatient Respite Hospice care • SNF with hospice care • Residential with hospice care • Non-skilled level of care outside the hospice benefit for conditions unrelated to the terminal illness
61	• Discharged from an acute hospital to a Critical Access Hospital swing bed • SNF level of care within hospital's approved swing bed arrangement • Swing bed
62	• Inpatient rehabilitation facility including rehabilitation distinct part units of a hospital
63	• Long-term care hospital (long-term care facilities provide acute inpatient care with an average length of stay greater than 25 days) • LTCH

64	• Nursing facility certified under Medicaid but not certified under Medicare
65	• Psychiatric hospital or psychiatric distinct part unit of hospital
66	• Discharged/transferred to a Critical Access Hospital
70	• Another type of health care institution not defined elsewhere in the code list • Chemical dependency treatment facility that is not part of a hospital (if the chemical dependency treatment facility is not a psychiatric hospital or psychiatric distinct part/unit of a hospital

Table 2.6 Qualifiers and Modifiers Table

Note: These guideleines apply only to those data elements that refer to them in their Guidelines for Abstraction Exclusion list(s)

Qualifiers	Modifiers
Qualifiers are words used as adjectives to indicate some uncertainty about whether or not a condition really exists.	Quantitative modifiers are adjectives that quantitatively describe a condition
The following qualifiers should be abstracted as ***negative findings***, unless otherwise specified - **Consider this list all-inclusive:** • And/or (+/-; e.g., "ST abnormalities consistent with ischemia and/or injury"), except when comparing only inclusions (e.g., "ST segment elevation and/or STEMI") • Cannot exclude • Cannot rule out • Could be • Could have been • May be • May have • May have had • May indicate • Or, except when comparing only inclusions • Possible • Questionable (?) • Risk of • Rule out (r'd/o, r/o'd) • Suggestive of • Suspect • Suspicious • Vs., except when comparing only inclusions **Example:** If the in-hospital echocardiogram report documents "questionable LVSD", this should be abstracted as a **negative** finding.	The following quantitative modifiers should be abstracted as ***negative findings***, unless otherwise specified - **Consider this list all-inclusive**: • Borderline • Insignificant • Scant • Slight • Sub-clinical • Subtle • Trace • Trivial

Table 2.7 Allowable Measure Set Combinations

	PC[1]	HBIPS[1]

			Newborns - 0 to <=2 days Mother - 8 to <65 years	>= 1 year
Principal Procedure or Principal/Other Diagnosis			P/O Dx	*Psychicatric Care Setting* = "y"
AMI	>= 18 years	P Dx	Yes for mothers age 18 or greater	>= 18
HF	>= 18 years	P Dx	Yes for mothers age 18 or greater	>= 18
PN	>= 18 years	P Dx	Yes for mothers age 18 or greater	>= 18
STK[1]	>= 18 years	P Dx	Yes for mothers age 18 or greater	>= 18
CAC[1]	2 to < 18 years	P Dx	Yes for mothers under age 18	2 to < 18
VTE[1]	>= 18 years	P/O Dx	Yes for mothers age 18 or greater	>= 18
PC[1]	Newborns: 0 to <=2 days Mother: 8 to <65 years	P/O Dx	N/A	Yes for Mothers
SCIP	No age limitation	P/O Px	Yes	>= 1
HBIPS[1]	>=1 year	*Psychiatric Care Setting* = "Y"	Yes for mothers	N/A

Can Combine

Cannot combine[2]

1 These measure sets are Joint Commission Only. The measure set combinations containing these sets are only applicable for the transmission of data to The Joint Commission. The Measure Set combination for aligned measures is maintained in the NHQM Specifications Manual.
2 "Cannot Combine" is a placeholder at this time, as the populations for the HBIPS and PC measure sets can currently be combined with all other measure sets.

Related Topics

Appendix F

Resources

The following are available resources to those using the Specifications Manual for National Quality Core Measures.

Healthcare Organizations
If you are a Joint Commission accredited healthcare organization with questions about National Quality Core Measures, ORYX; requirements, etc., please contact Accreditation and Certification Operations at contact Accreditation and Certification Operations at http://manual.jointcommission.org/

ORYX® Vendors
If you are an ORYX Vendor with questions about Joint Commission National Quality Core Measures, please contact the Division of Quality Measurement and Research at http://manual.jointcommission.org/

National Uniform Billing Committee (NUBC)
For further information regarding the UB-04 and NUBC related data elements, please refer to the NUBC manual, "Official UB-04 Data Specifications Manual © Copyright American Hospital Association" or website at http://www.nubc.org/index.html .