
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 399

Date: JULY 23, 2004

CHANGE REQUEST 3279

NOTE: Transmittal 240, dated July 23, 2004 is rescinded and replaced with Transmittal 399, dated December 16, 2004. There was a change in the business requirements (3279.2.1) to reflect that both DRG tables are available and attached. All other information remains the same.

I. SUMMARY OF CHANGES: This CR is being reissued with an additional attachment, the FY 05 surgical DRG table.

The Common Working File (CWF) shall make system's changes to account for changes in the interrupted stay policy for long term care hospitals (LTCH) paid under the prospective payment system (PPS). The new policy is as follows: (1) there is now a 3-day interrupted stay policy (in addition to the normal interrupted stay policy already in place for this PPS)-this means that if a patient returns to the LTCH within 3 days, the LTCH will be paid only 1 diagnosis related group (DRG) payment (this is regardless of where the patient goes); (2) Medicare will not pay separately for claims submitted by other providers (acute hospital, skilled nursing facility, swing bed, inpatient rehabilitation facility, or any outpatient bill) during this 3 day interruption - this will force the LTCH to bill for these services as they should be performed "under arrangements"; and (3) Medicare will allow and pay for an acute bill from an inpatient hospital only if it is a surgical DRG.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2004

***IMPLEMENTATION DATE: January 3, 2005**

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated)

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
	Manual Instruction
	Confidential Requirements

	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 399	Date: December 16, 2004	Change Request 3279
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NOTE: Transmittal 240, dated July 23, 2004 is rescinded and replaced with Transmittal 399, dated December 16, 2004. There was a change in the business requirements (3279.2.1) to reflect that both DRG tables are available and attached. All other information remains the same.

SUBJECT: Expansion of the Existing Interrupted Stay Policy Under Long Term Care Hospital (LTCH) Prospective Payment System

I. GENERAL INFORMATION

Background: Medicare defines "interruption of a stay" as a stay at an LTCH during which a Medicare inpatient is discharged from a LTCH, and is readmitted to the same LTCH within a specified period of time. Originally, at the start of the LTCH PPS for FY 2003, the interrupted stay policy addressed the situation where a LTCH patient was admitted to an acute care hospital, an inpatient rehabilitation facility (IRF) or a skilled nursing facility (SNF) or swing bed and then returns to the LTCH for additional care. In the May 7, 2004, final rule for the LTCHPPS, we revised the interrupted stay policy to include a discharge and readmission to the same LTCH within 3 days, regardless of where the patient goes upon discharge.

This transmittal describes the original policy, now called the "greater than 3-day interruption of stay" and the expansion of this policy, the "3-day or less interruption of stay," effective on July 1, 2004, particularly, situations governed by each policy, and the relationship between them. The "greater than three day interruption of stay policy" begins on day 4.

As defined above, all interrupted stays are treated as one discharge from the LTCH. The day-count of the applicable fixed-day period of an interrupted stay begins on the day of discharge from the LTCH. For a "greater than 3-day interruption of stay," when a patient is discharged from an LTCH and directly admitted to an acute care hospital, the applicable fixed-day period is 9 days, for an IRF, 27 days, and for an SNF/swing bed 45 days. The counting of the days begins on the day of discharge from the LTCH and ends on the 9th, 27th, or 45th day for an acute care hospital, an IRF, or an SNF, respectively, after the discharge.

If the patient is readmitted to the LTCH within the fixed-day threshold, return to the LTCH is considered part of the first admission and only a single LTCH PPS payment is made. In implementing this policy, a Medicare inpatient is discharged from an LTCH and is readmitted and the stay qualifies as an interrupted stay, the provider should cancel the claim generated by the original stay in the LTCH and submit one claim for the entire stay. On the other hand, if the patient stay exceeds the total fixed-day threshold outside of the LTCH at another facility before being readmitted, two separate payments would be made.

Implemented at the start of the LTCH PPS for hospital cost reporting periods beginning on or after October 1, 2002, this original interrupted stay policy, now the "greater than 3-day

interruption of stay,” applied only when LTCH patients who were discharged and subsequently readmitted were inpatients at one of the above inpatient settings during the interruption. In the May 7, 2004, final rule for the LTCH PPS, we finalized a revision of the interrupted stay policy, under the “3-day or less interruption of stay policy,” which includes a discharge and readmission to the LTCH within 3 days, regardless of where the patient goes upon discharge. This means that if a patient is readmitted to the LTCH within 3 days of discharge, Medicare will pay only one LTC-DRG. This policy is intended to cover discharges and readmissions following an outpatient treatment (outpatient treatments include any services paid under OPPI, lab services in a hospital lab, therapies, and kidney dialysis in a hospital based dialysis facility), a 3-day or less inpatient stay (to an IRF, SNF, swingbed, or acute hospital), as well as a discharge and readmission with an intervening patient-stay at home. Furthermore, Medicare payment for any test, procedure, or care provided on an outpatient basis or for any inpatient treatment during the “interruption” is the responsibility of the LTCH “under arrangements” with one exception for LTCH rate year (RY) 2005 (July 1, 2004 – June 30, 2005): If treatment at an inpatient acute care hospital is grouped to a surgical DRG, a separate Medicare payment is made under the IPPS for that care.

Therefore, under the “ 3-day or less interruption of stay policy,” any tests or procedures, that were administered to the patient during that period of time, other than inpatient surgical care at an acute care hospital for RY 2005, are considered part of that single episode of LTCH care and bundled into the payment to the LTCH. The LTCH is required to pay any other providers without additional Medicare program payment liability. If any tests or procedures are delivered any time during the 3-day interruption (with payment being made by the LTCH to the intervening provider under arrangements), all days of the interruption are included in the total day count for that patient. If no care is provided during the interruption, the days away from the LTCH are not included in the patient stay.

If the interruption exceeds 3 days, LTCH payment is determined under the original interrupted stay policy (now referred to as a “ greater than 3-day interruption of stay ”) but the day count for purposes of determining the length of the stay away from the LTCH begins on the day that the patient is first discharged from the LTCH.

B. Policy: §412.531(a) and LTCH PPS Final Rule published on May 7, 2004.

C. Provider Education: A provider education article related to this instruction will be available at <http://www.cms.hhs.gov/medlearn/matters> shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
3279.1	<p>CWF shall reject as an interrupted stay, LTCH bills, where patient returns to the same LTCH within 3 days of being discharged, i.e. the admit date of the incoming LTCH claim is 3 days or less than the discharge date of history claim for the same LTCH and vice versa.</p> <p>For example, if the LTCH discharges the patient on 7/1/04 and patient is readmitted to the same LTCH on 7/3/04, this is an interrupted stay and should be billed as one claim with a occurrence span code 74 from 7/1/04 through 7/2/04.</p>	CWF
3279.1.1	The FI shall return to the provider (RTP) the claim rejected from CWF.	FI
3279.2	CWF shall reject outpatient claims (TOBs 12X, 13X, and 83X; 72X, specifically provider ranges of 2300-2499 and 3500-3699,), during the interruption of the LTCH claim in history with dates of interruption on or after July 1, 2004.	CWF
3279.2.1	<p>CWF shall reject an inpatient claim (non-surgical DRG acute hospital, both IPPS and non-IPPS; IRF, SNF, and swingbed) during the interruption of the LTCH claim in history with dates of interruption on or after July 1, 2004.</p> <p>NOTE: The list of surgical DRGs is attached. FY 04 is valid through September 30, 2004. FY 05 is effective for discharges on or after October 1, 2004.</p>	CWF
3279.2.2	CWF shall bypass this editing for claims with pay codes of N or B.	CWF
3279.2.3	FIs shall reject above bills back to the provider; however FIs shall not recycle these rejected claims back to CWF to post as noncovered.	FIs
3279.3	CWF shall return an unsolicited response for the outpatient and inpatient bills listed above upon receipt of a LTCH claim with interruption	CWF
3279.3.1	FISS shall create a cancel for the claim in the unsolicited response.	FISS
3279.4	CWF shall perform a utility retroactive to LTCH bills with interrupted stays on or after July 1, 2004 applying this expanded policy, determining the interrupted stay and looking for	CWF

	date spans of three days and canceling bills within the date span	
3279.5	CWF shall create an override for appeals for all of these requirements based on CR 3190, for April 2005.	CWF
3279.5.1	FIs shall not enforce timeliness standards if a case is pended for override.	FIs

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3279.1.1, 3279.2, 3279.2.1, 3279.2.3, and 3279.3.1	Rejected claims services shall be included on the LTCH bill as they were performed under arrangements. Occurrence Span Code 74 days cannot be used for days where other services were performed. The LTCH shall adjust their bill to include under arrangement services so that proper days are counted for beneficiary. Should the patient not receive any services during the interruption, the occurrence span code 74 days will continue to be utilized, however if one outpatient service is performed on a particular day, all days shall be included as a covered day on the LTCH bill.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: July 1, 2004</p> <p>Implementation Date: January 3, 2005</p> <p>Pre-Implementation Contact(s): Sarah Shirey at sshirey@cms.hhs.gov</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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Post-Implementation Contact(s): Appropriate CMS Regional Office	
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Surgical CMS DRGs

Effective October 1, 2003, through September 30, 2004

DRG	DRG DESCRIPTION
001	CRANIOTOMY AGE >17 W CC
103	HEART TRANSPLANT
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CA
106	CORONARY BYPASS W PTCA
107	CORONARY BYPASS W CARDIAC CATH
108	OTHER CARDIOTHORACIC PROCEDURES
109	CORONARY BYPASS W/O PTCA OR CARDIAC CATH
110	MAJOR CARDIOVASCULAR PROCEDURES W CC
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB &
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
115	PRM CARD PACEM IMPL W AMI/HR/SHOCK OR AICD LEAD OR GNRTR
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118	CARDIAC PACEMAKER DEVICE REPLACEMENT
119	VEIN LIGATION & STRIPPING
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
146	RECTAL RESECTION W CC
147	RECTAL RESECTION W/O CC
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150	PERITONEAL ADHESIOLYSIS W CC
151	PERITONEAL ADHESIOLYSIS W/O CC
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157	ANAL & STOMAL PROCEDURES W CC
158	ANAL & STOMAL PROCEDURES W/O CC
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O C
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
163	HERNIA PROCEDURES AGE 0-17
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
168	MOUTH PROCEDURES W CC
169	MOUTH PROCEDURES W/O CC
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E.
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E.
195	CHOLECYSTECTOMY W C.D.E. W CC
196	CHOLECYSTECTOMY W C.D.E. W/O CC

197 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
199 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
2 CRANIOTOMY AGE >17 W/O CC
200 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201 OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES
209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTRE
210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213 AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISOR
216 BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217 WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN T
218 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W
219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W
220 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
223 MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC
224 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O
225 FOOT PROCEDURES
226 SOFT TISSUE PROCEDURES W CC
227 SOFT TISSUE PROCEDURES W/O CC
228 MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
229 HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
230 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMU
232 ARTHROSCOPY
233 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
234 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
257 TOTAL MASTECTOMY FOR MALIGNANCY W CC
258 TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
259 SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
260 SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
261 BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCI
262 BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
264 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
265 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITI
266 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITI
267 PERIANAL & PILONIDAL PROCEDURES
268 SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269 OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
270 OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC
285 AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISO
286 ADRENAL & PITUITARY PROCEDURES
287 SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISO
288 O.R. PROCEDURES FOR OBESITY
289 PARATHYROID PROCEDURES
290 THYROID PROCEDURES
291 THYROGLOSSAL PROCEDURES
292 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
3 CRANIOTOMY AGE 0-17
302 KIDNEY TRANSPLANT
303 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304 KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
305 KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
306 PROSTATECTOMY W CC

307 PROSTATECTOMY W/O CC
308 MINOR BLADDER PROCEDURES W CC
309 MINOR BLADDER PROCEDURES W/O CC
310 TRANSURETHRAL PROCEDURES W CC
311 TRANSURETHRAL PROCEDURES W/O CC
312 URETHRAL PROCEDURES, AGE >17 W CC
313 URETHRAL PROCEDURES, AGE >17 W/O CC
314 URETHRAL PROCEDURES, AGE 0-17
315 OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
334 MAJOR MALE PELVIC PROCEDURES W CC
335 MAJOR MALE PELVIC PROCEDURES W/O CC
336 TRANSURETHRAL PROSTATECTOMY W CC
337 TRANSURETHRAL PROSTATECTOMY W/O CC
338 TESTES PROCEDURES, FOR MALIGNANCY
339 TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340 TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341 PENIS PROCEDURES
342 CIRCUMCISION AGE >17
343 CIRCUMCISION AGE 0-17
344 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIG
345 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIG
353 PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVE
354 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
355 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
356 FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357 UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
36 RETINAL PROCEDURES
360 VAGINA, CERVIX & VULVA PROCEDURES
361 LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362 ENDOSCOPIC TUBAL INTERRUPTION
363 D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364 D&C, CONIZATION EXCEPT FOR MALIGNANCY
365 OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
37 ORBITAL PROCEDURES
370 CESAREAN SECTION W CC
371 CESAREAN SECTION W/O CC
374 VAGINAL DELIVERY W STERILIZATION &/OR D&C
375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
377 POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
38 PRIMARY IRIS PROCEDURES
381 ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
39 LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
392 SPLENECTOMY AGE >17
393 SPLENECTOMY AGE 0-17
394 OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGA
40 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
401 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
402 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
406 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W
407 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/
408 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC
41 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
42 INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS

424 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
439 SKIN GRAFTS FOR INJURIES
440 WOUND DEBRIDEMENTS FOR INJURIES
441 HAND PROCEDURES FOR INJURIES
442 OTHER O.R. PROCEDURES FOR INJURIES W CC
443 OTHER O.R. PROCEDURES FOR INJURIES W/O CC
461 O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
471 BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMIT
476 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477 NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGN
478 OTHER VASCULAR PROCEDURES W CC
479 OTHER VASCULAR PROCEDURES W/O CC
480 LIVER TRANSPLANT
481 BONE MARROW TRANSPLANT
482 TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
483 TRAC W MECH VENT 96+HRS OR PDX EXCEPT FACE, MOUTH & NECK D
484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485 LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIF
486 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
488 HIV W EXTENSIVE O.R. PROCEDURE
49 MAJOR HEAD & NECK PROCEDURES
491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTRE
493 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
494 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
495 LUNG TRANSPLANT
496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497 SPINAL FUSION EXCEPT CERVICAL W CC
498 SPINAL FUSION EXCEPT CERVICAL W/O CC
499 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
50 SIALOADENECTOMY
500 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
501 KNEE PROCEDURES W PDX OF INFECTION W CC
502 KNEE PROCEDURES W PDX OF INFECTION W/O CC
503 KNEE PROCEDURES W/O PDX OF INFECTION
504 EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT
506 FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG
507 FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SI
51 SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
512 SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
513 PANCREAS TRANSPLANT
515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH
516 PERCUTANEOUS CARDIOVASC PROC W AMI
517 PERC CARDIO PROC W NON-DRUG ELUTING STENT W/O AMI
518 PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI
519 CERVICAL SPINAL FUSION W CC
52 CLEFT LIP & PALATE REPAIR
520 CERVICAL SPINAL FUSION W/O CC
525 HEART ASSIST SYSTEM IMPLANT
526 PERCUTNEOUS CARDIOVASULAR PROC W DRUG ELUTING STENT W AMI
527 PERCUTNEOUS CARDIOVASULAR PROC W DRUG ELUTING STENT W/O A
528 INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE
529 VENTRICULAR SHUNT PROCEDURES W CC
53 SINUS & MASTOID PROCEDURES AGE >17
530 VENTRICULAR SHUNT PROCEDURES W/O CC
531 SPINAL PROCEDURES W CC
532 SPINAL PROCEDURES W/O CC

533	EXTRACRANIAL PROCEDURES W CC
534	EXTRACRANIAL PROCEDURES W/O CC
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK
537	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W C
538	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O
539	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC
54	SINUS & MASTOID PROCEDURES AGE 0-17
540	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
56	RHINOPLASTY
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, A
58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, A
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
6	CARPAL TUNNEL RELEASE
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
61	MYRINGOTOMY W TUBE INSERTION AGE >17
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
75	MAJOR CHEST PROCEDURES
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC

SURGICAL CMS DRGs --- FY 2005
Effective October 1, 2004 through September 30, 2005

DRG V22	DRG TITLE
1	CRANIOTOMY AGE >17 W CC
2	CRANIOTOMY AGE >17 W/O CC
3	CRANIOTOMY AGE 0-17
6	CARPAL TUNNEL RELEASE
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
36	RETINAL PROCEDURES
37	ORBITAL PROCEDURES
38	PRIMARY IRIS PROCEDURES
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
49	MAJOR HEAD & NECK PROCEDURES
50	SIALOADENECTOMY
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
52	CLEFT LIP & PALATE REPAIR
53	SINUS & MASTOID PROCEDURES AGE >17
54	SINUS & MASTOID PROCEDURES AGE 0-17
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
56	RHINOPLASTY
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
61	MYRINGOTOMY W TUBE INSERTION AGE >17
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
75	MAJOR CHEST PROCEDURES
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH
106	CORONARY BYPASS W PTCA
107	CORONARY BYPASS W CARDIAC CATH
108	OTHER CARDIOTHORACIC PROCEDURES
109	CORONARY BYPASS W/O PTCA OR CARDIAC CATH
110	MAJOR CARDIOVASCULAR PROCEDURES W CC
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
115	PRM CARD PACEM IMPL W AMI/HR/SHOCK OR AICD LEAD OR GNRTR
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118	CARDIAC PACEMAKER DEVICE REPLACEMENT

119 VEIN LIGATION & STRIPPING
120 OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
146 RECTAL RESECTION W CC
147 RECTAL RESECTION W/O CC
148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
149 MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150 PERITONEAL ADHESIOLYSIS W CC
151 PERITONEAL ADHESIOLYSIS W/O CC
152 MINOR SMALL & LARGE BOWEL PROCEDURES W CC
153 MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
154 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
155 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
156 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157 ANAL & STOMAL PROCEDURES W CC
158 ANAL & STOMAL PROCEDURES W/O CC
159 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
160 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
161 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
162 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
163 HERNIA PROCEDURES AGE 0-17
164 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
165 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
166 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
168 MOUTH PROCEDURES W CC
169 MOUTH PROCEDURES W/O CC
170 OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
171 OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
191 PANCREAS, LIVER & SHUNT PROCEDURES W CC
192 PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
193 BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
194 BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC
195 CHOLECYSTECTOMY W C.D.E. W CC
196 CHOLECYSTECTOMY W C.D.E. W/O CC
197 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
199 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201 OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES
209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213 AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
216 BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217 WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS
218 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC
219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC
220 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
223 MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
224 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
225 FOOT PROCEDURES

226 SOFT TISSUE PROCEDURES W CC
227 SOFT TISSUE PROCEDURES W/O CC
228 MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC
229 HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
230 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
232 ARTHROSCOPY
233 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
234 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
257 TOTAL MASTECTOMY FOR MALIGNANCY W CC
258 TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
259 SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
260 SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
261 BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
262 BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
264 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
265 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC
266 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC
267 PERIANAL & PILONIDAL PROCEDURES
268 SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269 OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
270 OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC
285 AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS
286 ADRENAL & PITUITARY PROCEDURES
287 SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
288 O.R. PROCEDURES FOR OBESITY
289 PARATHYROID PROCEDURES
290 THYROID PROCEDURES
291 THYROGLOSSAL PROCEDURES
292 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
302 KIDNEY TRANSPLANT
303 KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304 KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
305 KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
306 PROSTATECTOMY W CC
307 PROSTATECTOMY W/O CC
308 MINOR BLADDER PROCEDURES W CC
309 MINOR BLADDER PROCEDURES W/O CC
310 TRANSURETHRAL PROCEDURES W CC
311 TRANSURETHRAL PROCEDURES W/O CC
312 URETHRAL PROCEDURES, AGE >17 W CC
313 URETHRAL PROCEDURES, AGE >17 W/O CC
314 URETHRAL PROCEDURES, AGE 0-17
315 OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
334 MAJOR MALE PELVIC PROCEDURES W CC
335 MAJOR MALE PELVIC PROCEDURES W/O CC
336 TRANSURETHRAL PROSTATECTOMY W CC
337 TRANSURETHRAL PROSTATECTOMY W/O CC
338 TESTES PROCEDURES, FOR MALIGNANCY
339 TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340 TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17

341 PENIS PROCEDURES
342 CIRCUMCISION AGE >17
343 CIRCUMCISION AGE 0-17
344 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY
345 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY
353 PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
355 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
356 FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357 UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
360 VAGINA, CERVIX & VULVA PROCEDURES
361 LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362 ENDOSCOPIC TUBAL INTERRUPTION
363 D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364 D&C, CONIZATION EXCEPT FOR MALIGNANCY
365 OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
370 CESAREAN SECTION W CC
371 CESAREAN SECTION W/O CC
374 VAGINAL DELIVERY W STERILIZATION &/OR D&C
375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
377 POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
381 ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
392 SPLENECTOMY AGE >17
393 SPLENECTOMY AGE 0-17
394 OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
401 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
402 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
406 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC
407 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC
408 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC
415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
424 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
439 SKIN GRAFTS FOR INJURIES
440 WOUND DEBRIDEMENTS FOR INJURIES
441 HAND PROCEDURES FOR INJURIES
442 OTHER O.R. PROCEDURES FOR INJURIES W CC
443 OTHER O.R. PROCEDURES FOR INJURIES W/O CC
461 O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
471 BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
476 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477 NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
478 OTHER VASCULAR PROCEDURES W CC
479 OTHER VASCULAR PROCEDURES W/O CC
480 LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT
481 BONE MARROW TRANSPLANT
482 TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES
484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485 LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRA
486 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
488 HIV W EXTENSIVE O.R. PROCEDURE

491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
493 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
494 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
495 LUNG TRANSPLANT
496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497 SPINAL FUSION EXCEPT CERVICAL W CC
498 SPINAL FUSION EXCEPT CERVICAL W/O CC
499 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
500 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
501 KNEE PROCEDURES W PDX OF INFECTION W CC
502 KNEE PROCEDURES W PDX OF INFECTION W/O CC
503 KNEE PROCEDURES W/O PDX OF INFECTION
504 EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT
506 FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
507 FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA
512 SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
513 PANCREAS TRANSPLANT
515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH
516 PERCUTANEOUS CARDIOVASC PROC W AMI
517 PERC CARDIO PROC W NON-DRUG ELUTING STENT W/O AMI
518 PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI
519 CERVICAL SPINAL FUSION W CC
520 CERVICAL SPINAL FUSION W/O CC
525 OTHER HEART ASSIST SYSTEM IMPLANT
526 PERCUTNEOUS CARDIOVASULAR PROC W DRUG ELUTING STENT W AMI
527 PERCUTNEOUS CARDIOVASULAR PROC W DRUG ELUTING STENT W/O AMI
528 INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE
529 VENTRICULAR SHUNT PROCEDURES W CC
530 VENTRICULAR SHUNT PROCEDURES W/O CC
531 SPINAL PROCEDURES W CC
532 SPINAL PROCEDURES W/O CC
533 EXTRACRANIAL PROCEDURES W CC
534 EXTRACRANIAL PROCEDURES W/O CC
535 CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK
536 CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK
537 LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC
538 LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC
539 LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC
540 LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC
541 TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH, & NECK DX W/MAJ OR
542 TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH, & NECK DX W/O MJ OR
543 CRANIOTOMY W/IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX