



Short-Term Acute Care
Program for Evaluating Payment
Patterns Electronic Report

User's Guide
Thirty-Second Edition

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Program for Evaluating Payment Patterns Electronic Report User’s Guide
 Thirty-Second Edition, effective with the Q4FY20 release

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Introduction

What Is PEPPER?

The Office of Inspector General encourages hospitals to develop and implement a compliance program to protect their operations from fraud and abuse.^{1,2} As part of its compliance program, a hospital should conduct regular audits to ensure charges for Medicare services are correctly documented and billed. The Program for Evaluating Payment Patterns Electronic Report (PEPPER) can help guide hospitals' auditing and monitoring activities.

PEPPER is an electronic data report that contains a single hospital's claims data statistics for Medicare-Severity Diagnosis-Related Groups (MS-DRGs) and discharges at risk for improper payment due to billing, coding, and/or admission necessity issues. Each PEPPER contains statistics for the most recent 12 federal fiscal quarters for each area at risk for improper payments (referred to in the report as "target areas"). Data in PEPPER is presented in tabular form, as well as in graphs that depict the hospital's target area percentages over time. PEPPER also includes reports on the hospital's top medical and surgical diagnosis-related groups (DRGs) for one-day stays. PEPPER is developed and distributed by the RELI Group, along with its partners TMF® Health Quality Institute and CGS, under contract with the Centers for Medicare & Medicaid Services (CMS).

All of the data tables, graphs, and reports in PEPPER were designed to assist the hospital in identifying potential overpayments as well as potential underpayments.

PEPPER is available for short- and long-term acute care hospitals, critical access hospitals, and inpatient psychiatric facilities, inpatient rehabilitation facilities, hospices, partial hospitalization programs, skilled nursing facilities, and home health agencies. The *Short-Term (ST) Acute Care PEPPER (ST PEPPER)* is the version of PEPPER designed specifically for short-term acute care hospitals. In *ST PEPPER*, a

PEPPER does not identify the presence of payment errors, but it can be used as a guide for auditing and monitoring efforts. A hospital can use PEPPER to compare its claims data over time to identify areas of potential concern:

- Significant changes in billing practices
- Possible over- or under-coding
- Changes in lengths of stay

hospital is compared to other short-term acute care hospitals in three comparison groups: the nation, Medicare Administrative Contractor (MAC) jurisdictions, and the state in which the hospital operates. These comparisons enable a hospital to determine whether it is an outlier, differing from other short-term acute care hospitals.

PEPPER determines outliers based on preset control limits. The upper control limit for all target areas is the 80th percentile. Coding-focused target areas also have a lower control limit, which is the 20th percentile. PEPPER draws attention to any

findings that are at or above the upper control limit (high outlier) or at or below the lower control limit (low outliers for coding-focused areas only).

¹ Department of Health and Human Services/Office of Inspector General. 1998. "Compliance Program Guidance for Hospitals," *Federal Register* 63, no. 35, Feb. 23, 1998, 8987–8998. Available at: <https://oig.hhs.gov/authorities/docs/cpghosp.pdf>

² Department of Health and Human Services/Office of Inspector General. 2005. "Supplementing the Compliance Program Guidance for Hospitals," *Federal Register* 70, no. 19, Jan. 31, 2005, 4858–4876. Available at: <https://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>

Note that in PEPPER, the term “outlier” is used when a hospital’s target area percent is in the top 20% of all hospital target area percents in the respective comparison group (i.e., is at/above the 80th percentile) or is in the bottom 20% of all hospital target area percents in the respective comparison group (i.e., is at/below the 20th percentile for coding-focused target areas). Formal tests of significance are not used to determine outlier status in PEPPER.

Specifications for claims eligible for inclusion in *ST PEPPER* are shown in the table below.

INCLUSION/EXCLUSION CRITERIA	DATA SPECIFICATIONS
Acute care providers only	Third position of the CMS Certification Number = “0”
Services provided during the time periods included in the report	Claim “Through Date” (discharge date) falls within the 12 fiscal quarters included in the report
Claim with valid medical record number	UB-04 FL03a or 03b is not null (blank)
Medicare claim payment amount greater than zero	The hospital received a payment amount greater than zero on the claim (Note that Medicare Secondary Payer claims are included)
Final action claim	The patient was discharged; exclude claim status code “still a patient” (30) in UB-04 FL 17
Exclude Health Maintenance Organization claims	Exclude claims submitted to a Medicare Health Maintenance Organization
Exclude cancelled claims	Exclude claims cancelled by the MAC

Effective with this release, short-term acute care hospitals receive PEPPER files through a secure portal at PEPPER.CBRPEPPER.org on a quarterly basis.

***ST PEPPER* CMS Target Areas**

In general, the target areas are constructed as ratios and expressed as percents; the numerator represents discharges that have been identified as problematic, and the denominator represents discharges of a larger comparison group. For example, admission necessity-focused target areas generally include in the numerator the discharges or DRG(s) that have been identified as prone to unnecessary admissions, and the denominator generally includes all discharges for the DRG(s) or all discharges. Target areas related to DRG coding generally include in the numerator the DRG(s) that have been identified as prone to DRG coding errors, and the denominator includes these DRGs in addition to the DRGs to which the original DRG is frequently changed.

The *ST PEPPER* target areas are defined in the table on the following pages.

TARGET AREA	TARGET AREA DEFINITION
Stroke Intracranial Hemorrhage	<p><i>Numerator (N):</i> count of discharges for DRGs 061 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with major complication or comorbidity [MCC]), 062 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with complication or comorbidity [CC]), 063 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC), 064 (intracranial hemorrhage or cerebral infarction with MCC), 065 (intracranial hemorrhage or cerebral infarction with CC or tissue plasminogen activator [tPA] in 24 hours), 066 (intracranial hemorrhage or cerebral infarction without CC/MCC)</p> <p><i>Denominator (D):</i> count of discharges for DRGs 061, 062, 063, 064, 065, 066, 067 (nonspecific cerebrovascular accident [CVA] and precerebral occlusion without infarct with MCC), 068 (nonspecific CVA and precerebral occlusion without infarct without MCC), 069 (transient ischemia without thrombolytic)</p>
Respiratory Infections	<p><i>N:</i> count of discharges for DRGs 177 (respiratory infections and inflammations with MCC), 178 (respiratory infections and inflammations with CC)</p> <p><i>D:</i> count of discharges for DRGs 177, 178, 179 (respiratory infections and inflammations w/o CC/MCC), 193 (simple pneumonia and pleurisy with MCC), 194 (simple pneumonia and pleurisy with CC), 195 (simple pneumonia and pleurisy without CC/MCC)</p> <p>Note: Beginning with the Q1FY18 PEPPER, some hospitals may see increases in the numerator and denominator counts for <i>Simple Pneumonia</i> and in the denominator counts for <i>Respiratory Infections</i>, due to a coding guideline change effective for discharges after Oct. 1, 2017. The note associated with International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code J44.0 (chronic obstructive pulmonary disease with acute lower respiratory infection) changed from a "Use additional code" note to a "Code also" note, meaning there is no sequencing mandated, allowing coders to assign the principal diagnosis based on the circumstances of the admission (reference <i>ICD-10-CM Official Guidelines for Coding and Reporting</i>) (I.A.17).</p>
Simple Pneumonia	<p><i>N:</i> count of discharges for DRGs 193, 194</p> <p><i>D:</i> count of discharges for DRGs 190 (chronic obstructive pulmonary disease with MCC), 191 (chronic obstructive pulmonary disease with CC), 192 (chronic obstructive pulmonary disease without CC/MCC), 193, 194, 195</p> <p>Note: Beginning with the Q1FY18 PEPPER, some hospitals may see increases in the numerator and denominator counts for <i>Simple Pneumonia</i> and in the denominator counts for <i>Respiratory Infections</i>, due to a coding guideline change effective for discharges after Oct. 1, 2017. The note associated with ICD-10-CM code J44.0 (chronic obstructive pulmonary disease with acute lower respiratory infection) changed from a "Use additional code" note to a "Code also" note, meaning there is no sequencing mandated, allowing coders to assign the principal diagnosis based on the circumstances of the admission (reference <i>ICD-10-CM Official Guidelines for Coding and Reporting</i>) (I.A.17).</p>

TARGET AREA	TARGET AREA DEFINITION
Septicemia	<p><i>N:</i> count of discharges for DRGs 870 (septicemia or severe sepsis with mechanical ventilation >96 hours), 871 (septicemia or severe sepsis without mechanical ventilation >96 hours with MCC), 872 (septicemia or severe sepsis without mechanical ventilation >96 hours without MCC)</p> <p><i>D:</i> count of discharges for DRGs 193 (simple pneumonia and pleurisy with MCC), 194 (simple pneumonia and pleurisy with CC), 195 (simple pneumonia and pleurisy without CC/MCC), 207 (respiratory system diagnosis with ventilator support >96 hours), 208 (respiratory system diagnosis with ventilator support < 96 hours), 689 (kidney and urinary tract infections with MCC), 690 (kidney and urinary tract infections without MCC), 870, 871, 872</p>
Unrelated OR Procedure	<p><i>N:</i> count of discharges for DRGs 981 (extensive operating room [OR] procedure unrelated to principal diagnosis with MCC), 982 (extensive OR procedure unrelated to principal diagnosis with CC), 983 (extensive OR procedure unrelated to principal diagnosis without CC/MCC), 987 (non-extensive OR procedure unrelated to principal diagnosis with MCC), 988 (non-extensive OR procedure unrelated to principal diagnosis with CC), 989 (non-extensive OR procedure unrelated to principal diagnosis without CC/MCC)</p> <p><i>D:</i> count of all discharges for surgical DRGs</p>
Medical DRGs with CC or MCC	<p><i>N:</i> count of discharges for medical DRGs with “w CC,” “w MCC,” or “w CC/MCC” in the DRG description, excluding those DRGs that can be assigned on the basis of a CC, MCC, or medication administration (DRGs 065 [intracranial hemorrhage or cerebral infarction with CC or tPA in 24 hrs.], 838 [chemo with acute leukemia as secondary diagnosis (SDX) with CC or high dose chemo agent]; see Appendix 1)</p> <p><i>D:</i> count of discharges for medical DRGs with “w CC,” “w MCC,” “w CC/MCC,” “wo CC,” “wo MCC,” or “wo CC/MCC” in the DRG description, excluding those DRGs that can be assigned on the basis of a CC, MCC, or medication administration (DRGs 065, 838; see Appendix 1)</p>
Surgical DRGs with CC or MCC	<p><i>N:</i> count of discharges for surgical DRGs with “w CC,” “w MCC,” or “w CC/MCC” in the DRG description, excluding those DRGs that can be assigned on the basis of a CC, MCC, or a procedure (DRGs 005 [liver transplant with MCC or intestinal implant], 016 [autologous bone marrow transplant w CC/MCC or t-cell immunotherapy], 023 [craniotomy with major device implant or a cute complex central nervous system (CNS) principal diagnosis with MCC or chemo implant or epilepsy with neurostimulator], 029 [spinal procedures with CC or spinal neurostimulators], 041 [peripheral/cranial nerve and other nervous system procedure with CC or peripheral neurostimulator], 129 [major head and neck procedures with CC/MCC or major device], 246 [percutaneous cardiovascular procedures with drug-eluting stent with MCC or 4+ arteries/stents], 248 [percutaneous cardiovascular procedures with non-drug-eluting stent with MCC or 4+ arteries/stents], 469 [major hip and knee joint replacement or reattachment of lower extremity w MCC or total ankle replacement], 518 [Back and neck procedures except spinal fusion with MCC or disc/neurostimulator]; see Appendix 2)</p> <p><i>D:</i> count of discharges for surgical DRGs with “w CC,” “w MCC,” “w CC/MCC,” “wo CC,” “wo MCC,” or “wo CC/MCC” in the DRG description, excluding those DRGs that can be assigned on the basis of a CC, MCC, or a procedure (DRGs 005, 016, 023, 029, 041, 129, 246, 248, 469, 518; see Appendix 2)</p>

TARGET AREA	TARGET AREA DEFINITION
Single CC or MCC <i>*revised as of the Q4FY19 release</i>	<p><i>N:</i> count of discharges for DRGs assigned on the basis of a CC or MCC with only one CC or MCC coded on the claim, excluding DRGs that can be assigned on the basis of a CC, MCC, or a procedure</p> <p><i>D:</i> count of discharges for DRGs assigned on the basis of a CC or MCC, excluding DRGs that can be assigned on the basis of a CC, MCC, or a procedure</p>
Excisional Debridement	<p><i>N:</i> count of discharges for DRGs affected by International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes for excisional debridement (see Appendix 3) that have an excisional debridement procedure code on the claim (see Appendix 4)</p> <p><i>D:</i> count of discharges for the DRGs (see Appendix 3)</p> <p>Note: Based on changes related to ICD-10, Appendices 3 and 4 have been updated</p>
Ventilator Support	<p><i>N:</i> count of discharges for DRGs 003 (extracorporeal membrane oxygenation or tracheostomy with mechanical ventilation >96 hours or principal diagnosis except face, mouth and neck with major OR procedure), 004 (tracheostomy with mechanical ventilation >96 hours or principal diagnosis except face, mouth and neck without major OR procedure), 207 (respiratory system diagnosis with ventilator support >96 hours), 870 (septicemia or severe sepsis with mechanical ventilation >96 hours), 927 (extensive burns or full thickness burns with mechanical ventilation >96 hours with skin graft), 933 (extensive burns or full thickness burns with mechanical ventilation >96 hours without skin graft), with ICD-10-PCS procedure code 5A1955Z (ventilator support >96 consecutive hours) on the claim</p> <p><i>D:</i> count of discharges for DRGs 003, 004, 207, 208 (respiratory system diagnosis with ventilator support < 96 hours), 870, 871 (septicemia or severe sepsis without mechanical ventilation >96 hours with MCC), 872 (septicemia or severe sepsis without mechanical ventilation >96 hours without MCC), 927, 928 (full thickness burns with skin graft or inhalation injury with CC or MCC), 929 (full thickness burns with skin graft or inhalation injury without CC or MCC), 933, 934 (full thickness burn without skin graft or inhalation injury)</p>
Emergency Department Evaluation and Management Visits	<p><i>N:</i> count of emergency department (ED) evaluation and management (E&M) visits, highest severity (Current Procedural Terminology® [CPT®] = 99285, highest level code)</p> <p><i>D:</i> count of all ED E&M visits (CPT® = 99281, 99282, 99283, 99284, 99285)</p>
Transient Ischemic Attack	<p><i>N:</i> count of discharges for DRG 069 (transient ischemia without thrombolytic)</p> <p><i>D:</i> count of discharges for DRGs 061 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with MCC), 062 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with CC), 063 (ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC), 064 (intracranial hemorrhage or cerebral infarction with MCC), 065 (intracranial hemorrhage or cerebral infarction with CC or tPA in 24 hours), 066 (intracranial hemorrhage or cerebral infarction without CC/MCC), 067 (nonspecific CVA and precerebral occlusion without infarct with MCC), 068 (nonspecific CVA and precerebral occlusion without infarct without MCC), 069</p>

TARGET AREA	TARGET AREA DEFINITION
Chronic Obstructive Pulmonary Disease	<p><i>N</i>: count of discharges for DRGs 190 (chronic obstructive pulmonary disease with MCC) 191 (chronic obstructive pulmonary disease with CC), 192 (chronic obstructive pulmonary disease without CC/MCC)</p> <p><i>D</i>: count of all discharges for medical DRGs in Major Diagnostic Category (MDC) 04 (respiratory system) (DRGs 175 through 208)</p>
Percutaneous Cardiovascular Procedures	<p><i>N</i>: count of discharges for DRGs 246 (percutaneous cardiovascular procedures with drug-eluting stent with MCC or 4+ arteries/stents), 247 (percutaneous cardiovascular procedure with drug-eluting stent without MCC), 248 (percutaneous cardiovascular procedures with non-drug-eluting stent with MCC or 4+ arteries/stents), 249 (percutaneous cardiovascular procedure with non-drug-eluting stent without MCC)</p> <p><i>D</i>: count of discharges for DRGs 246, 247, 248, 249 plus outpatient claims with CPT® codes 92928, 92933, 92937, 92941, 92943 or with Healthcare Common Procedure Coding System (HCPCS) codes C9600, C9602, C9604, C9606, C9607 (see Appendix 5 for code descriptions)</p>
Total Knee Replacement <i>*new as of the Q3FY20 release</i>	<p><i>N</i>: count of discharges with at least one of the ICD-10-PCS knee replacement procedure codes (see Appendix 6)</p> <p><i>D</i>: count of discharges with at least one of the ICD-10-PCS knee replacement procedure codes plus outpatient claims with CPT® code 27447</p>
Syncope	<p><i>N</i>: count of discharges for DRG 312 (syncope and collapse)</p> <p><i>D</i>: count of discharges for medical DRGs in MDC 05 (circulatory system) (DRGs 280 through 316)</p>
Other Circulatory System Diagnoses	<p><i>N</i>: count of discharges for DRGs 314 (other circulatory system diagnoses with MCC), 315 (other circulatory system diagnoses with CC), 316 (other circulatory system diagnoses without CC/MCC)</p> <p><i>D</i>: count of discharges for medical DRGs in MDC 05 (circulatory system) (DRGs 280 through 316)</p>
Other Digestive System Diagnoses	<p><i>N</i>: count of discharges for DRGs 393 (other digestive system diagnoses with MCC), 394 (other digestive system diagnoses with CC), 395 (other digestive system diagnoses without CC/MCC)</p> <p><i>D</i>: count of discharges for medical DRGs in MDC 06 (digestive system) (DRGs 368 through 395)</p>
Medical Back Problems	<p><i>N</i>: count of discharges for DRGs 551 (medical back problems with MCC), 552 (medical back problems without MCC)</p> <p><i>D</i>: count of all discharges for medical DRGs in MDC 08 (Musculoskeletal System and Connective Tissue) (DRGs 533 through 566)</p>
Spinal Fusion	<p><i>N</i>: count of discharges that have spinal fusion procedure codes on the claim</p> <p><i>D</i>: count of discharges that have spinal procedure codes on the claim</p> <p>(See Appendix 7 for complete listing and description of numerator and denominator procedure codes)</p>

TARGET AREA	TARGET AREA DEFINITION
Three-Day Skilled Nursing Facility-Qualifying Admissions	<p><i>N</i>: count of discharges to a skilled nursing facility (SNF) with a three-day length of stay (LOS)</p> <p><i>D</i>: count of all discharges to a SNF (identified by patient discharge status code of 03 [discharged or transferred to a SNF], 83 [discharged or transferred to a SNF with a planned acute care hospital inpatient admission], 61 [discharged or transferred to a swing bed], 89 [discharged or transferred to a swing bed with a planned acute care hospital inpatient admission])</p>
30-Day Readmissions to Same Hospital or Elsewhere	<p><i>N</i>: count of index (first) admissions during the quarter for which a readmission occurred within 30 days to the same hospital or to another short-term acute care prospective payment system (PPS) hospital for the same beneficiary (identified using the Health Insurance Claim number); patient discharge status of the index admission or the readmission is not equal to 02 (discharged/transferred to a short-term general hospital for inpatient care), 82 (discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission), 07 (left against medical advice); excluding rehabilitation and primary psychiatric Clinical Classification Software (CCS)³ diagnosis categories (see Appendix 8)</p> <p><i>D</i>: count of all discharges excluding patient discharge status codes 02, 82, 07, 20 and excluding rehabilitation and primary psychiatric CCS diagnosis categories (See Appendix 9 for more specifics regarding how readmissions are identified)</p>
30-Day Readmissions to Same Hospital	<p><i>N</i>: count of index (first) admissions during the quarter for which a readmission occurred within 30 days to the same hospital for the same beneficiary (identified using the Health Insurance Claim number); patient discharge status of the index admission or the readmission is not equal to 02, 82, 07; excluding rehabilitation and primary psychiatric CCS diagnosis categories (see Appendix 8)</p> <p><i>D</i>: count of all discharges excluding patient discharge status codes 02, 82, 07, 20; excluding rehabilitation and primary psychiatric CCS diagnosis categories (See Appendix 9 for more specifics regarding how readmissions are identified)</p>
Two-Day Stays for Medical DRGs	<p><i>N</i>: count of discharges for medical DRGs with a LOS equal to two days (“through” date minus “admission” date = two days), excluding patient discharge status codes 02, 82, 07, 20, excluding claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with “through” date on or day prior to inpatient admission</p> <p><i>D</i>: count of discharges for medical DRGs, excluding claims with patient discharge status codes 02, 82, 07, 20; excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p>

³ ICD-10 diagnoses and procedures have been collapsed into general categories using Clinical Classification Software (CCS). More information on CCS can be found at <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>

TARGET AREA	TARGET AREA DEFINITION
Two-Day Stays for Surgical DRGs	<p><i>N</i>: count of discharges for surgical DRGs with a LOS equal to two days (“through” date minus “admission” date = two days), excluding patient discharge status codes 02, 82, 07, 20, excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p> <p><i>D</i>: count of discharges for surgical DRGs, excluding claims with patient discharge status codes 02, 82, 07, 20; excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p>
One-Day Stays for Medical DRGs	<p><i>N</i>: count of discharges for medical DRGs with a LOS equal to one day (“through” date minus “admission” date = one day, or “admission” date equal to “through” date), excluding patient discharge status codes 02, 82, 07, 20, excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p> <p><i>D</i>: count of discharges for medical DRGs excluding claims with patient discharge status codes 02, 82, 07, 20; excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p>
One-Day Stays for Surgical DRGs	<p><i>N</i>: count of discharges for surgical DRGs with a LOS equal to one day (“through” date minus “admission” date = one day, or “admission” date equal to “through” date), excluding patient discharge status codes 02, 82, 07, 20, excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p> <p><i>D</i>: count of discharges for surgical DRGs, excluding claims with patient discharge status codes 02, 82, 07, 20; excluding claims with occurrence span code 72 with “through” date on or day prior to inpatient admission</p>

CMS approved these *ST PEPPER* target areas because they have been identified as prone to improper Medicare payments. Historically, many of these target areas were the focus of Office of Inspector General audits, while others were identified through the former Payment Error Prevention Program and Hospital Payment Monitoring Program, which were implemented by state Medicare Quality Improvement Organizations from 1999 through 2008. More recently, the Recovery Audit Contractor (RAC) (now referred to as a Recovery Auditor or RA) program has identified additional areas prone to improper payments.

There are five levels of ED E&M codes. There are significant differences in payment levels for these services; the highest level code has much higher reimbursement than the other codes. Concerns with overuse/misuse of higher level E&M codes have been prevalent for several years. The Office of Inspector General identified increasing trends of E&M coding for higher-level services⁴ as well as improper payments associated with E&M coding errors.⁵

Effective Jan. 1, 2018, total knee replacement procedures were removed from CMS’ inpatient only list, allowing these procedures to be performed on an inpatient or outpatient basis. CMS maintains that the

⁴ Department of Health and Human Services/Office of Inspector General. 2012. *Coding Trends of Medicare Evaluation and Management Services*, May 2012. Available at: <https://oig.hhs.gov/oei/reports/oei-04-10-00180.pdf>

⁵ Department of Health and Human Services/Office of Inspector General. 2014. *Improper Payments for Evaluation and Management Services Cost Medicare Billions in 2010*, May 2014. Available at: <https://oig.hhs.gov/oei/reports/oei-04-10-00181.pdf>

decision to admit a patient as an inpatient is a complex medical decision, based on the physician’s clinical expectation of how long hospital care is anticipated to be necessary and the individual beneficiary’s unique clinical circumstances. Analysis of claims data for calendar year 2019 indicates that approximately 30% of hospitals perform all total knee replacement procedures as inpatient. Short inpatient hospital admissions, in particular one-day stays, have had high rates of unnecessary admissions historically. CMS reported an improper payment rate of 36% in 2012 for inpatient stays lasting one night or less.⁶ The Fiscal Year (FY) 2014 Inpatient Prospective Payment System (IPPS) Final Rule changed admission and medical review criteria that CMS contractors (i.e., MACs and RAs) use to review inpatient hospital admissions for payment purposes. Generally, inpatient hospital admission is considered appropriate if the physician expects the beneficiary to require a stay that crosses two midnights and admits the beneficiary based on that expectation.⁷

To assist hospitals with monitoring short stays, several target areas in PEPPER focus on one- and two-day stays. Under the new CMS admission and medical review criteria, one-day stays may not be appropriate inpatient admissions, and two-day stays may be appropriate admissions. Hospitals can examine their statistics for these target areas to help them assess their risk for unnecessary admissions and to monitor changes in admission practices over time.

Readmissions have been associated with billing errors, premature discharge, incomplete care, and inappropriate readmission. There are two target areas relating to readmissions within 30 days of discharge: one including statistics for patients who were readmitted to either the same hospital or to another short-term acute care hospital, and the other including statistics for patients who were readmitted to the same hospital.

The *ST PEPPER* has included target areas pertaining to hospital readmissions since its initiation, before readmissions were added to the Hospital Inpatient Quality Reporting Program. As CMS began to calculate hospital readmission rates and report them publicly on Hospital Compare, the PEPPER Team has strived to calculate the PEPPER readmission statistics using a methodology that matches as closely as possible (but does not replicate) CMS’ methodology. Hospitals should expect the readmission statistics in their *ST PEPPER* to differ from those calculated by CMS and available on Hospital Compare. The table below shows the differences between the readmission target areas included in the *ST PEPPER* and the readmissions measures calculated by CMS.

⁶ Department of Health and Human Services/Centers for Medicare & Medicaid Services. 2013. “Proposed Inpatient Admission Guidelines,” *Federal Register* 78, no. 91, May. 10, 2013, 27647. Available at: <https://www.govinfo.gov/content/pkg/FR-2013-05-10/pdf/2013-10234.pdf>

⁷ Department of Health and Human Services/Centers for Medicare & Medicaid Services. 2013. *Federal Register* 78, no. 160, Aug. 19, 2013. Available at: <https://www.govinfo.gov/content/pkg/FR-2013-08-19/pdf/2013-18956.pdf>

Differences Between PEPPER and Inpatient Quality Reporting

	<i>ST PEPPER</i>	CMS' Inpatient Quality Reporting
Use/Purpose	Measure hospital performance over time for quality improvement project monitoring; support efforts to prevent improper Medicare payments that result from billing errors or quality of care issues	Profile hospital performance for public reporting
Measures	Two measures: <ul style="list-style-type: none"> • 30-day readmissions to same hospital (all DRGs) • 30-day readmissions to same hospital or another short-term acute care hospital (all DRGs) 	Seven measures: <ul style="list-style-type: none"> • 30-day readmission for a acute myocardial infarction patients • 30-day readmission for heart failure patients • 30-day readmission for pneumonia patients • 30-day readmission for hip/knee replacement patients • 30-day readmission for coronary artery bypass graft patients • 30-day readmission for chronic obstructive pulmonary disease patients • 30-day overall rate of unplanned readmission after discharge from the hospital (hospital-wide readmission). (Note: This measure includes patients admitted for internal medicine, surgery/gynecology, cardiorespiratory, cardiovascular and neurology services. It is not a composite measure.)
Risk adjustment	No risk adjustment	Hospital-level 30-day all-cause risk standardized readmission measures
Planned readmissions	Planned readmissions not excluded	Planned readmissions excluded
Age requirements	Includes all Medicare beneficiaries regardless of age	Excludes Medicare beneficiaries under the age of 65
Coverage requirements	No coverage requirements	Medicare beneficiary must have 12 months of Part A coverage prior to the index admission and up to 30 days after discharge.
Readmission definition	Every readmission is counted within a 30 day period of a hospital discharge. Each subsequent readmission is also counted as an index admission.	The condition-specific readmission measures assign readmission status as a dichotomous "yes/no" value regardless of the number of times the patient was readmitted during the 30-day post-discharge time period. For hospital-wide readmission measures, readmission is also eligible to be counted as a new index admission if it meets all other eligibility criteria.
Data timeframe	Index admissions are identified as those with a discharge date that falls within the quarter. The timeframe is extended 30 days beyond the end of the quarter to capture readmissions.	For condition-specific measures, index hospitalizations are identified using three years of data; hospital-wide readmission measures use one year of data. Three years of data are required to obtain sufficient precision of the estimate for condition-specific measures.

	ST PEPPER	CMS' Inpatient Quality Reporting
Frequency of updates	Quarterly	Annually

The different purposes of the measures in the two programs impact the measures' design. While factors related to the risk-adjustment of patients are essential for measures that are publicly reported, they add significant complexity and processing time to generating statistics for inclusion in the PEPPER. A similar layer of increased complexity would be required to exclude planned readmissions. Therefore, the PEPPER readmission statistics do not incorporate risk adjustment or exclude planned readmissions.

Some hospitals have indicated they would like condition-specific readmission reports (analogous to the Inpatient Quality Reporting measures). These readmissions do not occur frequently enough during a quarter for most hospitals to have sufficient data to report.

In addition, some hospitals have requested patient-level data for their readmissions. Due to patient privacy regulations, the PEPPER Team cannot disclose to providers any information that would identify when a beneficiary was admitted to another provider.

Three-day SNF-qualifying admissions have been found to be problematic in terms of admission necessity, and historical data indicates that three-day SNF-qualifying admissions have a higher incidence of unnecessary admissions than other three-day admissions.

The coding of CCs and more recently MCCs has been found to be problematic. Oversight agencies have identified coding errors related to the addition of a CC or MCC that were not substantiated by documentation in the medical record. The target areas relating to medical and surgical DRGs with a CC or MCC and to discharges with a single CC or MCC focus on this issue. Note that as of Oct. 1, 2015, a principal diagnosis may also be a CC or MCC.

Please note there are changes in DRGs and DRG definitions from one fiscal year to the next that should be considered:

- Changes for FY 2020 are documented in the *Federal Register*, Volume 84, number 159, Aug. 16, 2019, pages 42044-42701.
- Changes for FY 2019 are documented in the *Federal Register*, Volume 83, number 160, Aug. 16, 2018, pages 41144-41784.
- Changes for FY 2018 are documented in the *Federal Register*, Volume 82, number 155, Aug. 14, 2017, pages 37990-38589.

How Hospitals Can Use PEPPER Data

For Medicare data, the fiscal year runs Oct. 1 through Sept. 30:

- Quarter 1 = October – December
- Quarter 2 = January – March
- Quarter 3 = April – June
- Quarter 4 = July – September

ST PEPPER provides short-term acute care hospitals with their national, jurisdiction, and state percentile values for each target area with reportable data for the most recent fiscal year quarter included in PEPPER (see Compare Targets Report on page 23). “Reportable data” in PEPPER means there are 11 or more numerator discharges for a given target area for a given time period. When there are fewer

than 11 numerator discharges for a target area for a time period, statistics are not displayed in PEPPER due to CMS data restrictions. The following table can assist hospitals with interpreting these values.

Please note that these are generalized suggestions and will not apply to all situations. For all areas, assess whether there is sufficient volume (i.e., 10 to 30 discharges for the year, depending on the hospital's total discharges for the year) to warrant a review of cases.

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<i>Stroke Intracranial Hemorrhage</i>	This could indicate potential over-coding. A sample of medical records for DRGs 061, 062, 063, 064, 065, and 066 should be reviewed to determine whether coding errors exist.	This could indicate that there are coding or billing errors related to under-coding of DRGs 061, 062, 063, 064, 065, and 066. A sample of medical records for other DRGs, such as DRGs 067, 068, and 069 should be reviewed to determine whether coding errors exist. Remember to ensure that the documentation supports the principal diagnosis. A coder should not code based on radiological findings without seeking clarification from the physician.
<i>Respiratory Infections</i>	This could indicate that there are coding or billing errors related to over-coding for DRGs 177 or 178. A sample of medical records for these DRGs should be reviewed to determine whether coding errors exist. Hospitals may generate data profiles to identify cases with principal diagnosis codes of ICD-10-PCS code J69.0 (pneumonitis due to inhalation of food or vomit), ICD-10-PCS code J15.64 (pneumonia due to other (aerobic) gram negative pneumonia), or ICD-10-PCS code J15.8 (pneumonia due to other specified bacteria) to ensure that documentation supports the principal diagnosis.	This could indicate that there are coding or billing errors related to under-coding for DRGs 177 or 178. A sample of medical records for other DRGs, such as DRGs 179, 193, 194, or 195 should be reviewed to determine whether coding errors exist. Remember that a diagnosis of pneumonia must be determined by the physician. A coder should not code based on a laboratory or radiological finding without seeking clarification from the physician.

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<i>Simple Pneumonia</i>	This could indicate that there are coding or billing errors related to DRGs 193 or 194. A sample of medical records for these DRGs should be reviewed to determine whether coding errors exist. Hospitals should ensure documentation supports the principal diagnosis.	This could indicate that there are coding or billing errors related to under-coding for DRGs 193 or 194. A sample of medical records for other DRGs, such as DRGs 177, 178, and 189 (pulmonary edema and respiratory failure), should be reviewed to determine whether coding errors exist. Remember that a diagnosis of pneumonia must be determined by the physician. A coder should not code based on a laboratory or radiological finding without seeking clarification from the physician.
<i>Septicemia</i>	This could indicate that there are coding or billing errors related to over-coding of DRGs 870, 871, or 872. A sample of medical records for these DRGs should be reviewed to determine whether coding errors exist. Hospitals may generate data profiles to identify cases with a principal diagnosis code of ICD-10-CM code A41.9 (unspecified septicemia) to ensure documentation supports the principal diagnosis.	This could indicate that there are coding or billing errors related to under-coding of DRGs 870, 871, or 872. A sample of medical records for other DRGs, such as DRGs 689, 690, 193, 194, 195, 207, and 208 should be reviewed to determine whether coding errors exist. Remember that a diagnosis of septicemia/sepsis must be determined by the physician. A coder should not code based on a laboratory finding without seeking clarification from the physician. Note: There is no ICD-10-CM code for urosepsis.
<i>Unrelated OR Procedure</i>	This could indicate that there are coding or billing errors related to over-coding of DRGs 981, 982, 983, 987, 988, or 989. A sample of medical records for these DRGs should be reviewed to determine whether the principal diagnosis and principal procedure are correct.	This could indicate that the principal diagnosis is being billed with the related procedures. No intervention is necessary.

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<p><i>Medical DRGs with CC or MCC</i></p> <p><i>Surgical DRGs with CC or MCC</i></p> <p><i>Single CC or MCC</i></p>	<p>This could indicate that there are coding or billing errors related to over-coding due to unsubstantiated CCs or MCCs. A sample of medical records for medical and/or surgical DRGs with CCs or MCCs (a single CC or MCC for the <i>Single CC or MCC</i> target area) should be reviewed to determine whether coding errors exist. Hospitals may generate data profiles to identify proportions of their CCs or MCCs to determine whether there are any particular medical and/or surgical DRGs on which to focus. Remember that a diagnosis of a CC or MCC must be determined by the physician. A coder should not code based on laboratory or radiological findings without seeking physician determination of the clinical significance of the abnormal finding. If particular diagnoses are found to be problematic, provide education.</p>	<p>This could indicate that there are coding or billing errors related to under-coding for CCs or MCCs. A sample of medical records for medical and/or surgical DRGs without a CC or MCC should be reviewed to determine whether coding errors exist. Remember that in order for a diagnosis to be coded as a CC or MCC, it must be substantiated by documentation. A coder should not code based on laboratory or radiological findings without seeking physician determination of the clinical significance of the abnormal finding. Consider whether the use of a physician query would have substantiated a CC or MCC.</p>
<p><i>Excisional Debridement</i></p>	<p>This could indicate that there are coding or billing errors related to the coding of excisional debridement. A sample of medical records including excisional debridement procedure codes should be reviewed to ensure that the coding is supported by the documentation. Refer to <i>Coding Clinic</i> for specific guidelines regarding the coding of excisional debridement.</p>	<p>If your facility does not perform excisional debridement, low numbers in this target area would be expected. If the excisional debridement number is lower than expected, this could indicate that there are coding or billing errors related to under-coding for excisional debridement. A sample of medical records involving debridement should be reviewed to ensure that the coding is supported by the documentation. Refer to <i>Coding Clinic</i> for specific guidelines regarding coding for debridement.</p>

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<i>Ventilator Support</i>	This could indicate that there are coding or billing errors related to over-coding of DRGs 003, 004, 207, 870, 927, or 933. A sample of medical records for these DRGs should be reviewed to determine whether the type of tracheostomy and mechanical ventilation were coded correctly. Verify that the number of continuous invasive mechanical ventilation hours was coded accurately.	This could indicate under-coding related to incorrect computation of the number of hours the patient was receiving continuous invasive mechanical ventilation. Review cases with ICD-10-PCS procedure codes 5A1935Z (mechanical ventilation less than 24 consecutive hours) and 5A1945Z (mechanical ventilation 24-96 consecutive hours) to verify that the number of continuous invasive mechanical ventilation hours was coded accurately.
<i>Emergency Department Evaluation and Management Visits</i>	This could indicate that there are coding or billing errors related to over-coding of CPT® code 99285. A sample of medical records for visits coded with 99285 should be reviewed to ensure that the coding is supported by the documentation. Refer to the current CPT® coding book and to CPT® Assistant, which is the official source for CPT® coding guidance.	This could indicate that there are coding errors related to under-coding of CPT® code 99285. A sample of medical records for visits coded with 99281, 99282, 99283, or 99284 should be reviewed to ensure that the coding is supported by the documentation. Refer to the current CPT® coding book and to CPT® Assistant, which is the official source for CPT® coding guidance.
<i>Transient Ischemic Attack</i>	This could indicate that there are unnecessary admissions related to the failure to use outpatient observation or inappropriate use of a admission screening criteria associated with DRG 069. A sample of medical records for DRG 069 should be reviewed to determine whether care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation).	Not applicable, as this is an admission-necessity focused target area.

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
Chronic Obstructive Pulmonary Disease	This could indicate that there are unnecessary admissions related to the failure to use outpatient observation or inappropriate use of a admission screening criteria associated with DRGs 190, 191, or 192. A sample of medical records for these DRGs should be reviewed to determine whether inpatient admission was necessary or if care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation). Note: These DRGs are also vulnerable to coding errors.	Not applicable, as this is an admission-necessity focused target area.
Percutaneous Cardiovascular Procedures	This could indicate that there are unnecessary admissions related to the use of outpatient observation or inappropriate use of a admission screening criteria associated with DRGs 246, 247, 248, or 249. A sample of medical records for these DRGs should be reviewed to determine whether care could have been provided more efficiently on an outpatient basis. Documentation should support the need for an inpatient admission.	Not applicable, as this is an admission-necessity focused target area.
Total Knee Replacement <i>*new as of the Q3FY20 release</i>	This could indicate that there are unnecessary admissions related to the inappropriate use of a admission screening criteria associated with total knee replacement procedures. A sample of medical records for these procedures should be reviewed to determine whether care could have been provided more efficiently on an outpatient basis. Documentation should support the need for an inpatient admission.	Not applicable, as this is an admission-necessity focused target area.
Syncope	This could indicate that there are unnecessary admissions related to the failure to use outpatient observation or inappropriate use of a admission screening criteria associated with DRG 312. A sample of medical records for DRG 312 should be reviewed to determine whether care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation). Note: Code to the underlying cause of syncope if known.	Not applicable, as this is an admission-necessity focused target area.

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<i>Other Circulatory System Diagnoses</i>	This could indicate that there are unnecessary admissions related to the failure to use outpatient observation or inappropriate use of a admission screening criteria associated with DRGs 314, 315, or 316. A sample of medical records for these DRGs should be reviewed to determine whether care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation).	Not applicable, as this is an admission-necessity focused target area.
<i>Other Digestive System Diagnoses</i>	This could indicate that there are unnecessary admissions related to the failure to use outpatient observation or inappropriate use of a admission screening criteria associated with DRGs 393, 394, and 395. A sample of medical records for these DRGs should be reviewed to determine whether care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation).	Not applicable, as this is an admission-necessity focused target area.
<i>Medical Back Problems</i>	This could indicate unnecessary admissions related to the failure to use outpatient observation or inappropriate use of a admission screening criteria associated with DRGs 551 and 552. A sample of medical records for these DRGs should be reviewed to determine whether inpatient admission was necessary or if care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation).	Not applicable, as this is an admission-necessity focused target area.
<i>Spinal Fusion</i>	This could indicate that there are unnecessary admissions related to the performance of unnecessary spinal fusion procedures. A sample of medical records for spinal fusion cases should be reviewed to validate the medical necessity of the procedure. Medical record documentation of 1) previous non-surgical treatment, 2) physical examination clearly documenting the progression of neurological deficits, extremity strength, activity modification, and pain levels, 3) diagnostic test results and interpretation, and 4) a adequate history of the presenting illness, may help substantiate the necessity of the procedure.	Not applicable, as this is an admission-necessity focused target area.

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<p><i>Three-Day Skilled Nursing Facility-Qualifying Admissions</i></p>	<p>This could indicate that there are admission necessity issues related to unnecessary admissions to qualify patients for a SNF admission. A sample of medical records with three-day lengths of stay and patient discharge status codes of 03, 83, 61, or 89 should be reviewed to determine whether the admission was necessary.</p>	<p>Not applicable, as this is an admission-necessity focused target area.</p>

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<p><i>30-Day Readmissions to Same Hospital or Elsewhere</i></p> <p><i>30-Day Readmissions to Same Hospital</i></p>	<p>A sample of readmission cases should be reviewed to identify appropriateness of admission, discharge, quality of care, DRG assignment, and billing errors. The hospital is encouraged to generate data profiles for readmissions, such as patients readmitted the same day or next day after discharge. Suggested data elements to include in these profiles are patient identifier, date of admission, date of discharge, patient discharge status code, principal and secondary diagnoses, procedure code(s), and DRG. Evaluate these profiles for the following indications of potential improper payments:</p> <ul style="list-style-type: none"> • Patients discharged home (patient discharge status code 01) and readmitted the same or next day may indicate a potential premature discharge or incomplete care. • Patients readmitted for the same principal diagnosis as the first admission may indicate a potential premature discharge or incomplete care. Same-day readmissions for related medical conditions are combined by the MAC, and the hospital is reimbursed for one admission. Hospitals should utilize condition code B4 when a patient is readmitted on the same day to treat a condition that was not related to the first admission. • Hospitals that have swing bed exempt units should verify that the correct provider number was billed (exempt unit number vs. acute care number) for same-day readmissions. The second admission to an exempt swing bed unit should be billed to the exempt unit number, whereas a readmission for acute care should be billed to the acute care number. There is a high probability of billing error when the following patient discharge status codes are billed on the first admission of a same-day readmission to the same hospital: 03, 83, 61, or 89. 	<p>Not applicable, as these are admission-necessity focused target areas.</p>

TARGET AREA	SUGGESTED INTERVENTIONS FOR HIGH OUTLIERS (IF AT/ABOVE 80 TH PERCENTILE)	SUGGESTED INTERVENTIONS FOR LOW OUTLIERS (IF AT/BELOW 20 TH PERCENTILE)
<p><i>Both one-day stay target areas:</i></p> <p><i>One-Day Stays for Medical DRGs</i></p> <p><i>One-Day Stays for Surgical DRGs</i></p>	<p>This could indicate that there are unnecessary admissions related to the inappropriate use of admission screening criteria or outpatient observation. A sample of one-day stay cases should be reviewed to determine whether inpatient admission was necessary or if care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation). Hospitals may generate data profiles to identify one-day stays sorted by DRG, physician, or admission source to assist in the identification of any patterns related to one-day stays. Hospitals may also wish to identify whether patients admitted for one-day stays were treated in outpatient, outpatient observation, or the emergency department for one or more nights prior to the inpatient admission. Hospitals should not review one-day stays that are associated with procedures designated by CMS as “inpatient only.”</p>	<p>Not applicable, as these are admission-necessity focused target areas.</p>
<p><i>Both two-day stay target areas:</i></p> <p><i>Two-Day Stays for Medical DRGs</i></p> <p><i>Two-Day Stays for Surgical DRGs</i></p>	<p>This could indicate that there are unnecessary admissions related to the inappropriate use of admission screening criteria or outpatient observation, in particular if the two-day stay rate has increased after the first quarter of fiscal year 2014 (Oct. 1, 2013). A sample of two-day stay cases should be reviewed to determine whether inpatient admission was necessary or if care could have been provided more efficiently on an outpatient basis (e.g., outpatient observation). Hospitals may generate data profiles to identify two-day stays sorted by DRG, physician, or admission source to assist in the identification of any patterns related to increasing two-day stays.</p>	<p>Not applicable, as these are admission-necessity focused target areas.</p>

Comparative data for several consecutive quarters can be used to help identify whether the hospital’s target area percents changed significantly in either direction from one quarter to the next. This could be an indication of a procedural change in admitting, coding or billing practices, staff turnover, or a change in medical staff. It could also reflect changing business practices (e.g., new lines of service) or changes in the external health care environment.

Using PEPPER

PEPPER is a Microsoft Excel workbook that contains numerous worksheets. Users navigate through PEPPER by clicking on the worksheet tabs at the bottom of the screen. Each tab is labeled to identify the contents of each worksheet (e.g., Compare Targets Report, target area data tables, target area graphs).

Compare Targets Report

Hospitals can use the Compare Targets Report to help prioritize areas for auditing and monitoring. The Compare Targets Report includes all target areas with reportable data for the most recent fiscal year

The Compare Targets Report is the only report in PEPPER that allows hospitals to assess high and low outlier status for all target areas simultaneously.

quarter included in PEPPER. For each target area, the Compare Targets Report displays the hospital's number of target discharges, percent, percentiles as compared to the nation, jurisdiction, and state, and the "Sum of Payments."

The hospital's outlier status is indicated by the color of the target area percent on the Compare Targets Report. When the hospital is a high outlier for a target area, the hospital percent is printed in **red bold**. When the hospital is a low outlier (for coding-focused target areas only), the hospital percent is printed in *green italics*. When the hospital is not an outlier, the hospital's percent is printed in black.

The Compare Targets Report provides the hospital's percentile value for the nation, jurisdiction, and state for all target areas with reportable data in the most recent quarter. The percentile value allows a hospital to judge how its target area percent compares to all hospitals in each respective comparison group.

The hospital's national percentile indicates the percentage of all other hospitals in the nation that have a target area percent less than the hospital's target area percent.

The hospital's jurisdiction percentile indicates the percentage of all other hospitals in the jurisdiction that have a target area percent less than the hospital's target area percent. The hospital's jurisdiction percentile for a target area is not calculated if there are fewer than 11 hospitals with reportable data for the target area in a jurisdiction.

The hospital's state percentile indicates the percentage of all other hospitals in the state that have a target area percent less than the hospital's target area percent. The hospital's state percentile for a target area is not calculated if there are fewer than 11 hospitals with reportable data for the target area in the state.

To learn more about how percents differ from percentiles, please see the "Frequently Asked Questions" section or the "Training and Resources" section for short-term acute care hospitals at PEPPER.CBRPEPPER.org for a short slide presentation with visuals to assist in the understanding of these terms.

When interpreting the Compare Targets Report findings, hospitals should consider their target area percentile values for the nation, jurisdiction, and state. Percentile values at or above the 80th percentile (for all target areas) or at or below the 20th percentile (for coding-focused target areas) indicate that the hospital is an outlier. Outlier status should be evaluated in the following priority order: 1) nation, 2) jurisdiction, and 3) state. The state should have the last priority because it has the smallest comparison group.

The "Sum of Payments" and "Number of Target Discharges" can also be used to help prioritize areas for review. For example, the Compare Targets Report may show that the hospital is at the 85th national percentile for *Septicemia* target area and at the 83rd national percentile for the *Single CC or MCC* target

area. The *Single CC or MCC* target area has a higher “Sum of Payments” and “Number of Target Discharges” than the *Septicemia* target area. In this scenario, the *Single CC or MCC* target area might be given priority over the *Septicemia* target area.

National High Outlier Ranking Report

The National High Outlier Ranking Report provides a comparison of a hospital to all other short-term acute care hospitals in the nation in terms of high outlier status (at or above the national 80th percentile), and it also ranks a hospital based on the total number of target areas and time periods for which it is a

Outlier status in the National High Outlier Ranking Report is determined using the national percentile.

high outlier. The hospital’s national percentile is used to determine high outlier status. Note that a hospital may be identified as an outlier as compared to the nation but not as compared to its jurisdiction and/or state, and vice versa.

The report displays all target areas and 12 time periods in a grid format. For each target area and time period, the respective cell will contain a black “0” if the hospital is a low outlier or is not an outlier, a red “1” if the hospital is a high outlier, or “n/a” if the hospital does not have reportable data for that target area and time period. All quarters for which a hospital is at or above the national 80th percentile are added up for the target areas and are summed to provide the total number of high outliers. All hospitals in the nation are ranked by the total number of high outliers. The hospital with the greatest total number of high outliers is assigned a rank of “1,” the hospital with the second greatest number of high outliers is assigned a rank of “2,” and so on.

Because this report focuses on high outliers, it does not consider low outlier status for the coding-focused target areas. Hospitals may use the National High Outlier Ranking Report to:

- Assess risk for improper payments;
- Trend high outlier status across target areas;
- Compare outlier status among target areas; or
- Provide a high-level overview to leadership.

Target Area Data Tables

PEPPER data tables display a variety of statistics for each target area summarized over the previous 12 fiscal quarters. Statistics in each data table include the proportion of the numerator and denominator discharges (percent), the total numerator count of discharges for the target area (target area discharge count), the denominator count of discharges, average length of stay (ALOS), and Medicare payment data. The “Outlier Status” column identifies when the hospital is a high outlier — the hospital’s percent will be shown in **red bold print** — indicating that it is at or above the national 80th percentile. The “Outlier Status” column also identifies when the hospital is a low outlier, which is a status that is applicable for coding-focused target areas; if identified as a low outlier, the hospital’s percent will be shown in *green italics*, indicating that it is at or below the national 20th percentile. The “Outlier Status” column will display “Not an outlier” when the hospital is not an outlier for the target area and time period, and it will display “No data” when the hospital does not have reportable data for the target area and time period. Interpretive guidance is included on the data tables to assist hospitals in considering whether they should audit a sample of records. Suggested interventions tailored to each target area are also included on each data table.

Target Area Graphs

The PEPPER graphs provide a visual representation of the hospital's percent for each target area over the previous 12 fiscal quarters. Hospitals can identify significant changes from one quarter to the next, which could be a result of changes in the medical staff, coding or billing staff, utilization review processes, documentation improvement, or hospital services. External changes in health care providers in the community can also impact patient population/case mix, which may be reflected in PEPPER target area statistics. Hospitals are encouraged to identify root causes of major changes to ensure that improper payments are prevented.

The graphs include trend lines for the percents that are at the 80th percentile (and the 20th percentile for coding-focused target areas) for the three comparison groups (i.e., nation, jurisdiction, and state) so the hospital can easily identify when they are an outlier as compared to any of these groups. A table of these percents is included on each target area graph worksheet. State percentiles are zero when there are fewer than 11 hospitals with reportable data for the target area in the state. Jurisdiction percentiles are zero when there are fewer than 11 hospitals with reportable data for the target area in the jurisdiction. To learn more about how percents differ from percentiles, please see the "Frequently Asked Questions" section or the "Training and Resources" section for each respective setting on PEPPER.CBRPEPPER.org for a short slide presentation with visuals to assist in the understanding of these terms.

If there is no reportable data for the hospital for a given time period due to CMS data use restrictions (see "Target Area Data Tables" above), there will not be a data point on the graph for that respective time period. If there are fewer than 11 hospitals with reportable data for a target area in a state for one or more time periods, there will not be a data point/trend line for the state comparison group in the graph. If there are fewer than 11 hospitals with reportable data for a target area in a jurisdiction for one or more time periods, there will not be a data point/trend line for the jurisdiction comparison group in the graph.

Hospital Top Medical DRGs for Same- and One-Day Stay Discharges Report

This report lists the top medical DRGs for same- and one-day stays for your hospital in the most recent four fiscal quarters (excluding patient discharge status codes 02, 07, 20, and 82, along with claims with occurrence span code 72 with "through" date on or day prior to inpatient admission). It also includes the total hospital discharges for each of the top DRGs listed, the proportion of same- and one-day stays to total discharges and the average hospital LOS for each DRG. Please note that this report is limited to the top DRGs (up to 20) for which there are a total of at least 11 same- and one-day stays (for the respective DRG) during the most recent four fiscal quarters.

Hospital Top Surgical DRGs for Same- and One-Day Stay Discharges Report

This report lists the top surgical DRGs for same- and one-day stays for your hospital in the most recent four fiscal quarters (excluding patient discharge status codes 02, 07, 20, and 82, along with claims with occurrence span code 72 with "through" date on or day prior to inpatient admission). It also includes the total hospital discharges for each of the top DRGs listed, the proportion of same- and one-day stays to total discharges and the average hospital LOS for each DRG. Please note that this report is limited to the top DRGs (up to 20) for which there are a total of at least 11 same- and one-day stays (for the respective DRG) during the most recent four fiscal quarters.

Jurisdiction Top Medical DRGs for Same- and One-Day Stay Discharges Report

This report lists the top medical DRGs for same- and one-day stays for all hospitals in your jurisdiction in the most recent four fiscal quarters (excluding patient discharge status codes 02, 07, 20, and 82, along with claims with occurrence span code 72 with a "through" date on or the day prior to an inpatient admission). It also includes the total jurisdiction-wide discharges for each of the top DRGs listed, the proportion of same- and one-day stays to total discharges, and the ALOS for each DRG. Please note that this report is limited to displaying the top medical DRGs (up to 20) for which there are a total of at least 11 same- and one-day stays during the most recent four fiscal quarters.

Jurisdiction Top Surgical DRGs for Same- and One-Day Stay Discharges Report

This report lists the top surgical DRGs for same- and one-day stays for all hospitals in your jurisdiction in the most recent four fiscal quarters (excluding patient discharge status codes 02, 07, 20, and 82, along with claims with occurrence span code 72 with a "through" date on or the day prior to an inpatient admission). It also includes the total jurisdiction-wide discharges for each of the top DRGs listed, the proportion of same- and one-day stays to total discharges, and the ALOS for each DRG. Please note that this report is limited to displaying the top medical DRGs (up to 20) for which there are a total of at least 11 same- and one-day stays during the most recent four fiscal quarters.

Medicare Spending per Beneficiary by Claim Type Report

Hospital-level Medicare Spending per Beneficiary (MSPB) is calculated and reported annually to support the Hospital Value-Based Purchasing Program. Hospital-level statistics are available on the Hospital Compare website at <https://www.medicare.gov/hospitalcompare/Data/spending-per-hospital-patient.html>. These statistics can be valuable to hospitals to inform them on the total cost of care; however, the existing format of the data is not easily digestible. This report is intended to give hospitals a quick look at where their costs are higher or lower than the national median hospital.

The MSPB measure evaluates hospitals' efficiency, as reflected by Medicare payments made during an MSPB episode, relative to the efficiency of the median hospital in the nation. Each episode includes all Medicare Part A and Part B claims with a start date falling during the period from three days prior to a hospital admission (i.e., index admission) through 30 days after discharge from the hospital. Medicare payment amounts are risk-adjusted and price-standardized.

The PEPPER Team has summarized and reported the MSPB statistics for the most recent year available (calendar year 2018). Please note that this report is populated for hospitals that have more than 25 episodes in the calendar year. The MSPB calculations do not include the following episodes:

- Episodes where at any time 90 days before or during the episode the beneficiary was enrolled in a Medicare Advantage plan or Medicare was the secondary payer.
- Episodes where the beneficiary becomes deceased during the episode.
- Episodes in which the index admission inpatient claim had \$0 actual payment or a \$0 standardized payment.
- Acute-to-acute transfers (where a transfer is defined based on the claim discharge code) are not considered index admissions. In other words, these cases do not generate new MSPB episodes; neither the hospital that transfers a patient to another subsection (d) hospital nor the receiving subsection (d) hospital will have an index admission or associated MSPB episode attributed to them.

- Admissions to hospitals that Medicare does not reimburse through the IPPS system (e.g., cancer hospitals, critical access hospitals [CAHs], hospitals in Maryland) are not considered index admissions and are therefore not eligible to begin an MSPB episode. If an acute-to-acute hospital transfer or a hospitalization in a PPS-exempt hospital type happens during the 30-day window following an included index admission; however, it will be counted in the measure.

Regarding beneficiaries whose primary insurance becomes Medicaid during an episode due to exhaustion of Medicare Part A benefits, Medicaid payments made for services rendered to these beneficiaries are excluded; however, all Medicare Part A payments made before benefits are exhausted and all Medicare Part B payments made during the episode are included. For more information on the MSPB, please see the following resources:

- More Information: <https://healthdata.gov/dataset/medicare-spending-beneficiary-%E2%80%93-hospital>
- Measure Methodology: <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350>

System Requirements, Customer Support, and Technical Assistance

PEPPER is a Microsoft Excel spreadsheet, which was developed in Excel 2016, that can be opened and saved to a PC. It is not intended for use on a network, but it may be saved to as many PCs as necessary.

For help using PEPPER, please submit a request for assistance at PEPPER.CBRPEPPER.org by clicking on the “Help/Contact Us” tab. This website also contains many educational resources to assist hospitals with PEPPER in the “Training and Resources” section for short-term acute care hospitals.

Please do **not** contact your Medicare Quality Improvement Organization or any other association for assistance with PEPPER, as these organizations are not involved in the production or distribution of PEPPER.

Acronyms and Abbreviations

Acronym/ Abbreviation	Acronym/Abbreviation Definition
ALOS	The average length of stay (ALOS) is calculated as an arithmetic average or mean. It is computed by dividing the total number of hospital (or inpatient) days by the total number of discharges within a given time period.
CAH	Critical access hospital (CAH)
CC	Complication or comorbidity (CC). Patients who are more seriously ill tend to require more hospital resources than patients who are less seriously ill, even though they are admitted to the hospital for the same reason. Recognizing this, the DRG manual splits certain DRGs based on the presence of secondary diagnoses for specific complications or comorbidities.
CCS	Clinical Classification Software (CCS)
CMS	The Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for oversight of Medicare and Medicaid. CMS is a division of the U.S. Department of Health and Human Services.
CNS	Central nervous system (CNS)
CPT®	Current Procedural Terminology® (CPT®)
CVA	Cerebrovascular accident (CVA)
DRG	The diagnosis-related group (DRG) is a system that was developed for Medicare in 1980, becoming effective in 1983, as a part of the PPS to classify hospital cases expected to have similar hospital resource use.
DS	Used in conjunction with <i>ST PEPPER</i> one- and two-day stay (DS) target areas.
ED	Emergency department (ED)
E&M	Evaluation and management (E&M)
FATHOM	First-Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) is a Microsoft Access application. It was designed to help MACs compare ST and long-term (LT) acute care PPS inpatient hospitals, CAHs, inpatient rehabilitation facilities (IRFs), hospices, partial hospitalization programs (PHPs), SNFs, and home health agencies (HHAs) in areas at risk for improper payment using Medicare administrative paid claims data.
FY	Fiscal year (FY). The Medicare federal fiscal year begins Oct. 1 and ends Sept. 30. For example, Q2FY10 (or Q2FY2010) refers to the second quarter of federal fiscal year 2010, which began on Jan. 1, 2010, and ended on March 31, 2010.
HCPCS	Healthcare Common Procedure Coding System (HCPCS)
HHA	Home health agency (HHA)
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)
IPF	Inpatient psychiatric facility (IPF)

Acronym/ Abbreviation	Acronym/Abbreviation Definition
IPPS	The inpatient prospective payment system (IPPS) sets forth a system of reimbursement for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates.
IRF	Inpatient rehabilitation facility (IRF)
LOS	Length of stay (LOS)
LT	Long-term (LT) refers to long-term acute care hospitals.
MAC	The Medicare Administrative Contractor (MAC) is the contracting authority replacing the fiscal intermediary and carrier in performing Medicare Fee-for-Service claims processing activities.
MCC	Major complication or comorbidity (MCC). Before the introduction of Medicare-Severity Diagnosis-Related Group (MS-DRG) system version 25, many CMS-DRG classifications were “paired” to reflect the presence of CCs. A significant refinement of version 25 was to replace this pairing, in many instances, with a design that created a tiered system of the absence of CCs, the presence of CCs, and a higher level of presence of MCCs. As a result of this change, the historical list of diagnoses that qualified for membership on the CC list was substantially redefined and replaced with a new standard CC list and a new MCC list.
MDC	Major Diagnostic Category (MDC)
MSPB	Medicare Spending per Beneficiary (MSPB)
MS-DRG	Medicare-Severity Diagnosis-Related Group (MS-DRG)
OR	Operating room (OR)
PEPPER	Program for Evaluating Payment Patterns Electronic Report (PEPPER) is an electronic data report in Microsoft Excel format that contains a single hospital’s claims data statistics for DRGs and discharges at high risk for improper payments due to billing, coding, and/or admission necessity issues.
PHP	Partial hospitalization program (PHP) refers to an intensive outpatient psychiatric treatment program.
RA	Recovery auditor (RA), formerly referred to as a Recovery Audit Contractor (RAC)
SDX	Secondary diagnosis (SDX)
SNF	Skilled nursing facility (SNF). One of the <i>ST PEPPER</i> target areas is the <i>Three-Day Skilled Nursing Facility-Qualifying Admissions</i> .
ST	Short-term (ST) refers to short-term acute care hospital.
tPA	Tissue plasminogen activator (tPA)
UB-04	The UB-04 is a standard uniform bill used by health care providers to submit claims for services. Claims for Medicare reimbursement are submitted to the provider’s MAC.

Appendix 1: DRG Listing for the *Medical DRGs with CC or MCC* Target Area (FY 2020)

DRG	Description
052	Spinal disorders & injuries w CC or MCC
053	Spinal disorders & injuries w/o CC or MCC
054	Nervous system neoplasms w MCC
055	Nervous system neoplasms w/o MCC
056	Degenerative nervous system disorders w MCC
057	Degenerative nervous system disorders w/o MCC
058	Multiple sclerosis & cerebellar ataxia w MCC
059	Multiple sclerosis & cerebellar ataxia w CC
060	Multiple sclerosis & cerebellar ataxia w/o CC or MCC
061	Ischemic stroke, precerebral occlusion or transient ischemia w thrombolytic agent w MCC
062	Ischemic stroke, precerebral occlusion or transient ischemia w thrombolytic agent w CC
063	Ischemic stroke, precerebral occlusion or transient ischemia w thrombolytic agent w/o CC or MCC
064	Intracranial hemorrhage or cerebral infarction w MCC
066	Intracranial hemorrhage or cerebral infarction w/o CC or MCC
067	Nonspecific CVA & precerebral occlusion w/o infarct w MCC
068	Nonspecific CVA & precerebral occlusion w/o infarct w/o MCC
070	Nonspecific cerebrovascular disorders w MCC
071	Nonspecific cerebrovascular disorders w CC
072	Nonspecific cerebrovascular disorders w/o CC or MCC
073	Cranial & peripheral nerve disorders w MCC
074	Cranial & peripheral nerve disorders w/o MCC
075	Viral meningitis w CC or MCC
076	Viral meningitis w/o CC or MCC
077	Hypertensive encephalopathy w MCC
078	Hypertensive encephalopathy w CC
079	Hypertensive encephalopathy w/o CC or MCC
080	Nontraumatic stupor & coma w MCC
081	Nontraumatic stupor & coma w/o MCC
082	Traumatic stupor & coma, coma > 1 hr w MCC
083	Traumatic stupor & coma, coma > 1 hr w CC
084	Traumatic stupor & coma, coma > 1 hr w/o CC or MCC
085	Traumatic stupor & coma, coma < 1 hr w MCC
086	Traumatic stupor & coma, coma < 1 hr w CC
087	Traumatic stupor & coma, coma < 1 hr w/o CC or MCC
088	Concussion w MCC
089	Concussion w CC
090	Concussion w/o CC or MCC
091	Other disorders of nervous system w MCC
092	Other disorders of nervous system w CC
093	Other disorders of nervous system w/o CC or MCC
094	Bacterial & tuberculous infections of nervous system w MCC
095	Bacterial & tuberculous infections of nervous system w CC
096	Bacterial & tuberculous infections of nervous system w/o CC or MCC
097	Non-bacterial infect of nervous sys exc viral meningitis w MCC
098	Non-bacterial infect of nervous sys exc viral meningitis w CC
099	Non-bacterial infect of nervous sys exc viral meningitis w/o CC or MCC
100	Seizures w MCC

DRG	Description
101	Seizures w/o MCC
102	Headaches w MCC
103	Headaches w/o MCC
121	Acute major eye infections w CC or MCC
122	Acute major eye infections w/o CC or MCC
124	Other disorders of the eye w MCC
125	Other disorders of the eye w/o MCC
146	Ear, nose, mouth & throat malignancy w MCC
147	Ear, nose, mouth & throat malignancy w CC
148	Ear, nose, mouth & throat malignancy w/o CC or MCC
150	Epistaxis w MCC
151	Epistaxis w/o MCC
152	Otitis media & URI w MCC
153	Otitis media & URI w/o MCC
154	Other ear, nose, mouth & throat diagnoses w MCC
155	Other ear, nose, mouth & throat diagnoses w CC
156	Other ear, nose, mouth & throat diagnoses w/o CC or MCC
157	Dental & Oral Diseases w MCC
158	Dental & Oral Diseases w CC
159	Dental & Oral Diseases w/o CC or MCC
175	Pulmonary embolism w MCC
176	Pulmonary embolism w/o MCC
177	Respiratory infections & inflammations w MCC
178	Respiratory infections & inflammations w CC
179	Respiratory infections & inflammations w/o CC or MCC
180	Respiratory neoplasms w MCC
181	Respiratory neoplasms w CC
182	Respiratory neoplasms w/o CC or MCC
183	Major chest trauma w MCC
184	Major chest trauma w CC
185	Major chest trauma w/o CC or MCC
186	Pleural effusion w MCC
187	Pleural effusion w CC
188	Pleural effusion w/o CC or MCC
190	Chronic obstructive pulmonary disease w MCC
191	Chronic obstructive pulmonary disease w CC
192	Chronic obstructive pulmonary disease w/o CC or MCC
193	Simple pneumonia & pleurisy w MCC
194	Simple pneumonia & pleurisy w CC
195	Simple pneumonia & pleurisy w/o CC or MCC
196	Interstitial lung disease w MCC
197	Interstitial lung disease w CC
198	Interstitial lung disease w/o CC or MCC
199	Pneumothorax w MCC
200	Pneumothorax w CC
201	Pneumothorax w/o CC or MCC
202	Bronchitis & asthma w CC or MCC
203	Bronchitis & asthma w/o CC or MCC
205	Other respiratory system diagnoses w MCC
206	Other respiratory system diagnoses w/o MCC
280	Acute myocardial infarction, discharged alive w MCC

DRG	Description
281	Acute myocardial infarction, discharged alive w CC
282	Acute myocardial infarction, discharged alive w/o CC or MCC
283	Acute myocardial infarction, expired w MCC
284	Acute myocardial infarction, expired w CC
285	Acute myocardial infarction, expired w/o CC or MCC
286	Circulatory disorders except AMI, w card cath w MCC
287	Circulatory disorders except AMI, w card cath w/o MCC
288	Acute & subacute endocarditis w MCC
289	Acute & subacute endocarditis w CC
290	Acute & subacute endocarditis w/o CC or MCC
291	Heart failure & shock w MCC
292	Heart failure & shock w CC
293	Heart failure & shock w/o CC or MCC
294	Deep vein thrombophlebitis w CC or MCC
295	Deep vein thrombophlebitis w/o CC or MCC
296	Cardiac arrest, unexplained w MCC
297	Cardiac arrest, unexplained w CC
298	Cardiac arrest, unexplained w/o CC or MCC
299	Peripheral vascular disorders w MCC
300	Peripheral vascular disorders w CC
301	Peripheral vascular disorders w/o CC or MCC
302	Atherosclerosis w MCC
303	Atherosclerosis w/o MCC
304	Hypertension w MCC
305	Hypertension w/o MCC
306	Cardiac congenital & valvular disorders w MCC
307	Cardiac congenital & valvular disorders w/o MCC
308	Cardiac arrhythmia & conduction disorders w MCC
309	Cardiac arrhythmia & conduction disorders w CC
310	Cardiac arrhythmia & conduction disorders w/o CC or MCC
314	Other circulatory system diagnoses w MCC
315	Other circulatory system diagnoses w CC
316	Other circulatory system diagnoses w/o CC or MCC
368	Major esophageal disorders w MCC
369	Major esophageal disorders w CC
370	Major esophageal disorders w/o CC or MCC
371	Major gastrointestinal disorders & peritoneal infections w MCC
372	Major gastrointestinal disorders & peritoneal infections w CC
373	Major gastrointestinal disorders & peritoneal infections w/o CC or MCC
374	Digestive malignancy w MCC
375	Digestive malignancy w CC
376	Digestive malignancy w/o CC or MCC
377	G.I. hemorrhage w MCC
378	G.I. hemorrhage w CC
379	G.I. hemorrhage w/o CC or MCC
380	Complicated peptic ulcer w MCC
381	Complicated peptic ulcer w CC
382	Complicated peptic ulcer w/o CC or MCC
383	Uncomplicated peptic ulcer w MCC
384	Uncomplicated peptic ulcer w/o MCC
385	Inflammatory bowel disease w MCC

DRG	Description
386	Inflammatory bowel disease w CC
387	Inflammatory bowel disease w/o CC or MCC
388	G.I. obstruction w MCC
389	G.I. obstruction w CC
390	G.I. obstruction w/o CC or MCC
391	Esophagitis, gastroent & misc digest disorders w MCC
392	Esophagitis, gastroent & misc digest disorders w/o MCC
393	Other digestive system diagnoses w MCC
394	Other digestive system diagnoses w CC
395	Other digestive system diagnoses w/o CC or MCC
432	Cirrhosis & alcoholic hepatitis w MCC
433	Cirrhosis & alcoholic hepatitis w CC
434	Cirrhosis & alcoholic hepatitis w/o CC or MCC
435	Malignancy of hepatobiliary system or pancreas w MCC
436	Malignancy of hepatobiliary system or pancreas w CC
437	Malignancy of hepatobiliary system or pancreas w/o CC or MCC
438	Disorders of pancreas except malignancy w MCC
439	Disorders of pancreas except malignancy w CC
440	Disorders of pancreas except malignancy w/o CC or MCC
441	Disorders of liver except malig, cirr, alc hepa w MCC
442	Disorders of liver except malig, cirr, alc hepa w CC
443	Disorders of liver except malig, cirr, alc hepa w/o CC or MCC
444	Disorders of the biliary tract w MCC
445	Disorders of the biliary tract w CC
446	Disorders of the biliary tract w/o CC or MCC
533	Fractures of femur w MCC
534	Fractures of femur w/o MCC
535	Fractures of hip & pelvis w MCC
536	Fractures of hip & pelvis w/o MCC
537	Sprains, strains, & dislocations of hip, pelvis & thigh w CC or MCC
538	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC or MCC
539	Osteomyelitis w MCC
540	Osteomyelitis w CC
541	Osteomyelitis w/o CC or MCC
542	Pathological fractures & musculoskelet & conn tiss malig w MCC
543	Pathological fractures & musculoskelet & conn tiss malig w CC
544	Pathological fractures & musculoskelet & conn tiss malig w/o CC or MCC
545	Connective tissue disorders w MCC
546	Connective tissue disorders w CC
547	Connective tissue disorders w/o CC or MCC
548	Septic arthritis w MCC
549	Septic arthritis w CC
550	Septic arthritis w/o CC or MCC
551	Medical back problems w MCC
552	Medical back problems w/o MCC
553	Bone diseases & arthropathies w MCC
554	Bone diseases & arthropathies w/o MCC
555	Signs & symptoms of musculoskeletal system & conn tissue w MCC
556	Signs & symptoms of musculoskeletal system & conn tissue w/o MCC
557	Tendonitis, myositis & bursitis w MCC
558	Tendonitis, myositis & bursitis w/o MCC

DRG	Description
559	Aftercare, musculoskeletal system & connective tissue w MCC
560	Aftercare, musculoskeletal system & connective tissue w CC
561	Aftercare, musculoskeletal system & connective tissue w/o CC or MCC
562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC
563	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC
564	Other musculoskeletal sys & connective tissue diagnoses w MCC
565	Other musculoskeletal sys & connective tissue diagnoses w CC
566	Other musculoskeletal sys & connective tissue diagnoses w/o CC or MCC
592	Skin ulcers w MCC
593	Skin ulcers w CC
594	Skin ulcers w/o CC or MCC
595	Major skin disorders w MCC
596	Major skin disorders w/o MCC
597	Malignant breast disorders w MCC
598	Malignant breast disorders w CC
599	Malignant breast disorders w/o CC or MCC
600	Non-malignant breast disorders w CC or MCC
601	Non-malignant breast disorders w/o CC or MCC
602	Cellulitis w MCC
603	Cellulitis w/o MCC
604	Trauma to the skin, subcut tiss & breast w MCC
605	Trauma to the skin, subcut tiss & breast w/o MCC
606	Minor skin disorders w MCC
607	Minor skin disorders w/o MCC
637	Diabetes w MCC
638	Diabetes w CC
639	Diabetes w/o CC or MCC
640	Nutritional & misc metabolic disorders w MCC
641	Nutritional & misc metabolic disorders w/o MCC
643	Endocrine disorders w MCC
644	Endocrine disorders w CC
645	Endocrine disorders w/o CC or MCC
682	Renal failure w MCC
683	Renal failure w CC
684	Renal failure w/o CC or MCC
686	Kidney & urinary tract neoplasms w MCC
687	Kidney & urinary tract neoplasms w CC
688	Kidney & urinary tract neoplasms w/o CC or MCC
689	Kidney & urinary tract infections w MCC
690	Kidney & urinary tract infections w/o MCC
693	Urinary stones w/o ESW lithotripsy w MCC
694	Urinary stones w/o ESW lithotripsy w/o MCC
695	Kidney & urinary tract signs & symptoms w MCC
696	Kidney & urinary tract signs & symptoms w/o MCC
698	Other kidney & urinary tract diagnoses w MCC
699	Other kidney & urinary tract diagnoses w CC
700	Other kidney & urinary tract diagnoses w/o CC or MCC
722	Malignancy, male reproductive system w MCC
723	Malignancy, male reproductive system w CC
724	Malignancy, male reproductive system w/o CC or MCC
725	Benign prostatic hypertrophy w MCC

DRG	Description
726	Benign prostatic hypertrophy w/o MCC
727	Inflammation of the male reproductive system w MCC
728	Inflammation of the male reproductive system w/o MCC
729	Other male reproductive system diagnoses w CC or MCC
730	Other male reproductive system diagnoses w/o CC or MCC
754	Malignancy, female reproductive system w MCC
755	Malignancy, female reproductive system w CC
756	Malignancy, female reproductive system w/o CC or MCC
757	Infections, female reproductive system w MCC
758	Infections, female reproductive system w CC
759	Infections, female reproductive system w/o CC or MCC
760	Menstrual & other female reproductive system disorders w CC or MCC
761	Menstrual & other female reproductive system disorders w/o CC or MCC
808	Major hematomol/immun diag exc sickle cell crisis & coagul w MCC
809	Major hematomol/immun diag exc sickle cell crisis & coagul w CC
810	Major hematomol/immun diag exc sickle cell crisis & coagul w/o CC or MCC
811	Red blood cell disorders w MCC
812	Red blood cell disorders w/o MCC
814	Reticuloendothelial & immunity disorders w MCC
815	Reticuloendothelial & immunity disorders w CC
816	Reticuloendothelial & immunity disorders w/o CC or MCC
834	Acute leukemia w/o major O.R. procedure w MCC
835	Acute leukemia w/o major O.R. procedure w CC
836	Acute leukemia w/o major O.R. procedure w/o CC or MCC
839	Chemo w acute leukemia as sdx w/o CC or MCC
840	Lymphoma & non-acute leukemia w MCC
841	Lymphoma & non-acute leukemia w CC
842	Lymphoma & non-acute leukemia w/o CC or MCC
843	Other myeloprolif dis or poorly diff neopl diag w MCC
844	Other myeloprolif dis or poorly diff neopl diag w CC
845	Other myeloprolif dis or poorly diff neopl diag w/o CC or MCC
846	Chemotherapy w/o acute leukemia as secondary diagnosis w MCC
847	Chemotherapy w/o acute leukemia as secondary diagnosis w CC
848	Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC or MCC
862	Postoperative & post-traumatic infections w MCC
863	Postoperative & post-traumatic infections w/o MCC
865	Viral illness w MCC
866	Viral illness w/o MCC
867	Other infectious & parasitic diseases diagnoses w MCC
868	Other infectious & parasitic diseases diagnoses w CC
869	Other infectious & parasitic diseases diagnoses w/o CC or MCC
871	Septicemia or severe sepsis w/o MV >96 hours w MCC
872	Septicemia or severe sepsis w/o MV >96 hours w/o MCC
896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
913	Traumatic injury w MCC
914	Traumatic injury w/o MCC
915	Allergic reactions w MCC
916	Allergic reactions w/o MCC
917	Poisoning & toxic effects of drugs w MCC
918	Poisoning & toxic effects of drugs w/o MCC

DRG	Description
919	Complications of treatment w MCC
920	Complications of treatment w CC
921	Complications of treatment w/o CC or MCC
922	Other injury, poisoning & toxic effect diag w MCC
923	Other injury, poisoning & toxic effect diag w/o MCC
945	Rehabilitation w CC or MCC
946	Rehabilitation w/o CC or MCC
947	Signs & symptoms w MCC
948	Signs & symptoms w/o MCC
949	Aftercare w CC or MCC
950	Aftercare w/o CC or MCC
963	Other multiple significant trauma w MCC
964	Other multiple significant trauma w CC
965	Other multiple significant trauma w/o CC or MCC
974	HIV w major related condition w MCC
975	HIV w major related condition w CC
976	HIV w major related condition w/o CC or MCC

Appendix 2: DRG Listing for the *Surgical DRGs with CC or MCC* Target Area (FY 2020)

DRG	Description
001	Heart transplant or implant of heart assist system w MCC
002	Heart transplant or implant of heart assist system w/o MCC
006	Liver transplant w/o MCC
011	Tracheostomy for face, mouth & neck diagnoses or laryngectomy w MCC
012	Tracheostomy for face, mouth & neck diagnoses or laryngectomy w CC
013	Tracheostomy for face, mouth & neck diagnoses or laryngectomy w/o CC/MCC
017	Autologous bone marrow transplant w/o CC/MCC
020	Intracranial vascular procedures w PDx hemorrhage w MCC
021	Intracranial vascular procedures w PDx hemorrhage w CC
022	Intracranial vascular procedures w PDx hemorrhage w/o CC/MCC
024	Cranio w major dev impl/acute complex cns PDx w/o MCC
025	Craniotomy & endovascular intracranial procedures w MCC
026	Craniotomy & endovascular intracranial procedures w CC
027	Craniotomy & endovascular intracranial procedures w/o CC/MCC
028	Spinal procedures w MCC
030	Spinal procedures w/o CC/MCC
031	Ventricular shunt procedures w MCC
032	Ventricular shunt procedures w CC
033	Ventricular shunt procedures w/o CC/MCC
034	Carotid artery stent procedure w MCC
035	Carotid artery stent procedure w CC
036	Carotid artery stent procedure w/o CC/MCC
037	Extracranial procedures w MCC
038	Extracranial procedures w CC
039	Extracranial procedures w/o CC/MCC
040	Periph/cranial nerve & other nerv syst proc w MCC
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC
113	Orbital procedures w CC/MCC
114	Orbital procedures w/o CC/MCC
116	Intraocular procedures w CC/MCC
117	Intraocular procedures w/o CC/MCC
130	Major head & neck procedures w/o CC/MCC
131	Cranial/facial procedures w CC/MCC
132	Cranial/facial procedures w/o CC/MCC
133	Other ear, nose, mouth & throat OR procedures w CC/MCC
134	Other ear, nose, mouth & throat OR procedures w/o CC/MCC
135	Sinus & mastoid procedures w CC/MCC
136	Sinus & mastoid procedures w/o CC/MCC
137	Mouth procedures w CC/MCC
138	Mouth procedures w/o CC/MCC
163	Major chest procedures w MCC
164	Major chest procedures w CC
165	Major chest procedures w/o CC/MCC
166	Other resp system OR procedures w MCC
167	Other resp system OR procedures w CC
168	Other resp system OR procedures w/o CC/MCC
216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC

DRG	Description
217	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
218	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC
219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
221	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
222	Cardiac defib implant w cardiac cath w AMI/hf/shock w MCC
223	Cardiac defib implant w cardiac cath w AMI/hf/shock w/o MCC
224	Cardiac defib implant w cardiac cath w/o AMI/hf/shock w MCC
225	Cardiac defib implant w cardiac cath w/o AMI/hf/shock w/o MCC
226	Cardiac defibrillator implant w/o cardiac cath w MCC
227	Cardiac defibrillator implant w/o cardiac cath w/o MCC
228	Other cardiothoracic procedures w MCC
229	Other cardiothoracic procedures w/o MCC
231	Coronary bypass w PTCA w MCC
232	Coronary bypass w PTCA w/o MCC
233	Coronary bypass w cardiac cath w MCC
234	Coronary bypass w cardiac cath w/o MCC
235	Coronary bypass w/o cardiac cath w MCC
236	Coronary bypass w/o cardiac cath w/o MCC
239	Amputation for circ sys disorders exc upper limb & toe w MCC
240	Amputation for circ sys disorders exc upper limb & toe w CC
241	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC
242	Permanent cardiac pacemaker implant w MCC
243	Permanent cardiac pacemaker implant w CC
244	Permanent cardiac pacemaker implant w/o CC/MCC
247	Perc cardiovasc proc w drug-eluting stent w/o MCC
249	Perc cardiovasc proc w non-drug-eluting stent w/o MCC
250	Perc cardiovasc proc w/o coronary artery stent w MCC
251	Perc cardiovasc proc w/o coronary artery stent w/o MCC
252	Other vascular procedures w MCC
253	Other vascular procedures w CC
254	Other vascular procedures w/o CC/MCC
255	Upper limb & toe amputation for circ system disorders w MCC
256	Upper limb & toe amputation for circ system disorders w CC
257	Upper limb & toe amputation for circ system disorders w/o CC/MCC
258	Cardiac pacemaker device replacement w MCC
259	Cardiac pacemaker device replacement w/o MCC
260	Cardiac pacemaker revision except device replacement w MCC
261	Cardiac pacemaker revision except device replacement w CC
262	Cardiac pacemaker revision except device replacement w/o CC/MCC
266	Endovascular cardiac valve replacement and supplement procedures with MCC
267	Endovascular cardiac valve replacement and supplement procedures without MCC
268	Aortic & heart assist procedures except pulsation balloon with MCC
269	Aortic and heart assist procedures except pulsation balloon without MCC
270	Other major cardiovascular procedures with MCC
271	Other major cardiovascular procedures with CC
272	Other major cardiovascular procedures without CC/MCC
273	Percutaneous intracardiac procedures with MCC
274	Percutaneous intracardiac procedures without MCC
319	Other endovascular cardiac valve procedures w MCC
320	Other endovascular cardiac valve procedures w/o MCC

DRG	Description
326	Stomach, esophageal & duodenal proc w MCC
327	Stomach, esophageal & duodenal proc w CC
328	Stomach, esophageal & duodenal proc w/o CC/MCC
329	Major small & large bowel procedures w MCC
330	Major small & large bowel procedures w CC
331	Major small & large bowel procedures w/o CC/MCC
332	Rectal resection w MCC
333	Rectal resection w CC
334	Rectal resection w/o CC/MCC
335	Peritoneal adhesiolysis w MCC
336	Peritoneal adhesiolysis w CC
337	Peritoneal adhesiolysis w/o CC/MCC
338	Appendectomy w complicated principal diag w MCC
339	Appendectomy w complicated principal diag w CC
340	Appendectomy w complicated principal diag w/o CC/MCC
341	Appendectomy w/o complicated principal diag w MCC
342	Appendectomy w/o complicated principal diag w CC
343	Appendectomy w/o complicated principal diag w/o CC/MCC
344	Minor small & large bowel procedures w MCC
345	Minor small & large bowel procedures w CC
346	Minor small & large bowel procedures w/o CC/MCC
347	Anal & stomal procedures w MCC
348	Anal & stomal procedures w CC
349	Anal & stomal procedures w/o CC/MCC
350	Inguinal & femoral hernia procedures w MCC
351	Inguinal & femoral hernia procedures w CC
352	Inguinal & femoral hernia procedures w/o CC/MCC
353	Hernia procedures except inguinal & femoral w MCC
354	Hernia procedures except inguinal & femoral w CC
355	Hernia procedures except inguinal & femoral w/o CC/MCC
356	Other digestive system OR procedures w MCC
357	Other digestive system OR procedures w CC
358	Other digestive system OR procedures w/o CC/MCC
405	Pancreas, liver & shunt procedures w MCC
406	Pancreas, liver & shunt procedures w CC
407	Pancreas, liver & shunt procedures w/o CC/MCC
408	Biliary tract proc except only cholecyst w or w/o CDE w MCC
409	Biliary tract proc except only cholecyst w or w/o CDE w CC
410	Biliary tract proc except only cholecyst w or w/o CDE w/o CC/MCC
411	Cholecystectomy w CDE w MCC
412	Cholecystectomy w CDE w CC
413	Cholecystectomy w CDE w/o CC/MCC
414	Cholecystectomy except by laparoscope w/o CDE w MCC
415	Cholecystectomy except by laparoscope w/o CDE w CC
416	Cholecystectomy except by laparoscope w/o CDE w/o CC/MCC
417	Laparoscopic cholecystectomy w/o CDE w MCC
418	Laparoscopic cholecystectomy w/o CDE w CC
419	Laparoscopic cholecystectomy w/o CDE w/o CC/MCC
420	Hepatobiliary diagnostic procedures w MCC
421	Hepatobiliary diagnostic procedures w CC
422	Hepatobiliary diagnostic procedures w/o CC/MCC

DRG	Description
423	Other hepatobiliary or pancreas OR procedures w MCC
424	Other hepatobiliary or pancreas OR procedures w CC
425	Other hepatobiliary or pancreas OR procedures w/o CC/MCC
453	Combined anterior/posterior spinal fusion w MCC
454	Combined anterior/posterior spinal fusion w CC
455	Combined anterior/posterior spinal fusion w/o CC/MCC
456	Spinal fus exc cerv w spinal curv/malig/infec or extensive fus w MCC
457	Spinal fus exc cerv w spinal curv/malig/infec or extensive fus w CC
458	Spinal fus exc cerv w spinal curv/malig/infec or extensive fus w/o CC/MCC
459	Spinal fusion except cervical w MCC
460	Spinal fusion except cervical w/o MCC
461	Bilateral or multiple major joint procs of lower extremity w MCC
462	Bilateral or multiple major joint procs of lower extremity w/o MCC
463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC
464	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC
465	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC
466	Revision of hip or knee replacement w MCC
467	Revision of hip or knee replacement w CC
468	Revision of hip or knee replacement w/o CC/MCC
470	Major hip & knee joint replacement/reattachment of lower extremity w/o MCC
471	Cervical spinal fusion w MCC
472	Cervical spinal fusion w CC
473	Cervical spinal fusion w/o CC/MCC
474	Amputation for musculoskeletal sys & conn tissue dis w MCC
475	Amputation for musculoskeletal sys & conn tissue dis w CC
476	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC
477	Biopsies of musculoskeletal system & connective tissue w MCC
478	Biopsies of musculoskeletal system & connective tissue w CC
479	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC
480	Hip & femur procedures except major joint w MCC
481	Hip & femur procedures except major joint w CC
482	Hip & femur procedures except major joint w/o CC/MCC
485	Knee procedures w PDx of infection w MCC
486	Knee procedures w PDx of infection w CC
487	Knee procedures w PDx of infection w/o CC/MCC
488	Knee procedures w/o PDx of infection w CC/MCC
489	Knee procedures w/o PDx of infection w/o CC/MCC
492	Lower extrem & humer proc except hip,foot,femur w MCC
493	Lower extrem & humer proc except hip,foot,femur w CC
494	Lower extrem & humer proc except hip,foot,femur w/o CC/MCC
495	Local excision & removal int fix devices exc hip & femur w MCC
496	Local excision & removal int fix devices exc hip & femur w CC
497	Local excision & removal int fix devices exc hip & femur w/o CC/MCC
498	Local excision & removal int fix devices of hip & femur w CC/MCC
499	Local excision & removal int fix devices of hip & femur w/o CC/MCC
500	Soft tissue procedures w MCC
501	Soft tissue procedures w CC
502	Soft tissue procedures w/o CC/MCC
503	Foot procedures w MCC
504	Foot procedures w CC
505	Foot procedures w/o CC/MCC

DRG	Description
507	Major shoulder or elbow joint procedures w CC/MCC
508	Major shoulder or elbow joint procedures w/o CC/MCC
510	Shoulder,elbow or forearm proc,exc major joint proc w MCC
511	Shoulder,elbow or forearm proc,exc major joint proc w CC
512	Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC
513	Hand or wrist proc, except major thumb or joint proc w CC/MCC
514	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC
515	Other musculoskelet sys & conn tiss OR proc w MCC
516	Other musculoskelet sys & conn tiss OR proc w CC
517	Other musculoskelet sys & conn tiss OR proc w/o CC/MCC
519	Back & neck procedures except spinal fusion w CC
520	Back & neck procedures except spinal fusion w/o CC/MCC
570	Skin debridement w MCC
571	Skin debridement w CC
572	Skin debridement w/o CC/MCC
573	Skin graft for skn ulcer or cellulitis w MCC
574	Skin graft for skn ulcer or cellulitis w CC
575	Skin graft for skn ulcer or cellulitis w/o CC/MCC
576	Skin graft exc for skin ulcer or cellulitis w MCC
577	Skin graft exc for skin ulcer or cellulitis w CC
578	Skin graft exc for skin ulcer or cellulitis w/o CC/MCC
579	Other skin, subcut tiss & breast proc w MCC
580	Other skin, subcut tiss & breast proc w CC
581	Other skin, subcut tiss & breast proc w/o CC/MCC
582	Mastectomy for malignancy w CC/MCC
583	Mastectomy for malignancy w/o CC/MCC
584	Breast biopsy, local excision & other breast procedures w CC/MCC
585	Breast biopsy, local excision & other breast procedures w/o CC/MCC
614	Adrenal & pituitary procedures w CC/MCC
615	Adrenal & pituitary procedures w/o CC/MCC
616	Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC
617	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC
618	Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC
619	OR procedures for obesity w MCC
620	OR procedures for obesity w CC
621	OR procedures for obesity w/o CC/MCC
622	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC
623	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC
624	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC
625	Thyroid, parathyroid & thyroglossal procedures w MCC
626	Thyroid, parathyroid & thyroglossal procedures w CC
627	Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC
628	Other endocrine, nutrit & metab OR proc w MCC
629	Other endocrine, nutrit & metab OR proc w CC
630	Other endocrine, nutrit & metab OR proc w/o CC/MCC
653	Major bladder procedures w MCC
654	Major bladder procedures w CC
655	Major bladder procedures w/o CC/MCC
656	Kidney & ureter procedures for neoplasm w MCC
657	Kidney & ureter procedures for neoplasm w CC
658	Kidney & ureter procedures for neoplasm w/o CC/MCC

DRG	Description
659	Kidney & ureter procedures for non-neoplasm w MCC
660	Kidney & ureter procedures for non-neoplasm w CC
661	Kidney & ureter procedures for non-neoplasm w/o CC/MCC
662	Minor bladder procedures w MCC
663	Minor bladder procedures w CC
664	Minor bladder procedures w/o CC/MCC
665	Prostatectomy w MCC
666	Prostatectomy w CC
667	Prostatectomy w/o CC/MCC
668	Transurethral procedures w MCC
669	Transurethral procedures w CC
670	Transurethral procedures w/o CC/MCC
671	Urethral procedures w CC/MCC
672	Urethral procedures w/o CC/MCC
673	Other kidney & urinary tract procedures w MCC
674	Other kidney & urinary tract procedures w CC
675	Other kidney & urinary tract procedures w/o CC/MCC
707	Major male pelvic procedures w CC/MCC
708	Major male pelvic procedures w/o CC/MCC
709	Penis procedures w CC/MCC
710	Penis procedures w/o CC/MCC
711	Testes procedures w CC/MCC
712	Testes procedures w/o CC/MCC
713	Transurethral prostatectomy w CC/MCC
714	Transurethral prostatectomy w/o CC/MCC
715	Other male reproductive system OR proc for malignancy w CC/MCC
716	Other male reproductive system OR proc for malignancy w/o CC/MCC
717	Other male reproductive system OR proc exc malignancy w CC/MCC
718	Other male reproductive system OR proc exc malignancy w/o CC/MCC
734	Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC
735	Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC
736	Uterine & adnexa proc for ovarian or adnexal malignancy w MCC
737	Uterine & adnexa proc for ovarian or adnexal malignancy w CC
738	Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC
739	Uterine, adnexa proc for non-ovarian/adnexal malig w MCC
740	Uterine, adnexa proc for non-ovarian/adnexal malig w CC
741	Uterine, adnexa proc for non-ovarian/adnexal malig w/o CC/MCC
742	Uterine & adnexa proc for non-malignancy w CC/MCC
743	Uterine & adnexa proc for non-malignancy w/o CC/MCC
744	D&C, conization, laparoscopy & tubal interruption w CC/MCC
745	D&C, conization, laparoscopy & tubal interruption w/o CC/MCC
746	Vagina, cervix & vulva procedures w CC/MCC
747	Vagina, cervix & vulva procedures w/o CC/MCC
749	Other female reproductive system OR procedures w CC/MCC
750	Other female reproductive system OR procedures w/o CC/MCC
765	Cesarean section w CC/MCC
766	Cesarean section w/o CC/MCC
799	Splenectomy w MCC
800	Splenectomy w CC
801	Splenectomy w/o CC/MCC
802	Other OR proc of the blood & blood forming organs w MCC

DRG	Description
803	Other OR proc of the blood & blood forming organs w CC
804	Other OR proc of the blood & blood forming organs w/o CC/MCC
820	Lymphoma & leukemia w major OR procedure w MCC
821	Lymphoma & leukemia w major OR procedure w CC
822	Lymphoma & leukemia w major OR procedure w/o CC/MCC
823	Lymphoma & non-acute leukemia w other proc w MCC
824	Lymphoma & non-acute leukemia w other proc w CC
825	Lymphoma & non-acute leukemia w other proc w/o CC/MCC
826	Myeloprolif disord or poorly diff neopl w maj OR proc w MCC
827	Myeloprolif disord or poorly diff neopl w maj OR proc w CC
828	Myeloprolif disord or poorly diff neopl w maj OR proc w/o CC/MCC
829	Myeloprolif disord or poorly diff neopl w other proc w CC/MCC
830	Myeloprolif disord or poorly diff neopl w other proc w/o CC/MCC
853	Infectious & parasitic diseases w OR procedure w MCC
854	Infectious & parasitic diseases w OR procedure w CC
855	Infectious & parasitic diseases w OR procedure w/o CC/MCC
856	Postoperative or post-traumatic infections w OR proc w MCC
857	Postoperative or post-traumatic infections w OR proc w CC
858	Postoperative or post-traumatic infections w OR proc w/o CC/MCC
901	Wound debridements for injuries w MCC
902	Wound debridements for injuries w CC
903	Wound debridements for injuries w/o CC/MCC
904	Skin grafts for injuries w CC/MCC
905	Skin grafts for injuries w/o CC/MCC
907	Other OR procedures for injuries w MCC
908	Other OR procedures for injuries w CC
909	Other OR procedures for injuries w/o CC/MCC
928	Full thickness burn w skin graft or inhal inj w CC/MCC
929	Full thickness burn w skin graft or inhal inj w/o CC/MCC
939	OR proc w diagnoses of other contact w health services w MCC
940	OR proc w diagnoses of other contact w health services w CC
941	OR proc w diagnoses of other contact w health services w/o CC/MCC
957	Other OR procedures for multiple significant trauma w MCC
958	Other OR procedures for multiple significant trauma w CC
959	Other OR procedures for multiple significant trauma w/o CC/MCC
969	HIV w extensive OR procedure w MCC
970	HIV w extensive OR procedure w/o MCC
981	Extensive OR procedure unrelated to principal diagnosis w MCC
982	Extensive OR procedure unrelated to principal diagnosis w CC
983	Extensive OR procedure unrelated to principal diagnosis w/o CC/MCC
987	Non-extensive OR proc unrelated to principal diagnosis w MCC
988	Non-extensive OR proc unrelated to principal diagnosis w CC
989	Non-extensive OR proc unrelated to principal diagnosis w/o CC/MCC

Appendix 3: DRGs Affected by *Excisional Debridement* Procedure Codes

DRG	Description
003	ECMO or trach w mv >96 hrs or PDx exc face, mouth & neck w maj OR
040	Periph/cranial nerve & other nerv syst proc w MCC
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC
115	Extra ocular procedures except orbit
133	Other ear, nose, mouth & throat OR procedures w CC/MCC
134	Other ear, nose, mouth & throat OR procedures w/o CC/MCC
166	Other resp system OR procedures w MCC
167	Other resp system OR procedures w CC
168	Other resp system OR procedures w/o CC/MCC
264	Other circulatory system OR procedures
356	Other digestive system OR procedures w MCC
357	Other digestive system OR procedures w CC
358	Other digestive system OR procedures w/o CC/MCC
423	Other hepatobiliary or pancreas OR procedures w MCC
424	Other hepatobiliary or pancreas OR procedures w CC
425	Other hepatobiliary or pancreas OR procedures w/o CC/MCC
463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC
464	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC
465	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC
513	Hand or wrist proc, except major thumb or joint proc w CC/MCC
514	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC
570	Skin debridement w MCC
571	Skin debridement w CC
572	Skin debridement w/o CC/MCC
579	Other skin, subcut tiss & breast proc w MCC
580	Other skin, subcut tiss & breast proc w CC
581	Other skin, subcut tiss & breast proc w/o CC/MCC
622	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC
623	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC
624	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC
673	Other kidney & urinary tract procedures w MCC
674	Other kidney & urinary tract procedures w CC
675	Other kidney & urinary tract procedures w/o CC/MCC
715	Other male reproductive system OR proc for malignancy w CC/MCC
716	Other male reproductive system OR proc for malignancy w/o CC/MCC
717	Other male reproductive system OR proc exc malignancy w CC/MCC
718	Other male reproductive system OR proc exc malignancy w/o CC/MCC
749	Other female reproductive system OR procedures w CC/MCC
750	Other female reproductive system OR procedures w/o CC/MCC
802	Other OR proc of the blood & blood forming organs w MCC
803	Other OR proc of the blood & blood forming organs w CC
804	Other OR proc of the blood & blood forming organs w/o CC/MCC
823	Lymphoma & non-acute leukemia w other proc w MCC
824	Lymphoma & non-acute leukemia w other proc w CC
825	Lymphoma & non-acute leukemia w other proc w/o CC/MCC
853	Infectious & parasitic diseases w OR procedure w MCC
854	Infectious & parasitic diseases w OR procedure w CC

DRG Description

855	Infectious & parasitic diseases w OR procedure w/o CC/MCC
856	Postoperative or post-traumatic infections w OR proc w MCC
857	Postoperative or post-traumatic infections w OR proc w CC
858	Postoperative or post-traumatic infections w OR proc w/o CC/MCC
876	OR procedure w principal diagnoses of mental illness
901	Wound debridements for injuries w MCC
902	Wound debridements for injuries w CC
903	Wound debridements for injuries w/o CC/MCC
906	Hand procedures for injuries
927	Extensive burns or full thickness burns w mv >96 hrs w skin graft
928	Full thickness burn w skin graft or inhal inj w CC/MCC
929	Full thickness burn w skin graft or inhal inj w/o CC/MCC
939	OR proc w diagnoses of other contact w health services w MCC
940	OR proc w diagnoses of other contact w health services w CC
941	OR proc w diagnoses of other contact w health services w/o CC/MCC
957	Other OR procedures for multiple significant trauma w MCC
958	Other OR procedures for multiple significant trauma w CC
959	Other OR procedures for multiple significant trauma w/o CC/MCC
969	HIV w extensive OR procedure w MCC
970	HIV w extensive OR procedure w/o MCC
981	Extensive OR procedure unrelated to principal diagnosis w MCC
982	Extensive OR procedure unrelated to principal diagnosis w CC
983	Extensive OR procedure unrelated to principal diagnosis w/o CC/MCC
987	Non-extensive OR proc unrelated to principal diagnosis w MCC
988	Non-extensive OR proc unrelated to principal diagnosis w CC
989	Non-extensive OR proc unrelated to principal diagnosis w/o CC/MCC

Appendix 4: Excisional Debridement Procedure Codes

ICD-10-PCS Codes, FYs 2018, 2019, and 2020

Procedure Code	Description
0JB13ZZ	Excision of Face Subcutaneous Tissue and Fascia, PERC approach
0JB10ZZ	Excision of Right Hand SQ/fascia, open approach
0JB13ZZ	Excision of Right Hand SQ/fascia, percutaneous approach
0JBK0ZZ	Excision of Left Hand SQ/ fascia, open approach
0JBK3ZZ	Excision of Left Hand SQ/ fascia, percutaneous approach
0HB9XZZ	Excision of perineum skin, external approach
0JB00ZZ	Excision of Scalp Subcutaneous Tissue and Fascia, Open Approach
0JB10ZZ	Excision of Face Subcutaneous Tissue and Fascia, Open Approach
0JB40ZZ	Excision of Right Neck Subcutaneous Tissue and Fascia, Open Approach
0JB50ZZ	Excision of Left Neck Subcutaneous Tissue and Fascia, Open Approach
0JB60ZZ	Excision of Chest Subcutaneous Tissue and Fascia, Open Approach
0JB70ZZ	Excision of Back Subcutaneous Tissue and Fascia, Open Approach
0JB80ZZ	Excision of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JB90ZZ	Excision of Buttock Subcutaneous Tissue and Fascia, Open Approach
0JBB0ZZ	Excision of Perineum Subcutaneous Tissue and Fascia, Open Approach
0JBC0ZZ	Excision of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0JBD0ZZ	Excision of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JBF0ZZ	Excision of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JBG0ZZ	Excision of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JBH0ZZ	Excision of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0JBL0ZZ	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JBM0ZZ	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0JBN0ZZ	Excision of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JBP0ZZ	Excision of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0JBQ0ZZ	Excision of Right Foot Subcutaneous Tissue and Fascia, Open Approach
0JBR0ZZ	Excision of Left Foot Subcutaneous Tissue and Fascia, Open Approach
0JB03ZZ	Excision of Scalp Subcutaneous Tissue and Fascia, PERC approach
0JB43ZZ	Excision of Right Neck Subcutaneous Tissue and Fascia, PERC approach
0JB53ZZ	Excision of Left Neck Subcutaneous Tissue and Fascia, PERC approach
0JB63ZZ	Excision of Chest Subcutaneous Tissue and Fascia, PERC approach
0JB73ZZ	Excision of Back Subcutaneous Tissue and Fascia, PERC approach
0JB83ZZ	Excision of Abdomen Subcutaneous Tissue and Fascia, PERC approach
0JB93ZZ	Excision of Buttock Subcutaneous Tissue and Fascia, PERC approach
0JBB3ZZ	Excision of Perineum Subcutaneous Tissue and Fascia, PERC approach
0JBC3ZZ	Excision of Pelvic Region Subcutaneous Tissue and Fascia, PERC approach
0JBD3ZZ	Excision of Right Upper Arm Subcutaneous Tissue and Fascia, PERC approach
0JBF3ZZ	Excision of Left Upper Arm Subcutaneous Tissue and Fascia, PERC approach
0JBG3ZZ	Excision of Right Lower Arm Subcutaneous Tissue and Fascia, PERC approach
0JBH3ZZ	Excision of Left Lower Arm Subcutaneous Tissue and Fascia, PERC approach
0JBL3ZZ	Excision of Right Upper Leg Subcutaneous Tissue and Fascia, PERC approach
0JBM3ZZ	Excision of Left Upper Leg Subcutaneous Tissue and Fascia, PERC approach
0JBN3ZZ	Excision of Right Lower Leg Subcutaneous Tissue and Fascia, PERC approach
0JBP3ZZ	Excision of Left Lower Leg Subcutaneous Tissue and Fascia, PERC approach
0JBQ3ZZ	Excision of Right Foot Subcutaneous Tissue and Fascia, PERC approach
0JBR3ZZ	Excision of Left Foot Subcutaneous Tissue and Fascia, PERC approach

Appendix 5: Percutaneous Cardiac Procedure Denominator CPT® and HCPCS Codes

CPT® code 92928 (Percutaneous transcatheter placement of intracoronary stent[s], with coronary angioplasty when performed; single major coronary artery or branch)

CPT® code 92933 (Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch)

CPT® code 92937 (Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel)

CPT® code 92941 (Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel)

CPT® code 92943 (Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel)

HCPCS code C9600 (Percutaneous transcatheter placement of drug eluting intracoronary stent[s], with coronary angioplasty when performed; single major coronary artery or branch)

HCPCS code C9602 (Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch)

HCPCS code C9604 (Percutaneous transluminal revascularization of or through coronary artery bypass graft [internal mammary, free arterial, venous], any combination of drug eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel)

HCPCS code C9606 (Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel)

HCPCS code C9607 (Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel)

Appendix 6: Total Knee Replacement ICD-10-PCS Procedure Codes

Procedure Code	Description
OSRD069	Replace Left Knee Joint w/Zirconium on Polyethylene Substitute, Cemented, Open Approach
OSRD06A	Replace Left Knee Joint w/Zirconium on Polyethylene Substitute, No Cement, Open Approach
OSRD06Z	Replace Left Knee Joint w/Zirconium on Polyethylene Substitute, Open Approach
OSRD07Z	Replace Left Knee Joint w/Autologous Tissue Substitute, Open Approach
OSRD0EZ	Replace Left Knee Joint w/Articulating Spacer, Open Approach
OSRD0J9	Replace Left Knee Joint w/Synthetic Substitute, Cemented, Open Approach
OSRD0JA	Replace Left Knee Joint w/Synthetic Substitute, No Cement, Open Approach
OSRD0JZ	Replace Left Knee Joint w/Synthetic Substitute, Open Approach
OSRD0KZ	Replace Left Knee Joint w/Nonautologous Tissue Substitute, Open Approach
OSRD0L9	Replace Left Knee Joint w/Medial Unicondylar Synthetic Substitute, Cemented, Open Approach
OSRD0LA	Replace Left Knee Joint w/Medial Unicondylar Synthetic Substitute, No Cement, Open Approach
OSRD0LZ	Replace Left Knee Joint w/Medial Unicondylar Synthetic Substitute, Open Approach
OSRD0M9	Replace Left Knee Joint w/Lateral Unicondylar Synthetic Substitute, Cemented, Open Approach
OSRD0MA	Replace Left Knee Joint w/Lateral Unicondylar Synthetic Substitute, No Cement, Open Approach
OSRD0MZ	Replace Left Knee Joint w/Lateral Unicondylar Synthetic Substitute, Open Approach
OSRD0N9	Replace Left Knee Joint w/Patellofemoral Synthetic Substitute, Cemented, Open Approach
OSRD0NA	Replace Left Knee Joint w/Patellofemoral Synthetic Substitute, No Cement, Open Approach
OSRD0NZ	Replace Left Knee Joint w/Patellofemoral Synthetic Substitute, Open Approach
OSRC069	Replace Right Knee Joint w/Zirconium on Polyethylene Substitute, Cemented, Open Approach
OSRC06A	Replace Right Knee Joint w/Zirconium on Polyethylene Substitute, No Cement, Open Approach
OSRC06Z	Replace Right Knee Joint w/Zirconium on Polyethylene Substitute, Open Approach
OSRC07Z	Replace Right Knee Joint w/Autologous Tissue Substitute, Open Approach
OSRC0EZ	Replace Right Knee Joint w/Articulating Spacer, Open Approach
OSRC0J9	Replace Right Knee Joint w/Synthetic Substitute, Cemented, Open Approach
OSRC0JA	Replace Right Knee Joint w/Synthetic Substitute, No Cement, Open Approach
OSRC0JZ	Replace Right Knee Joint w/Synthetic Substitute, Open Approach
OSRC0KZ	Replace Right Knee Joint w/Nonautologous Tissue Substitute, Open Approach
OSRC0L9	Replace Right Knee Joint w/Medial Unicondylar Synthetic Substitute, Cemented, Open Approach
OSRC0LA	Replace Right Knee Joint w/Medial Unicondylar Synthetic Substitute, No Cement, Open Approach
OSRC0LZ	Replace Right Knee Joint w/Medial Unicondylar Synthetic Substitute, Open Approach
OSRC0M9	Replace Right Knee Joint w/Lateral Unicondylar Synthetic Substitute, Cemented, Open Approach
OSRC0MA	Replace Right Knee Joint w/Lateral Unicondylar Synthetic Substitute, No Cement, Open Approach
OSRC0MZ	Replace Right Knee Joint w/Lateral Unicondylar Synthetic Substitute, Open Approach
OSRC0N9	Replace Right Knee Joint w/Patellofemoral Synthetic Substitute, Cemented, Open Approach
OSRC0NA	Replace Right Knee Joint w/Patellofemoral Synthetic Substitute, No Cement, Open Approach
OSRC0NZ	Replace Right Knee Joint w/Patellofemoral Synthetic Substitute, Open Approach

Appendix 7: Spinal Fusion Target Area Numerator and Denominator Procedure Codes

ICD-10-PCS Procedure Codes, Numerator and Denominator:

Procedure Code	Description
ORG0070	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG0071	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG007J	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG00A0	Fus of Occ-cerv Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Open Apprch
ORG00AJ	Fus of Occ-cerv Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
ORG00J0	Fus of Occ-cerv Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG00J1	Fus of Occ-cerv Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG00JJ	Fus of Occ-cerv Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG00K0	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG00K1	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG00KJ	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG0370	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG0371	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG037J	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG03A0	Fus of Occ-cerv Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch
ORG03AJ	Fus of Occ-cerv Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
ORG03J0	Fus of Occ-cerv Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG03J1	Fus of Occ-cerv Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG03JJ	Fus of Occ-cerv Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG03K0	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG03K1	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG03KJ	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG0470	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG0471	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG047J	Fus of Occ-cerv Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG04A0	Fus of Occ-cerv Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG04AJ	Fus of Occ-cerv Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG04J0	Fus of Occ-cerv Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG04J1	Fus of Occ-cerv Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG04JJ	Fus of Occ-cerv Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG04K0	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG04K1	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG04KJ	Fus of Occ-cerv Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG1070	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG1071	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG107J	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG10A0	Fus of Cerv Vert Joint w/ Interbdy Fus Dev, Ant Apprch, Ant Column, Open Apprch
ORG10AJ	Fus of Cerv Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
ORG10J0	Fus of Cerv Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG10J1	Fus of Cerv Vert Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG10JJ	Fus of Cerv Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG10K0	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Ant Apprch, Ant Column, Open Apprch
ORG10K1	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Post Apprch, Post Column, Open Apprch
ORG10KJ	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Post Apprch, Ant Column, Open Apprch
ORG1370	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch

Procedure

Code	Description
ORG137I	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG137J	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG13A0	Fus of Cerv Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch
ORG13AJ	Fus of Cerv Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
ORG13J0	Fus of Cerv Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG13J1	Fus of Cerv Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG13JJ	Fus of Cerv Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG13K0	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Ant Apprch, Ant Column, Perc Apprch
ORG13K1	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Post Apprch, Post Column, Perc Apprch
ORG13KJ	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Post Apprch, Ant Column, Perc Apprch
ORG1470	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG1471	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG147J	Fus of Cerv Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG14A0	Fus of Cerv Vert Joint w/ Interbdy Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG14AJ	Fus of Cerv Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG14J0	Fus of Cerv Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG14J1	Fus of Cerv Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG14JJ	Fus of Cerv Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG14K0	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG14K1	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Post Apprch, Post Column, Perc Endo Apprch
ORG14KJ	Fus of Cerv Vert Joint w/ Nonauto TissSubst, Post Apprch, Ant Column, Perc Endo Apprch
ORG2070	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG2071	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG207J	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG20A0	Fus of 2+ Cerv Vert Joints w/ Interbody Fusn Dev, Ant Apprch, Ant Column, Open Apprch
ORG20AJ	Fus of 2+ Cerv Vert Joints w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
ORG20J0	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG20J1	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG20JJ	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG20K0	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG20K1	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG20KJ	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG2370	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG2371	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG237J	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG23A0	Fus of 2+ Cerv Vert Joints w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch
ORG23AJ	Fus of 2+ Cerv Vert Joints w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
ORG23J0	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG23J1	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG23JJ	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG23K0	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG23K1	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG23KJ	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG2470	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG2471	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG247J	Fus of 2+ Cerv Vert Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG24A0	Fus of 2+ Cerv Vert Joints w/ Interbody Fusn Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG24AJ	Fus of 2+ Cerv Vert Joints w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG24J0	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG24J1	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch

Procedure

Code	Description
ORG24JJ	Fus of 2+ Cerv Vert Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG24K0	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG24K1	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG24KJ	Fus of 2+ Cerv Vert Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG4070	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG4071	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG407J	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG40A0	Fus of Cerv-thora Vert Joint w/ Interbody Fusn Dev, Ant Apprch, Ant Column, Open Apprch
ORG40AJ	Fus of Cerv-thora Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
ORG40J0	Fus of Cerv-thora Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG40J1	Fus of Cerv-thora Vert Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG40JJ	Fus of Cerv-thora Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG40K0	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG40K1	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG40KJ	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG4370	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG4371	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG437J	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG43A0	Fus of Cerv-thora Vert Joint w/ Interbody Fusn Dev, Ant Apprch, Ant Column, Perc Apprch
ORG43AJ	Fus of Cerv-thora Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
ORG43J0	Fus of Cerv-thora Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG43J1	Fus of Cerv-thora Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG43JJ	Fus of Cerv-thora Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG43K0	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG43K1	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG43KJ	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG4470	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG4471	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG447J	Fus of Cerv-thora Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG44A0	Fus of Cerv-thora Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG44AJ	Fus of Cerv-thora Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG44J0	Fus of Cerv-thora Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG44J1	Fus of Cerv-thora Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG44JJ	Fus of Cerv-thora Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG44K0	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG44K1	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG44KJ	Fus of Cerv-thora Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG6070	Fus of Thora verteb Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG6071	Fus of Thora verteb Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG607J	Fus of Thora verteb Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG60A0	Fus of Thora verteb Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Open Apprch
ORG60AJ	Fus of Thora verteb Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
ORG60J0	Fus of Thora verteb Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG60J1	Fus of Thora verteb Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG60JJ	Fus of Thora verteb Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG60K0	Fus of Thora verteb Joint w/ Nonauto TissSubst, Ant Apprch, Ant Column, Open Apprch
ORG60K1	Fus of Thora verteb Joint w/ Nonauto TissSubst, Post Apprch, Post Column, Open Apprch
ORG60KJ	Fus of Thora verteb Joint w/ Nonauto TissSubst, Post Apprch, Ant Column, Open Apprch
ORG6370	Fus of Thora verteb Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG6371	Fus of Thora verteb Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch

Procedure

Code	Description
ORG637J	Fus of Thora verteb Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG63A0	Fus of Thora verteb Joint w/ InterbodyFus Dev, Ant Apprch, Ant Column, Perc Apprch
ORG63AJ	Fus of Thora verteb Joint w/ InterbodyFus Dev, Post Apprch, Ant Column, Perc Apprch
ORG63J0	Fus of Thora verteb Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG63J1	Fus of Thora verteb Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG63JJ	Fus of Thora verteb Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG63K0	Fus of Thora verteb Joint w/ Nonauto TissSubst, Ant Apprch, Ant Column, Perc Apprch
ORG63K1	Fus of Thora verteb Joint w/ Nonauto TissSubst, Post Apprch, Post Column, Perc Apprch
ORG63KJ	Fus of Thora verteb Joint w/ Nonauto TissSubst, Post Apprch, Ant Column, Perc Apprch
ORG6470	Fus of Thora verteb Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG6471	Fus of Thora verteb Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG647J	Fus of Thora verteb Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG64A0	Fus of Thora verteb Joint w/ InterbodyFus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG64AJ	Fus of Thora verteb Joint w/ InterbodyFus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG64J0	Fus of Thora verteb Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG64J1	Fus of Thora verteb Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG64JJ	Fus of Thora verteb Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG64K0	Fus of Thora verteb Joint w/ Nonauto TissSubst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG64K1	Fus of Thora verteb Joint w/ Nonauto TissSubst, Post Apprch, Post Column, Perc Endo Apprch
ORG64KJ	Fus of Thora verteb Joint w/ Nonauto TissSubst, Post Apprch, Ant Column, Perc Endo Apprch
ORG7070	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG7071	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG707J	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG70A0	Fus of 2-7 Thora verteb Joints w/ InterbodyFus Dev, Ant Apprch, Ant Column, Open Apprch
ORG70AJ	Fus of 2-7 Thora verteb Joints w/ InterbodyFus Dev, Post Apprch, Ant Column, Open Apprch
ORG70J0	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG70J1	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG70JJ	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG70K0	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG70K1	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG70KJ	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG7370	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG7371	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG737J	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG73A0	Fus of 2-7 Thora verteb Joints w/ InterbodyFus Dev, Ant Apprch, Ant Column, Perc Apprch
ORG73AJ	Fus of 2-7 Thora verteb Joints w/ InterbodyFus Dev, Post Apprch, Ant Column, Perc Apprch
ORG73J0	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG73J1	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG73JJ	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG73K0	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG73K1	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG73KJ	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG7470	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG7471	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG747J	Fus of 2-7 Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG74A0	Fus of 2-7 Thora verteb Joints w/ InterbodyFus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG74AJ	Fus of 2-7 Thora verteb Joints w/ InterbodyFus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG74J0	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG74J1	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG74JJ	Fus of 2-7 Thora verteb Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch

Procedure

Code	Description
ORG74KO	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG74K1	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Post Col, Perc Endo Apprch
ORG74KJ	Fus of 2-7 Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Col, Perc Endo Apprch
ORG8070	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG8071	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG807J	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG80A0	Fus of 8+ Thora verteb Joints w/ InterbodyFus Dev, Ant Apprch, Ant Column, Open Apprch
ORG80AJ	Fus of 8+ Thora verteb Joints w/ InterbodyFus Dev, Post Apprch, Ant Column, Open Apprch
ORG80J0	Fus of 8+ Thora verteb Joints w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORG80J1	Fus of 8+ Thora verteb Joints w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORG80JJ	Fus of 8+ Thora verteb Joints w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORG80K0	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORG80K1	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORG80KJ	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORG8370	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG8371	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG837J	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG83A0	Fus of 8+ Thora verteb Joints w/ InterbodyFus Dev, Ant Apprch, Ant Column, Perc Apprch
ORG83AJ	Fus of 8+ Thora verteb Joints w/ InterbodyFus Dev, Post Apprch, Ant Column, Perc Apprch
ORG83J0	Fus of 8+ Thora verteb Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORG83J1	Fus of 8+ Thora verteb Joints w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORG83JJ	Fus of 8+ Thora verteb Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORG83K0	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORG83K1	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORG83KJ	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORG8470	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG8471	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG847J	Fus of 8+ Thora verteb Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG84A0	Fus of 8+ Thora verteb Joints w/ InterbodyFus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORG84AJ	Fus of 8+ Thora verteb Joints w/ InterbodyFus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORG84J0	Fus of 8+ Thora verteb Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG84J1	Fus of 8+ Thora verteb Joints w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORG84JJ	Fus of 8+ Thora verteb Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORG84K0	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORG84K1	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Post Col, Perc Endo Apprch
ORG84KJ	Fus of 8+ Thora verteb Joints w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORGA070	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORGA071	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORGA07J	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORGA0A0	Fus of Thoracolumbar Vert Joint w/ InterbodyFus Dev, Ant Apprch, Ant Column, Open Apprch
ORGA0AJ	Fus of Thoracolumbar Vert Joint w/ InterbodyFus Dev, Post Apprch, Ant Column, Open Apprch
ORGA0J0	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
ORGA0J1	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
ORGA0JJ	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
ORGA0K0	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
ORGA0K1	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
ORGA0KJ	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
ORGA370	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORGA371	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORGA37J	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch

Procedure

Code	Description
ORGA3A0	Fus of Thoracolumbar Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch
ORGA3AJ	Fus of Thoracolumbar Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
ORGA3J0	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
ORGA3J1	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
ORGA3JJ	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
ORGA3K0	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
ORGA3K1	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
ORGA3KJ	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
ORGA470	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORGA471	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
ORGA47J	Fus of Thoracolumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORGA4A0	Fus of Thoracolumbar Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
ORGA4AJ	Fus of Thoracolumbar Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
ORGA4J0	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORGA4J1	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
ORGA4JJ	Fus of Thoracolumbar Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
ORGA4K0	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
ORGA4K1	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Col, Perc Endo Apprch
ORGA4KJ	Fus of Thoracolumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Col, Perc Endo Apprch
OSG0070	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
OSG0071	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
OSG007J	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
OSG00A0	Fus of Lumbar Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Open Apprch
OSG00AJ	Fus of Lumbar Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
OSG00J0	Fus of Lumbar Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
OSG00J1	Fus of Lumbar Vert Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
OSG00JJ	Fus of Lumbar Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
OSG00K0	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
OSG00K1	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Open Apprch
OSG00KJ	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Open Apprch
OSG0370	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
OSG0371	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
OSG037J	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
OSG03A0	Fus of Lumbar Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch
OSG03AJ	Fus of Lumbar Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
OSG03J0	Fus of Lumbar Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
OSG03J1	Fus of Lumbar Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
OSG03JJ	Fus of Lumbar Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
OSG03K0	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
OSG03K1	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
OSG03KJ	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
OSG0470	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG0471	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG047J	Fus of Lumbar Vert Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG04A0	Fus of Lumbar Vert Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
OSG04AJ	Fus of Lumbar Vert Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
OSG04J0	Fus of Lumbar Vert Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG04J1	Fus of Lumbar Vert Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG04JJ	Fus of Lumbar Vert Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG04K0	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch

Procedure

Code	Description
OSG04K1	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG04KJ	Fus of Lumbar Vert Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG1070	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
OSG1071	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
OSG107J	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
OSG10A0	Fus of 2+ Lumbar Vert Joints w/ Interbody Fus Dev, Ant Apprch, Ant Column, Open Apprch
OSG10AJ	Fus of 2+ Lumbar Vert Joints w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
OSG10J0	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
OSG10J1	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Post Apprch, Post Column, Open Apprch
OSG10JJ	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
OSG10K0	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
OSG10K1	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Post Apprch, Post Column, Open Apprch
OSG10KJ	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Post Apprch, Ant Column, Open Apprch
OSG1370	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
OSG1371	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
OSG137J	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
OSG13A0	Fus of 2+ Lumbar Vert Joints w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch
OSG13AJ	Fus of 2+ Lumbar Vert Joints w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
OSG13J0	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
OSG13J1	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
OSG13JJ	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
OSG13K0	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
OSG13K1	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Post Apprch, Post Column, Perc Apprch
OSG13KJ	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
OSG1470	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG1471	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG147J	Fus of 2+ Lumbar Vert Joints w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG14A0	Fus of 2+ Lumbar Vert Joints w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
OSG14AJ	Fus of 2+ Lumbar Vert Joints w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
OSG14J0	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG14J1	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG14JJ	Fus of 2+ Lumbar Vert Joints w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG14K0	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG14K1	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG14KJ	Fus of 2+ Lumbar Vert Joints w/ Nona uto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG3070	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
OSG3071	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Open Apprch
OSG307J	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Open Apprch
OSG30A0	Fus of Lumbosacral Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Open Apprch
OSG30AJ	Fus of Lumbosacral Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Open Apprch
OSG30J0	Fus of Lumbosacral Joint w/ Synth Subst, Ant Apprch, Ant Column, Open Apprch
OSG30J1	Fus of Lumbosacral Joint w/ Synth Subst, Post Apprch, Post Column, Open Apprch
OSG30JJ	Fus of Lumbosacral Joint w/ Synth Subst, Post Apprch, Ant Column, Open Apprch
OSG30K0	Fus of Lumbosacral Joint w/ Nona uto Tiss Subst, Ant Apprch, Ant Column, Open Apprch
OSG30K1	Fus of Lumbosacral Joint w/ Nona uto Tiss Subst, Post Apprch, Post Column, Open Apprch
OSG30KJ	Fus of Lumbosacral Joint w/ Nona uto Tiss Subst, Post Apprch, Ant Column, Open Apprch
OSG3370	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
OSG3371	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Apprch
OSG337J	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
OSG33A0	Fus of Lumbosacral Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Apprch

Procedure

Code	Description
OSG33AJ	Fus of Lumbosacral Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Apprch
OSG33J0	Fus of Lumbosacral Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Apprch
OSG33J1	Fus of Lumbosacral Joint w/ Synth Subst, Post Apprch, Post Column, Perc Apprch
OSG33JJ	Fus of Lumbosacral Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Apprch
OSG33K0	Fus of Lumbosacral Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Apprch
OSG33K1	Fus of Lumbosacral Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Apprch
OSG33KJ	Fus of Lumbosacral Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Apprch
OSG3470	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG3471	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG347J	Fus of Lumbosacral Joint w/ Auto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG34A0	Fus of Lumbosacral Joint w/ Interbody Fus Dev, Ant Apprch, Ant Column, Perc Endo Apprch
OSG34AJ	Fus of Lumbosacral Joint w/ Interbody Fus Dev, Post Apprch, Ant Column, Perc Endo Apprch
OSG34J0	Fus of Lumbosacral Joint w/ Synth Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG34J1	Fus of Lumbosacral Joint w/ Synth Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG34JJ	Fus of Lumbosacral Joint w/ Synth Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG34K0	Fus of Lumbosacral Joint w/ Nonauto Tiss Subst, Ant Apprch, Ant Column, Perc Endo Apprch
OSG34K1	Fus of Lumbosacral Joint w/ Nonauto Tiss Subst, Post Apprch, Post Column, Perc Endo Apprch
OSG34KJ	Fus of Lumbosacral Joint w/ Nonauto Tiss Subst, Post Apprch, Ant Column, Perc Endo Apprch
OSG504Z	Fus of Sacrococcygeal Joint w/ Internal Fixation Dev, Open Apprch
OSG507Z	Fus of Sacrococcygeal Joint w/ Auto Tiss Subst, Open Apprch
OSG50JZ	Fus of Sacrococcygeal Joint w/ Synth Subst, Open Apprch
OSG50KZ	Fus of Sacrococcygeal Joint w/ Nonauto Tiss Subst, Open Apprch
OSG534Z	Fus of Sacrococcygeal Joint w/ Internal Fixation Dev, Perc Apprch
OSG537Z	Fus of Sacrococcygeal Joint w/ Auto Tiss Subst, Perc Apprch
OSG53JZ	Fus of Sacrococcygeal Joint w/ Synth Subst, Perc Apprch
OSG53KZ	Fus of Sacrococcygeal Joint w/ Nonauto Tiss Subst, Perc Apprch
OSG544Z	Fus of Sacrococcygeal Joint w/ Internal Fixation Dev, Perc Endo Apprch
OSG547Z	Fus of Sacrococcygeal Joint w/ Auto Tiss Subst, Perc Endo Apprch
OSG54JZ	Fus of Sacrococcygeal Joint w/ Synth Subst, Perc Endo Apprch
OSG54KZ	Fus of Sacrococcygeal Joint w/ Nonauto Tiss Subst, Perc Endo Apprch
OSG604Z	Fus of Coccygeal Joint w/ Internal Fixation Dev, Open Apprch
OSG607Z	Fus of Coccygeal Joint w/ Auto Tiss Subst, Open Apprch
OSG60JZ	Fus of Coccygeal Joint w/ Synth Subst, Open Apprch
OSG60KZ	Fus of Coccygeal Joint w/ Nonauto Tiss Subst, Open Apprch
OSG634Z	Fus of Coccygeal Joint w/ Internal Fixation Dev, Perc Apprch
OSG637Z	Fus of Coccygeal Joint w/ Auto Tiss Subst, Perc Apprch
OSG63JZ	Fus of Coccygeal Joint w/ Synth Subst, Perc Apprch
OSG63KZ	Fus of Coccygeal Joint w/ Nonauto Tiss Subst, Perc Apprch
OSG644Z	Fus of Coccygeal Joint w/ Internal Fixation Dev, Perc Endo Apprch
OSG647Z	Fus of Coccygeal Joint w/ Auto Tiss Subst, Perc Endo Apprch
OSG64JZ	Fus of Coccygeal Joint w/ Synth Subst, Perc Endo Apprch
OSG64KZ	Fus of Coccygeal Joint w/ Nonauto Tiss Subst, Perc Endo Apprch
OSG704Z	Fus of Right Sacroiliac Joint w/ Internal Fixation Dev, Open Apprch
OSG707Z	Fus of Right Sacroiliac Joint w/ Auto Tiss Subst, Open Apprch
OSG70JZ	Fus of Right Sacroiliac Joint w/ Synth Subst, Open Apprch
OSG70KZ	Fus of Right Sacroiliac Joint w/ Nonauto Tiss Subst, Open Apprch
OSG734Z	Fus of Right Sacroiliac Joint w/ Internal Fixation Dev, Perc Apprch
OSG737Z	Fus of Right Sacroiliac Joint w/ Auto Tiss Subst, Perc Apprch
OSG73JZ	Fus of Right Sacroiliac Joint w/ Synth Subst, Perc Apprch
OSG73KZ	Fus of Right Sacroiliac Joint w/ Nonauto Tiss Subst, Perc Apprch

Procedure

Code	Description
OSG744Z	Fus of Right Sacroiliac Joint w/ Internal Fixation Dev, Perc Endo Apprch
OSG747Z	Fus of Right Sacroiliac Joint w/ Auto Tiss Subst, Perc Endo Apprch
OSG74JZ	Fus of Right Sacroiliac Joint w/ Synth Subst, Perc Endo Apprch
OSG74KZ	Fus of Right Sacroiliac Joint w/ Nona uto Tiss Subst, Perc Endo Apprch
OSG804Z	Fus of Left Sacroiliac Joint w/ Internal Fixation Dev, Open Apprch
OSG807Z	Fus of Left Sacroiliac Joint w/ Auto Tiss Subst, Open Apprch
OSG80JZ	Fus of Left Sacroiliac Joint w/ Synth Subst, Open Apprch
OSG80KZ	Fus of Left Sacroiliac Joint w/ Nona uto Tiss Subst, Open Apprch
OSG834Z	Fus of Left Sacroiliac Joint w/ Internal Fixation Dev, Perc Apprch
OSG837Z	Fus of Left Sacroiliac Joint w/ Auto Tiss Subst, Perc Apprch
OSG83JZ	Fus of Left Sacroiliac Joint w/ Synth Subst, Perc Apprch
OSG83KZ	Fus of Left Sacroiliac Joint w/ Nona uto Tiss Subst, Perc Apprch
OSG844Z	Fus of Left Sacroiliac Joint w/ Internal Fixation Dev, Perc Endo Apprch
OSG847Z	Fus of Left Sacroiliac Joint w/ Auto Tiss Subst, Perc Endo Apprch
OSG84JZ	Fus of Left Sacroiliac Joint w/ Synth Subst, Perc Endo Apprch
OSG84KZ	Fus of Left Sacroiliac Joint w/ Nona uto Tiss Subst, Perc Endo Apprch
XRG0092	Fus of Occ-cerv Joint using Nantxttrd Surface Interbody Fus Dev, Open Apprch, New Tech Grp 2
XRG00F3	Fus of Occ-cerv Joint using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3
XRG1092	Fus of Cerv Vert Joint using Nantxttrd Surface Interbody Fus Dev, Open Apprch, New Tech Grp 2
XRG10F3	Fus of Cerv Vert Joint using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3
XRG2092	Fus of 2+ Cerv Vert Joint using Nantxttrd Surf Interbody Fus Dev, Open Apprch, New Tech Grp 2
XRG20F3	Fus of 2+ Cerv Vert Joints using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3
XRG4092	Fus of Cerv-thora Vert Joint using Nantxttrd Surf Intrbdy Fus Dev, Open Apprch, New Tech Grp 2
XRG40F3	Fus of Cerv-thor Vert Joint using Radiolcnt Porous Intrbdy Fus Dev, Open Apprch, New Tech Grp 3
XRG6092	Fus of Thor Vert Joint using Nantxttrd Surface Interbody Fus Dev, Open Apprch, New Tech Grp 2
XRG60F3	Fus of Thor Vert Joint using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3
XRG7092	Fus of 2-7 Thor Vert Joints using Nantxttrd Surf Interbdy Fus Dev, Open Apprch, New Tech Grp 2
XRG70F3	Fus of 2-7 Thor Vert Joints using Radiolcnt Porous Intrbdy Fus Dev, Open Apprch, New Tech Grp 3
XRG8092	Fusion of 8+ Thor Vert Joints using Nantxttrd Surf Intrbdy Fus Dev, Open Apprch, New Tech Grp 2
XRG80F3	Fus of 8+ Thor Vert Joints using Radiolcnt Porous Intrbdy Fus Dev, Open Apprch, New Tech Grp 3
XRGA092	Fus of Thora columb vert Joint using Nantxttrd Surf Intrbdy Fus Dev, Open Apprch, New Tech Grp 2
XRGA0F3	Fus of Thor-lumb Vert Jnt using Radiolcnt Porous Intrbdy Fus Dev, Open Apprch, New Tech Grp 3
XRGB092	Fus of Lumb Vert Joint using Nantxttrd Surf Interbdy Fus Dev, Open Apprch, New Tech Grp 2
XRGB0F3	Fus of Lumb Vert Joint using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3
XRGC092	Fus of 2+ Lumb Vert Joints using Nantxttrd Surf Interbdy Fus Dev, Open Apprch, New Tech Grp 2
XRGC0F3	Fus of 2+ Lumb Vertl Jnts using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3
XRGD092	Fus of Lumbosac Joint using Nantxttrd Surface Interbody fus Dev, Open Apprch, New Tech Grp 2
XRGD0F3	Fus of Lumb-sac Joint using Radiolcnt Porous Interbdy Fus Dev, Open Apprch, New Tech Grp 3

ICD-10-PCS Codes, Denominator Only:

Note: codes with an “at” sign (i.e., @) are new as of Oct. 1, 2018

Procedure

Code	Description
001U072@	Bypass Spinal Canal to Atrium with Auto Tiss Subst, Open Apprch
001U074	Bypass Spinal Canal to Pleural Cavity w/ Auto Tiss Subst, Open Apprch
001U076	Bypass Spinal Canal to Peritoneal Cavity w/ Auto Tiss Subst, Open Apprch
001U077	Bypass Spinal Canal to Urinary Tract w/ Auto Tiss Subst, Open Apprch
001U079	Bypass Spinal Canal to Fallopian Tube w/ Auto Tiss Subst, Open Apprch
001U0J2@	Bypass Spinal Canal to Atrium with Synthetic Subst, Open Apprch
001U0J4	Bypass Spinal Canal to Pleural Cavity w/ Synth Subst, Open Apprch

Procedure

Code	Description
001U0J6	Bypass Spinal Canal to Peritoneal Cavity w/ Synth Subst, Open Apprch
001U0J7	Bypass Spinal Canal to Urinary Tract w/ Synth Subst, Open Apprch
001U0J9	Bypass Spinal Canal to Fallopian Tube w/ Synth Subst, Open Apprch
001U0K2@	Bypass Spinal Canal to Atrium with NonAuto Tiss Subst, Open Apprch
001U0K4	Bypass Spinal Canal to Pleural Cavity w/ Nonauto Tiss Subst, Open Apprch
001U0K6	Bypass Spinal Canal to Peritoneal Cavity w/ Nonauto Tiss Subst, Open Apprch
001U0K7	Bypass Spinal Canal to Urinary Tract w/ Nonauto Tiss Subst, Open Apprch
001U0K9	Bypass Spinal Canal to Fallopian Tube w/ Nonauto Tiss Subst, Open Apprch
001U372@	Bypass Spinal Canal to Atrium with Auto Tiss Subst, Perc Apprch
001U374	Bypass Spinal Canal to Pleural Cavity w/ Auto Tiss Subst, Perc Apprch
001U376	Bypass Spinal Canal to Peritoneal Cavity w/ Auto Tiss Subst, Perc Apprch
001U377	Bypass Spinal Canal to Urinary Tract w/ Auto Tiss Subst, Perc Apprch
001U379	Bypass Spinal Canal to Fallopian Tube w/ Auto Tiss Subst, Perc Apprch
001U3J2@	Bypass Spinal Canal to Atrium with Synthetic Subst, Perc Apprch
001U3J4	Bypass Spinal Canal to Pleural Cavity w/ Synth Subst, Perc Apprch
001U3J6	Bypass Spinal Canal to Peritoneal Cavity w/ Synth Subst, Perc Apprch
001U3J7	Bypass Spinal Canal to Urinary Tract w/ Synth Subst, Perc Apprch
001U3J9	Bypass Spinal Canal to Fallopian Tube w/ Synth Subst, Perc Apprch
001U3K2@	Bypass Spinal Canal to Atrium with NonAuto Tiss Subst, Perc Apprch
001U3K4	Bypass Spinal Canal to Pleural Cavity w/ Nonauto Tiss Subst, Perc Apprch
001U3K6	Bypass Spinal Canal to Peritoneal Cavity w/ Nonauto Tiss Subst, Perc Apprch
001U3K7	Bypass Spinal Canal to Urinary Tract w/ Nonauto Tiss Subst, Perc Apprch
001U3K9	Bypass Spinal Canal to Fallopian Tube w/ Nonauto Tiss Subst, Perc Apprch
001U472@	Bypass Spinal Canal to Atrium with Auto Tiss Subst, Perc Endo Apprch
001U474@	Bypass Spinal Canal to Pleural Cavity with Auto Tiss Subst, Perc Endo Apprch
001U476@	Bypass Spinal Canal to Peritoneal Cavity with Auto Tiss Subst, Perc Endo Apprch
001U477@	Bypass Spinal Canal to Urinary Tract with Auto Tiss Subst, Perc Endo Apprch
001U479@	Bypass Spinal Canal to Fallopian Tube with Auto Tiss Subst, Perc Endo Apprch
001U4J2@	Bypass Spinal Canal to Atrium with Synthetic Subst, Perc Endo Apprch
001U4J4@	Bypass Spinal Canal to Pleural Cavity with Synthetic Subst, Perc Endo Apprch
001U4J6@	Bypass Spinal Canal to Peritoneal Cavity with Synthetic Subst, Perc Endo Apprch
001U4J7@	Bypass Spinal Canal to Urinary Tract with Synthetic Subst, Perc Endo Apprch
001U4J9@	Bypass Spinal Canal to Fallopian Tube with Synthetic Subst, Perc Endo Apprch
001U4K2@	Bypass Spinal Canal to Atrium with NonAuto Tiss Subst, Perc Endo Apprch
001U4K4@	Bypass Spinal Canal to Pleural Cavity with NonAuto Tiss Subst, Perc Endo Apprch
001U4K6@	Bypass Spinal Canal to Peritoneal Cavity with NonAuto Tiss Subst, Perc Endo Apprch
001U4K7@	Bypass Spinal Canal to Urinary Tract with NonAuto Tiss Subst, Perc Endo Apprch
001U4K9@	Bypass Spinal Canal to Fallopian Tube with NonAuto Tiss Subst, Perc Endo Apprch
005T0ZZ	Destruction of Spinal Meninges, Open Apprch
005T3ZZ	Destruction of Spinal Meninges, Perc Apprch
005T4ZZ	Destruction of Spinal Meninges, Perc Endo Apprch
005W0ZZ	Destruction of Cerv Spinal Cord, Open Apprch
005W3ZZ	Destruction of Cerv Spinal Cord, Perc Apprch
005W4ZZ	Destruction of Cerv Spinal Cord, Perc Endo Apprch
005X0ZZ	Destruction of Thoracic Spinal Cord, Open Apprch
005X3ZZ	Destruction of Thoracic Spinal Cord, Perc Apprch
005X4ZZ	Destruction of Thoracic Spinal Cord, Perc Endo Apprch
005Y0ZZ	Destruction of Lumbar Spinal Cord, Open Apprch
005Y3ZZ	Destruction of Lumbar Spinal Cord, Perc Apprch
005Y4ZZ	Destruction of Lumbar Spinal Cord, Perc Endo Apprch

Procedure

Code	Description
008W0ZZ	Division of Cerv Spinal Cord, Open Apprch
008W3ZZ	Division of Cerv Spinal Cord, Perc Apprch
008W4ZZ	Division of Cerv Spinal Cord, Perc EndoApprch
008X0ZZ	Division of Thoracic Spinal Cord, Open Apprch
008X3ZZ	Division of Thoracic Spinal Cord, Perc Apprch
008X4ZZ	Division of Thoracic Spinal Cord, Perc EndoApprch
008Y0ZZ	Division of Lumbar Spinal Cord, Open Apprch
008Y3ZZ	Division of Lumbar Spinal Cord, Perc Apprch
008Y4ZZ	Division of Lumbar Spinal Cord, Perc Endo Apprch
009T00Z	Drainage of Spinal Meninges w/ Drainage Dev, Open Apprch
009T0ZX	Drainage of Spinal Meninges, Open Apprch, Diagnostic
009T0ZZ	Drainage of Spinal Meninges, Open Apprch
009T30Z	Drainage of Spinal Meninges w/ Drainage Dev, Perc Apprch
009T3ZX	Drainage of Spinal Meninges, Perc Apprch, Diagnostic
009T3ZZ	Drainage of Spinal Meninges, Perc Apprch
009T40Z	Drainage of Spinal Meninges w/ Drainage Dev, Perc EndoApprch
009T4ZX	Drainage of Spinal Meninges, Perc Endo Apprch, Diagnostic
009T4ZZ	Drainage of Spinal Meninges, Perc Endo Apprch
009U00Z	Drainage of Spinal Canal w/ Drainage Dev, Open Apprch
009U0ZX	Drainage of Spinal Canal, Open Apprch, Diagnostic
009U0ZZ	Drainage of Spinal Canal, Open Apprch
009U3ZX	Drainage of Spinal Canal, Perc Apprch, Diagnostic
009U4ZX	Drainage of Spinal Canal, Perc Endo Apprch, Diagnostic
009W00Z	Drainage of Cerv Spinal Cord w/ Drainage Dev, Open Apprch
009W0ZX	Drainage of Cerv Spinal Cord, Open Apprch, Diagnostic
009W0ZZ	Drainage of Cerv Spinal Cord, Open Apprch
009W30Z	Drainage of Cerv Spinal Cord w/ Drainage Dev, Perc Apprch
009W3ZX	Drainage of Cerv Spinal Cord, Perc Apprch, Diagnostic
009W3ZZ	Drainage of Cerv Spinal Cord, Perc Apprch
009W40Z	Drainage of Cerv Spinal Cord w/ Drainage Dev, Perc EndoApprch
009W4ZX	Drainage of Cerv Spinal Cord, Perc Endo Apprch, Diagnostic
009W4ZZ	Drainage of Cerv Spinal Cord, Perc Endo Apprch
009X00Z	Drainage of Thoracic Spinal Cord w/ Drainage Dev, Open Apprch
009X0ZX	Drainage of Thoracic Spinal Cord, Open Apprch, Diagnostic
009X0ZZ	Drainage of Thoracic Spinal Cord, Open Apprch
009X30Z	Drainage of Thoracic Spinal Cord w/ Drainage Dev, Perc Apprch
009X3ZX	Drainage of Thoracic Spinal Cord, Perc Apprch, Diagnostic
009X3ZZ	Drainage of Thoracic Spinal Cord, Perc Apprch
009X40Z	Drainage of Thoracic Spinal Cord w/ Drainage Dev, Perc EndoApprch
009X4ZX	Drainage of Thoracic Spinal Cord, Perc Endo Apprch, Diagnostic
009X4ZZ	Drainage of Thoracic Spinal Cord, Perc Endo Apprch
009Y00Z	Drainage of Lumbar Spinal Cord w/ Drainage Dev, Open Apprch
009Y0ZX	Drainage of Lumbar Spinal Cord, Open Apprch, Diagnostic
009Y0ZZ	Drainage of Lumbar Spinal Cord, Open Apprch
009Y30Z	Drainage of Lumbar Spinal Cord w/ Drainage Dev, Perc Apprch
009Y3ZX	Drainage of Lumbar Spinal Cord, Perc Apprch, Diagnostic
009Y3ZZ	Drainage of Lumbar Spinal Cord, Perc Apprch
009Y40Z	Drainage of Lumbar Spinal Cord w/ Drainage Dev, Perc Endo Apprch
009Y4ZX	Drainage of Lumbar Spinal Cord, Perc Endo Apprch, Diagnostic
009Y4ZZ	Drainage of Lumbar Spinal Cord, Perc Endo Apprch

Procedure

Code	Description
00BT0ZX	Excision of Spinal Meninges, Open Apprch, Diagnostic
00BT0ZZ	Excision of Spinal Meninges, Open Apprch
00BT3ZX	Excision of Spinal Meninges, Perc Apprch, Diagnostic
00BT3ZZ	Excision of Spinal Meninges, Perc Apprch
00BT4ZX	Excision of Spinal Meninges, Perc Endo Apprch, Diagnostic
00BT4ZZ	Excision of Spinal Meninges, Perc Endo Apprch
00BW0ZX	Excision of Cerv Spinal Cord, Open Apprch, Diagnostic
00BW0ZZ	Excision of Cerv Spinal Cord, Open Apprch
00BW3ZX	Excision of Cerv Spinal Cord, Perc Apprch, Diagnostic
00BW3ZZ	Excision of Cerv Spinal Cord, Perc Apprch
00BW4ZX	Excision of Cerv Spinal Cord, Perc Endo Apprch, Diagnostic
00BW4ZZ	Excision of Cerv Spinal Cord, Perc Endo Apprch
00BX0ZX	Excision of Thoracic Spinal Cord, Open Apprch, Diagnostic
00BX0ZZ	Excision of Thoracic Spinal Cord, Open Apprch
00BX3ZX	Excision of Thoracic Spinal Cord, Perc Apprch, Diagnostic
00BX3ZZ	Excision of Thoracic Spinal Cord, Perc Apprch
00BX4ZX	Excision of Thoracic Spinal Cord, Perc Endo Apprch, Diagnostic
00BX4ZZ	Excision of Thoracic Spinal Cord, Perc Endo Apprch
00BY0ZX	Excision of Lumbar Spinal Cord, Open Apprch, Diagnostic
00BY0ZZ	Excision of Lumbar Spinal Cord, Open Apprch
00BY3ZX	Excision of Lumbar Spinal Cord, Perc Apprch, Diagnostic
00BY3ZZ	Excision of Lumbar Spinal Cord, Perc Apprch
00BY4ZX	Excision of Lumbar Spinal Cord, Perc Endo Apprch, Diagnostic
00BY4ZZ	Excision of Lumbar Spinal Cord, Perc Endo Apprch
00C30ZZ	Extirpation of Matter from Epidural Space, Open Apprch
00C33ZZ	Extirpation of Matter from Epidural Space, Perc Apprch
00C34ZZ	Extirpation of Matter from Epidural Space, Perc Endo Apprch
00CT0ZZ	Extirpation of Matter from Spinal Meninges, Open Apprch
00CT3ZZ	Extirpation of Matter from Spinal Meninges, Perc Apprch
00CT4ZZ	Extirpation of Matter from Spinal Meninges, Perc Endo Apprch
00CU0ZZ	Extirpation of Matter from Spinal Canal, Open Approach
00CU3ZZ	Extirpation of Matter from Spinal Canal, Percutaneous Approach
00CU4ZZ	Extirpation of Matter from Spinal Canal, Perc Endo Approach
00CW0ZZ	Extirpation of Matter from Cerv Spinal Cord, Open Apprch
00CW3ZZ	Extirpation of Matter from Cerv Spinal Cord, Perc Apprch
00CW4ZZ	Extirpation of Matter from Cerv Spinal Cord, Perc Endo Apprch
00CX0ZZ	Extirpation of Matter from Thoracic Spinal Cord, Open Apprch
00CX3ZZ	Extirpation of Matter from Thoracic Spinal Cord, Perc Apprch
00CX4ZZ	Extirpation of Matter from Thoracic Spinal Cord, Perc Endo Apprch
00CY0ZZ	Extirpation of Matter from Lumbar Spinal Cord, Open Apprch
00CY3ZZ	Extirpation of Matter from Lumbar Spinal Cord, Perc Apprch
00CY4ZZ	Extirpation of Matter from Lumbar Spinal Cord, Perc Endo Apprch
00DT0ZZ	Extraction of Spinal Meninges, Open Apprch
00DT3ZZ	Extraction of Spinal Meninges, Perc Apprch
00DT4ZZ	Extraction of Spinal Meninges, Perc Endo Apprch
00FU0ZZ	Fragmentation in Spinal Canal, Open Apprch
00FU3ZZ	Fragmentation in Spinal Canal, Perc Apprch
00FU4ZZ	Fragmentation in Spinal Canal, Perc Endo Apprch
00FUXZZ	Fragmentation in Spinal Canal, External Apprch
00HU0ZZ	Insertion of Monitoring Dev into Spinal Canal, Open Apprch

Procedure

Code	Description
00HU0MZ	Insertion of Neurostimulator Lead into Spinal Canal, Open Apprch
00HU0YZ	Insertion of Other Device i into Spinal Canal, Open Approach
00HU3ZZ	Insertion of Monitoring Dev i into Spinal Canal, Perc Apprch
00HU3MZ	Insertion of Neurostimulator Lead into Spinal Canal, Perc Apprch
00HU3YZ	Insertion of Other Device i into Spinal Canal, Percutaneous Approach
00HU4ZZ	Insertion of Monitoring Dev i into Spinal Canal, Perc Endo Apprch
00HU4MZ	Insertion of Neurostimulator Lead into Spinal Canal, Perc Endo Apprch
00HU4YZ	Insertion of Other Device i into Spinal Canal, Perc Endo Approach
00HV0ZZ	Insertion of Monitoring Dev i into Spinal Cord, Open Apprch
00HV0MZ	Insertion of Neurostimulator Lead into Spinal Cord, Open Apprch
00HV0YZ	Insertion of Other Device i into Spinal Cord, Open Approach
00HV3ZZ	Insertion of Monitoring Dev i into Spinal Cord, Perc Apprch
00HV3MZ	Insertion of Neurostimulator Lead into Spinal Cord, Perc Apprch
00HV3YZ	Insertion of Other Device i into Spinal Cord, Percutaneous Approach
00HV4ZZ	Insertion of Monitoring Dev i into Spinal Cord, Perc Endo Apprch
00HV4MZ	Insertion of Neurostimulator Lead into Spinal Cord, Perc Endo Apprch
00HV4YZ	Insertion of Other Device i into Spinal Cord, Perc Endo Approach
00JU0ZZ	Inspection of Spinal Canal, Open Apprch
00JU3ZZ	Inspection of Spinal Canal, Perc Apprch
00JU4ZZ	Inspection of Spinal Canal, Perc Endo Apprch
00JV0ZZ	Inspection of Spinal Cord, Open Apprch
00JV3ZZ	Inspection of Spinal Cord, Perc Apprch
00JV4ZZ	Inspection of Spinal Cord, Perc Endo Apprch
00NT0ZZ	Release Spinal Meninges, Open Apprch
00NT3ZZ	Release Spinal Meninges, Perc Apprch
00NT4ZZ	Release Spinal Meninges, Perc Endo Apprch
00NW0ZZ	Release Cerv Spinal Cord, Open Apprch
00NW3ZZ	Release Cerv Spinal Cord, Perc Apprch
00NW4ZZ	Release Cerv Spinal Cord, Perc Endo Apprch
00NX0ZZ	Release Thoracic Spinal Cord, Open Apprch
00NX3ZZ	Release Thoracic Spinal Cord, Perc Apprch
00NX4ZZ	Release Thoracic Spinal Cord, Perc Endo Apprch
00NY0ZZ	Release Lumbar Spinal Cord, Open Apprch
00NY3ZZ	Release Lumbar Spinal Cord, Perc Apprch
00NY4ZZ	Release Lumbar Spinal Cord, Perc Endo Apprch
00PU00Z	Removal of Drainage Dev from Spinal Canal, Open Apprch
00PU02Z	Removal of Monitoring Dev from Spinal Canal, Open Apprch
00PU03Z	Removal of Infus Dev from Spinal Canal, Open Apprch
00PU0JZ	Removal of Synth Subst from Spinal Canal, Open Apprch
00PU0MZ	Removal of Neurostimulator Lead from Spinal Canal, Open Apprch
00PU0YZ	Removal of Other Device from Spinal Canal, Open Approach
00PU30Z	Removal of Drainage Dev from Spinal Canal, Perc Apprch
00PU32Z	Removal of Monitoring Dev from Spinal Canal, Perc Apprch
00PU33Z	Removal of Infus Dev from Spinal Canal, Perc Apprch
00PU3JZ	Removal of Synth Subst from Spinal Canal, Perc Apprch
00PU3MZ	Removal of Neurostimulator Lead from Spinal Canal, Perc Apprch
00PU3YZ	Removal of Other Device from Spinal Canal, Percutaneous Approach
00PU40Z	Removal of Drainage Dev from Spinal Canal, Perc Endo Apprch
00PU42Z	Removal of Monitoring Dev from Spinal Canal, Perc Endo Apprch
00PU43Z	Removal of Infus Dev from Spinal Canal, Perc Endo Apprch

Procedure

Code	Description
00PU4JZ	Removal of Synth Subst from Spinal Canal, Perc Endo Apprch
00PU4MZ	Removal of Neurostimulator Lead from Spinal Canal, Perc Endo Apprch
00PU4YZ	Removal of Other Device from Spinal Canal, Perc Endo Approach
00PV00Z	Removal of Drainage Dev from Spinal Cord, Open Apprch
00PV02Z	Removal of Monitoring Dev from Spinal Cord, Open Apprch
00PV03Z	Removal of Infus Dev from Spinal Cord, Open Apprch
00PV07Z	Removal of Auto Tiss Subst from Spinal Cord, Open Apprch
00PV0JZ	Removal of Synth Subst from Spinal Cord, Open Apprch
00PV0KZ	Removal of Nonauto Tiss Subst from Spinal Cord, Open Apprch
00PV0MZ	Removal of Neurostimulator Lead from Spinal Cord, Open Apprch
00PV0YZ	Removal of Other Device from Spinal Cord, Open Approach
00PV30Z	Removal of Drainage Dev from Spinal Cord, Perc Apprch
00PV32Z	Removal of Monitoring Dev from Spinal Cord, Perc Apprch
00PV33Z	Removal of Infus Dev from Spinal Cord, Perc Apprch
00PV37Z	Removal of Auto Tiss Subst from Spinal Cord, Perc Apprch
00PV3JZ	Removal of Synth Subst from Spinal Cord, Perc Apprch
00PV3KZ	Removal of Nonauto Tiss Subst from Spinal Cord, Perc Apprch
00PV3MZ	Removal of Neurostimulator Lead from Spinal Cord, Perc Apprch
00PV3YZ	Removal of Other Device from Spinal Cord, Percutaneous Approach
00PV40Z	Removal of Drainage Dev from Spinal Cord, Perc Endo Apprch
00PV42Z	Removal of Monitoring Dev from Spinal Cord, Perc Endo Apprch
00PV43Z	Removal of Infus Dev from Spinal Cord, Perc Endo Apprch
00PV47Z	Removal of Auto Tiss Subst from Spinal Cord, Perc Endo Apprch
00PV4JZ	Removal of Synth Subst from Spinal Cord, Perc Endo Apprch
00PV4KZ	Removal of Nonauto Tiss Subst from Spinal Cord, Perc Endo Apprch
00PV4MZ	Removal of Neurostimulator Lead from Spinal Cord, Perc Endo Apprch
00PV4YZ	Removal of Other Device from Spinal Cord, Perc Endo Approach
00QT0ZZ	Repair Spinal Meninges, Open Apprch
00QT3ZZ	Repair Spinal Meninges, Perc Apprch
00QT4ZZ	Repair Spinal Meninges, Perc Endo Apprch
00QW0ZZ	Repair Cerv Spinal Cord, Open Apprch
00QW3ZZ	Repair Cerv Spinal Cord, Perc Apprch
00QW4ZZ	Repair Cerv Spinal Cord, Perc Endo Apprch
00QX0ZZ	Repair Thoracic Spinal Cord, Open Apprch
00QX3ZZ	Repair Thoracic Spinal Cord, Perc Apprch
00QX4ZZ	Repair Thoracic Spinal Cord, Perc Endo Apprch
00QY0ZZ	Repair Lumbar Spinal Cord, Open Apprch
00QY3ZZ	Repair Lumbar Spinal Cord, Perc Apprch
00QY4ZZ	Repair Lumbar Spinal Cord, Perc Endo Apprch
00RT07Z	Rplcmnt of Spinal Meninges with Autologous Tissue Substitute, Open Approach
00RT0JZ	Rplcmnt of Spinal Meninges with Synthetic Substitute, Open Approach
00RT0KZ	Rplcmnt of Spinal Meninges with Nonautologous Tissue Substitute, Open Approach
00RT47Z	Rplcmnt of Spinal Meninges with Autologous Tissue Substitute, Perc Endo Approach
00RT4JZ	Rplcmnt of Spinal Meninges with Synthetic Substitute, Perc Endo Approach
00RT4KZ	Rplcmnt of Spinal Meninges with Nonautologous Tissue Substitute, Perc Endo Approach
00SW0ZZ	Reposition Cerv Spinal Cord, Open Apprch
00SW3ZZ	Reposition Cerv Spinal Cord, Perc Apprch
00SW4ZZ	Reposition Cerv Spinal Cord, Perc Endo Apprch
00SX0ZZ	Reposition Thoracic Spinal Cord, Open Apprch
00SX3ZZ	Reposition Thoracic Spinal Cord, Perc Apprch

Procedure

Code	Description
00SX4ZZ	Reposition Thoracic Spinal Cord, Perc Endo Apprch
00SY0ZZ	Reposition Lumbar Spinal Cord, Open Apprch
00SY3ZZ	Reposition Lumbar Spinal Cord, Perc Apprch
00SY4ZZ	Reposition Lumbar Spinal Cord, Perc Endo Apprch
00UT07Z	Supplement Spinal Meninges w/ Auto Tiss Subst, Open Apprch
00UT0JZ	Supplement Spinal Meninges w/ Synth Subst, Open Apprch
00UT0KZ	Supplement Spinal Meninges w/ Nonauto Tiss Subst, Open Apprch
00UT37Z	Supplement Spinal Meninges w/ Auto Tiss Subst, Perc Apprch
00UT3JZ	Supplement Spinal Meninges w/ Synth Subst, Perc Apprch
00UT3KZ	Supplement Spinal Meninges w/ Nonauto Tiss Subst, Perc Apprch
00UT47Z	Supplement Spinal Meninges w/ Auto Tiss Subst, Perc Endo Apprch
00UT4JZ	Supplement Spinal Meninges w/ Synth Subst, Perc Endo Apprch
00UT4KZ	Supplement Spinal Meninges w/ Nonauto Tiss Subst, Perc Endo Apprch
00WU00Z	Revision of Drainage Dev in Spinal Canal, Open Apprch
00WU02Z	Revision of Monitoring Dev in Spinal Canal, Open Apprch
00WU03Z	Revision of Infus Dev in Spinal Canal, Open Apprch
00WU0JZ	Revision of Synth Subst in Spinal Canal, Open Apprch
00WU0MZ	Revision of Neurostimulator Lead in Spinal Canal, Open Apprch
00WU0YZ	Revision of Other Device in Spinal Canal, Open Approach
00WU30Z	Revision of Drainage Dev in Spinal Canal, Perc Apprch
00WU32Z	Revision of Monitoring Dev in Spinal Canal, Perc Apprch
00WU33Z	Revision of Infus Dev in Spinal Canal, Perc Apprch
00WU3JZ	Revision of Synth Subst in Spinal Canal, Perc Apprch
00WU3MZ	Revision of Neurostimulator Lead in Spinal Canal, Perc Apprch
00WU3YZ	Revision of Other Device in Spinal Canal, Percutaneous Approach
00WU40Z	Revision of Drainage Dev in Spinal Canal, Perc Endo Apprch
00WU42Z	Revision of Monitoring Dev in Spinal Canal, Perc Endo Apprch
00WU43Z	Revision of Infus Dev in Spinal Canal, Perc Endo Apprch
00WU4JZ	Revision of Synth Subst in Spinal Canal, Perc Endo Apprch
00WU4MZ	Revision of Neurostimulator Lead in Spinal Canal, Perc Endo Apprch
00WU4YZ	Revision of Other Device in Spinal Canal, Perc Endo Approach
00WV00Z	Revision of Drainage Dev in Spinal Cord, Open Apprch
00WV02Z	Revision of Monitoring Dev in Spinal Cord, Open Apprch
00WV03Z	Revision of Infus Dev in Spinal Cord, Open Apprch
00WV07Z	Revision of Auto Tiss Subst in Spinal Cord, Open Apprch
00WV0JZ	Revision of Synth Subst in Spinal Cord, Open Apprch
00WV0KZ	Revision of Nonauto Tiss Subst in Spinal Cord, Open Apprch
00WV0MZ	Revision of Neurostimulator Lead in Spinal Cord, Open Apprch
00WV0YZ	Revision of Other Device in Spinal Cord, Open Approach
00WV30Z	Revision of Drainage Dev in Spinal Cord, Perc Apprch
00WV32Z	Revision of Monitoring Dev in Spinal Cord, Perc Apprch
00WV33Z	Revision of Infus Dev in Spinal Cord, Perc Apprch
00WV37Z	Revision of Auto Tiss Subst in Spinal Cord, Perc Apprch
00WV3JZ	Revision of Synth Subst in Spinal Cord, Perc Apprch
00WV3KZ	Revision of Nonauto Tiss Subst in Spinal Cord, Perc Apprch
00WV3MZ	Revision of Neurostimulator Lead in Spinal Cord, Perc Apprch
00WV3YZ	Revision of Other Device in Spinal Cord, Percutaneous Approach
00WV40Z	Revision of Drainage Dev in Spinal Cord, Perc Endo Apprch
00WV42Z	Revision of Monitoring Dev in Spinal Cord, Perc Endo Apprch
00WV43Z	Revision of Infus Dev in Spinal Cord, Perc Endo Apprch

Procedure

Code	Description
00WV47Z	Revision of Auto Tiss Subst in Spinal Cord, Perc Endo Apprch
00WV4JZ	Revision of Synth Subst in Spinal Cord, Perc Endo Apprch
00WV4KZ	Revision of Nonauto Tiss Subst in Spinal Cord, Perc Endo Apprch
00WV4MZ	Revision of Neurostimulator Lead in Spinal Cord, Perc Endo Apprch
00WV4YZ	Revision of Other Device in Spinal Cord, Perc Endo Approach
01510ZZ	Destruction of Cerv Nerve, Open Apprch
01514ZZ	Destruction of Cerv Nerve, Perc Endo Apprch
01580ZZ	Destruction of Thoracic Nerve, Open Apprch
01584ZZ	Destruction of Thoracic Nerve, Perc Endo Apprch
015B0ZZ	Destruction of Lumbar Nerve, Open Apprch
015B4ZZ	Destruction of Lumbar Nerve, Perc Endo Apprch
015R0ZZ	Destruction of Sacral Nerve, Open Apprch
015R4ZZ	Destruction of Sacral Nerve, Perc Endo Apprch
01810ZZ	Division of Cerv Nerve, Open Apprch
01813ZZ	Division of Cerv Nerve, Perc Apprch
01814ZZ	Division of Cerv Nerve, Perc Endo Apprch
01880ZZ	Division of Thoracic Nerve, Open Apprch
01883ZZ	Division of Thoracic Nerve, Perc Apprch
01884ZZ	Division of Thoracic Nerve, Perc Endo Apprch
018B0ZZ	Division of Lumbar Nerve, Open Apprch
018B3ZZ	Division of Lumbar Nerve, Perc Apprch
018B4ZZ	Division of Lumbar Nerve, Perc Endo Apprch
018R0ZZ	Division of Sacral Nerve, Open Apprch
018R3ZZ	Division of Sacral Nerve, Perc Apprch
018R4ZZ	Division of Sacral Nerve, Perc Endo Apprch
01R107Z	Rplcmnt of Cervical Nerve with Autologous Tissue Substitute, Open Approach
01R10JZ	Rplcmnt of Cervical Nerve with Synthetic Substitute, Open Approach
01R10KZ	Rplcmnt of Cervical Nerve with Nonautologous Tissue Substitute, Open Approach
01R147Z	Rplcmnt of Cervical Nerve with Autologous Tissue Substitute, Perc Endo Approach
01R14JZ	Rplcmnt of Cervical Nerve with Synthetic Substitute, Perc Endo Approach
01R14KZ	Rplcmnt of Cervical Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01R207Z	Rplcmnt of Phrenic Nerve with Autologous Tissue Substitute, Open Approach
01R20JZ	Rplcmnt of Phrenic Nerve with Synthetic Substitute, Open Approach
01R20KZ	Rplcmnt of Phrenic Nerve with Nonautologous Tissue Substitute, Open Approach
01R247Z	Rplcmnt of Phrenic Nerve with Autologous Tissue Substitute, Perc Endo Approach
01R24JZ	Rplcmnt of Phrenic Nerve with Synthetic Substitute, Perc Endo Approach
01R24KZ	Rplcmnt of Phrenic Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01R807Z	Rplcmnt of Thoracic Nerve with Autologous Tissue Substitute, Open Approach
01R80JZ	Rplcmnt of Thoracic Nerve with Synthetic Substitute, Open Approach
01R80KZ	Rplcmnt of Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01R847Z	Rplcmnt of Thoracic Nerve with Autologous Tissue Substitute, Perc Endo Approach
01R84JZ	Rplcmnt of Thoracic Nerve with Synthetic Substitute, Perc Endo Approach
01R84KZ	Rplcmnt of Thoracic Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01RB07Z	Rplcmnt of Lumbar Nerve with Autologous Tissue Substitute, Open Approach
01RB0JZ	Rplcmnt of Lumbar Nerve with Synthetic Substitute, Open Approach
01RB0KZ	Rplcmnt of Lumbar Nerve with Nonautologous Tissue Substitute, Open Approach
01RB47Z	Rplcmnt of Lumbar Nerve with Autologous Tissue Substitute, Perc Endo Approach
01RB4JZ	Rplcmnt of Lumbar Nerve with Synthetic Substitute, Perc Endo Approach
01RB4KZ	Rplcmnt of Lumbar Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01RF07Z	Rplcmnt of Sciatic Nerve with Autologous Tissue Substitute, Open Approach

Procedure

Code	Description
01RF0JZ	Rplcmnt of Sciatic Nerve with Synthetic Substitute, Open Approach
01RF0KZ	Rplcmnt of Sciatic Nerve with Nonautologous Tissue Substitute, Open Approach
01RF47Z	Rplcmnt of Sciatic Nerve with Autologous Tissue Substitute, Perc Endo Approach
01RF4JZ	Rplcmnt of Sciatic Nerve with Synthetic Substitute, Perc Endo Approach
01RF4KZ	Rplcmnt of Sciatic Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01RR07Z	Rplcmnt of Sacral Nerve with Autologous Tissue Substitute, Open Approach
01RR0JZ	Rplcmnt of Sacral Nerve with Synthetic Substitute, Open Approach
01RR0KZ	Rplcmnt of Sacral Nerve with Nonautologous Tissue Substitute, Open Approach
01RR47Z	Rplcmnt of Sacral Nerve with Autologous Tissue Substitute, Perc Endo Approach
01RR4JZ	Rplcmnt of Sacral Nerve with Synthetic Substitute, Perc Endo Approach
01RR4KZ	Rplcmnt of Sacral Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01U10JZ	Supplement Cervical Nerve with Synthetic Substitute, Open Approach
01U10KZ	Supplement Cervical Nerve with Nonautologous Tissue Substitute, Open Approach
01U13JZ	Supplement Cervical Nerve with Synthetic Substitute, Percutaneous Approach
01U13KZ	Supplement Cervical Nerve with Nonautologous Tissue Substitute, Percutaneous Approach
01U14JZ	Supplement Cervical Nerve with Synthetic Substitute, Perc Endo Approach
01U14KZ	Supplement Cervical Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01U20JZ	Supplement Phrenic Nerve with Synthetic Substitute, Open Approach
01U20KZ	Supplement Phrenic Nerve with Nonautologous Tissue Substitute, Open Approach
01U23JZ	Supplement Phrenic Nerve with Synthetic Substitute, Percutaneous Approach
01U23KZ	Supplement Phrenic Nerve with Nonautologous Tissue Substitute, Percutaneous Approach
01U24JZ	Supplement Phrenic Nerve with Synthetic Substitute, Perc Endo Approach
01U24KZ	Supplement Phrenic Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01U80JZ	Supplement Thoracic Nerve with Synthetic Substitute, Open Approach
01U80KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Open Approach
01U83JZ	Supplement Thoracic Nerve with Synthetic Substitute, Percutaneous Approach
01U83KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Percutaneous Approach
01U84JZ	Supplement Thoracic Nerve with Synthetic Substitute, Perc Endo Approach
01U84KZ	Supplement Thoracic Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01UB0JZ	Supplement Lumbar Nerve with Synthetic Substitute, Open Approach
01UB0KZ	Supplement Lumbar Nerve with Nonautologous Tissue Substitute, Open Approach
01UB3JZ	Supplement Lumbar Nerve with Synthetic Substitute, Percutaneous Approach
01UB3KZ	Supplement Lumbar Nerve with Nonautologous Tissue Substitute, Percutaneous Approach
01UB4JZ	Supplement Lumbar Nerve with Synthetic Substitute, Perc Endo Approach
01UB4KZ	Supplement Lumbar Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
01UF0JZ	Supplement Sciatic Nerve with Synthetic Substitute, Open Approach
01UF0KZ	Supplement Sciatic Nerve with Nonautologous Tissue Substitute, Open Approach
01UF3JZ	Supplement Sciatic Nerve with Synthetic Substitute, Percutaneous Approach
01UF3KZ	Supplement Sciatic Nerve with Nonautologous Tissue Substitute, Percutaneous Approach
01UF4JZ	Supplement Sciatic Nerve with Synthetic Substitute, Perc Endo Approach
01UF4KZ	Supplement Sciatic Nerve with Nonautologous Tissue Substitute, Perc Endo Approach
0M5C0ZZ	Destruction of Upper Spine Bursa and Ligament, Open Approach
0M5C3ZZ	Destruction of Upper Spine Bursa and Ligament, Percutaneous Approach
0M5C4ZZ	Destruction of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0M5D0ZZ	Destruction of Lower Spine Bursa and Ligament, Open Approach
0M5D3ZZ	Destruction of Lower Spine Bursa and Ligament, Percutaneous Approach
0M5D4ZZ	Destruction of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0M8C0ZZ	Division of Upper Spine Bursa and Ligament, Open Approach
0M8C3ZZ	Division of Upper Spine Bursa and Ligament, Percutaneous Approach
0M8C4ZZ	Division of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach

Procedure

Code	Description
0M8D0ZZ	Division of Lower Spine Bursa and Ligament, Open Approach
0M8D3ZZ	Division of Lower Spine Bursa and Ligament, Percutaneous Approach
0M8D4ZZ	Division of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0M9C00Z	Drainage of Upper Spine Bursa and Ligament with Drainage Device, Open Approach
0M9C0ZX	Drainage of Upper Spine Bursa and Ligament, Open Approach, Diagnostic
0M9C0ZZ	Drainage of Upper Spine Bursa and Ligament, Open Approach
0M9C30Z	Drainage of Upper Spine Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9C3ZX	Drainage of Upper Spine Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9C3ZZ	Drainage of Upper Spine Bursa and Ligament, Percutaneous Approach
0M9C40Z	Drainage of Upper Spine Bursa and Ligament with Drainage Device, Percutaneous Endo Approach
0M9C4ZX	Drainage of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9C4ZZ	Drainage of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0M9D00Z	Drainage of Lower Spine Bursa and Ligament with Drainage Device, Open Approach
0M9D0ZX	Drainage of Lower Spine Bursa and Ligament, Open Approach, Diagnostic
0M9D0ZZ	Drainage of Lower Spine Bursa and Ligament, Open Approach
0M9D30Z	Drainage of Lower Spine Bursa and Ligament with Drainage Device, Percutaneous Approach
0M9D3ZX	Drainage of Lower Spine Bursa and Ligament, Percutaneous Approach, Diagnostic
0M9D3ZZ	Drainage of Lower Spine Bursa and Ligament, Percutaneous Approach
0M9D40Z	Drainage of Lower Spine Bursa and Ligament with Drainage Device, Percutaneous Endo Approach
0M9D4ZX	Drainage of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0M9D4ZZ	Drainage of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MBC0ZX	Excision of Upper Spine Bursa and Ligament, Open Approach, Diagnostic
0MBC0ZZ	Excision of Upper Spine Bursa and Ligament, Open Approach
0MBC3ZX	Excision of Upper Spine Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBC3ZZ	Excision of Upper Spine Bursa and Ligament, Percutaneous Approach
0MBC4ZX	Excision of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBC4ZZ	Excision of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MBD0ZX	Excision of Lower Spine Bursa and Ligament, Open Approach, Diagnostic
0MBD0ZZ	Excision of Lower Spine Bursa and Ligament, Open Approach
0MBD3ZX	Excision of Lower Spine Bursa and Ligament, Percutaneous Approach, Diagnostic
0MBD3ZZ	Excision of Lower Spine Bursa and Ligament, Percutaneous Approach
0MBD4ZX	Excision of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach, Diagnostic
0MBD4ZZ	Excision of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MCC0ZZ	Extirpation of Matter from Upper Spine Bursa and Ligament, Open Approach
0MCC3ZZ	Extirpation of Matter from Upper Spine Bursa and Ligament, Percutaneous Approach
0MCC4ZZ	Extirpation of Matter from Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MCD0ZZ	Extirpation of Matter from Lower Spine Bursa and Ligament, Open Approach
0MCD3ZZ	Extirpation of Matter from Lower Spine Bursa and Ligament, Percutaneous Approach
0MCD4ZZ	Extirpation of Matter from Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MDC0ZZ	Extraction of Upper Spine Bursa and Ligament, Open Approach
0MDC3ZZ	Extraction of Upper Spine Bursa and Ligament, Percutaneous Approach
0MDC4ZZ	Extraction of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MDD0ZZ	Extraction of Lower Spine Bursa and Ligament, Open Approach
0MDD3ZZ	Extraction of Lower Spine Bursa and Ligament, Percutaneous Approach
0MDD4ZZ	Extraction of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MMC0ZZ	Reattachment of Upper Spine Bursa and Ligament, Open Approach
0MMC4ZZ	Reattachment of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MMD0ZZ	Reattachment of Lower Spine Bursa and Ligament, Open Approach
0MMD4ZZ	Reattachment of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MNC0ZZ	Release Upper Spine Bursa and Ligament, Open Approach

Procedure

Code	Description
0MNC3ZZ	Release Upper Spine Bursa and Ligament, Percutaneous Approach
0MNC4ZZ	Release Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MNCXZZ	Release Upper Spine Bursa and Ligament, External Approach
0MND0ZZ	Release Lower Spine Bursa and Ligament, Open Approach
0MND3ZZ	Release Lower Spine Bursa and Ligament, Percutaneous Approach
0MND4ZZ	Release Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MNDXZZ	Release Lower Spine Bursa and Ligament, External Approach
0MQC0ZZ	Repair Upper Spine Bursa and Ligament, Open Approach
0MQC3ZZ	Repair Upper Spine Bursa and Ligament, Percutaneous Approach
0MQC4ZZ	Repair Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MQD0ZZ	Repair Lower Spine Bursa and Ligament, Open Approach
0MQD3ZZ	Repair Lower Spine Bursa and Ligament, Percutaneous Approach
0MQD4ZZ	Repair Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MSC0ZZ	Reposition Upper Spine Bursa and Ligament, Open Approach
0MSC4ZZ	Reposition Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MSD0ZZ	Reposition Lower Spine Bursa and Ligament, Open Approach
0MSD4ZZ	Reposition Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MTC0ZZ	Resection of Upper Spine Bursa and Ligament, Open Approach
0MTC4ZZ	Resection of Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MTD0ZZ	Resection of Lower Spine Bursa and Ligament, Open Approach
0MTD4ZZ	Resection of Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MUC07Z	Supplement Upper Spine Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUC0JZ	Supplement Upper Spine Bursa and Ligament with Synthetic Substitute, Open Approach
0MUC0KZ	Supplement Upper Spine Bursa & Ligament w Nonautologous Tissue Substitute, Open Approach
0MUC47Z	Supplement Upper Spine Bursa & Ligament with Autologous Tissue Substitute, Perc Endo Approach
0MUC4JZ	Supplement Upper Spine Bursa & Ligament w Synthetic Substitute, Percutaneous Endo Approach
0MUC4KZ	Supplement Upper Spine Bursa & Ligament w Nonautologous Tissue Substit, Perc Endo Approach
0MUD07Z	Supplement Lower Spine Bursa and Ligament with Autologous Tissue Substitute, Open Approach
0MUD0JZ	Supplement Lower Spine Bursa and Ligament with Synthetic Substitute, Open Approach
0MUD0KZ	Supplement Lower Spine Bursa & Ligament with Nonautologous Tissue Substitute, Open Approach
0MUD47Z	Supplement Lower Spine Bursa & Ligament with Autologous Tissue Substitute, Perc Endo Approach
0MUD4JZ	Supplement Lower Spine Bursa & Ligament with Synthetic Substitute, Perc Endoscopic Approach
0MUD4KZ	Supplement Lower Spine Bursa & Ligament with Nonautologous Tissue Substit, Perc Endo Approach
0MXC0ZZ	Transfer Upper Spine Bursa and Ligament, Open Approach
0MXC4ZZ	Transfer Upper Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0MXD0ZZ	Transfer Lower Spine Bursa and Ligament, Open Approach
0MXD4ZZ	Transfer Lower Spine Bursa and Ligament, Percutaneous Endoscopic Approach
0PD30ZZ	Extraction of Cervical Vertebra, Open Approach
0PD40ZZ	Extraction of Thoracic Vertebra, Open Approach
0PS304Z	Reposition Cerv Vertebra w/ Internal Fixation Dev, Open Approach
0PS30ZZ	Reposition Cerv Vertebra, Open Approach
0PS334Z	Reposition Cerv Vertebra w/ Internal Fixation Dev, Perc Approach
0PS33ZZ	Reposition Cerv Vertebra, Perc Approach
0PS344Z	Reposition Cerv Vertebra w/ Internal Fixation Dev, Perc Endo Approach
0PS34ZZ	Reposition Cerv Vertebra, Perc Endo Approach
0PS3XZZ	Reposition Cerv Vertebra, External Approach
0PS404Z	Reposition Thoracic vertebra w/ Internal Fixation Dev, Open Approach
0PS40ZZ	Reposition Thoracic vertebra, Open Approach
0PS434Z	Reposition Thoracic vertebra w/ Internal Fixation Dev, Perc Approach
0PS43ZZ	Reposition Thoracic vertebra, Perc Approach

Procedure

Code	Description
0PS444Z	Reposition Thora vertebebrea w/ Internal Fixation Dev, Perc Endo Apprch
0PS44ZZ	Reposition Thora vertebebrea, Perc Endo Apprch
0PS4XZZ	Reposition Thora vertebebrea, External Apprch
0PU33JZ	Supplement Cerv Vertebra w/ Synth Subst, Perc Apprch
0PU34JZ	Supplement Cerv Vertebra w/ Synth Subst, Perc Endo Apprch
0PU43JZ	Supplement Thora vertebebrea w/ Synth Subst, Perc Apprch
0PU44JZ	Supplement Thora vertebebrea w/ Synth Subst, Perc Endo Apprch
0QD00ZZ	Extraction of Lumbar Vertebra, Open Approach
0QS004Z	Reposition Lumbar Vertebra w/ Internal Fixation Dev, Open Apprch
0QS00ZZ	Reposition Lumbar Vertebra, Open Apprch
0QS034Z	Reposition Lumbar Vertebra w/ Internal Fixation Dev, Perc Apprch
0QS03ZZ	Reposition Lumbar Vertebra, Perc Apprch
0QS044Z	Reposition Lumbar Vertebra w/ Internal Fixation Dev, Perc Endo Apprch
0QS04ZZ	Reposition Lumbar Vertebra, Perc Endo Apprch
0QS0XZZ	Reposition Lumbar Vertebra, External Apprch
0QS104Z	Reposition Sacrum w/ Internal Fixation Dev, Open Apprch
0QS10ZZ	Reposition Sacrum, Open Apprch
0QS134Z	Reposition Sacrum w/ Internal Fixation Dev, Perc Apprch
0QS13ZZ	Reposition Sacrum, Perc Apprch
0QS144Z	Reposition Sacrum w/ Internal Fixation Dev, Perc Endo Apprch
0QS14ZZ	Reposition Sacrum, Perc Endo Apprch
0QS1XZZ	Reposition Sacrum, External Apprch
0QSS04Z	Reposition Coccyx w/ Internal Fixation Dev, Open Apprch
0QSS0ZZ	Reposition Coccyx, Open Apprch
0QSS34Z	Reposition Coccyx w/ Internal Fixation Dev, Perc Apprch
0QSS3ZZ	Reposition Coccyx, Perc Apprch
0QSS44Z	Reposition Coccyx w/ Internal Fixation Dev, Perc Endo Apprch
0QSS4ZZ	Reposition Coccyx, Perc Endo Apprch
0QSSXZZ	Reposition Coccyx, External Apprch
0QU03JZ	Supplement Lumbar Vertebra w/ Synth Subst, Perc Apprch
0QU04JZ	Supplement Lumbar Vertebra w/ Synth Subst, Perc Endo Apprch
0QU13JZ	Supplement Sacrum w/ Synth Subst, Perc Apprch
0QU14JZ	Supplement Sacrum w/ Synth Subst, Perc Endo Apprch
0R530ZZ	Destruction of Cerv Vert Disc, Open Apprch
0R533ZZ	Destruction of Cerv Vert Disc, Perc Apprch
0R534ZZ	Destruction of Cerv Vert Disc, Perc Endo Apprch
0R550ZZ	Destruction of Cerv-thora Vert Disc, Open Apprch
0R553ZZ	Destruction of Cerv-thora Vert Disc, Perc Apprch
0R554ZZ	Destruction of Cerv-thora Vert Disc, Perc Endo Apprch
0R590ZZ	Destruction of Thora verteb Disc, Open Apprch
0R593ZZ	Destruction of Thora verteb Disc, Perc Apprch
0R594ZZ	Destruction of Thora verteb Disc, Perc Endo Apprch
0R5B0ZZ	Destruction of Thoracolumbar Vert Disc, Open Apprch
0R5B3ZZ	Destruction of Thoracolumbar Vert Disc, Perc Apprch
0R5B4ZZ	Destruction of Thoracolumbar Vert Disc, Perc Endo Apprch
0RB00ZZ	Excision of Occ-cerv Joint, Open Apprch
0RB03ZZ	Excision of Occ-cerv Joint, Perc Apprch
0RB04ZZ	Excision of Occ-cerv Joint, Perc Endo Apprch
0RB10ZZ	Excision of Cerv Vert Joint, Open Apprch
0RB13ZZ	Excision of Cerv Vert Joint, Perc Apprch

Procedure

Code	Description
ORB14ZZ	Excision of Cerv Vert Joint, Perc Endo Apprch
ORB30ZZ	Excision of Cerv Vert Disc, Open Apprch
ORB33ZZ	Excision of Cerv Vert Disc, Perc Apprch
ORB34ZZ	Excision of Cerv Vert Disc, Perc Endo Apprch
ORB40ZZ	Excision of Cerv-thora Vert Joint, Open Apprch
ORB43ZZ	Excision of Cerv-thora Vert Joint, Perc Apprch
ORB44ZZ	Excision of Cerv-thora Vert Joint, Perc Endo Apprch
ORB50ZZ	Excision of Cerv-thora Vert Disc, Open Apprch
ORB53ZZ	Excision of Cerv-thora Vert Disc, Perc Apprch
ORB54ZZ	Excision of Cerv-thora Vert Disc, Perc Endo Apprch
ORB60ZZ	Excision of Thora verteb Joint, Open Apprch
ORB63ZZ	Excision of Thora verteb Joint, Perc Apprch
ORB64ZZ	Excision of Thora verteb Joint, Perc Endo Apprch
ORB90ZZ	Excision of Thora verteb Disc, Open Apprch
ORB93ZZ	Excision of Thora verteb Disc, Perc Apprch
ORB94ZZ	Excision of Thora verteb Disc, Perc Endo Apprch
ORBA0ZZ	Excision of Thoracolumbar Vert Joint, Open Apprch
ORBA3ZZ	Excision of Thoracolumbar Vert Joint, Perc Apprch
ORBA4ZZ	Excision of Thoracolumbar Vert Joint, Perc Endo Apprch
ORBB0ZZ	Excision of Thoracolumbar Vert Disc, Open Apprch
ORBB3ZZ	Excision of Thoracolumbar Vert Disc, Perc Apprch
ORBB4ZZ	Excision of Thoracolumbar Vert Disc, Perc Endo Apprch
ORH00BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Occ-cerv Joint, Open Apprch
ORH00CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Occ-cerv Joint, Open Apprch
ORH00DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Occ-cerv Joint, Open Apprch
ORH03BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Occ-cerv Joint, Perc Apprch
ORH03CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Occ-cerv Joint, Perc Apprch
ORH03DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Occ-cerv Joint, Perc Apprch
ORH04BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Occ-cerv Joint, Perc Endo Apprch
ORH04CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Occ-cerv Joint, Perc Endo Apprch
ORH04DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Occ-cerv Joint, Perc Endo Apprch
ORH10BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Cerv Vert Joint, Open Apprch
ORH10CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Cerv Vert Joint, Open Apprch
ORH10DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Cerv Vert Joint, Open Apprch
ORH13BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Cerv Vert Joint, Perc Apprch
ORH13CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Cerv Vert Joint, Perc Apprch
ORH13DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Cerv Vert Joint, Perc Apprch
ORH14BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Cerv Vert Joint, Perc Endo Apprch
ORH14CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Cerv Vert Joint, Perc Endo Apprch
ORH14DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Cerv Vert Joint, Perc Endo Apprch
ORH40BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Cerv-thora Vert Joint, Open Apprch
ORH40CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Cerv-thora Vert Joint, Open Apprch
ORH40DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Cerv-thora Vert Joint, Open Apprch
ORH43BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Cerv-thora Vert Joint, Perc Apprch
ORH43CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Cerv-thora Vert Joint, Perc Apprch
ORH43DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Cerv-thora Vert Joint, Perc Apprch
ORH44BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Cerv-thora Vert Joint, Perc Endo Apprch
ORH44CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Cerv-thora Vert Joint, Perc Endo Apprch
ORH44DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Cerv-thora Vert Joint, Perc Endo Apprch
ORH60BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Thora verteb Joint, Open Apprch

Procedure

Code	Description
ORH60CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Thora verteb Joint, Open Apprch
ORH60DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Thora verteb Joint, Open Apprch
ORH63BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Thora verteb Joint, Perc Apprch
ORH63CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Thora verteb Joint, Perc Apprch
ORH63DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Thora verteb Joint, Perc Apprch
ORH64BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Thora verteb Joint, Perc Endo Apprch
ORH64CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Thora verteb Joint, Perc Endo Apprch
ORH64DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Thora verteb Joint, Perc Endo Apprch
ORHA0BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Thoracolumbar Vert Joint, Open Apprch
ORHA0CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Thoracolumbar Vert Joint, Open Apprch
ORHA0DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Thoracolumbar Vert Joint, Open Apprch
ORHA3BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Thoracolumbar Vert Joint, Perc Apprch
ORHA3CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Thoracolumbar Vert Joint, Perc Apprch
ORHA3DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Thoracolumbar Vert Joint, Perc Apprch
ORHA4BZ	Insert of Interspinous Process Spinal Stabilz Dev into Thoracolumbar Vert Joint, Perc Endo Apprch
ORHA4CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Thoracolumbar Vert Joint, Perc Endo Apprch
ORHA4DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Thoracolumbar Vert Joint, Perc Endo Apprch
ORQ30ZZ	Repair Cerv Vert Disc, Open Apprch
ORQ90ZZ	Repair Thora verteb Disc, Open Apprch
ORQB0ZZ	Repair Thoracolumbar Vert Disc, Open Apprch
ORR30JZ	Replcmnt of Cerv Vert Disc w/ Synth Subst, Open Apprch
ORR50JZ	Replcmnt of Cerv-thora Vert Disc w/ Synth Subst, Open Apprch
ORR90JZ	Replcmnt of Thora verteb Disc w/ Synth Subst, Open Apprch
ORRB0JZ	Replcmnt of Thoracolumbar Vert Disc w/ Synth Subst, Open Apprch
ORT30ZZ	Resection of Cerv Vert Disc, Open Apprch
ORT40ZZ	Resection of Cerv-thora Vert Joint, Open Apprch
ORT50ZZ	Resection of Cerv-thora Vert Disc, Open Apprch
ORT90ZZ	Resection of Thora verteb Disc, Open Apprch
ORTB0ZZ	Resection of Thoracolumbar Vert Disc, Open Apprch
ORU307Z	Supplement Cerv Vert Disc w/ Auto Tiss Subst, Open Apprch
ORU30JZ	Supplement Cerv Vert Disc w/ Synth Subst, Open Apprch
ORU30KZ	Supplement Cerv Vert Disc w/ Nonauto Tiss Subst, Open Apprch
ORU337Z	Supplement Cerv Vert Disc w/ Auto Tiss Subst, Perc Apprch
ORU33JZ	Supplement Cerv Vert Disc w/ Synth Subst, Perc Apprch
ORU33KZ	Supplement Cerv Vert Disc w/ Nonauto Tiss Subst, Perc Apprch
ORU347Z	Supplement Cerv Vert Disc w/ Auto Tiss Subst, Perc Endo Apprch
ORU34JZ	Supplement Cerv Vert Disc w/ Synth Subst, Perc Endo Apprch
ORU34KZ	Supplement Cerv Vert Disc w/ Nonauto Tiss Subst, Perc Endo Apprch
ORU907Z	Supplement Thora verteb Disc w/ Auto Tiss Subst, Open Apprch
ORU90JZ	Supplement Thora verteb Disc w/ Synth Subst, Open Apprch
ORU90KZ	Supplement Thora verteb Disc w/ Nonauto Tiss Subst, Open Apprch
ORU937Z	Supplement Thora verteb Disc w/ Auto Tiss Subst, Perc Apprch
ORU93JZ	Supplement Thora verteb Disc w/ Synth Subst, Perc Apprch
ORU93KZ	Supplement Thora verteb Disc w/ Nonauto Tiss Subst, Perc Apprch
ORU947Z	Supplement Thora verteb Disc w/ Auto Tiss Subst, Perc Endo Apprch
ORU94JZ	Supplement Thora verteb Disc w/ Synth Subst, Perc Endo Apprch
ORU94KZ	Supplement Thora verteb Disc w/ Nonauto Tiss Subst, Perc Endo Apprch
ORUB07Z	Supplement Thoracolumbar Vert Disc w/ Auto Tiss Subst, Open Apprch
ORUB0JZ	Supplement Thoracolumbar Vert Disc w/ Synth Subst, Open Apprch
ORUB0KZ	Supplement Thoracolumbar Vert Disc w/ Nonauto Tiss Subst, Open Apprch

Procedure

Code	Description
ORUB37Z	Supplement Thoracolumbar Vert Disc w/ Auto Tiss Subst, Perc Apprch
ORUB3JZ	Supplement Thoracolumbar Vert Disc w/ Synth Subst, Perc Apprch
ORUB3KZ	Supplement Thoracolumbar Vert Disc w/ Nonauto Tiss Subst, Perc Apprch
ORUB47Z	Supplement Thoracolumbar Vert Disc w/ Auto Tiss Subst, Perc Endo Apprch
ORUB4JZ	Supplement Thoracolumbar Vert Disc w/ Synth Subst, Perc Endo Apprch
ORUB4KZ	Supplement Thoracolumbar Vert Disc w/ Nonauto Tiss Subst, Perc Endo Apprch
ORW30JZ	Revision of Synth Subst in Cerv Vert Disc, Open Apprch
ORW33JZ	Revision of Synth Subst in Cerv Vert Disc, Perc Apprch
ORW34JZ	Revision of Synth Subst in Cerv Vert Disc, Perc Endo Apprch
ORW50JZ	Revision of Synth Subst in Cerv-thora Vert Disc, Open Apprch
ORW53JZ	Revision of Synth Subst in Cerv-thora Vert Disc, Perc Apprch
ORW54JZ	Revision of Synth Subst in Cerv-thora Vert Disc, Perc Endo Apprch
ORW90JZ	Revision of Synth Subst in Thora verteb Disc, Open Apprch
ORW93JZ	Revision of Synth Subst in Thora verteb Disc, Perc Apprch
ORW94JZ	Revision of Synth Subst in Thora verteb Disc, Perc Endo Apprch
ORWB0JZ	Revision of Synth Subst in Thoracolumbar Vert Disc, Open Apprch
ORWB3JZ	Revision of Synth Subst in Thoracolumbar Vert Disc, Perc Apprch
ORWB4JZ	Revision of Synth Subst in Thoracolumbar Vert Disc, Perc Endo Apprch
OS520ZZ	Destruction of Lumbar Vert Disc, Open Apprch
OS523ZZ	Destruction of Lumbar Vert Disc, Perc Apprch
OS524ZZ	Destruction of Lumbar Vert Disc, Perc Endo Apprch
OS540ZZ	Destruction of Lumbosacral Disc, Open Apprch
OS543ZZ	Destruction of Lumbosacral Disc, Perc Apprch
OS544ZZ	Destruction of Lumbosacral Disc, Perc Endo Apprch
OSB00ZZ	Excision of Lumbar Vert Joint, Open Apprch
OSB03ZZ	Excision of Lumbar Vert Joint, Perc Apprch
OSB04ZZ	Excision of Lumbar Vert Joint, Perc Endo Apprch
OSB20ZZ	Excision of Lumbar Vert Disc, Open Apprch
OSB23ZZ	Excision of Lumbar Vert Disc, Perc Apprch
OSB24ZZ	Excision of Lumbar Vert Disc, Perc Endo Apprch
OSB30ZZ	Excision of Lumbosacral Joint, Open Apprch
OSB33ZZ	Excision of Lumbosacral Joint, Perc Apprch
OSB34ZZ	Excision of Lumbosacral Joint, Perc Endo Apprch
OSB40ZZ	Excision of Lumbosacral Disc, Open Apprch
OSB43ZZ	Excision of Lumbosacral Disc, Perc Apprch
OSB44ZZ	Excision of Lumbosacral Disc, Perc Endo Apprch
OSB50ZZ	Excision of Sacrococcygeal Joint, Open Apprch
OSB53ZZ	Excision of Sacrococcygeal Joint, Perc Apprch
OSB54ZZ	Excision of Sacrococcygeal Joint, Perc Endo Apprch
OSB60ZZ	Excision of Coccygeal Joint, Open Apprch
OSB63ZZ	Excision of Coccygeal Joint, Perc Apprch
OSB64ZZ	Excision of Coccygeal Joint, Perc Endo Apprch
OSB70ZZ	Excision of Right Sacroiliac Joint, Open Apprch
OSB73ZZ	Excision of Right Sacroiliac Joint, Perc Apprch
OSB74ZZ	Excision of Right Sacroiliac Joint, Perc Endo Apprch
OSB80ZZ	Excision of Left Sacroiliac Joint, Open Apprch
OSB83ZZ	Excision of Left Sacroiliac Joint, Perc Apprch
OSB84ZZ	Excision of Left Sacroiliac Joint, Perc Endo Apprch
OSH00BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Lumbar Vert Joint, Open Apprch
OSH00CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Lumbar Vert Joint, Open Apprch

Procedure

Code	Description
OSH00DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Lumbar Vert Joint, Open Apprch
OSH03BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Lumbar Vert Joint, Perc Apprch
OSH03CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Lumbar Vert Joint, Perc Apprch
OSH03DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Lumbar Vert Joint, Perc Apprch
OSH04BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Lumbar Vert Joint, Perc Endo Apprch
OSH04CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Lumbar Vert Joint, Perc Endo Apprch
OSH04DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Lumbar Vert Joint, Perc Endo Apprch
OSH30BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Lumbosacral Joint, Open Apprch
OSH30CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Lumbosacral Joint, Open Apprch
OSH30DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Lumbosacral Joint, Open Apprch
OSH33BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Lumbosacral Joint, Perc Apprch
OSH33CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Lumbosacral Joint, Perc Apprch
OSH33DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Lumbosacral Joint, Perc Apprch
OSH34BZ	Insertion of Interspinous Process Spinal Stabilz Dev into Lumbosacral Joint, Perc Endo Apprch
OSH34CZ	Insertion of Pedicle-Based Spinal Stabilz Dev into Lumbosacral Joint, Perc Endo Apprch
OSH34DZ	Insertion of Facet Replcmnt Spinal Stabilz Dev into Lumbosacral Joint, Perc Endo Apprch
OSQ20ZZ	Repair Lumbar Vert Disc, Open Apprch
OSQ40ZZ	Repair Lumbosacral Disc, Open Apprch
OSR20JZ	Replcmnt of Lumbar Vert Disc w/ Synth Subst, Open Apprch
OSR40JZ	Replcmnt of Lumbosacral Disc w/ Synth Subst, Open Apprch
OST20ZZ	Resection of Lumbar Vert Disc, Open Apprch
OST40ZZ	Resection of Lumbosacral Disc, Open Apprch
OSU207Z	Supplement Lumbar Vert Disc w/ Auto Tiss Subst, Open Apprch
OSU20JZ	Supplement Lumbar Vert Disc w/ Synth Subst, Open Apprch
OSU20KZ	Supplement Lumbar Vert Disc w/ Nonauto Tiss Subst, Open Apprch
OSU237Z	Supplement Lumbar Vert Disc w/ Auto Tiss Subst, Perc Apprch
OSU23JZ	Supplement Lumbar Vert Disc w/ Synth Subst, Perc Apprch
OSU23KZ	Supplement Lumbar Vert Disc w/ Nonauto Tiss Subst, Perc Apprch
OSU247Z	Supplement Lumbar Vert Disc w/ Auto Tiss Subst, Perc Endo Apprch
OSU24JZ	Supplement Lumbar Vert Disc w/ Synth Subst, Perc Endo Apprch
OSU24KZ	Supplement Lumbar Vert Disc w/ Nonauto Tiss Subst, Perc Endo Apprch
OSU407Z	Supplement Lumbosacral Disc w/ Auto Tiss Subst, Open Apprch
OSU40JZ	Supplement Lumbosacral Disc w/ Synth Subst, Open Apprch
OSU40KZ	Supplement Lumbosacral Disc w/ Nonauto Tiss Subst, Open Apprch
OSU437Z	Supplement Lumbosacral Disc w/ Auto Tiss Subst, Perc Apprch
OSU43JZ	Supplement Lumbosacral Disc w/ Synth Subst, Perc Apprch
OSU43KZ	Supplement Lumbosacral Disc w/ Nonauto Tiss Subst, Perc Apprch
OSU447Z	Supplement Lumbosacral Disc w/ Auto Tiss Subst, Perc Endo Apprch
OSU44JZ	Supplement Lumbosacral Disc w/ Synth Subst, Perc Endo Apprch
OSU44KZ	Supplement Lumbosacral Disc w/ Nonauto Tiss Subst, Perc Endo Apprch
OSW20JZ	Revision of Synth Subst in Lumbar Vert Disc, Open Apprch
OSW23JZ	Revision of Synth Subst in Lumbar Vert Disc, Perc Apprch
OSW24JZ	Revision of Synth Subst in Lumbar Vert Disc, Perc Endo Apprch
OSW40JZ	Revision of Synth Subst in Lumbosacral Disc, Open Apprch
OSW43JZ	Revision of Synth Subst in Lumbosacral Disc, Perc Apprch
OSW44JZ	Revision of Synth Subst in Lumbosacral Disc, Perc Endo Apprch
3EOR3BZ	Introduction of Anesthetic Agent into Spinal Canal, Percutaneous Approach
3EOS3BZ	Introduction of Anesthetic Agent into Epidural Space, Percutaneous Approach
XNS003Z	Reposition of Lumb Vert using Magnetically Cntrld Grwth Rod(s), Open Apprch, New Tech Grp 2
XNS033Z	Repos of Lumbar Vert using Magnetically Cntrld Growth Rod(s), Perc Apprch, New Tech Grp 2

Procedure

Code	Description
XNS3032	Reposition of Cerv Vert using Magnetically Cntrld Grwth Rod(s), Open Apprch, New Tech Grp 2
XNS3332	Repos of Cervical Vert using Magnetically Cntrld Growth Rod(s), Perc Apprch, New Tech Grp 2
XNS4032	Reposition of Thora Vert using Magnetically Cntrld Grwth Rod(s), Open Apprch, New Tech Grp 2
XNS4332	Repos of Thoracic Vert using Magnetically Cntrld Growth Rod(s), Perc Apprch, New Tech Grp 2

Appendix 8: Rehabilitation and Primary Psychiatric CCS Diagnosis Categories

CCS	Description
254	Rehabilitation
650	Adjustment disorders
651	Anxiety disorders
652	Attention-deficit, conduct, and disruptive behavior disorders
654	Developmental disorders
655	Disorders usually diagnosed in infancy, childhood, or a adolescence
656	Impulse control disorders, not elsewhere classified
657	Mood disorders
658	Personality disorders
659	Schizophrenia and other psychotic disorders
662	Suicide and intentional self-inflicted injury
670	Miscellaneous disorders

Appendix 9: How Readmissions Are Identified

These examples have been developed to assist users in understanding how readmissions are identified and counted in PEPPER's *30-Day Readmissions to Same* and *30-Day Readmissions to Same or Elsewhere* target areas. When reviewing these examples, remember that:

1. Readmissions are counted in the federal fiscal quarter during which the discharge date of the index (first) admission occurs. If the discharge date of the index admission occurs between:
 - Oct. 1 and Dec. 31, the readmission would be counted in Quarter 1 of the respective fiscal year.
 - Jan. 1 and March 31, the readmission would be counted in Quarter 2 of the respective fiscal year.
 - April 1 and June 30, the readmission would be counted in Quarter 3 of the respective fiscal year.
 - July 1 and Sept. 30, the readmission would be counted in Quarter 4 of the respective fiscal year.
2. Each admission of a patient could serve as an index admission for a subsequent admission to short-term acute care hospitals if it occurs within 30 days of the discharge date of the index admission.
3. Each admission of a patient could be identified as a readmission only for the short-term acute care hospital admission directly preceding it in time (see Example 1, Row 2).
4. Index admissions with a patient discharge status code of “02” (discharged/transferred to a short-term acute care hospital), “07” (left against medical advice) or “82” (discharged/transferred to a short-term acute care hospital for inpatient care with a planned acute care hospital inpatient readmission) are excluded from the numerator count and cannot be identified as an index admission for both readmission target areas.
5. Any admissions of beneficiaries to other settings, such as skilled nursing facility, swing bed, inpatient rehabilitation facility, inpatient psychiatric facility, critical access hospital, or any other type of provider are not considered for this measure. Only admissions to short-term acute care hospitals are considered.
6. Common billing errors that may result in claims being identified as readmissions include the following:
 - Billing an admission to a distinct part unit of your short-term acute care hospital (e.g., inpatient rehabilitation or inpatient psychiatric facility unit) to the provider number for the short-term acute care hospital, instead of the provider number for the unit.
 - Incorrect coding of the patient discharge status code when the patient is discharged/transferred to another short-term acute care hospital. As noted in #4 above, index admissions with a patient discharge status code of 02, 07, or 82 are excluded from the numerator count and cannot be identified as an index admission.

Example 1

Below is a table showing claims submitted for one beneficiary. The claims are sorted in date order on the left side of the table. Each row includes two admissions: the "index admission" and the "next admission," which may be considered as a readmission. The "next admission" on one row becomes the "index admission" on the following row.

	Index Admission Provider	Index Admission Date	Discharge Date	Patient Discharge Status Code	Next Admission Provider	Next Admission Date	Discharge Date	Next Admission Counts as 30-Day Readm to Same?	Next Admission Counts as 30-Day Readm to Same or Elsewhere?
1	Hospital #1	3/25/13	3/29/13	01	Hospital #1	4/15/13	4/17/13	Yes, to Hospital #1 in Q2FY13	Yes, to Hospital #1 in Q2FY13
2	Hospital #1	4/15/13	4/17/13	02	Hospital #2	4/17/13	4/20/13	No	No
3	Hospital #2	4/17/13	4/20/13	01	(no further admissions)			n/a	n/a

Detailed discussion:

- Row 1: The beneficiary was admitted to Hospital #1 on 3/25/13 and discharged home (patient discharge status code 01) on 3/29/13. The beneficiary was admitted to Hospital #1 on 4/15/13. The 4/15/13 admission to Hospital #1 counts as a *30-Day Readmission to Same* and as a *30-Day Readmission to Same or Elsewhere* to Hospital #1 against the 3/25/13 index admission, because it occurred within 30 days of the 3/25/13 index admission discharge date of 3/29/13.
- Row 2: The beneficiary was admitted to Hospital #1 on 4/15/13 and was transferred (patient discharge status code 02) to Hospital #2 on 4/17/13.
 - The 4/17/13 admission to Hospital #2 does not count as a *30-Day Readmission to Same or Elsewhere* against the 4/15/13 index admission for Hospital #1 because the 4/15/13 index admission had a patient discharge status code "02."
 - The 4/17/13 admission to Hospital #2 does not count as a *30-Day Readmission to Same or Elsewhere* against the 3/25/13 index admission for Hospital #1 because there was an intervening short-term acute care hospital admission (4/15/13 admission to Hospital #1) that directly preceded the 4/17/13 admission to Hospital #2.
- Row 3: The beneficiary was admitted to Hospital #2 on 4/17/13 and discharged home (patient discharge status code 01) on 4/20/13.

Example 2

Below is a table showing claims submitted for one beneficiary. The claims are sorted in date order on the left side of the table. Each row includes two admissions: the "index admission" and the "next admission," which may be considered as a readmission. The "next admission" on one row becomes the "index admission" on the following row.

	Index Admission Provider	Index Admission Date	Discharge Date	Patient Discharge Status Code	Next Admission Provider	Next Admission Date	Discharge Date	Next Admission Counts as 30-Day Readm to Same?	Next Admission Counts as 30-Day Readm to Same or Elsewhere?
1	Hospital #1	4/5/13	4/7/13	01	Hospital #1	5/1/13	5/3/13	Yes, to Hospital #1 in Q3FY13	Yes, to Hospital #1 in Q3FY13
2	Hospital #1	5/1/13	5/3/13	62	IRF #1	5/3/13	5/15/13	No	No
3	IRF #1	5/3/13	5/15/13	02	Hospital #1	5/15/13	5/17/13	Yes, to Hospital #1 in Q3FY13	Yes, to Hospital #1 in Q3FY13
4	Hospital #1	5/15/13	5/17/13	01	(no further admissions)			n/a	n/a

Detailed discussion:

- Row 1: The beneficiary was admitted to Hospital #1 on 4/5/13 and was discharged home (patient discharge status code 01) on 4/7/13. The beneficiary was admitted to Hospital #1 on 5/1/13. The 5/1/13 admission to Hospital #1 counts as a *30-Day Readmission to Same* and as a *30-Day Readmission to Same or Elsewhere* for Hospital #1 against the 4/5/13 index admission, because the beneficiary was readmitted to Hospital #1 within 30 days of discharge from the 4/5/13 index admission discharge date of 4/7/13.
- Row 2: The beneficiary was admitted 5/1/13 to Hospital #1 and was transferred to IRF #1 (patient discharge status code 62) on 5/3/13. The admission to IRF #1 does not count as a *30-Day Readmission to Same* or as a *30-Day Readmission to Same or Elsewhere* against the 4/5/13 index admission for Hospital #1 because the patient was transferred to an IRF. Only admissions to short-term acute care hospitals can be considered as a readmission.
- Row 3: The beneficiary was admitted to IRF #1 on 5/3/13 and was transferred to Hospital #1 (patient discharge status code 02) on 5/15/13. The 5/15/13 admission to Hospital #1 counts as a *30-Day Readmission to Same* and as a *30-Day Readmission to Same or Elsewhere* to

Hospital #1 against the 5/1/13 index admission, as the beneficiary was readmitted to Hospital #1 on 5/13/13 which is within 30 days of discharge from the 5/1/13 index admission discharge date of 5/3/13.

- Row 4: The beneficiary was admitted to Hospital #1 on 5/15/13 and was discharged home (patient discharge status code 01) on 5/17/13.

Example 3

Below is a table showing claims submitted for one beneficiary. The claims are sorted in date order on the left side of the table. Each row includes two admissions: the "index admission" and the "next admission," which may be considered as a readmission. The "next admission" on one row becomes the "index admission" on the following row.

	Index Admission Provider	Index Admission Date	Discharge Date	Patient Discharge Status Code	Next Admission Provider	Next Admission Date	Discharge Date	Next Admission Counts as 30-Day Readm to Same?	Next Admission Counts as 30-Day Readm to Same or Elsewhere?
1	Hospital #1	10/10/13	10/17/13	01	Hospital #2	11/2/13	11/12/13	No	Yes, to Hospital #1 in Q1FY14
2	Hospital #2	11/2/13	11/12/13	01	(no further admissions)			n/a	n/a

Detailed discussion:

- Row 1: The beneficiary was admitted to Hospital #1 on 10/10/13 and was discharged home (patient discharge status code 01) on 10/17/13. The beneficiary was admitted to Hospital #2 on 11/2/13.
 - The 11/2/13 admission to Hospital #2 does not count as a *30-Day Readmission to Same*.
 - The 11/2/13 admission to Hospital #2 counts as a *30-Day Readmission to Same or Elsewhere* against the 10/10/13 index admission for Hospital #1 because the beneficiary was readmitted to Hospital #2 within 30 days of discharge from the index admission discharge date of 10/17/13.
- Row 2: The beneficiary was admitted to Hospital #2 on 11/2/13 and was discharged home (patient discharge status code 01) on 11/12/13.