

Attachment V

Table 1: Codes to Identify Procedures (Measure # 2)

Procedure Description	CPT	ICD-9-CM Procedure	ICD-9-CM Diagnosis (applicable for cancer surgeries)	MS-DRG ¹
Cardiac Catheterization	93501, 93510, 93511, 93514, 93524, 93526-93529, 93529, 93530, 93531, 93532, 93533, 93539-93545	37.21-37.23, 88.52-88.58	n/a	216-218 222-225 233-234 286-287 (Diagnostic)
Open coronary angioplasty	35452	36.03		228, 229, 230
Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy with Coronary Artery Bypass Surgery (CABG)	35472, 35481, 35491, 92982, 92984 With 33510-33514, 33516-33519, 33521-33523, 33533-33536	00.66 and a code from the following range: 36.10-36.17, 36.19.		231-232
PTCA or Coronary Atherectomy with insertion of drug-eluting coronary artery stent (s)	35472, 35481, 35491, 92982, 92984 With 92980, 92981, 92995, 92996 (doesn't differentiate stent type)	00.66 or 36.09 and 36.07		246-247

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Table 1 (Continued): Codes to Identify Procedures (Measure # 2)

Procedure Description	CPT	ICD-9-CM Procedure	ICD-9-CM Diagnosis (applicable for cancer surgeries)	MS-DRG ⁱ
PTCA or Coronary Atherectomy with insertion of non-drug-eluting coronary artery stent (s)	35472, 35481, 35491, 92982, 92984 With 92980, 92981, 92995, 92996 (doesn't differentiate stent type)	00.66 or 36.09 and 36.06		248-249
PTCA or Coronary Atherectomy without insertion of Coronary Artery Stent	35472, 35481, 35491, 92982, 92984 With no stent	00.66, 36.09		250-251
Total Hip Replacement	27130, 27132, 27134, 27137, 27138	00.70, 81.51, 81.53	n/a	461-462, 466-470
Total Knee Replacement	27446, 27447, 27486, 27487	00.80, 81.54, 81.55	n/a	461-462, 466-470
Bone Marrow Transplant	38240-38241, 38242	41.00 - 41.09	201.00-201.28 201.40-201.78 201.90-201.98 203.00-203.11 203.80-203.81 204.00-204.91 205.00-205.31 205.80-205.91 206.00-206.21 206.80-206.91 207.00-207.21 207.80-207.81 208.00-208.21 208.80-208.91 238.4 238.71 238.73 – 238.76 238.79 277.39 284.01, 284.09 284.1, 284.2 284.81, 284.89 284.9	009
Heart Transplant	33945	37.51	n/a	001,002
Heart/Lung Transplant	33935	33.6	n/a	001, 002

Table 1 (Continued): Codes to Identify Procedures (Measure # 2)

Procedure Description	CPT	ICD-9-CM Procedure	ICD-9-CM Diagnosis (applicable for cancer surgeries)	MS-DRG¹
Kidney Transplant	50360,50365, 50380,50300-50320,50547, 50340,50370, 50380	55.69	189.0, 189.1 198.0	652
Liver transplant	47135,47136	50.51, 50.59	155.0, 155.2 197.7	005, 006
Lung Transplant	32850-32854	33.50,33.51, 33.52	162.2 - 162.5 162.8, 162.9 197.0	007
Pancreas Transplant	48160,48550, 48554,48556	52.80-52.86	157.0 – 157.4 157.8, 157.9	010
Pancreas/Kidney Transplant	Pancreas transplant: 48160,48550, 48554,48556 Kidney transplant: 50360,50365, 50380,50300-50320,50547, 50340,50370	Pancreas transplant: 52.80-52.86 Kidney transplant: 55.69	157.0 – 157.4 157.8, 157.9 189.0, 189.1 198.0	008
Coronary Artery Bypass Graft (CABG)	33510-33514, 33516-33519, 33521-33523, 33533-33536	36.10-36.17, 36.19	n/a	231-236
Gastric Bypass	43846,43845, 43842, 43848,43770-43774,43659	44.31, 44.38, 44.39	n/a	619-621
Excision or Destruction of Lesion or Tissue of Lung	32440, 32442, 32445,32480, 32482,32484, 32486, 32488, 32491, 32500, 32501, 32520, 32522, 32525, 32540,32503, 32504	32.20, 32.22, 32.23 -32.26 32.28, 32.29, 32.30, 32.39, 32.41, 32.49, 32.50, 32.59 32.9	162.2 - 162.5 162.8, 162.9 197.0	163-168
Excision of Large Intestine	44141,44143-44147, 44140,44150 44160, 44204-44208,4421044211,4 4212,44213	45.71-45.76 45.79, 45.8	153.0-153.9 197.5	374-376
Mastectomy	19180, 19182, 19200, 19220, 19240, 19300, 19301-19307	85.41-85.48	174.0-174.6, 174.8, 174.9 175.0, 175.9 198.81	582-583

Table 1 (Continued): Codes to Identify Procedures (Measure # 2)

Procedure Description	CPT	ICD-9-CM Procedure	ICD-9-CM Diagnosis (applicable for cancer surgeries)	MS-DRG ⁱ
Lumpectomy	19120, 19125, 19126, 19160, 19162, 19301, 19302	85.20, 85.21	174.0-174.6, 174.8, 174.9, 175.0, 175.9, 198.81	584-585
Prostatectomy	52601, 52612, 52614, 52620, 52630, 52640, 52647, 52648, 52649, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866	60.21, 60.29, 60.3, 60.4, 60.5, 60.61, 60.62, 60.69	185, 198.82	665-667, 707-708, 713-714

ⁱ Refer to Table 5, List of Medicare Severity-Diagnosis Related Groups, found in Final rule with comments, 42 CFR Parts 411, 412, 413, and 489 [CMS-1533-FC] RIN 0938-AO70 Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates, Centers for Medicare and Medicaid Services (CMS), HHS *Federal Register*/Vol. 72, No. 162/Wednesday, August 22, 2007.

Table 2: Serious Adverse Reportable Events Codes (Measure # 3) ⁱⁱ

Event Description	CPT	ICD-9-CM Procedure	ICD-9-CM Diagnosis	MS-DRG
Surgery on Wrong Body Part	n/a	n/a	E876.5 (not specific to this event)	n/a
Surgery on Wrong Patient	n/a	n/a	E876.5 (not specific to this event)	n/a
Wrong Surgical Procedures on a Patient	n/a	n/a	E876.5 (not specific to this event)	n/a
Surgery with Post-Operative Death in Normal Health Patient	ASA category 1 (a normal healthy patient).			

ⁱⁱ Refer to pages 47206—47213 42 CFR Parts 411, 412, 413, and 489 Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Federal Register / Vol. 72, No. 162 / Wednesday, August 22, 2007 / Rules and Regulations.

**Table 3: Hospital Acquired Conditions (HAC) from
2008 IPPS Final Rule (Measure # 3) ⁱⁱⁱ**

Selected HAC	CC/MCC (ICD-9-CM Codes)
Foreign Object Retained After Surgery	998.4 (CC) 998.7 (CC)
Air Embolism	999.1 (MCC)
Blood Incompatibility	999.6 (CC)
Stage III & IV Pressure Ulcers	Codes within these ranges on the CC/MCC list: 800-829, 830-839, 850-854, 925-929, 940-949, 991-994
Falls and Trauma: -Fractures -Dislocations -Intracranial Injuries -Crushing Injuries -Burns	Codes within these ranges on the CC/MCC list: CC/MCC list: 800-829 830-839 850-854 925-929 940-949 991-994
Vascular Catheter-Associated Infection	999.31 (CC)
Catheter-Associated Urinary Tract Infection (UTI)	996.64 (CC) Also excludes the following from acting as a CC/MCC: 112.2 (CC), 590.10 (CC), 590.11 (MCC), 590.2 (MCC), 590.3 (CC), 590.80 (CC) 590.81 (CC), 595.0 (CC) 597.0 (CC), 599.0 (CC)

ⁱⁱⁱ Refer to pages 47200—47220 42 CFR Parts 411, 412, 413, and 489 Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Federal Register / Vol. 72, No. 162 / Wednesday, August 22, 2007 / Rules and Regulations.

Table 4: Hospital Acquired Conditions from
2009 IPPS Rule (Measure # 3)^{iv}

Selected HAC	CC/MCC (ICD-9-CM Codes)
Vascular Catheter-Associated Infection	999.31 (CC)
Manifestations of Poor Glycemic Control	250.10-250.13 (MCC) 250.20-250.23 (MCC) 251.0 (CC) 249.10-249.11 (MCC) 249.20-249.21 (MCC)
Surgical Site Infection-Mediastinitis after Coronary Artery Bypass Graft (CABG)	519.2 (MCC) And one of the following procedure codes: 36.10–36.19
Surgical Site Infection Following Certain Orthopedic Procedures	996.67 (CC) 998.59 (CC) And one of the following procedure codes: 81.01-81.08, 81.23-81.24, 81.31-81.83, 81.83, 81.85
Surgical Site Infection Following Bariatric Surgery for Obesity	<i>Principal Diagnosis</i> – 278.01 998.59 (CC) and one of the following procedure codes: 44.38, 44.39, or 44.95
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	415.11 (MCC) 415.19 (MCC) 453.40-453.42 (MCC) And one of the following procedure codes: 00.85-00.87, 81.51-81.52, or 81.54

^{iv} Based on CMS-approved document (p. 240) submitted to the Office of the Federal Register (OFR) for publication. The document may vary slightly from the published document if minor editorial changes have been made during the OFR review process. Upon publication in the Federal Register, all regulations can be found at <http://www.gpoaccess.gov/fr/> and at <http://www.cms.hhs.gov/QuarterlyProviderUpdates/>. The document published in the Federal Register is the official CMS-approved document.