THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

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For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* Template for the Intellectual Property Agreement is available at *www.qualityforum.org* under Core Documents.
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*

D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

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	(for NQF staff use) NQF Review #: EC-054-08 NQF Project: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of* (date- MM/DD/YY)*: 6/19/09*
2	*Title of Measure: Stent drug-eluting clopidogrel*
3	**Brief description of measure [1]:** This measure identifies patients undergoing percutaneous coronary intervention (PCI) with placement of a drug-eluting intracoronary stent during the first 9 months of the measurement year, who filled a prescription for clopidogrel in the 3 months following stent placement.
4 (2a)	**Numerator Statement:** Patients in the denominator who filled prescription(s) for clopidogrel in the 3 months following placement of the drug-eluting intracoronary stent. ("Evidence suggests clopidogrel should be continued upwards of 1 year.") **Time Window:** 3 months after stent placement **Numerator Details** (Definitions, codes with description): >=1 prescription claim for 'clopidogrel' covering at least 50% of the 3-month period following drug-eluting intracoronary stent placement **clopidogrel (Medispan Drug)** ========== Type GPI Code Description ----- ---------- ---------- GPI 85158020100340 Clopidogrel Bisulfate Tab 300 MG (Base Equiv) GPI 85158020100320 Clopidogrel Bisulfate Tab 75 MG (Base Equiv)
5 (2a)	**Denominator Statement:** Patients who underwent PCI with placement of a drug-eluting intracoronary stent, during the first 9 months of the measurement year, excluding those with contraindications to clopidogrel **Time Window:** See above **Denominator Details** (Definitions, codes with description): - Age >=18 years as of the end of the measurement year - AND >=1 claim for 'drug-eluting stent' during the first 9 months of the measurement year - AND eligible for Rx benefits from placement of drug-eluting intracoronary stent through the following 90 days **drug-eluting stent (Procedure)** ========== Type Code Description ------- ------- ---------- ICD9P 3607 INSERTION RX-ELUTING COR ART STENT HCPCS G0290 TRNSCATH RX INTRACOR STNT; 1 VES HCPCS G0291 TRNSCATH RX INTRACOR STNT; EA ADD
6	**Denominator Exclusions:** contraindications to clopidogrel

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

(2a, 2d)

Denominator Exclusion Details (Definitions, codes with description):

>=1 claim for contraindications to clopidogrel in claims history (contraindications include: 'Peptic Ulcer Disease,' 'intracranial hemorrhage' and 'GI bleed')

GI Bleed (Diagnosis)

Type	Code	Description
ICD9	4560	ESOPHAGEAL VARICES WITH BLEEDING
ICD9	45620	ESOPH VARICES W/BLEED DZ CLASS ELSW
ICD9	53082	ESOPHAGEAL HEMORRHAGE
ICD9	5310	ACUTE GASTRIC ULCER WITH HEMORRHAGE
ICD9	53100	ACUT GASTR ULCR W/HEM W/O OBST
ICD9	53101	ACUT GASTR ULCER W/HEMORR&OBST
ICD9	5312	ACUTE GASTRIC ULCER W/HEMORR&PERF
ICD9	53120	AC GASTR ULCR W/HEMOR&PERF W/O OBST
ICD9	53121	ACUT GASTR ULCER W/HEMORR PERF&OBST
ICD9	5314	CHRON/UNSPEC GASTRIC ULCER W/HEMORR
ICD9	53140	CHRN/UNS GASTR ULCR W/HEM W/O OBST
ICD9	53141	CHRON/UNS GASTR ULCR W/HEMORR&OBST
ICD9	5316	CHRON/UNS GASTR ULCR W/HEMORR&PERF
ICD9	53160	CHRN/UNS GASTR ULCER W/HEMORR&PREF
ICD9	53161	CHRN/UNS GASTR ULCR W/HEM PERF&OBST
ICD9	5320	ACUTE DUODENAL ULCER W/HEMORRHAGE
ICD9	53200	ACUT DUOD ULCR W/HEM W/O OBST
ICD9	53201	ACUT DUOD ULCER W/HEMORR&OBST
ICD9	5322	ACUTE DUODEN ULCER W/HEMORR&PERF
ICD9	53220	AC DUOD ULCR W/HEMOR&PERF W/O OBST
ICD9	53221	ACUT DUOD ULCER W/HEMORR PERF&OBST
ICD9	5324	CHRON/UNSPEC DUODEN ULCER W/HEMORR
ICD9	53240	CHRN/UNS DUOD ULCR W/HEM W/O OBST
ICD9	53241	CHRON/UNS DUOD ULCR W/HEMORR&OBST
ICD9	5326	CHRON/UNS DUOD ULCR W/HEMORR&PERF
ICD9	53260	CHRN/UNS DUOD ULCR W/HEMORR&PERF
ICD9	53261	CHRN/UNS DUOD ULCR W/HEM PERF&OBST
ICD9	5330	ACUT PEPTC ULCR UNS SITE W/HEMORR
ICD9	53300	ACUT PEPTC ULCR W/HEM W/O OBST
ICD9	53301	ACUT PEPTC ULCR W/HEMORR&OBST
ICD9	5332	ACUT PEPTC ULCR W/HEMORR&PERF
ICD9	53320	ACUT PEP ULCR W/HEMOR&PERF W/O OBST
ICD9	53321	ACUT PEPTC ULCR W/HEM PERF&OBST
ICD9	5334	CHRN/UNS PEPTC ULCR W/HEMORR
ICD9	53340	CHRN/UNS PEPTC ULCR W/HEM W/O OBST
ICD9	53341	CHRN/UNS PEPTC ULCR W/HEMORR&OBST
ICD9	5336	CHRN/UNS PEPTC ULCR W/HEMORR&PERF
ICD9	53360	CHRN/UNS PEPTC ULCR W/HEMORR&PERF
ICD9	53361	CHRN/UNS PEPTC ULCR W/HEM PERF&OBST
ICD9	5340	ACUTE GASTROJEJUN ULCER W/HEMORR
ICD9	53400	ACUT GASTROJEJ ULCR W/HEM W/O OBST
ICD9	53401	ACUT GASTROJEJUN ULCR W/HEMORR&OBST
ICD9	5342	ACUT GASTROJEJUN ULCR W/HEMORR&PERF
ICD9	53420	ACUTE GASTROJEJ ULCR W/HEMORR&PERF
ICD9	53421	ACUT GASTROJEJ ULCR W/HEM PERF&OBST
ICD9	5344	CHRON/UNS GASTROJEJUN ULCR W/HEMORR
ICD9	53440	CHRN/UNS GSTROJEJ ULCR W/HEMORR
ICD9	53441	CHRON/UNS GSTROJEJ ULCR W/HMOR&OBST
ICD9	5346	CHRN/UNS GSTROJEJ ULCR W/HEMOR&PERF
ICD9	53460	CHRN/UNS GSTROJEJ ULCR W/HEMOR&PERF
ICD9	53461	CHRN/UNS GSTROJEJ ULCR W/HMOR&OBST
ICD9	53783	ANGIODYSPLAS STOMACH&DUOD W/HEMORR
ICD9	53784	DIEULAFOY LESION STOMACH&DUODENUM
ICD9	56202	DIVERTICULOSIS SM INTEST W/HEMORR
ICD9	56203	DIVERTULITIS SM INTESTINE W/HEMORR
ICD9	56212	DIVERTICULOSIS COLON W/HEMORRHAGE
ICD9	56213	DIVERTICULITIS COLON W/HEMORRHAGE

ICD9	5693	HEMORRHAGE OF RECTUM AND ANUS
ICD9	56985	ANGIODYSPLASIA INTESTINE W/HEMORR
ICD9	56986	DIEULAFOY LESION OF INTESTINE
ICD9	578	GASTROINTESTINAL HEMORRHAGE
ICD9	5780	HEMATEMESIS
ICD9	5781	BLOOD IN STOOL
ICD9	5789	UNSPEC HEMORRHAGE GI TRACT

Intracranial Hemorrhage (Diagnosis)

Type	Code	Description
ICD9	09487	SYPHILITIC RUPTURED CEREBRAL ANEUR
ICD9	430	SUBARACHNOID HEMORRHAGE
ICD9	431	INTRACEREBRAL HEMORRHAGE
ICD9	4320	NONTRAUMATIC EXTRADURAL HEMORRHAGE
ICD9	4321	SUBDURAL HEMORRHAGE
ICD9	4329	UNSPECIFIED INTRACRANIAL HEMORRHAGE
ICD9	8001	CLOS FX VLT SKUL-CERBRL LAC&CONTUS
ICD9	80010	CLOS FX VLT SKUL-CERBRL LAC UNS SOC
ICD9	80011	CLOS FX VLT SKULL LAC&CONTUS NO LOC
ICD9	80012	CLOS FX VLT SKUL-LAC&CONTUS BRF LOC
ICD9	80013	CLOS FX VLT SKUL-LAC&CONTUS MOD LOC
ICD9	80014	CLOS FX VLT SKUL-LOC>24 HR & RETRN
ICD9	80015	CLOS FX VLT SKUL-LOC>24 HR&NO RETRN
ICD9	80016	CLOS FX VLT SKULL FX-LOC UNS DUR
ICD9	80019	CLOS FX VLT SKUL UNS CONCUSSION
ICD9	8002	CLOS FX VLT SKUL-SUB&XTRADURL HEMOR
ICD9	80020	CLOS FX VLT SKUL-DURL HEMOR UNS SOC
ICD9	80021	CLOS FX VLT SKUL-DURAL HEMOR NO LOC
ICD9	80022	CLOS FX VLT SKUL-DURL HEMOR BRF LOC
ICD9	80023	CLOS FX VLT SKUL-DURL HEM MOD LOC
ICD9	80024	CLOS FX VLT SKUL-HEMOR LOC>24&RTRN
ICD9	80025	CLOS FX VLT SKUL-HEMOR LOC NO RTRN
ICD9	80026	CLOS FX VLT SKUL-HEMOR LOC UNS DUR
ICD9	80029	CLOS FX VLT SKL-HEMOR UNS CONCUS
ICD9	8003	CLOS FX VLT SKULL OTH&UNS ICH
ICD9	80030	CLOS FX VLT SKULL OTH ICH UNS SOC
ICD9	80031	CLOS FX VLT SKULL OTH ICH NO LOC
ICD9	80032	CLOS FX VLT SKULL W/UNS ICH BRF LOC
ICD9	80033	CLOS FX VLT SKULL-OTH ICH MOD LOC
ICD9	80034	CLOS FX VLT SKL-OTH ICH LOC>24-RTRN
ICD9	80035	CLOS FX VLT SKL-OTH ICH LOC NO RTRN
ICD9	80036	CLOS FX VLT SKL-ICH LOC UNS DUR
ICD9	80039	CLOS FX VLT SKUL-UNS ICH UNS CONCUS
ICD9	80060	OPN FX VLT SKL FX-CEREB LAC UNS SOC
ICD9	80061	OPN FX VLT SKUL-CERBRL LAC NO LOC
ICD9	80062	OPN FX VLT SKUL-CERBRL LAC BRF LOC
ICD9	80063	OPN FX VLT SKUL-CERBRL LAC MOC LOC
ICD9	80064	OPN FX VLT SKL-CEREB LAC LOC&RTRN
ICD9	80065	OPN FX VLT SKL-CERB LAC LOC NO RTRN
ICD9	80066	OPN FX VLT SKL-CERB LAC LOC UNS DUR
ICD9	80069	OPN FX VLT SKL-CEREB LAC UNS CONCUS
ICD9	80070	OPN FX VLT SKL-DURL HEMOR UNS SOC
ICD9	80071	OPN FX VLT SKL-DURL HEMOR NO LOC
ICD9	80072	OPN FX VLT SKL-DURL HEMORR BRF LOC
ICD9	80073	OPN FX VLT SKL-DURL HEMORR MOD LOC
ICD9	80074	OPN FX VLT SKL-DURL HEM LOC>24 RTRN
ICD9	80075	OPN FX VLT SKL-DURL HEM LOC NO RTRN
ICD9	80076	OPN FX VLT SKL-DURL HEM LOC UNS DUR
ICD9	80079	OPN FX VLT SKL-DURL HEM UNS CONCUSS
ICD9	80080	OPN FX VAULT SKULL-OTH ICH UNS SOC
ICD9	80081	OPN FX VAULT SKULL-OTH ICH NO LOC
ICD9	80082	OPN FX VAULT SKULL-OTH ICH BRF LOC

	ICD9 80083 OPN FX VAULT SKULL-OTH ICH MOD LOC ICD9 80084 OPN FX VLT SKL-OTH ICH LOC>24&RTRN ICD9 80085 OPN FX VLT SKL-OTH ICH LOC NO RTRN ICD9 80086 OPN FX VLT SKL-UNS ICH LOC UNS DUR ICD9 80089 OPN FX VLT SKL W/UNS ICH UNS CONCUS ICD9 80110 CLOS FX BASE SKL-CERBRL LAC UNS SOC ICD9 80111 CLOS FX BASE SKL-CERBRL LAC NO LOC ICD9 80112 CLOS FX BASE SKL-CERBRL LAC BRF LOC ICD9 80113 CLOS FX BASE SKL-CERBRL LAC MOD LOC ICD9 80114 CLOS FX BASE SKL-CRBRL LAC LOC&RTRN ICD9 80115 CLOS FX BASE SKL-CERBRL LAC NO RTRN ICD9 80116 CLOS FX BASE SKL-CERBRL LAC UNS LOC ICD9 80119 CLOS FX BASE SKL-CERBRL LAC CONCUSS ICD9 80120 CLOS FX BASE SKL-DURL HEMOR UNS SOC ICD9 80121 CLOS FX BASE SKUL-DURL HEMOR NO LOC ICD9 80122 CLOS FX BASE SKL-DURAL HEM BRF LOC ICD9 80123 CLOS FX BASE SKL-DURAL HEM MOD LOC ICD9 80124 CLOS FX BASE SKL-DURL HEM LOC&RTRN ICD9 80125 CLOS FX BASE SKL-DURL HEM NO RTRN ICD9 80126 CLOS FX BASE SKL-DURL HEM LOC UNS ICD9 80129 CLOS FX BASE SKL-DURL HEM CONCUSS ICD9 80130 CLOS FX BASE SKULL-OTH ICH UNS SOC ICD9 80131 CLOS FX BASE SKULL-OTH ICH NO LOC ICD9 80132 CLOS FX BASE SKUL-UNS ICH BRF LOC ICD9 80133 CLOS FX BASE SKUL-OTH ICH MOD LOC ICD9 80134 CLOS FX BASE SKUL-OTH ICH LOC&RETRN ICD9 80135 CLOS FX BASE SKL-ICH LOC&NO RTRN ICD9 80136 CLOS FX BASE SKL-ICH LOC UNS DUR ICD9 80139 CLOS FX BASE SKL-UNS ICH UNS CONCUS ICD9 80160 OPN FX BASE SKL-CERBRL LAC UNS SOC ICD9 80161 OPN FX BASE SKL-CERBRL LAC NO LOC ICD9 80162 OPN FX BASE SKL-CERBRL LAC BRF LOC ICD9 80163 OPN FX BASE SKL-CERBRL LAC MOD LOC ICD9 80164 OPN FX BASE SKL-CERBRL LAC >24&RTRN ICD9 80165 OPN FX BASE SKL-CERBRL LAC NO RTRN ICD9 80166 OPN FX BASE SKL-CERBRL LAC LOC UNS ICD9 80169 OPN FX BASE SKL-CERBRL LAC CONCUSS ICD9 80170 OPN FX BASE SKL-DURL HEMOR UNS SOC ICD9 80171 OPN FX BASE SKL-DURL HEM LOC NO LOC ICD9 80172 OPN FX BASE SKL-DURL HEM BRIEF LOC ICD9 80173 OPN FX BASE SKL-DURL HEM MOD LOC ICD9 80174 OPN FX BASE SKL DURL HEM LOC& RTRN ICD9 80175 OPN FX BASE SKL-DURAL HEM NO RTRN ICD9 80176 OPN FX BASE SKL-DURL HEMOR LOC UNS ICD9 80179 OPN FX BASE SKL-DURL HEM UNS CONCUS ICD9 80180 OPN FX BASE SKULL-OTH ICH UNS SOC ICD9 80181 OPN FX BASE SKULL-OTH ICH NO LOC ICD9 80182 OPN FX BASE SKULL-OTH ICH BRIEF LOC ICD9 80183 OPN FX BASE SKULL-OTH ICH MOD LOC ICD9 80184 OPN FX BASE SKL-OTH ICH LOC&RTRN ICD9 80185 OPN FX BASE SKL-OTH ICH LOC NO RTRN ICD9 80186 OPN FX BASE SKL-UNS ICH LOC UNS DUR ICD9 80189 OPN FX BASE SKUL-UNS ICH UNS CONCUS ICD9 80310 OTH CLOS SKL FX-CERBRL LAC UNS SOC ICD9 80311 OTH CLOS SKL FX-CERBRL LAC NO LOC ICD9 80312 OTH CLOS SKL FX-CERBRL LAC BRF LOC ICD9 80313 OTH CLOS SKL FX-CERBRL LAC MOD LOC ICD9 80314 OTH CLOS SKL FX-CERBRL LAC LOC&RTRN ICD9 80315 OTH CLOS SKL FX-CERBRL LAC NO RTRN ICD9 80316 OTH CLOS SKL FX-CERBRL LAC UNS LOC ICD9 80319 OTH CLO SKL FX-CERBL LAC UNS CONCUS ICD9 80320 OTH CLOS SKL FX-DURL HEMOR UNS SOC ICD9 80321 OTH CLOS SKL FX-DURL HEMOR NO LOC ICD9 80322 OTH CLOS SKL FX-DURL HEM BRIEF LOC ICD9 80323 OTH CLOS SKL FX-DURL HEM MOD LOC ICD9 80324 OTH CLOS SKL FX-DURL HEMOR LOC&RTRN	

	ICD9 80325 OTH CLO SKL FX-DURL HEM LOC NO RTRN ICD9 80326 OTH CLOS SKL FX-DURL HEMOR LOC UNS ICD9 80329 OTH CLOS SKL FX-DURL HEM UNS CONCUS ICD9 80330 OTH CLOS SKULL FX-OTH ICH UNS LOC ICD9 80331 OTH CLOS SKULL FX-OTH ICH NO LOC ICD9 80332 OTH CLOS SKULL FX-OTH ICH BRF LOC ICD9 80333 OTH CLOS SKULL FX-OTH ICH MOD LOC ICD9 80334 OTH CLOS SKL FX-OTH ICH LOC&RTRN ICD9 80335 OTH CLOS SKUL FOTH ICH LOC NO RTRN ICD9 80336 OTH CLOS SKL FX-OTH ICH LOC UNS DUR ICD9 80339 OTH CLOS SKL FX-OTH ICH UNS CONCUSS ICD9 80360 OTH OPN SKL FX-CERBRL LAC UNS SOC ICD9 80361 OTH OPN SKL FX-CERBRL LAC NO LOC ICD9 80362 OTH OPN SKL FX-CERBRL LAC BRF LOC ICD9 80363 OTH OPN SKL FX-CERBRL LAC MOD LOC ICD9 80364 OTH OPN SKL FX-CERBRL LAC LOC&RTRN ICD9 80365 OTH OPN SKL FX CERBRL LAC NO RTRN ICD9 80366 OTH OPN SKL FX CERBRL LAC LOC UNS ICD9 80369 OTH OPN SKL FX CRBRL LAC UNS CONCUS ICD9 80370 OTH OPN SKL FX-DURL HEMOR UNS SOC ICD9 80371 OTH OPN SKL FX-DURL HEMO NO LOS ICD9 80372 OTH OPN SKL FX-DURAL HEM BRF LOC ICD9 80373 OTH OPN SKL FX-DURAL HEM MOD LOC ICD9 80374 OTH OPN SKL FX-DURL HEMOR LOC&RTRN ICD9 80375 OTH OPN SKL FX-DURL HEM LOC NO RTRN ICD9 80376 OTH OPN SKL FX-DURL HEMOR LOC UNS ICD9 80379 OTH OPN SKL FX-DURL HEM UNS CONCUSS ICD9 80380 OTH OPN SKUL FX OTH&UNS ICH UNS SOC ICD9 80381 OTH OPN SKUL FX OTH&UNS ICH NO LOC ICD9 80382 OTH OPN SKUL FX OTH&UNS ICH BRF LOC ICD9 80383 OTH OPN SKUL FX OTH&UNS ICH MOD LOC ICD9 80384 OTH OPN SKL FX-UNS ICH LOC>24&RTRN ICD9 80385 OTH OPN SKL FX-UNS ICH LOC&NO RTRN ICD9 80386 OTH OPN SKL FX-UNS ICH LOC UNS DUR ICD9 80389 OPN SKULL FX CONCUSS ICD9 80410 CLOS FXS SKL/FACE CEREB LAC UNS SOC ICD9 80411 CLOS FXS SKL/FACE CERBRL LAC NO LOC ICD9 80412 CLOS FXS SKL/FCE CERBRL LAC BRF LOC ICD9 80413 CLOS FXS SKL/FCE CERBRL LAC MOD LOC ICD9 80414 CLOS FXS SKL/FCE CERBRL LAC>24&RTRN ICD9 80415 CLOS FXS SKL/FCE CERBRL LAC NO RTRN ICD9 80416 CLOS FXS SKL/FCE CERBRL LAC LOC UNS ICD9 80419 CL SKUL W OTH FX-CONCUSS ICD9 80420 CLOS FXS SKL/FACE DURL HEM UNS SOC ICD9 80421 CLOS FXS SKULL/FACE DURL HEM NO LOC ICD9 80422 CLOS FXS SKUL/FACE DURL HEM BRF LOC ICD9 80423 CLOS FXS SKUL/FACE DURL HEM MOD LOC ICD9 80424 CLOS FXS SKUL/FCE DURL HEM>24&RTRN ICD9 80425 CLOS FXS SKUL/FCE DURL HEM NO RTRN ICD9 80426 CLOS FXS SKUL/FCE DURL HEM LOC UNS ICD9 80429 CLOS FXS SKL/FCE DURL HEM UNS CNCUS ICD9 80430 CLOS FXS SKL/FCE-OTH ICH-UNS SOC ICD9 80431 CLOS FXS SKL/FCE-OTH&UNS ICH NO LOC ICD9 80432 CLOS FXS SKL/FCE-OTH ICH BRIEF LOC ICD9 80433 CLOS FXS SKULL/FACE-OTH ICH MOD LOC ICD9 80434 CLOS FXS SKUL/FACE-OTH ICH LOC&RTRN ICD9 80435 CLOS FXS SKL/FCE-OTH ICH-LOC NO RTN ICD9 80436 CLOS FXS SKL/FCE-OTH ICH-UNS LOC ICD9 80439 CLOS FXS SKL/FCE-OTH ICH UNS CONCUS ICD9 80460 OPN SKULL/FACE-CERBRL LAC UNS SOC ICD9 80461 OPEN FXS SKL/FCE-CERBRL LAC NO LOC ICD9 80462 OPN FXS SKL/FCE-CERBRL LAC BRF LOC ICD9 80463 OPN FXS SKL/FCE-CERBRL LAC-MOD LOC ICD9 80464 OPN FXS SKL/FCE-CERBRL LAC LOC&RTRN ICD9 80465 OPN FXS SKL CERBRL LAC LOC NO RTRN ICD9 80466 OPN FXS SKL/FCE-CERBRL LAC LOC UNS	

	ICD9 80469 OPN SKL/FCE-CERBRL LAC UNS CONCUSS ICD9 80470 OPN FXS SKL/FCE-DURL HEMORR-UNS SOC ICD9 80471 OPN FXS SKL/FCE-DURAL HEMORR NO LOC ICD9 80472 OPN FXS SKL/FCE-DURAL HEM BRIEF LOC ICD9 80473 OPN FXS SKL/FCE-DURAL HEM-MOD LOC ICD9 80474 OPN FXS SKL/FCE-DURL HEM LOC&RTRN ICD9 80475 OPN FXS SKL/FCE-DURL HEM-LOC NO RTN ICD9 80476 OPN FXS SKL/FCE-DURL HEMORR LOC UNS ICD9 80479 OPN FXS SKL/FCE-DURL HEM UNS CONCUS ICD9 80480 OPN FXS SKL/FCE-OTH&UNS ICH UNS SOC ICD9 80481 OPN FXS SKUL/FCE-OTH&UNS ICH NO LOC ICD9 80482 OPN FXS SKL/FCE OTH&UNS ICH BRF LOC ICD9 80483 OPN FXS SKL/FCE-OTH&UNS ICH MOD LOC ICD9 80484 OPN FXS SKL/FCE-OTH ICH LOC&RETURN ICD9 80485 OPN FXS SKL/FCE-OTH ICH LOC NO RTRN ICD9 80486 OPN FXS SKL/FCE-OTH&UNS ICH LOC UNS ICD9 80489 OPN FXS SKL/FCE-OTH ICH UNS CONCUSS ICD9 85100 CORTX CONTUS W/O OPN ICW SOC UNS ICD9 85101 CORTX CONTUS W/O OPN ICW NO LOC ICD9 85102 CORTX CONTUS W/O OPN ICW BRF LOC ICD9 85103 CORTX CONTUS W/O OPN ICW MOD LOC ICD9 85104 CORTX CONTUS NO OPN ICW LOC&RTRN ICD9 85105 CORTX CONTUS NO OPN ICW NO RETURN ICD9 85106 CORTX CONTUS W/O OP ICW LOC UNS DUR ICD9 85109 CORTX CONTUS W/O OPN ICW UNS CONCUS ICD9 85110 CORTX CONTUS W/OPEN ICW UNS SOC ICD9 85111 CORTX CONTUS W/OPEN ICW NO LOC ICD9 85112 CORTX CONTUS W/OPEN ICW BRF LOC ICD9 85113 CORTX CONTUS W/OPEN ICW MOD LOC ICD9 85114 CORTX CONTUS-OPN ICW LOC>24 HR&RTRN ICD9 85115 CORTX CONTUS-OPN ICW LOC>24 NO RTRN ICD9 85116 CORTX CONTUS W/OPEN ICW LOC UNS DUR ICD9 85119 CORTX CONTUS W/OPEN ICW UNS CONCUS ICD9 85120 CORTX LAC W/O OPN ICW UNS SOC ICD9 85121 CORTX LAC W/O OPN ICW NO LOC ICD9 85122 CORTX LAC W/O OPN ICW BRF LOC ICD9 85123 CORTX LAC W/O OPN ICW MOD LOC ICD9 85124 CORTEX LAC NO OPN ICW LOC>24&RTRN ICD9 85125 CORTEX LAC NO OPN ICW LOC NO RTRN ICD9 85126 CORTX LAC W/O OPN ICW LOC UNS DUR ICD9 85129 CORTX LAC W/O OPN ICW UNS CONCUS ICD9 85130 CORTX LAC W/OPEN ICW UNS SOC ICD9 85131 CORTX LAC W/OPEN ICW NO LOC ICD9 85132 CORTX LAC W/OPEN ICW BRF LOC ICD9 85133 CORTX LAC W/OPEN ICW MOD LOC ICD9 85134 CORTX LAC-OPN ICW LOC>24 HR&RETRUN ICD9 85135 CORTX LAC-OPN ICW LOC NO RETURN ICD9 85136 CORTX LAC W/OPEN ICW LOC UNS DUR ICD9 85139 CORTX LAC W/OPEN ICW UNS CONCUS ICD9 85140 CERBLLR CONTUS-NO OPN ICW UNS SOC ICD9 85141 CERBLLR CONTUS NO OPN ICW NO LOC ICD9 85142 CERBLLR CONTUS NO OPN ICW BRF LOC ICD9 85143 CERBLLR CONTUS NO OPN ICW MOD LOC ICD9 85144 CERBLLR CONTUS NO OPN ICW LOC&RTRN ICD9 85145 CRBLLR CNTUS NO OPN ICW LOC NO RTRN ICD9 85146 CERBLLR CONTUS NO OPN ICW UNS DUR ICD9 85149 CERBLLR CONTUS NO OPN ICW UNS CNCUS ICD9 85150 CERBLLR CONTUS-OPN ICW UNS SOC ICD9 85151 CERBLLR CONTUS-OPN ICU NO LOC ICD9 85152 CERBLLR CONTUS-OPN ICW BRF LOC ICD9 85153 CERBLLR CONTUS-OPN ICW MOD LOC ICD9 85154 CERBLLR CONTUS-OPN ICW LOC & RETURN ICD9 85155 CERBLLR CONTUS-OPN ICW LOC NO RTURN ICD9 85156 CERBLLR CONTUS-OPN ICW LOC UNS DUR ICD9 85159 CERBLLR CONTUS-OPN ICW UNS CONCUSS ICD9 85160 CERBLLR LAC NO OPN ICW UNS SOC	

	ICD9 85161 CERBLLR LAC NO OPN ICW NO LOC ICD9 85162 CERBLLR LAC NO OPN ICW BRIEF LOC ICD9 85163 CERBLLR LAC NO OPN ICW MODERATE LOC ICD9 85164 CERBLLR LAC NO OPN ICW LOC & RETURN ICD9 85165 CERBLLR LAC NO OPN ICW LOC NO RTURN ICD9 85166 CERBLLR LAC NO OPN ICW LOC UNS DUR ICD9 85169 CERBLLR LAC NO OPN ICW UNS CONCUSS ICD9 85170 CERBLLR LAC W/OPN ICW SOC UNS ICD9 85171 CERBLLR LAC W/OPN ICW NO LOC ICD9 85172 CERBLLR LAC W/OPN ICW BRIEF LOC ICD9 85173 CERBLLR LAC W/OPN ICW MODERATE LOC ICD9 85174 CERBLLR LAC W/OPN ICW LOC & RETURN ICD9 85175 CERBLLR LAC W/OPN ICW LOC NO RETURN ICD9 85176 CERBLLR LAC W/OPN ICW LOC UNS DUR ICD9 85179 CERBLLR LAC W/OPN ICW UNS CONCUSS ICD9 85180 OTH&UNS CERB LAC NO ICW UNS SOC ICD9 85181 OTH&UNS CERB LAC NO OPN ICW NO LOC ICD9 85182 OTH&UNS CERB LAC N-OPN ICW BRF LOC ICD9 85183 OTH&UNS CERB LAC N-OPN ICW MOD LOC ICD9 85184 OTH&UNS CERB LAC NO OPN ICW LOC&RTN ICD9 85185 OTH&UNS CERB LAC NO ICW LOC NO RTN ICD9 85186 OTH&UNS CERB LAC NO ICW LOC UNS DUR ICD9 85189 OTH&UNS CERB LAC NO ICW UNS CNCUS ICD9 85190 OTH&UNS CERBRL LAC-OPN ICW UNS SOC ICD9 85191 OTH&UNS CERBRL LAC-OPN ICW NO LOC ICD9 85192 OTH&UNS CERBRL LAC-OPN ICW BRF LOC ICD9 85193 OTH&UNS CERBRL LAC-OPN ICW MOD LOC ICD9 85194 OTH&UNS CERBRL LAC-OPN ICW LOC&RTRN ICD9 85195 OTH&UNS CERB LAC-OPN ICW LOC NO RTN ICD9 85196 OTH&UNS CERB LAC-OPN ICW LOC UNS DR ICD9 85199 OTH&UNS CERB LAC-OPN ICW UNS CONCUS ICD9 85200 SUBARACH HEMOR INJURY ICD9 85201 SUBARACH HEMOR NO LOC ICD9 85202 SUBARACH HEMOR BRIEF LOC ICD9 85203 SUBARACH HEMOR MOD LOC ICD9 85204 SUBARACH HEMOR LOC>24 RETRN ICD9 85205 SUBARACH HEMOR LOC>24 NO RETRN ICD9 85206 SUBARACH HEMOR LOC UNS DURAT ICD9 85209 SUBARACH HEMOR CONCUSSION ICD9 85210 SUBARACH HEMOR W/OPN ICW UNS LOC ICD9 85211 SUBARACH HEMOR W/OPN ICW NO LOC ICD9 85212 SUBARACH HEMOR W/OPN ICW BRIEF LOC ICD9 85213 SUBARACH HEMOR W/OPN ICW MOD LOC ICD9 85214 SUBARAC HEMOR W/OPN ICW LOC>24 RTRN ICD9 85215 SUBARAC HEMOR OP ICW LOC>24 NO RTRN ICD9 85216 SUBARACH HEMOR W/OPN ICW UNS DUR ICD9 85219 SUBARAC HEM W/OPN ICW UNS CONCUSS ICD9 85220 SUBDURAL HEMOR W/O OPN ICW UNS LOC ICD9 85221 SUBDURAL HEMOR W/O OPN ICW NO LOC ICD9 85222 SUBDURL HEMOR W/O OPN ICW BRIEF LOC ICD9 85223 SUBDURAL HEMOR W/O OPN ICW MOD LOC ICD9 85224 SUBDR HEMOR W/O OPN ICW LOC>24 RTRN ICD9 85225 SUBDURAL HEMOR LOC>24 NO RETURN ICD9 85226 SUBDURAL HEMOR LOC UNS DURATION ICD9 85229 SUBDUR HEMOR W/O OP ICW UNS CONCUS ICD9 85230 SUBDURAL HEMOR W/OPN ICW SOC UNS ICD9 85231 SUBDURAL HEMOR W/OPN ICW NO LOC ICD9 85232 SUBDURAL HEMOR W/OPN ICW BRIEF LOC ICD9 85233 SUBDURAL HEMOR W/OPN ICW MOD LOC ICD9 85234 SUBDURL HEMOR W/OPN ICW LOC>24 RTRN ICD9 85235 SUBDRL HEM W/OPN ICW LOC>24 NO RTRN ICD9 85236 SUBDURL HEMOR W/OPN ICW LOC UNS DUR ICD9 85239 SUBDURL HEM W/OPN ICW UNS CONCUSS ICD9 85240 XTRADURL HEMOR W/O OPN ICW LOC UNS ICD9 85241 XTRADURL HEMOR W/O OPN ICW NO LOC ICD9 85242 XTRADUR HEMOR W/O OPN ICW BRIEF LOC	

ICD9	85243	XTRADURL HEMOR W/O OPN ICW MOD LOC
ICD9	85244	XTRADUR HEMOR W/O ICW LOC>24 RETURN
ICD9	85245	XTRADUR HEMOR WO ICW LOC>24 NO RTRN
ICD9	85246	XTRADURAL HEMOR W/O ICW LOC UNS DUR
ICD9	85249	XTRADURAL HEMOR W/O ICW UNS CONCUSS
ICD9	85250	XTRADURAL HEMOR W/OPN ICW SOC UNS
ICD9	85251	XTRADURAL HEMOR W/OPN ICW NO LOC
ICD9	85252	XTRADURAL HEMOR W/OPN ICW BRIEF LOC
ICD9	85253	XTRADURAL HEMOR W/OPN ICW MOD LOC
ICD9	85254	XTRADUR HEMOR W/ICW LOC>24 RETURN
ICD9	85255	XTRADUR HEMOR W/ICW LOC>24 NO RTRN
ICD9	85256	XTRADUR HEMOR W/OPN ICW LOC UNS DUR
ICD9	85259	XTRADUR HEMOR W/OPN ICW UNS CONCUSS
ICD9	85300	OTH&UNS ICH W/O OPEN ICW UNS SOC
ICD9	85301	OTH&UNS ICH W/O OPEN ICW NO LOC
ICD9	85302	OTH&UNS ICH W/O OPEN ICW BRIEF LOC
ICD9	85303	OTH&UNS ICH W/O OPEN ICW MOD LOC
ICD9	85304	OTH&UNS ICH W/O OPN ICW >24 LOC RTN
ICD9	85305	OTH&UNS ICH W/O ICW >24 LOC NO RTN
ICD9	85306	OTH&UNS ICH W/O OPN ICW LOC UNS DUR
ICD9	85309	OTH&UNS ICH W/O OPN ICW UNS CONCUSS
ICD9	85310	OTH&UNS ICH W/OPEN ICW UNS SOC
ICD9	85311	OTH&UNS ICH W/OPEN ICW NO LOC
ICD9	85312	OTH&UNS ICH WOPEN ICW BRIEF LOC
ICD9	85313	OTH&UNS ICH W/OPEN ICW MOD LOC
ICD9	85314	OTH&UNS ICH W/OPEN ICW >24 LOC RTRN
ICD9	85315	OTH&UNS ICH W/ICW >24 LOC NO RTRN
ICD9	85316	OTH&UNS ICH W/OPN ICW LOC UNS DUR
ICD9	85319	OTH&UNS ICH W/OPN ICW UNS CONCUSS
ICD9	85410	ICI OTH&UNS NATR W/OPEN ICW UNS SOC
ICD9	85411	ICI OTH&UNS NATR W/OPEN ICW NO LOC
ICD9	85412	ICI OTH&UNS W/OPEN ICW BRIEF LOC
ICD9	85413	ICI OTH&UNS W/OPEN ICW MOD LOC
ICD9	85414	ICI OTH&UNS W/OPEN ICW LOC>24 RTRN
ICD9	85415	ICI OTH&UNS W/ICW LOC>24 NO RTRN
ICD9	85416	ICI OTH&UNS W/OPEN ICW LOC UNS DUR
ICD9	85419	ICI OTH&UNS W/OPEN ICW UNS CONCUSS
ICD9	99702	IATROGN CERBROVASC INFRCT/HEMRR NEC

Peptic Ulcer Disease (Diagnosis)

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Type	Code	Description
ICD9	531	GASTRIC ULCER
ICD9	5310	ACUTE GASTRIC ULCER WITH HEMORRHAGE
ICD9	53100	ACUT GASTR ULCR W/HEM W/O OBST
ICD9	53101	ACUT GASTR ULCER W/HEMORR&OBST
ICD9	5311	ACUTE GASTRIC ULCER W/PERFORATION
ICD9	53110	ACUT GASTR ULCR W/PERF W/O OBST
ICD9	53111	ACUT GASTR ULCER W/PERF&OBSTRUCTION
ICD9	5312	ACUTE GASTRIC ULCER W/HEMORR&PERF
ICD9	53120	AC GASTR ULCR W/HEMOR&PERF W/O OBST
ICD9	53121	ACUT GASTR ULCER W/HEMORR PERF&OBST
ICD9	5313	ACUT GASTR ULCR W/O HEMOR/PERF
ICD9	53130	ACUT GASTR ULCR W/O HEMOR PERF/OBST
ICD9	53131	AC GASTR ULCR W/O HEMOR/PERF W/OBST
ICD9	5314	CHRON/UNSPEC GASTRIC ULCER W/HEMORR
ICD9	53140	CHRN/UNS GASTR ULCR W/HEM W/O OBST
ICD9	53141	CHRON/UNS GASTR ULCR W/HEMORR&OBST
ICD9	5315	CHRONIC/UNSPEC GASTRIC ULCER W/PERF
ICD9	53150	CHRN/UNS GASTR ULCR W/PERF W/O OBST
ICD9	53151	CHRON/UNSPEC GASTR ULCR W/PERF&OBST
ICD9	5316	CHRON/UNS GASTR ULCR W/HEMORR&PERF
ICD9	53160	CHRN/UNS GASTR ULCER W/HEMORR&PREF
ICD9	53161	CHRN/UNS GASTR ULCR W/HEM PERF&OBST

	ICD9 5317 CHRN GASTR ULCR W/O HEMOR/PERF ICD9 53170 CHRN GASTR ULCR W/O HEMOR-PERF-OBST ICD9 53171 CHRN GSTR ULCR NO HEMOR/PERF W/OBST ICD9 5319 GSTR ULCR UNS AC/CHRN NO HEMOR/PERF ICD9 53190 GSTR ULCR UNS NO HEMOR-PERF/OBST ICD9 53191 GASTR ULCR UNS NO HEMOR/PERF W/OBST ICD9 532 DUODENAL ULCER ICD9 5320 ACUTE DUODENAL ULCER W/HEMORRHAGE ICD9 53200 ACUT DUOD ULCR W/HEM W/O OBST ICD9 53201 ACUT DUOD ULCER W/HEMORR&OBST ICD9 5321 ACUTE DUODENAL ULCER W/PERFORATION ICD9 53210 ACUT DUOD ULCR W/PERF W/O OBST ICD9 53211 ACUT DUOD ULCER W/PERF&OBSTRUCTION ICD9 5322 ACUTE DUODEN ULCER W/HEMORR&PERF ICD9 53220 AC DUOD ULCR W/HEMOR&PERF W/O OBST ICD9 53221 ACUT DUOD ULCER W/HEMORR PERF&OBST ICD9 5323 ACUT DUOD ULCR W/O HEMOR/PERF ICD9 53230 ACUT DUOD ULCR W/O HEMOR PERF/OBST ICD9 53231 AC DUOD ULCR W/O HEMOR/PERF W/OBST ICD9 5324 CHRON/UNSPEC DUODEN ULCER W/HEMORR ICD9 53240 CHRN/UNS DUOD ULCR W/HEM W/O OBST ICD9 53241 CHRON/UNS DUOD ULCR W/HEMORR&OBST ICD9 5325 CHRONIC/UNSPEC DUODEN ULCER W/PERF ICD9 53250 CHRN/UNS DUOD ULCR W/PERF W/O OBST ICD9 53251 CHRON/UNSPEC DUOD ULCER W/PERF&OBST ICD9 5326 CHRON/UNS DUOD ULCR W/HEMORR&PERF ICD9 53260 CHRN/UNS DUOD ULCR W/HEMORR&PERF ICD9 53261 CHRN/UNS DUOD ULCR W/HEM PERF&OBST ICD9 5327 CHRN DUOD ULCR W/O HEMOR/PERF ICD9 53270 CHRN DUOD ULCR W/O HEMOR PERF/OBST ICD9 53271 CHRN DUOD ULCR NO HEMOR/PERF W/OBST ICD9 5329 DUOD ULCR UNS NO HEMORR/PERF ICD9 53290 DUOD ULCR UNS W/O HEMORR PERF/OBST ICD9 53291 DUOD ULCR UNS NO HEMOR/PERF W/OBST ICD9 533 PEPTIC ULCER, SITE UNSPECIFIED ICD9 5330 ACUT PEPTC ULCR UNS SITE W/HEMORR ICD9 53300 ACUT PEPTC ULCR W/HEM W/O OBST ICD9 53301 ACUT PEPTC ULCR W/HEMORR&OBST ICD9 5331 ACUT PEPTC ULCER UNSPEC SITE W/PERF ICD9 53310 ACUT PEPTC ULCR W/PERF W/O OBST ICD9 53311 ACUT PEPTC ULCR W/PERF&OBST ICD9 5332 ACUT PEPTC ULCR W/HEMORR&PERF ICD9 53320 ACUT PEP ULCR W/HEMOR&PERF W/O OBST ICD9 53321 ACUT PEPTC ULCR W/HEM PERF&OBST ICD9 5333 ACUT PEPTC ULCR W/O HEMOR&PERF ICD9 53330 ACUT PEPTC ULCR W/O HEMOR PERF/OBST ICD9 53331 ACUT PEP ULCR W/O HEMOR&PERF W/OBST ICD9 5334 CHRN/UNS PEPTC ULCR W/HEMORR ICD9 53340 CHRN/UNS PEPTC ULCR W/HEM W/O OBST ICD9 53341 CHRN/UNS PEPTC ULCR W/HEMORR&OBST ICD9 5335 CHRN/UNS PEPTC ULCR UNS SITE W/PERF ICD9 53350 CHRN/UNS PEPTC ULCR W/PERF W/O OBST ICD9 53351 CHRN/UNS PEPTC ULCR W/PERF&OBST ICD9 5336 CHRN/UNS PEPTC ULCR W/HEMORR&PERF ICD9 53360 CHRN/UNS PEPTC ULCR W/HEMORR&PERF ICD9 53361 CHRN/UNS PEPTC ULCR W/HEM PERF&OBST ICD9 5337 CHRN PEPTC ULCR W/O HEMOR/PERF ICD9 53370 CHRN PEPTC ULCR W/O HEMOR PERF/OBST ICD9 53371 CHRN PEP ULCR W/O HEMOR/PERF W/OBST ICD9 5339 PEP ULCR UNS AC/CHRN W/O HEMOR/PERF ICD9 53390 PEPTC ULCR UNS NO HEMOR-PERF/OBST ICD9 53391 PEPTC ULCR UNS NO HEMOR/PERF W/OBST ICD9 V1271 PERSONAL HX PEPTIC ULCER DISEASE
7	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe:

(2a, 2h)	**Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** Diagnosis, Procedure, Pharmacy claims **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☐ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☐ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☒ Data are auditable
11	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply*
(2a, 4b)	☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☒ Other, Describe: It is reasonable to allow physicians to submit definitive evidence that a particular service was provided to a patient. For example, a lab result from a testing facility would indicate that that lab test was performed. A notation in a patient chart that the test was ordered, in contrast, would not provide definitive evidence that the test was performed. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** 10 **Instructions:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumptions that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required.
13	**Type of Measure:** Process ► If "Other", please describe:

(2a)	► If part of a composite or paired with another measure, please identify composite or paired measure
14	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.*
(2a)	☐ Can be measured at all levels ☒ Individual clinician (e.g., physician, nurse) ☒ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☒ Integrated delivery system ☒ Health plan ☒ Community/Population ☐ Other (*Please describe*):
15	**Applicable Care Settings** *Check all that apply*
(2a)	☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☐ Nursing home/ Skilled Nursing Facility (SNF) ☒ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 5.3, 5.4, 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:**

numerator	Denominator	proportion
0	4	0.00%
16	821	1.95%
4	23	17.39%
48	198	24.24%
67	113	59.29%
1,047	1,661	63.03%
80	97	82.47%
67	79	84.81%
81	92	88.04%
319	361	88.37%
14	15	93.33%
97	100	97.00%
141	145	97.24%
37	38	97.37%
1	1	100.00%
8	8	100.00%

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	3 3 100.00% **Citations for Evidence:** RHI client experience
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Not applicable **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality.
	Type of Evidence *Check all that apply* ☒ Evidence-based guideline ☐ Meta-analysis ☒ Systematic synthesis of research ☐ Quantitative research studies ☐ Qualitative research studies ☐ Other (*Please describe*):
	Overall Grade for Strength of the Evidence[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: **Summary of Evidence** (*provide guideline information below*): **Citations for Evidence:** See question #21 below
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Smith SC Jr, Feldman TE, Hirshfeld JW Jr, et al. ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update 2001

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Guidelines for Percutaneous Coronary Intervention). Circulation. 2006, 21;113(7):e166-286. Grines CL, Bonow RO, Casey DE Jr, et al. Prevention of premature discontinuation of dual antiplatelet therapy in patients with coronary artery stents: a science advisory from the American Heart Association, American College of Cardiology, Society for Cardiovascular Angiography and Interventions, American College of Surgeons, and American Dental Association, with representation from the American College of Physicians. Circulation. 2007;115(6):813-8. **Specific guideline recommendation:** From Smith SC, et al., 6.2.1. Oral Antiplatelet Therapy: "In patients who have undergone PCI, clopidogrel 75 mg daily should be given for at least 1 month after bare-metal stent implantation (unless the patient is at increased risk of bleeding; then it should be given for a minimum of 2 weeks), 3 months after sirolimus stent implantation, and 6 months after paclitaxel stent implantation, and ideally up to 12 months in patients who are not at high risk of bleeding." **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: Class I, Level B From Smith SC et al: "Class I: Conditions for which there is evidence for and/or general agreement that a given procedure or treatment is beneficial, useful, and effective." And "Level of Evidence B: Data derived from a single randomized trial or nonrandomized studies." In this case, Grines et al. cite multiple observational studies demonstrating worsened outcomes with premature discontinuation of clopidogrel in the case of drug-eluting stents. This would correspond to a moderate level of certainty of net benefit. Grines et al. cite a cohort study with hazard ratio of 57 for stent thrombosis after 30 days in the early discontinuation group compared to reference. In the absence of clear guidelines for classifying the magnitude of net benefit, it appears to be at least moderate. This corresponds to a USPSTF rating of B. **Rationale for using this guideline over others:** The American College of Cardiology and American Heart Association are the most authoritative sources on this topic.
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** No significant controversy **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** By identifying specific patients in whom care is not consistent with the clinical practice guideline underlying the measure, the measure will facilitate improvement in the care for those patients by highlighting the patient-specific QI opportunity for the patient's physician(s). In addition, the feedback physicians will receive on their overall performance on this measure will help focus their attention on the underlying care issue and improve their performance on that issue across all of their patients. If performance measurement is combined with some sort of financial incentive, such as in a pay for performance program, the QI impact may be increased.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both.

	Analytic Method: The validity of a physician quality score describes how accurately it estimates the true value. Reliability is the stability or consistency of an estimator from one data set to the next. Both are important in assessing the performance of the quality score. We have used the following measure as an indication of the reliability of each of our measures: 1 minus [(the variance of the posterior distribution of the physician quality score) divided by (the variance of the true physician quality score)], which is the reduction in the variance of a doctor's performance score (posterior distribution) obtained by using his or her performance data, expressed as a fraction of the total variance before any data is collected. **Testing Results:** The reliability of a physician quality score depends on the number of observations available for a given physician, how the physician performs relative to all other physician, and the overall variance in physician quality scores. As a result, reliability varies with the population of MDs in whom the measure is used. In our experience, reliability is in the range of 0.5 to >0.7.
26 (2c)	**Validity Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** We have employed several approaches to ensure the validity of this measure: 1) we've ensured that the technical specifications for this measure are valid reflections of the underlying clinical practice guideline; 2) we have obtained feedback on the validity of the measure from several physician panels that were assembled by either Care Focused Purchasing or the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative, or both, and 3) we have systematically collected feedback from physicians and health plan members to whom we have sent messages regarding this measure. **Testing Results:** This measure is considered to be valid by the physician panels that have reviewed it. (More information regarding the panels is provided elsewhere in this document.) In addition, the measure has been considered to be valid by the medical directors of 17 different health plans. In addition, the fact that thousands of physicians have received results based on this measure without indicating that they don't believe the measure is valid attests to its validity.
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** The guideline itself makes an exception for those at risk for bleeding and applies a different standard of care to it. Therefore we excluded them from the denominator. **Citations for Evidence:** See number 21. **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:**

	►**If outcome or resource use measure not risk adjusted, provide rationale:** There is no need to risk adjust results from this measure. To the extent that the measure applies only to patients in a particular risk category, that has been taken into account in the specifications for the denominator or exclusions for this measure.
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from current use **Data/sample:** **Group Insurance Commission (GIC):** In 2003, the Massachusetts Group Insurance Commission GIC launched the Clinical Performance Improvement initiative, requiring health plans under contract with the GIC to incorporate provider "tiering"—differential payments based on value—into their GIC product. For this initiative, RHI evaluates physician performance on a set of quality measures using administrative claims data from approximately 2.2 million health plan members. **Care Focused Purchasing (CFP)** Care Focused Purchasing, Inc. (CFP) is the largest private or public clinical performance measurement initiative in the nation, representing a coalition of major insurance carriers and more than 50 national self-insured employers. Since CFP's incorporation in 2005, RHI has analyzed medical and pharmacy claims data to assess the quality of care provided by physicians to 29 million CFP employees and members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008. **Results:** Pooled results: numerator denominator proportion ---------- 2,030 3,759 54.00%
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** Not applicable ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32	*Current Use In use If in use, how widely used Nationally ► If "other," please describe:*

(3)	☒ *Used in a public reporting initiative, name of initiative: Care Focused Purchasing* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. **Methods:** The results have been provided to the medical directors of the 18 health plans, all of whom have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. In addition, results have been presented to HR directors from >60 national employers. **Results:** Both the health plan medical directors and the HR personnel from the employers have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. We do not have data on the extent to which individual physicians understand the measure result, but we presume that, since health plan medical directors and non-medical personnel from employers understand the result, that physicians and lay people will also so long that adequate explanation is provided.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** This measure can be used exclusively with enriched administrative data
	FEASIBILITY
35 (4a)	*How are the required data elements generated?* Check all that apply ☐ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☐ *Other, Please describe:*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? (select one)* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure: As with any type of clinical performance measure, and with any source of data used to operationalize the measure, there will be some instances in which the data used to compute the measure are incomplete or inaccurate. We try to minimize the impact of such errors or omissions through the way we have*

	constructed the technical specifications for the measure. There is no data source for performance measurement that is completely accurate. Two studies have shown that physician performance tends to be better when assessed using claims data compared to via chart abstraction. *Describe how could these potential problems be audited: Potential data errors of omission or commission could be audited through chart abstraction, or feedback from physicians and patients. However, as mentioned above, each of these alternative sources of information also are susceptible to error and thus are not true gold standards.* *Did you audit for these potential problems during testing? Yes If yes, provide results: Through feedback from physicians whose performance has been evaluated*
39 (4e)	*Testing feasibility* *Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: The technical specifications for all of our measures have been reviewed over time by numerous physicians and have been adjusted when feedback has indicated a way to improve the measure. Our experience suggests that the only practical and affordable approach for evaluation of the performance of individual MDs on a large scale is through use of claims data. We have found there to be benefit from determining whether a particular health plan has capitated arrangements with physicians or other types of providers (e.g. labs and radiology facilities) in a particular geographic area and, in those instances, to only include observations if encounter data are available. We routinely require at least 4 months of "claims runout" after the end of a measurement year in order to take account of claim lag.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information* Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure. *Web page URL:* www.resolutionhealth.com
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Alan **MI:** **Last Name:** Lefkowitz **Credentials (MD, MPH, etc.):** **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** alefkowitz@resolutionhealth.com **Telephone:** 240-295-5834 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:

	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: Over the past several years, two formal workgroups -- one organized by the Care Focused Purchasing initiative and one organized by the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative -- and several ad hoc experts have provided useful input to our measure development and refinement processes. In each case, we have provided the Work Group Members with details regarding each of our performance measures and members of the work group (not always all members) have provided feedback on the validity of the clinical practice guideline underlying the measure and suggestions regarding potential ways to improve the technical specifications for the measure. In some instances, we have eliminated measures based on feedback from the work groups. In other instances, work group members have proposed new measures. We try to get feedback from work group members and selected clinical experts on an annual basis. ►Provide a list of workgroup/panel members' names and organizations: **Care Focused Purchasing Clinical Advisory Panel** Bobbie Berg -BCBS -IL Dow Briggs - BCBS- AL Joe Calderella - Cigna Carl Cameron - Preferred Care Steven Goldberg – Humana Tom James – Humana Don Liss – Aetna Catherine MacLean – WellPoint Zak Ramadan–Jradi – Regence Fred Volkman – Avidyn Health Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health **Massachusetts Group Insurance Commission Physician Advisory Panel** Jim Glauber – Neighborhood Health Plan Lyn Laurenco - Neighborhood Health Plan Anton Dodek - Tufts Barbara Chase - Fallon Jonathan Scott Coblyn – Brigham and Women's Hospital Tom Ebert - Health New England Elaine Wilson - Harvard Pilgrim Health Care Jennifer St. Thomas – Tufts Jennifer Lavigne – Fallon Michael O'Shea - Baycare Health Neil Minkoff - Harvard Pilgrim Health Care Paul Mendis- Neighborhood Health Plan Bob Jordan - Neighborhood Health Plan Bob Sorrenti – Unicare Constance Williams – Unicare Laura Syron - Neighborhood Health Plan Susan Tiffany – Unicare Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health David Gregg – Mercer Russ Robinson - Mercer
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2008* *Month and Year of most recent revision: October 2008* *What is the frequency for review/update of this measure? Annual Review*

	When is the next scheduled review/update for this measure? *Summer 2009*
47	**Copyright statement/disclaimers:** Copyright © 2008 – Resolution Health, Inc. All rights reserved. The material submitted is confidential and proprietary. No use of this material is permitted other than in accordance with the Agreement with Measure Stewards between National Quality Forum and Resolution Health, Inc.
48	**Additional Information:** None
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*)**:** 11/20/2008

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	**Public domain or Intellectual Property Agreement signed:** IP Agreement signed and submitted (If no, do not submit) *Template for the Intellectual Property Agreement is available at* **www.qualityforum.org** *under Core Documents.*
B (B)	**Measure steward/maintenance:** Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years? Yes, information provided in contact section (If no, do not submit)
C (C)	**Intended use:** Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)
D (D)	**Fully developed and tested:** Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

	(for NQF staff use) **NQF Review #:** EC-071-08 **NQF Project:** National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Adminstrative Data
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	**Information current as of** *(date- MM/DD/YY)*: 10/31/08
2	**Title of Measure:** Post MI: ACE inhibitor or ARB therapy
3	**Brief description of measure [1]:** This measure identifies patients with ST elevation MI (STEMI), or non-ST elevation MI (NSTEMI) plus a history of hypertension, heart failure and/or diabetes prior to the measurement year who are taking an ACEI or an ARB during the measurement year.
4 (2a)	**Numerator Statement:** Patients in the denominator with at least 1 Rx claim for an ACEI or an ARB medication during the measurement year **Time Window:** See below **Numerator Details** (Definitions, codes with description): >=1 Rx claim for an 'ACE Group' or 'ARB Group' medication' (see below for the complete list of drugs used in this measure) during the measurement year

ACE Group (Medispan Drug)

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Type	GPI Code	Description
GPI	36998502506330	*Lisinopril Tab 20 MG & Dietary Management Cap Pack***
GPI	36991502200150	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG
GPI	36991502200160	Amlodipine Besylate-Benazepril HCl Cap 10-40 MG
GPI	36991502200120	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG
GPI	36991502200130	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG
GPI	36991502200140	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG
GPI	36991502200145	Amlodipine Besylate-Benazepril HCl Cap 5-40 MG
GPI	36991802150320	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802150330	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG
GPI	36991802150340	Benazepril & Hydrochlorothiazide Tab 20-25 MG
GPI	36991802150310	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG
GPI	36100005100320	Benazepril HCl Tab 10 MG
GPI	36100005100330	Benazepril HCl Tab 20 MG
GPI	36100005100340	Benazepril HCl Tab 40 MG
GPI	36100005100310	Benazepril HCl Tab 5 MG
GPI	36991802250310	Captopril & Hydrochlorothiazide Tab 25-15 MG
GPI	36991802250320	Captopril & Hydrochlorothiazide Tab 25-25 MG
GPI	36991802250330	Captopril & Hydrochlorothiazide Tab 50-15 MG
GPI	36991802250340	Captopril & Hydrochlorothiazide Tab 50-25 MG
GPI	36100010000320	Captopril Tab 100 MG
GPI	36100010000305	Captopril Tab 12.5 MG
GPI	36100010000310	Captopril Tab 25 MG
GPI	36100010000315	Captopril Tab 50 MG
GPI	36991802350310	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG
GPI	36991802350305	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG
GPI	36100020100310	Enalapril Maleate Tab 10 MG

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

GPI	36100020100303	Enalapril Maleate Tab 2.5 MG
GPI	36100020100315	Enalapril Maleate Tab 20 MG
GPI	36100020100305	Enalapril Maleate Tab 5 MG
GPI	36991502300415	Enalapril Maleate-Felodipine Tab CR 5-2.5 MG
GPI	36991502300420	Enalapril Maleate-Felodipine Tab CR 5-5 MG
GPI	36100025102210	Enalaprilat IV Inj 1.25 MG/ML
GPI	36991802400310	Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802400320	Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG
GPI	36100027100310	Fosinopril Sodium Tab 10 MG
GPI	36100027100320	Fosinopril Sodium Tab 20 MG
GPI	36100027100340	Fosinopril Sodium Tab 40 MG
GPI	36991802550305	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802550310	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG
GPI	36991802550320	Lisinopril & Hydrochlorothiazide Tab 20-25 MG
GPI	36100030000310	Lisinopril Tab 10 MG
GPI	36100030000303	Lisinopril Tab 2.5 MG
GPI	36100030000315	Lisinopril Tab 20 MG
GPI	36100030000324	Lisinopril Tab 30 MG
GPI	36100030000330	Lisinopril Tab 40 MG
GPI	36100030000305	Lisinopril Tab 5 MG
GPI	36100033100320	Moexipril HCl Tab 15 MG
GPI	36100033100310	Moexipril HCl Tab 7.5 MG
GPI	36991802600316	Moexipril-Hydrochlorothiazide Tab 15-12.5 MG
GPI	36991802600320	Moexipril-Hydrochlorothiazide Tab 15-25 MG
GPI	36991802600310	Moexipril-Hydrochlorothiazide Tab 7.5-12.5 MG
GPI	36100035100310	Perindopril Erbumine Tab 2 MG
GPI	36100035100320	Perindopril Erbumine Tab 4 MG
GPI	36100035100330	Perindopril Erbumine Tab 8 MG
GPI	36100040100310	Quinapril HCl Tab 10 MG
GPI	36100040100320	Quinapril HCl Tab 20 MG
GPI	36100040100340	Quinapril HCl Tab 40 MG
GPI	36100040100305	Quinapril HCl Tab 5 MG
GPI	36991802650320	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802650330	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG
GPI	36991802650335	Quinapril-Hydrochlorothiazide Tab 20-25 MG
GPI	36100050000110	Ramipril Cap 1.25 MG
GPI	36100050000140	Ramipril Cap 10 MG
GPI	36100050000120	Ramipril Cap 2.5 MG
GPI	36100050000130	Ramipril Cap 5 MG
GPI	36100050000310	Ramipril Tab 1.25 MG
GPI	36100050000340	Ramipril Tab 10 MG
GPI	36100050000320	Ramipril Tab 2.5 MG
GPI	36100050000330	Ramipril Tab 5 MG
GPI	36100060000310	Trandolapril Tab 1 MG
GPI	36100060000320	Trandolapril Tab 2 MG
GPI	36100060000340	Trandolapril Tab 4 MG
GPI	36991502700420	Trandolapril-Verapamil HCl Tab CR 1-240 MG
GPI	36991502700432	Trandolapril-Verapamil HCl Tab CR 2-180 MG
GPI	36991502700436	Trandolapril-Verapamil HCl Tab CR 2-240 MG
GPI	36991502700452	Trandolapril-Verapamil HCl Tab CR 4-240 MG

ARB Group (Medispan Drug)

Type	GPI Code	Description
GPI	36993002050330	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG
GPI	36993002050340	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG
GPI	36993002050310	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG

	GPI	36993002050320	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG
	GPI	36993002100330	Amlodipine Besylate-Valsartan Tab 10-160 MG
	GPI	36993002100340	Amlodipine Besylate-Valsartan Tab 10-320 MG
	GPI	36993002100310	Amlodipine Besylate-Valsartan Tab 5-160 MG
	GPI	36993002100320	Amlodipine Besylate-Valsartan Tab 5-320 MG
	GPI	36150020100330	Candesartan Cilexetil Tab 16 MG
	GPI	36150020100340	Candesartan Cilexetil Tab 32 MG
	GPI	36150020100310	Candesartan Cilexetil Tab 4 MG
	GPI	36150020100320	Candesartan Cilexetil Tab 8 MG
	GPI	36994002200320	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG
	GPI	36994002200340	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG
	GPI	36994002200350	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG
	GPI	36150024200320	Eprosartan Mesylate Tab 400 MG
	GPI	36150024200330	Eprosartan Mesylate Tab 600 MG
	GPI	36994002250320	Eprosartan Mesylate-Hydrochlorothiazide Tab 600-12.5 MG
	GPI	36994002250325	Eprosartan Mesylate-Hydrochlorothiazide Tab 600-25 MG
	GPI	36150030000320	Irbesartan Tab 150 MG
	GPI	36150030000340	Irbesartan Tab 300 MG
	GPI	36150030000310	Irbesartan Tab 75 MG
	GPI	36994002300320	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG
	GPI	36994002300340	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG
	GPI	36994002300350	Irbesartan-Hydrochlorothiazide Tab 300-25 MG
	GPI	36994002450325	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG
	GPI	36994002450340	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG
	GPI	36994002450320	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG
	GPI	36150040200340	Losartan Potassium Tab 100 MG
	GPI	36150040200320	Losartan Potassium Tab 25 MG
	GPI	36150040200330	Losartan Potassium Tab 50 MG
	GPI	36150055200340	Olmesartan Medoxomil Tab 20 MG
	GPI	36150055200360	Olmesartan Medoxomil Tab 40 MG
	GPI	36150055200320	Olmesartan Medoxomil Tab 5 MG
	GPI	36994002500320	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG
	GPI	36994002500340	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG
	GPI	36994002500345	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG
	GPI	36150070000310	Telmisartan Tab 20 MG
	GPI	36150070000320	Telmisartan Tab 40 MG
	GPI	36150070000340	Telmisartan Tab 80 MG
	GPI	36994002600320	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG
	GPI	36994002600340	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG
	GPI	36994002600345	Telmisartan-Hydrochlorothiazide Tab 80-25 MG
	GPI	36150080000330	Valsartan Tab 160 MG
	GPI	36150080000340	Valsartan Tab 320 MG
	GPI	36150080000310	Valsartan Tab 40 MG
	GPI	36150080000320	Valsartan Tab 80 MG
	GPI	36994002700340	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG
	GPI	36994002700350	Valsartan-Hydrochlorothiazide Tab 160-25 MG
	GPI	36994002700360	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG
	GPI	36994002700370	Valsartan-Hydrochlorothiazide Tab 320-25 MG
	GPI	36994002700320	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG

5 (2a)	**Denominator Statement:** Patients with STEMI, or NSTEMI with hypertension, HF and/or diabetes, prior to the measurement year **Time Window:** See below **Denominator Details** (Definitions, codes with description): - Age >=18 years as of the end of the measurement year

- AND either
  - >=1 claim from an inpatient setting and/ or >=2 claims from an outpatient setting with a diagnosis of 'STEMI' prior to the measurement year

  OR

  {- >=1 claim from an inpatient setting and/ or >=2 claims from an outpatient setting with a diagnosis of 'NSTEMI' prior to the measurement year

  AND

  {>=1 claim from an inpatient setting and/or >=2 claims from an outpatient setting with a diagnosis of 'heart failure' or 'diabetes'

  OR >=2 Rx for 'insulin' or 'oral antidiabetic group' AND No claims for 'gestational diabetes' or 'polycystic ovaries' (this is clause is an alternative definition of diabetes using claims data)

  OR >=2 claims from an outpatient setting for 'hypertension'

  }}

- AND eligible for Rx benefits during the measurement year

(See below for complete information about the diagnosis codes used for this measure)

STEMI (Diagnosis)

Type	Code	Description
ICD9	4100	ACUT MYOCARD INFARCT ANTEROLAT WALL
ICD9	41000	AC MI ANTEROLAT WALL EPIS CARE UNS
ICD9	41001	AC MI ANTEROLAT WALL INIT EPIS CARE
ICD9	41002	AC MI ANTEROLAT WALL SUBSQT EOC
ICD9	4101	ACUTE MYOCARD INFARCT OTH ANT WALL
ICD9	41010	ACUT MI OTH ANT WALL EPIS CARE UNS
ICD9	41011	ACUT MI OTH ANT WALL INIT EPIS CARE
ICD9	41012	AC MI OTH ANT WALL SUBSQT EPIS CARE
ICD9	4102	ACUT MYOCARD INFARCT INFEROLAT WALL
ICD9	41020	AC MI INFEROLAT WALL EPIS CARE UNS
ICD9	41021	AC MI INFEROLAT WALL INIT EPIS CARE
ICD9	41022	AC MI INFEROLAT WALL SUBSQT EOC
ICD9	4103	ACUT MI INFEROPOST WALL
ICD9	41030	AC MI INFEROPOST WALL EPIS CARE UNS
ICD9	41031	AC MI INFEROPOST WALL INIT EOC
ICD9	41032	AC MI INFEROPOST WALL SUBSQT EOC
ICD9	4104	ACUTE MYOCARD INFARCT OTH INF WALL
ICD9	41040	ACUT MI OTH INF WALL EPIS CARE UNS
ICD9	41041	ACUT MI OTH INF WALL INIT EPIS CARE
ICD9	41042	AC MI OTH INF WALL SUBSQT EPIS CARE
ICD9	4105	ACUTE MYOCARD INFARCT OTH LAT WALL
ICD9	41050	ACUT MI OTH LAT WALL EPIS CARE UNS
ICD9	41051	ACUT MI OTH LAT WALL INIT EPIS CARE
ICD9	41052	AC MI OTH LAT WALL SUBSQT EPIS CARE
ICD9	4106	ACUT MI TRUE POST WALL INFARCT
ICD9	41060	ACUT MI POST WALL INFARCT EOC UNS
ICD9	41061	ACUT MI POST WALL INFARCT INIT EOC
ICD9	41062	ACUT MI POST WALL INFRCT SUBSQT EOC
ICD9	4108	ACUT MYOCARD INFARCT OTH SPEC SITES
ICD9	41080	ACUT MI OTH SITE EPIS CARE UNS

ICD9	41081	ACUT MI OTH SITE INIT EPIS CARE
ICD9	41082	ACUT MI OTH SITE SUBSQT EPIS CARE

NSTEMI (Diagnosis)

Type	Code	Description
ICD9	4107	ACUT MI SUBENDOCARDIAL INFARCT
ICD9	41070	ACUT MI SUBNDOCARDL INFARCT EOC UNS
ICD9	41071	ACUT MI SUBNDOCRDL INFARCT INIT EOC
ICD9	41072	ACUT MI SUBNDOCRDL INFRCT SBSQT EOC

Heart Failure (Diagnosis)

Type	Code	Description
ICD9	40201	MALIG HTN HRT DISEASE W/HRT FAIL
ICD9	40211	BEN HTN HEART DISEASE W/HEART FAIL
ICD9	40291	HTN HRT DISEASE UNSPEC W/HRT FAIL
ICD9	40291	UNSPEC HTN HRT DISEASE W/HRT FAIL
ICD9	40401	HTN H & CKD MAL HF&CKD ST 1-IV/UNS
ICD9	40401	HTN HEART & KIDNEY DZ MALIG W/HF
ICD9	40403	HTN HRT & CKD MAL HF&CKD ST V/ESRD
ICD9	40403	HTN HRT & K DZ MALIG W/HF & CHRN K
ICD9	40411	HTN H & CKD BEN HF&CKD ST I-IV/UNS
ICD9	40411	HTN HRT & KIDNEY DZ BEN W/HRT FAIL
ICD9	40413	HTN H & CKD BEN HF & CKD ST V/ESRD
ICD9	40413	HTN HRT & K DZ BEN W/HF & CKD
ICD9	40491	HTN H & CKD UNS HF&CKD ST I-IV/UNS
ICD9	40491	HTN HRT & KIDNEY DZ UNS W/HRT FAIL
ICD9	40493	HTN H & CKD UNS HF & CKD ST V/ESRD
ICD9	40493	HTN HRT & K DZ UNS W/HF & CHRN K DZ
ICD9	4280	CHF UNSPECIFIED
ICD9	4281	LEFT HEART FAILURE
ICD9	42820	UNSPECIFIED SYSTOLIC HEART FAILURE
ICD9	42821	ACUTE SYSTOLIC HEART FAILURE
ICD9	42822	CHRONIC SYSTOLIC HEART FAILURE
ICD9	42823	ACUTE CHRONIC SYSTOLIC HEART FAIL
ICD9	42830	UNSPECIFIED DIASTOLIC HEART FAILURE
ICD9	42831	ACUTE DIASTOLIC HEART FAILURE
ICD9	42832	CHRONIC DIASTOLIC HEART FAILURE
ICD9	42833	ACUTE CHRONIC DIASTOLIC HEART FAIL
ICD9	42840	UNS COMB SYSTOL&DIASTOL HEART FAIL
ICD9	42841	AC COMB SYSTOLIC&DIASTOLIC HRT FAIL
ICD9	42842	CHRN COMB SYSTOL&DIASTOL HEART FAIL
ICD9	42843	ACUTE CHRN SYSTOL&DIASTOL HRT FAIL
ICD9	4289	UNSPECIFIED HEART FAILURE

Diabetes (Diagnosis)

Type	Code	Description
ICD9	250	DIABETES MELLITUS
ICD9	2500	DM WITHOUT MENTION OF COMPLICATION
ICD9	25000	DB W/O COMP TYPE II/UNS NOT UNCNTRL
ICD9	25001	DB W/O COMP TYPE I NOT UNCNTRL
ICD9	25002	DB W/O COMP TYPE II/UNS UNCNTRL
ICD9	25003	DB W/O COMP TYPE I TYPE UNCNTRL

	ICD9	2501	DIABETES WITH KETOACIDOSIS
	ICD9	25010	DB W/KA TYPE II/UNS NOT UNCNTRL
	ICD9	25011	DB W/KETOACIDOS TYPE I NOT UNCNTRL
	ICD9	25012	DB W/KETOACIDOS TYPE II/UNS UNCNTRL
	ICD9	25013	DB W/KETOACIDOS TYPE I UNCNTRL
	ICD9	2502	DIABETES WITH HYPEROSMOLARITY
	ICD9	25020	DB W/HYPEROSMLR TYPE II NOT UNCNTRL
	ICD9	25021	DB W/HYPEROSMOLR TYPE I NOT UNCNTRL
	ICD9	25022	DB W/HYPEROSMLR TYPE II/UNS UNCNTRL
	ICD9	25023	DB W/HYPEROSMOLAR TYPE I UNCNTRL
	ICD9	2503	DIABETES WITH OTHER COMA
	ICD9	25030	DB OTH COMA TYPE II/UNS NOT UNCNTRL
	ICD9	25031	DB W/OTH COMA TYPE I NOT UNCNTRL
	ICD9	25032	DB W/OTH COMA TYPE II/UNS UNCNTRL
	ICD9	25033	DB W/OTH COMA TYPE I UNCNTRL
	ICD9	2504	DIABETES WITH RENAL MANIFESTATIONS
	ICD9	25040	DB W/RENAL TYPE II/UNS NOT UNCNTRL
	ICD9	25041	DB W/RENAL TYPE I [JUV] NOT UNCNTRL
	ICD9	25042	DB W/RENAL TYPE II/UNS UNCNTRL
	ICD9	25043	DB W/RENAL TYPE I [JUV] UNCNTRL
	ICD9	2505	DIAB W/OPHTHALMIC MANIFESTATIONS
	ICD9	25050	DB W/OPHTH TYPE II/UNS NOT UNCNTRL
	ICD9	25051	DB W/OPHTH TYPE I [JUV] NOT UNCNTRL
	ICD9	25052	DB W/OPHTH TYPE II/UNS TYPE UNCNTRL
	ICD9	25053	DB W/OPHTH TYPE I [JUV] UNCNTRL
	ICD9	2506	DIAB W/NEUROLOGICAL MANIFESTATIONS
	ICD9	25060	DB W/NEURO TYPE II/UNS NOT UNCNTRL
	ICD9	25061	DB W/NEURO TYPE I [JUV] NOT UNCNTRL
	ICD9	25062	DB W/NEURO TYPE II/UNS TYPE UNCNTRL
	ICD9	25063	DB W/NEURO TYPE I [JUV] UNCNTRL
	ICD9	2507	DIAB W/PERIPHERAL CIRC DISORDERS
	ICD9	25070	DB PERIPH CIRC TYPE II NOT UNCNTRL
	ICD9	25071	DB W/PERIPH CIRC TYPE I NOT UNCNTRL
	ICD9	25072	DB PERIPH CIRC TYPE II/UNS UNCNTRL
	ICD9	25073	DB W/PERIPH CIRC D/O TYPE I UNCNTRL
	ICD9	2508	DIABETES W/OTH SPEC MANIFESTATIONS
	ICD9	25080	DB W/OTH MANIFST TYPE II/UNS NOT UN
	ICD9	25081	DB W/OTH MANIFST TYPE I NOT UNCNTRL
	ICD9	25082	DB W/OTH MANIFST TYPE II/UNS UNCNTR
	ICD9	25083	DB W/OTH MANIFEST TYPE I UNCNTRL
	ICD9	2509	DIABETES W/UNSPECIFIED COMPLICATION
	ICD9	25090	DB UNS COMP TYPE II/UNS NOT UNCNTRL
	ICD9	25091	DB W/UNS COMP TYPE I NOT UNCNTRL
	ICD9	25092	DB W/UNS COMP TYPE II/UNS UNCNTRL
	ICD9	25093	DB W/UNS COMP TYPE I [JUV] UNCNTRL
	ICD9	3572	POLYNEUROPATHY IN DIABETES
	ICD9	3620	DIABETIC RETINOPATHY
	ICD9	36201	BACKGROUND DIABETIC RETINOPATHY
	ICD9	36202	PROLIFERATIVE DIABETIC RETINOPATHY
	ICD9	36203	NONPROLIF DIABETIC RETINOPATHY NOS
	ICD9	36204	MILD NONPROLIF DIABETIC RETINOPATHY
	ICD9	36205	MOD NONPROLIF DIABETIC RETINOPATHY
	ICD9	36206	SEV NONPROLIF DIABETIC RETINOPATHY
	ICD9	36207	DIABETIC MACULAR EDEMA
	ICD9	36641	DIABETIC CATARACT
	ICD9	6480	DIABETES MELLIT IN PREG
	ICD9	64800	MAT DM COMPL PG BRTH/PP UNS EOC
	ICD9	64801	MATERNAL DM WITH DELIVERY

ICD9	64802	MATERNAL DM W/DELIV W/CURRENT PPC
ICD9	64803	MATERNAL DM ANTEPARTUM
ICD9	64804	MTRN DM PREVIOUS POSTPARTUM COND
ICD9	V4585	INSULIN PUMP STATUS
ICD9	V5867	LONG-TERM USE OF INSULIN

Insulin (Medispan Drug)

Type	GPI Code	Description
GPI	27104002002020	Insulin Aspart Inj 100 Unit/ML
GPI	27104070001820	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)
GPI	27104006002020	Insulin Detemir Inj 100 Unit/ML
GPI	27104003002020	Insulin Glargine Inj 100 Unit/ML
GPI	27104004002022	Insulin Glulisine Inj 100 Unit/ML
GPI	27104004002020	Insulin Glulisine Subcutaneous Inj 100 Unit/ML
GPI	27104090001820	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (50-50)
GPI	27104090001810	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)
GPI	27104020001805	Insulin Isophane (Human) Inj 100 Unit/ML
GPI	27103020001810	Insulin Isophane (Pork) Inj 100 Unit/ML
GPI	27104005002020	Insulin Lispro (Human) Inj 100 Unit/ML
GPI	27104080001840	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)
GPI	27104080001820	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)
GPI	27104010002960	Insulin Regular (Human) Inhalation Powder 1 & 3 MG/BLISTER
GPI	27104010002920	Insulin Regular (Human) Inhalation Powder 1 MG/BLISTER
GPI	27104010002930	Insulin Regular (Human) Inhalation Powder 3 MG/BLISTER
GPI	27104010002005	Insulin Regular (Human) Inj 100 Unit/ML
GPI	27104010002015	Insulin Regular (Human) Inj 500 Unit/ML
GPI	27104015002005	Insulin Regular (Human) Inj Buffered 100 Unit/ML
GPI	27103010002010	Insulin Regular (Pork) Inj 100 Unit/ML
GPI	27104030001805	Insulin Zinc (Human) Inj 100 Unit/ML
GPI	27103040001810	Insulin Zinc (Pork) Inj 100 Unit/ML
GPI	27104050001805	Insulin Zinc, Extended (Human) Inj 100 Unit/ML

Diabetic Oral Agents (Medispan Drug)

Type	GPI Code	Description
GPI	27999002506320	*Metformin HCl Tab 500 MG & Dietary Management Cap Pack***
GPI	27500010000340	Acarbose Tab 100 MG
GPI	27500010000310	Acarbose Tab 25 MG
GPI	27500010000320	Acarbose Tab 50 MG
GPI	27200010000305	Acetohexamide Tab 250 MG
GPI	27200010000310	Acetohexamide Tab 500 MG
GPI	27200020000305	Chlorpropamide Tab 100 MG
GPI	27200020000310	Chlorpropamide Tab 250 MG
GPI	27200027000310	Glimepiride Tab 1 MG
GPI	27200027000320	Glimepiride Tab 2 MG
GPI	27200027000340	Glimepiride Tab 4 MG
GPI	27200030002900	Glipizide Powder
GPI	27200030000310	Glipizide Tab 10 MG
GPI	27200030000305	Glipizide Tab 5 MG
GPI	27200030007520	Glipizide Tab SR 24HR 10 MG
GPI	27200030007505	Glipizide Tab SR 24HR 2.5 MG
GPI	27200030007510	Glipizide Tab SR 24HR 5 MG
GPI	27997002350320	Glipizide-Metformin HCl Tab 2.5-250 MG
GPI	27997002350325	Glipizide-Metformin HCl Tab 2.5-500 MG
GPI	27997002350340	Glipizide-Metformin HCl Tab 5-500 MG

	GPI	27200040100310	Glyburide Micronized Tab 1.5 MG
	GPI	27200040100320	Glyburide Micronized Tab 3 MG
	GPI	27200040100330	Glyburide Micronized Tab 4.5 MG
	GPI	27200040100340	Glyburide Micronized Tab 6 MG
	GPI	27200040002900	Glyburide Powder
	GPI	27200040000305	Glyburide Tab 1.25 MG
	GPI	27200040000310	Glyburide Tab 2.5 MG
	GPI	27200040000315	Glyburide Tab 5 MG
	GPI	27997002400310	Glyburide-Metformin Tab 1.25-250 MG
	GPI	27997002400320	Glyburide-Metformin Tab 2.5-500 MG
	GPI	27997002400330	Glyburide-Metformin Tab 5-500 MG
	GPI	27250050002020	Metformin HCl Oral Soln 500 MG/5ML
	GPI	27250050000350	Metformin HCl Tab 1000 MG
	GPI	27250050000320	Metformin HCl Tab 500 MG
	GPI	27250050000340	Metformin HCl Tab 850 MG
	GPI	27250050007520	Metformin HCl Tab SR 24HR 500 MG
	GPI	27250050007530	Metformin HCl Tab SR 24HR 750 MG
	GPI	27250050007590	Metformin HCl Tab SR 24HR Modified Release 1000 MG
	GPI	27250050007580	Metformin HCl Tab SR 24HR Modified Release 500 MG
	GPI	27250050007570	Metformin HCl Tab SR 24HR Osmotic 1000 MG
	GPI	27250050007560	Metformin HCl Tab SR 24HR Osmotic 500 MG
	GPI	27500050000340	Miglitol Tab 100 MG
	GPI	27500050000310	Miglitol Tab 25 MG
	GPI	27500050000320	Miglitol Tab 50 MG
	GPI	27234050000330	Nateglinide Tab 120 MG
	GPI	27234050000320	Nateglinide Tab 60 MG
	GPI	27607050100320	Pioglitazone HCl Tab 15 MG (Base Equiv)
	GPI	27607050100330	Pioglitazone HCl Tab 30 MG (Base Equiv)
	GPI	27607050100340	Pioglitazone HCl Tab 45 MG (Base Equiv)
	GPI	27997802400320	Pioglitazone HCl-Glimepiride Tab 30-2 MG
	GPI	27997802400340	Pioglitazone HCl-Glimepiride Tab 30-4 MG
	GPI	27998002400320	Pioglitazone HCl-Metformin HCl Tab 15-500 MG
	GPI	27998002400340	Pioglitazone HCl-Metformin HCl Tab 15-850 MG
	GPI	27280060000310	Repaglinide Tab 0.5 MG
	GPI	27280060000320	Repaglinide Tab 1 MG
	GPI	27280060000330	Repaglinide Tab 2 MG
	GPI	27607060100320	Rosiglitazone Maleate Tab 2 MG (Base Equiv)
	GPI	27607060100330	Rosiglitazone Maleate Tab 4 MG (Base Equiv)
	GPI	27607060100340	Rosiglitazone Maleate Tab 8 MG (Base Equiv)
	GPI	27997802600310	Rosiglitazone Maleate-Glimepiride Tab 4-1 MG
	GPI	27997802600320	Rosiglitazone Maleate-Glimepiride Tab 4-2 MG
	GPI	27997802600340	Rosiglitazone Maleate-Glimepiride Tab 4-4 MG
	GPI	27997802600355	Rosiglitazone Maleate-Glimepiride Tab 8-2 MG
	GPI	27997802600360	Rosiglitazone Maleate-Glimepiride Tab 8-4 MG
	GPI	27998002600320	Rosiglitazone Maleate-Metformin HCl Tab 1-500 MG
	GPI	27998002600335	Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG
	GPI	27998002600330	Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG
	GPI	27998002600355	Rosiglitazone Maleate-Metformin HCl Tab 4-1000 MG
	GPI	27998002600350	Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG
	GPI	27550070100340	Sitagliptin Phosphate Tab 100 MG (Base Equiv)
	GPI	27550070100320	Sitagliptin Phosphate Tab 25 MG (Base Equiv)
	GPI	27550070100330	Sitagliptin Phosphate Tab 50 MG (Base Equiv)
	GPI	27992502700340	Sitagliptin-Metformin HCl Tab 50-1000 MG
	GPI	27992502700320	Sitagliptin-Metformin HCl Tab 50-500 MG
	GPI	27200050000305	Tolazamide Tab 100 MG
	GPI	27200050000310	Tolazamide Tab 250 MG
	GPI	27200050000315	Tolazamide Tab 500 MG
	GPI	27200060000310	Tolbutamide Tab 500 MG

HTN (Diagnosis)

Type	Code	Description
ICD9	36211	HYPERTENSIVE RETINOPATHY
ICD9	401	ESSENTIAL HYPERTENSION
ICD9	4010	ESSENTIAL HYPERTENSION, MALIGNANT
ICD9	4011	ESSENTIAL HYPERTENSION, BENIGN
ICD9	4019	UNSPECIFIED ESSENTIAL HYPERTENSION
ICD9	402	HYPERTENSIVE HEART DISEASE
ICD9	4020	MALIG HYPERTENSIVE HEART DISEASE
ICD9	40200	MALIG HTN HRT DISEASE W/O HRT FAIL
ICD9	40201	MALIG HTN HRT DISEASE W/HRT FAIL
ICD9	4021	BENIGN HYPERTENSIVE HEART DISEASE
ICD9	40210	BEN HTN HRT DISEASE W/O HRT FAIL
ICD9	40211	BEN HTN HEART DISEASE W/HEART FAIL
ICD9	4029	UNSPEC HYPERTENSIVE HEART DISEASE
ICD9	40290	UNSPEC HTN HRT DISEASE W/O HRT FAIL
ICD9	40291	HTN HRT DISEASE UNSPEC W/HRT FAIL
ICD9	40291	UNSPEC HTN HRT DISEASE W/HRT FAIL
ICD9	403	HYPERTENSIVE CHRONIC KIDNEY DISEASE
ICD9	403	HYPERTENSIVE KIDNEY DISEASE
ICD9	4030	HYPERTENSIVE CHRNIC KIDNEY DZ MALIG
ICD9	4030	HYPERTENSIVE KIDNEY DISEASE MALIG
ICD9	40300	HTN CHR KID DZ MAL KID DZ I-IV/UNS
ICD9	40300	HTN KIDNEY DZ MALIG W/O CKD
ICD9	40301	HTN CHR KID DZ MAL KID DZ ST V/ESRD
ICD9	40301	HTN KIDNEY DZ MALIG W/CHRON KID DZ
ICD9	4031	HTN CHRONIC KIDNEY DISEASE BENIGN
ICD9	4031	HYPERTENSIVE KIDNEY DISEASE BENIGN
ICD9	40310	HTN CKD BEN CKD STAGE I THRU IV/UNS
ICD9	40310	HTN KIDNEY DZ BEN W/O CHRON KID DZ
ICD9	40311	HTN CKD BEN W/CKD STAGE V/ESRD
ICD9	40311	HTN KIDNEY DZ BEN W/CHRON KID DZ
ICD9	4039	HTN CHRONIC KIDNEY DISEASE UNS
ICD9	4039	HYPERTENSIVE KIDNEY DISEASE UNSPEC
ICD9	40390	HTN CKD UNS CKD STAGE I THRU IV/UNS
ICD9	40390	HTN KIDNEY DZ UNS W/O CKD
ICD9	40391	HTN CKD UNSPEC W/CKD STAGE V/ESRD
ICD9	40391	HTN KIDNEY DZ UNS W/ CKD
ICD9	404	HTN HEART & CHRONIC KIDNEY DISEASE
ICD9	404	HYPERTENSIVE HEART&KIDNEY DISEASE
ICD9	4040	HTN HEART&KIDNEY DISEASE MALIG
ICD9	4040	HYPERTENSIVE HEART & CKD MALIGNANT
ICD9	40400	HTN H & CKD MAL W/CKD ST I-IV/UNS
ICD9	40400	HTN HRT & K DZ MALIG W/O HF OR CKD
ICD9	40401	HTN H & CKD MAL HF&CKD ST 1-IV/UNS
ICD9	40401	HTN HEART & KIDNEY DZ MALIG W/HF
ICD9	40402	HTN H&CKD MAL W/O HF&CKD ST V/ESRD
ICD9	40402	HTN HEART & K DZ MALIG W/CHRON K DZ
ICD9	40403	HTN HRT & CKD MAL HF&CKD ST V/ESRD
ICD9	40403	HTN HRT & K DZ MALIG W/HF & CHRN K
ICD9	4041	HTN HEART & KIDNEY DISEASE BEN
ICD9	4041	HTN HEART&CHRNIC KIDNEY DISEASE BEN
ICD9	40410	HTN H & CKD BEN W/CKD ST I-IV/UNS
ICD9	40410	HTN HRT & K DZ BEN W/O HF OR CKD
ICD9	40411	HTN H & CKD BEN HF&CKD ST I-IV/UNS

	ICD9 40411 HTN HRT & KIDNEY DZ BEN W/HRT FAIL ICD9 40412 HTN H & CKD BEN W/CKD ST V/ESRD ICD9 40412 HTN HRT & K DZ BENIGN W/CHRON K DZ ICD9 40413 HTN H & CKD BEN HF & CKD ST V/ESRD ICD9 40413 HTN HRT & K DZ BEN W/HF & CKD ICD9 4049 HTN HEART & KIDNEY DISEASE UNS ICD9 4049 HTN HRT&CHRNIC KIDNEY DZ UNSPEC ICD9 40490 HTN H & CKD UNS W/CDK ST I-IV/UNS ICD9 40490 HTN HRT & KID DZ UNS W/O HF OR CKD ICD9 40491 HTN H & CKD UNS HF&CKD ST I-IV/UNS ICD9 40491 HTN HRT & KIDNEY DZ UNS W/HRT FAIL ICD9 40492 HTN H & CKD UNS W/CKD STAGE V/ESRD ICD9 40492 HTN HEART & K DZ UNS W/CHRONIC K DZ ICD9 40493 HTN H & CKD UNS HF & CKD ST V/ESRD ICD9 40493 HTN HRT & K DZ UNS W/HF & CHRN K DZ ICD9 405 SECONDARY HYPERTENSION ICD9 4050 SECONDARY HYPERTENSION, MALIGNANT ICD9 40501 SEC RENOVASCULAR HYPERTENSION MALIG ICD9 40509 OTHER SEC HYPERTENSION MALIGNANT ICD9 4051 SECONDARY HYPERTENSION, BENIGN ICD9 40511 SEC RENOVASCULAR HYPERTENSION BEN ICD9 40519 OTHER SECONDARY HYPERTENSION BENIGN ICD9 4059 UNSPEC SEC HYPERTENSION UNSPEC ICD9 40591 SEC RENOVASCULAR HTN UNSPEC ICD9 40599 OTHER SEC HYPERTENSION UNSPECIFIED ICD9 4372 HYPERTENSIVE ENCEPHALOPATHY
6 (2a, 2d)	**Denominator Exclusions:** Excludes members who meet the following criteria for the ACE/ARB contraindication - >=1 claim with a diagnosis code for 'hyperkalemia', 'renal artery stenosis', 'ESRD', 'severe chronic kidney disease', 'pregnancy', or 'angioneurotic edema' (see below for the complete list of ICD9 codes)' **Denominator Exclusion Details** (Definitions, codes with description): See above hyperkalemia (Diagnosis) ========== Type Code Description ------- ------- ---------- ICD9 2767 HYPERPOTASSEMIA Renal Artery Stenosis (Diagnosis) ========== Type Code Description ------- ------- ---------- ICD9 4401 ATHEROSCLEROSIS OF RENAL ARTERY ESRD (Diagnosis) ========== Type Code Description ------- ------- ---------- ICD9 40301 HTN CHR KID DZ MAL KID DZ ST V/ESRD ICD9 40311 HTN CKD BEN W/CKD STAGE V/ESRD ICD9 40391 HTN CKD UNSPEC W/CKD STAGE V/ESRD ICD9 40402 HTN H&CKD MAL W/O HF&CKD ST V/ESRD ICD9 40403 HTN HRT & CKD MAL HF&CKD ST V/ESRD ICD9 40412 HTN H & CKD BEN W/CKD ST V/ESRD ICD9 40413 HTN H & CKD BEN HF & CKD ST V/ESRD ICD9 40492 HTN H & CKD UNS W/CKD STAGE V/ESRD

ICD9	40493	HTN H & CKD UNS HF & CKD ST V/ESRD
ICD9	5855	CHRONIC KIDNEY DISEASE STAGE V
ICD9	5856	END STAGE RENAL DISEASE
ICD9	V451	RENAL DIALYSIS STATUS
ICD9	V560	ENCOUNTER EXTRACORPOREAL DIALYSIS
ICD9	V561	FIT&ADJ XTRACORP DIALYSIS CATHETER
ICD9	V562	FIT&ADJ PERITON DIALYSIS CATHETER
ICD9	V5631	ENCOUNTER ADEQUACY TESTING HEMODIAL
ICD9	V5632	ENCNTR ADEQUACY TEST PERITON DIAL
ICD9	V568	ENCOUNTER OTHER DIALYSIS

severe chronic kidney disease (Diagnosis)

Type	Code	Description
ICD9	40301	HTN CHR KID DZ MAL KID DZ ST V/ESRD
ICD9	40301	HTN KIDNEY DZ MALIG W/CHRON KID DZ
ICD9	40311	HTN CKD BEN W/CKD STAGE V/ESRD
ICD9	40311	HTN KIDNEY DZ BEN W/CHRON KID DZ
ICD9	40391	HTN CKD UNSPEC W/CKD STAGE V/ESRD
ICD9	40391	HTN KIDNEY DZ UNS W/ CKD
ICD9	40402	HTN H&CKD MAL W/O HF&CKD ST V/ESRD
ICD9	40402	HTN HEART & K DZ MALIG W/CHRON K DZ
ICD9	40403	HTN HRT & CKD MAL HF&CKD ST V/ESRD
ICD9	40403	HTN HRT & K DZ MALIG W/HF & CHRN K
ICD9	40412	HTN H & CKD BEN W/CKD ST V/ESRD
ICD9	40412	HTN HRT & K DZ BENIGN W/CHRON K DZ
ICD9	40413	HTN H & CKD BEN HF & CKD ST V/ESRD
ICD9	40413	HTN HRT & K DZ BEN W/HF & CKD
ICD9	40492	HTN H & CKD UNS W/CKD STAGE V/ESRD
ICD9	40492	HTN HEART & K DZ UNS W/CHRONIC K DZ
ICD9	40493	HTN H & CKD UNS HF & CKD ST V/ESRD
ICD9	40493	HTN HRT & K DZ UNS W/HF & CHRN K DZ
ICD9	5854	CHRONIC KIDNEY DZ STAGE IV (SEVERE)
ICD9	5855	CHRONIC KIDNEY DISEASE STAGE V
ICD9	5856	END STAGE RENAL DISEASEICD9

Angioneurotic Edema (Diagnosis)

Type	Code	Description
ICD9	2776	OTHER DEFIC CIRCULATING ENZYMES
ICD9	9951	ANGIONEUROTIC EDEMA NEC

Pregnancy (Diagnosis)

Type	Code	Description
ICD9	630	HYDATIDIFORM MOLE
ICD9	631	OTHER ABNORMAL PRODUCT CONCEPTION
ICD9	632	MISSED ABORTION
ICD9	633	ECTOPIC PREGNANCY
ICD9	6330	ABDOMINAL PREGNANCY
ICD9	63300	ABD PG WITHOUT INTRAUTERINE PG
ICD9	63301	ABD PG W/INTRAUTERINE PG
ICD9	6331	TUBAL PREGNANCY
ICD9	63310	TUBAL PG WITHOUT INTRAUTERINE PG
ICD9	63311	TUBAL PG W/INTRAUTERINE PG

	ICD9	6332	OVARIAN PREGNANCY
	ICD9	63320	OVARIAN PG WITHOUT INTRAUTERINE PG
	ICD9	63321	OVARIAN PG W/INTRAUTERINE PG
	ICD9	6338	OTHER ECTOPIC PREGNANCY
	ICD9	63380	OTH ECTOPIC PG W/O INTRAUTERINE PG
	ICD9	63381	OTH ECTOPIC PG W/INTRAUTERINE PG
	ICD9	6339	UNSPECIFIED ECTOPIC PREGNANCY
	ICD9	63390	UNS ECTOPIC PG W/O INTRAUTERINE PG
	ICD9	63391	UNSPEC ECTOPIC PG W/INTRAUTERINE PG
	ICD9	634	SPONTANEOUS ABORTION
	ICD9	6340	SPONT AB COMP GENIT TRACT&PELV INF
	ICD9	63400	UNSAB COMP GENIT TRACT&PELV INF
	ICD9	63401	INCPLAB COMP GENIT TRACT&PELV INF
	ICD9	63402	CMPLAB COMP GENIT TRACT&PELV INF
	ICD9	6341	SPONT AB COMP DELAY/EXCESS HEMORR
	ICD9	63410	UNS SPONT AB COMP DELAY/XCESS HEMOR
	ICD9	63411	INCPLAB COMP DELAY/XCESS HEMOR
	ICD9	63412	CMPLAB COMP DELAY/XCESS HEMOR
	ICD9	6342	SPONT AB COMP DAMGE PELV ORGN/TISS
	ICD9	63420	UNSAB COMP DAMGE PELV ORGN/TISS
	ICD9	63421	INCPLAB COMP DAMGE PELV ORGN/TISS
	ICD9	63422	CMPLAB COMP DAMGE PELV ORGN/TISS
	ICD9	6343	SPONTANEOUS AB COMP RENAL FAILURE
	ICD9	63430	UNSPEC SPONT AB COMP RENAL FAIL
	ICD9	63431	INCPL SPONT AB COMP RENAL FAIL
	ICD9	63432	COMPLETE SPONT AB COMP RENAL FAIL
	ICD9	6344	SPONTANEOUS AB COMP METAB DISORDER
	ICD9	63440	UNSPEC SPONT AB COMP METAB DISORDER
	ICD9	63441	INCPL SPONT AB COMP METAB DISORDER
	ICD9	63442	CMPL SPONT AB COMP METAB DISORDER
	ICD9	6345	SPONTANEOUS AB COMPLICATED SHOCK
	ICD9	63450	UNSPEC SPONTANEOUS AB COMP SHOCK
	ICD9	63451	INCPL SPONTANEOUS AB COMP SHOCK
	ICD9	63452	COMPLETE SPONTANEOUS AB COMP SHOCK
	ICD9	6346	SPONTANEOUS AB COMPLICATED EMBOLISM
	ICD9	63460	UNSPEC SPONTANEOUS AB COMP EMBOLISM
	ICD9	63461	INCOMPLETE SPONTANEOUS AB COMP EMBO
	ICD9	63462	COMPLETE SPONTANEOUS AB COMP EMBO
	ICD9	6347	SPONTANEOUS AB W/OTH SPEC COMPS
	ICD9	63470	UNSPEC SPONT AB W/OTH SPEC COMPS
	ICD9	63471	INCPL SPONT AB W/OTH SPEC COMPS
	ICD9	63472	COMPLETE SPONT AB W/OTH SPEC COMPS
	ICD9	6348	SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63480	UNSPEC SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63481	INCPL SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63482	COMPLETE SPONT AB W/UNSPEC COMP
	ICD9	6349	SPONTANEOUS AB WITHOUT MENTION COMP
	ICD9	63490	UNSPEC SPONT AB W/O MENTION COMP
	ICD9	63491	INCPL SPONT AB WITHOUT MENTION COMP
	ICD9	63492	COMPLETE SPONT AB W/O MENTION COMP
	ICD9	635	LEGALLY INDUCED ABORTION
	ICD9	6350	LEGAL AB COMPL GENIT TRACT&PELV INF
	ICD9	63500	UNS LEGL AB COMPL GEN TRCT&PELV INF
	ICD9	63501	INCMPL LEGL AB COMPL GENIT&PELV INF
	ICD9	63502	CMPL LEGL AB COMPL GENITAL&PELV INF
	ICD9	6351	LEGL AB COMPL DELAY/EXCESS HEMORR
	ICD9	63510	UNS LEGL AB COMPL DELAY/EXCESS HEM
	ICD9	63511	INCMPL LEGL AB COMPL DELAY/XCSS HEM

	ICD9	63512	CMPL LEGL AB COMPL DELAY/EXCESS HEM
	ICD9	6352	LEGL AB COMPL DAMGE PELV ORGN/TISS
	ICD9	63520	UNS LEGL AB COMPL DAMGE PELV ORGN
	ICD9	63521	LEGL AB COMPL DMGE PELV ORGN INCMPL
	ICD9	63522	CMPL LEGL AB COMPL DAMGE PELV ORGN
	ICD9	6353	LEGALLY INDUCED AB COMP RENAL FAIL
	ICD9	63530	UNS LEGL INDUCD AB COMP RENL FAIL
	ICD9	63531	INCPL LEGL INDUCD AB COMP RENL FAIL
	ICD9	63532	CMPL LEGL INDUCD AB COMP RENAL FAIL
	ICD9	6354	LEGL INDUCD AB COMP METAB DISORDER
	ICD9	63540	UNS LEGL INDUCD AB COMP METAB D/O
	ICD9	63541	INCPL LEGL INDUCD AB COMP METAB D/O
	ICD9	63542	CMPL LEGL INDUCD AB COMP METAB D/O
	ICD9	6355	LEGALLY INDUCED AB COMP SHOCK
	ICD9	63550	UNSPEC LEGALLY INDUCD AB COMP SHOCK
	ICD9	63551	LEGALLY INDUCED AB COMP SHOCK INCPL
	ICD9	63552	COMPLETE LEGL INDUCD AB COMP SHOCK
	ICD9	6356	LEGALLY INDUCED AB COMP EMBOLISM
	ICD9	63560	UNSPEC LEGALLY INDUCED AB COMP EMBO
	ICD9	63561	INCPL LEGALLY INDUCED AB COMP EMBO
	ICD9	63562	COMPLETE LEGL INDUCD AB COMP EMBO
	ICD9	6357	LEGALLY INDUCED AB W/OTH SPEC COMPS
	ICD9	63570	UNS LEGL INDUCD AB W/OTH SPEC COMPS
	ICD9	63571	INCPL LEGL INDUCD AB W/OTH COMPS
	ICD9	63572	CMPL LEGL INDUCD AB W/OTH COMPS
	ICD9	6358	LEGALLY INDUCED AB W/UNSPEC COMP
	ICD9	63580	UNSPEC LEGL INDUCD AB W/UNSPEC COMP
	ICD9	63581	INCPL LEGL INDUCD AB W/UNSPEC COMP
	ICD9	63582	CMPL LEGL INDUCD AB W/UNSPEC COMP
	ICD9	6359	LEGL INDUCD AB WITHOUT MENTION COMP
	ICD9	63590	UNS LEGL INDUCD AB W/O MENTION COMP
	ICD9	63591	INCPL LEGL INDUCD AB W/O COMP
	ICD9	63592	CMPL LEGL INDUCD AB W/O COMP
	ICD9	636	ILLEGALLY INDUCED ABORTION
	ICD9	6360	ILEG AB COMP GENIT TRACT&PELVIC INF
	ICD9	63600	UNS ILEG AB COMPL GEN TRCT&PELV INF
	ICD9	63601	INCMPL ILEG AB COMPL GENIT&PELV INF
	ICD9	63602	CMPL ILEG AB COMPL GENITAL&PELV INF
	ICD9	6361	ILEG AB COMPL DELAY/EXCESS HEMORR
	ICD9	63610	UNS ILEG AB COMPL DELAY/EXCESS HEM
	ICD9	63611	INCMPL ILEG AB COMPL DELAY/XCSS HEM
	ICD9	63612	CMPL ILEG AB COMPL DELAY/EXCESS HEM
	ICD9	6362	ILEG AB COMPL DAMGE PELV ORGN/TISS
	ICD9	63620	UNS ILEG AB COMPL DAMGE PELV ORGN
	ICD9	63621	INCMPL ILEG AB COMPL DMGE PELV ORGN
	ICD9	63622	CMPL ILEG AB COMPL DAMGE PELV ORGN
	ICD9	6363	ILEG INDUCED AB COMP RENAL FAIL
	ICD9	63630	UNS ILEG INDUCD AB COMP RENL FAIL
	ICD9	63631	INCPL ILEG INDUCD AB COMP RENL FAIL
	ICD9	63632	CMPL ILEG INDUCD AB COMP RENAL FAIL
	ICD9	6364	ILEG INDUCD AB COMP METAB DISORDER
	ICD9	63640	UNS ILEG AB COMPL METABOLIC D/O
	ICD9	63641	INCPL ILEG INDUCD AB COMP METAB D/O
	ICD9	63642	CMPL ILEG INDUCD AB COMP METAB D/O
	ICD9	6365	ILLEGALLY INDUCED AB COMP SHOCK
	ICD9	63650	UNSPEC ILEG INDUCED AB COMP SHOCK
	ICD9	63651	INCPL ILEG INDUCED AB COMP SHOCK
	ICD9	63652	COMPLETE ILEG INDUCED AB COMP SHOCK

	ICD9	6366	ILLEGALLY INDUCED AB COMP EMBOLISM
	ICD9	63660	UNSPEC ILEG INDUCED AB COMP EMBO
	ICD9	63661	INCPL ILEG INDUCED AB COMP EMBO
	ICD9	63662	COMPLETE ILEG INDUCED AB COMP EMBO
	ICD9	6367	ILEG INDUCED AB W/OTH SPEC COMPS
	ICD9	63670	UNS ILEG INDUCD AB W/OTH SPEC COMPS
	ICD9	63671	INCPL ILEG INDUCD AB W/OTH COMPS
	ICD9	63672	CMPL ILEG INDUCD AB W/OTH COMPS
	ICD9	6368	ILLEGALLY INDUCED AB W/UNSPEC COMP
	ICD9	63680	UNSPEC ILEG INDUCD AB W/UNSPEC COMP
	ICD9	63681	INCPL ILEG INDUCED AB W/UNSPEC COMP
	ICD9	63682	CMPL ILEG INDUCD AB W/UNSPEC COMP
	ICD9	6369	ILEG INDUCD AB WITHOUT MENTION COMP
	ICD9	63690	UNS ILEG INDUCD AB W/O MENTION COMP
	ICD9	63691	INCPL ILEG INDUCD AB W/O COMP
	ICD9	63692	CMPL ILEG INDUCD AB W/O COMP
	ICD9	637	LEGALLY UNSPECIFIED ABORTION
	ICD9	6370	LEGL UNS AB COMP GNT TRACT&PELV INF
	ICD9	63700	AB UNS-CMPL/LEGL COMPL GEN&PELV INF
	ICD9	63701	LEGL UNS AB INCMPL COMPL PELV INF
	ICD9	63702	LEGL UNS AB CMPL COMPL GEN&PELV INF
	ICD9	6371	LEGL UNS AB COMP DELAY/XCESS HEMORR
	ICD9	63710	AB UNS CMPL/LEGL COMPL DELAY HEM
	ICD9	63711	LEGL UNS AB INCMPL COMPL DELAY HEM
	ICD9	63712	LEGL UNS AB CMPL COMPL DELAY HEM
	ICD9	6372	LEGL UNS AB COMPL DAMGE PELV ORGN
	ICD9	63720	AB UNS CMPL/LEGL COMPL DAMGE PELVIC
	ICD9	63721	LEGL UNS AB INCMPL COMPL DAMGE PELV
	ICD9	63722	LEGL UNS AB CMPL COMPL DAMGE PELV
	ICD9	6373	LEGALLY UNSPEC AB COMP RENAL FAIL
	ICD9	63730	AB UNS AS CMPL/LEGL COMP RENL FAIL
	ICD9	63731	LEGL UNSPEC AB INCPL COMP RENL FAIL
	ICD9	63732	LEGL UNSPEC AB CMPL COMP RENAL FAIL
	ICD9	6374	LEGL UNSPEC AB COMP METAB DISORDER
	ICD9	63740	AB UNS CMPLNESS/LEGL COMP METAB D/O
	ICD9	63741	LEGL UNSPEC AB INCPL COMP METAB D/O
	ICD9	63742	LEGL UNSPEC AB CMPL COMP METAB D/O
	ICD9	6375	LEGALLY UNSPEC AB COMPLICATED SHOCK
	ICD9	63750	AB UNSPEC AS CMPL/LEGL COMP SHOCK
	ICD9	63751	LEGALLY UNSPEC AB INCPL COMP SHOCK
	ICD9	63752	LEGL UNSPEC AB COMPLETE COMP SHOCK
	ICD9	6376	LEGALLY UNSPEC AB COMP EMBOLISM
	ICD9	63760	AB UNSPEC AS CMPL/LEGL COMP EMBO
	ICD9	63761	LEGALLY UNSPEC AB INCPL COMP EMBO
	ICD9	63762	LEGL UNSPEC AB COMPLETE COMP EMBO
	ICD9	6377	LEGALLY UNSPEC AB W/OTH SPEC COMPS
	ICD9	63770	AB UNS CMPL/LEGL W/OTH SPEC COMPS
	ICD9	63771	LEGL UNS AB INCPL W/OTH SPEC COMPS
	ICD9	63772	LEGL UNS AB CMPL W/OTH SPEC COMPS
	ICD9	6378	LEGALLY UNSPEC AB W/UNSPEC COMP
	ICD9	63780	AB UNS AS CMPL/LEGL W/UNS COMP
	ICD9	63781	LEGL UNSPEC AB INCPL W/UNSPEC COMP
	ICD9	63782	LEGL UNSPEC AB CMPL W/UNSPEC COMP
	ICD9	6379	LEGL UNSPEC AB WITHOUT MENTION COMP
	ICD9	63790	UNS TYPE AB UNS CMPL/LEGL W/O COMP
	ICD9	63791	LEGL UNS AB INCPL W/O MENTION COMP
	ICD9	63792	LEGL UNS AB CMPL W/O MENTION COMP
	ICD9	638	FAILED ATTEMPTED ABORTION

	ICD9	6380	FAILD ATTMP AB COMPL GEN&PELV INF
	ICD9	6381	FAILATMPT AB COMP DELAY/XCESS HEMOR
	ICD9	6382	FAILD ATTMP AB COMPL DMGE PELV ORGN
	ICD9	6383	FAILED ATTEMP AB COMPL RENAL FAILUR
	ICD9	6384	FAILD ATTEMP AB COMPL METAB D/O
	ICD9	6385	FAILED ATTEMP AB COMPLICATED SHOCK
	ICD9	6386	FAILED ATTEMP AB COMPL EMBOLISM
	ICD9	6387	FAILED ATTEMP AB W/OTH SPEC COMPL
	ICD9	6388	FAILED ATTEMP AB W/UNSPEC COMP
	ICD9	6389	FAILED ATTEMP AB W/O MENTION COMPL
	ICD9	639	COMPS FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6390	GENIT&PELV INF FLW AB/ECTOP&MOLR PG
	ICD9	6391	DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG
	ICD9	6392	DMGE PELV ORGN FLW AB/ECTOP&MOLR PG
	ICD9	6393	RENL FAIL FOLLOW AB/ECTOP&MOLAR PG
	ICD9	6394	METAB D/O FOLLOW AB/ECTOP&MOLAR PG
	ICD9	6395	SHOCK FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6396	EMBO FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6398	OTH SPEC COMP FLW AB/ECTOP&MOLAR PG
	ICD9	6399	UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	640	HEMORRHAGE IN EARLY PREGNANCY
	ICD9	6400	THREATENED ABORTION
	ICD9	64000	THREATENED AB UNSPEC AS EPIS CARE
	ICD9	64001	THREATENED ABORTION, DELIVERED
	ICD9	64003	THREATENED ABORTION, ANTEPARTUM
	ICD9	6408	OTH SPEC HEMORRHAGE EARLY PREGNANCY
	ICD9	64080	OTH SPEC HEMOR ERLY PG UNS EOC
	ICD9	64081	OTH SPEC HEMORR EARLY PG DELIV
	ICD9	64083	OTH SPEC HEMORR EARLY PG ANTPRTM
	ICD9	6409	UNSPEC HEMORRHAGE EARLY PREGNANCY
	ICD9	64090	UNS HEMORR ERLY PG UNS AS EPIS CARE
	ICD9	64091	UNSPEC HEMORR EARLY PREGNANCY DELIV
	ICD9	64093	UNSPEC HEMORR EARLY PG ANTPRTM
	ICD9	641	ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA
	ICD9	6410	PLACENTA PREVIA WITHOUT HEMORRHAGE
	ICD9	64100	PLACNTA PREVIA W/O HEMOR UNS EOC
	ICD9	64101	PLACENTA PREVIA W/O HEMORR DELIV
	ICD9	64103	PLACENTA PREVIA W/O HEMORR ANTPRTM
	ICD9	6411	HEMORRHAGE FROM PLACENTA PREVIA
	ICD9	64110	HEMORR PLACNTA PREVIA UNS EPIS CARE
	ICD9	64111	HEMORR FROM PLACENTA PREVIA W/DELIV
	ICD9	64113	HEMORR FROM PLACENTA PREVIA ANTPRTM
	ICD9	6412	PREMATURE SEPARATION OF PLACENTA
	ICD9	64120	PRMAT SEP PLACNTA UNS AS EPIS CARE
	ICD9	64121	PRMAT SEPARATION PLACENTA W/DELIV
	ICD9	64123	PRMAT SEPARATION PLACENTA ANTPRTM
	ICD9	6413	ANTPRTM HEMORRW/COAGULAT DEFEC
	ICD9	64130	ANTPRTM HEM W/COAGLAT DEFEC UNS EOC
	ICD9	64131	ANTPRTM HEMORW/COAGULAT DEFEC DELIV
	ICD9	64133	ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM
	ICD9	6418	OTHER ANTEPARTUM HEMORRHAGE
	ICD9	64180	OTH ANTPRTM HEMORR UNS AS EPIS CARE
	ICD9	64181	OTH ANTPRTM HEMORRHAGE W/DELIVERY
	ICD9	64183	OTH ANTPRTM HEMORRHAGE ANTPRTM
	ICD9	6419	UNSPECIFIED ANTEPARTUM HEMORRHAGE
	ICD9	64190	UNS ANTPRTM HEMORR UNS AS EPIS CARE
	ICD9	64191	UNSPEC ANTPRTM HEMORRHAGE W/DELIV
	ICD9	64193	UNSPEC ANTPRTM HEMORRHAGE ANTPRTM

	ICD9	642	HTN COMP PG CHLDBRTH&THE PUERPERIUM
	ICD9	6420	ESSEN HYPERTEN COMP PREG
	ICD9	64200	ESSEN HYPERTEN PREG-UNSP
	ICD9	64201	BEN ESSENTIAL HYPERTENSION W/DELIV
	ICD9	64202	BEN ESSENTIAL HTN DELIV W/CURR PPC
	ICD9	64203	BEN ESSENTIAL HYPERTENSION ANTPRTM
	ICD9	64204	BEN ESSENTIAL HTN PREVIOUS PPC
	ICD9	6421	RENAL HYPERTEN OF PREG
	ICD9	64210	HTN SEC RENL DZ COMPL PG&PP UNS EOC
	ICD9	64211	HTN SEC RENAL DISEASE W/DELIV
	ICD9	64212	HTN SEC RENAL DZ DELIV W/CURRNT PPC
	ICD9	64213	HTN SEC RENAL DISEASE ANTPRTM
	ICD9	64214	HTN SEC RENAL DZ PREVIOUS PP COND
	ICD9	6422	OLD HYPERTEN PREG NEC
	ICD9	64220	OTH PRE-XST HTN COMPL PG&PP UNS EOC
	ICD9	64221	OTH PRE-EXISTING HTN W/DELIV
	ICD9	64222	OTH PRE-XST HTN DELIV W/CURRENT PPC
	ICD9	64223	OTH PRE-EXISTING HTN ANTPRTM
	ICD9	64224	OTH PRE-XST HTN PREVIOUS PP COND
	ICD9	6423	TRANSIENT HYPERTENSION OF PREGNANCY
	ICD9	64230	TRANSIENT HTN PG UNS AS EPIS CARE
	ICD9	64231	TRANSIENT HTN PREGNANCY W/DELIV
	ICD9	64232	TRANSIENT HTN PG DELIV W/CURRNT PPC
	ICD9	64233	TRANSIENT HTN PREGNANCY ANTPRTM
	ICD9	64234	TRANSIENT HTN PG PREVIOUS PP COND
	ICD9	6424	MILD OR UNSPECIFIED PRE-ECLAMPSIA
	ICD9	64240	MILD/UNS PRE-ECLAMP UNS EPIS CARE
	ICD9	64241	MILD/UNSPEC PRE-ECLAMPSIA W/DELIV
	ICD9	64242	MILD/UNS PRE-ECLAMP DEL W/CURR PPC
	ICD9	64243	MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM
	ICD9	64244	MILD/UNSPEC PRE-ECLAMP PREV PP COND
	ICD9	6425	SEVERE PRE-ECLAMPSIA
	ICD9	64250	SEV PRE-ECLAMP UNSPEC AS EPIS CARE
	ICD9	64251	SEVERE PRE-ECLAMPSIA, WITH DELIVERY
	ICD9	64252	SEV PRE-ECLAMP DELIV W/CURRNT PPC
	ICD9	64253	SEVERE PRE-ECLAMPSIA, ANTEPARTUM
	ICD9	64254	SEVERE PRE-ECLAMP PREVIOUS PP COND
	ICD9	6426	ECLAMPSIA
	ICD9	64260	ECLAMPSIA-UNSPECIFIED
	ICD9	64261	ECLAMPSIA, WITH DELIVERY
	ICD9	64262	ECLAMPSIA W/DELIVERY W/CURRENT PPC
	ICD9	64263	ECLAMPSIA, ANTEPARTUM
	ICD9	64264	ECLAMPSIA PREVIOUS POSTPARTUM COND
	ICD9	6427	PRE-ECLAMP/ECLAMP PRE-XST HTN
	ICD9	64270	PRE-ECLMP/ECLMP PRE-XST HTN-UNS EOC
	ICD9	64271	PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV
	ICD9	64272	PRE-ECLMP/ECLMP PRE-XST HTN-DEL-PPC
	ICD9	64273	PRE-ECLMP/ECLMP PRE-XST HTN ANTPRTM
	ICD9	64274	PRE-ECLAMP/ECLAMP PRE-XST HTN PP
	ICD9	6429	HYPERTENS COMPL PREG NOS
	ICD9	64290	HYPERTEN PREG NOS-UNSPEC
	ICD9	64291	UNSPECIFIED HYPERTENSION W/DELIVERY
	ICD9	64292	UNSPEC HTN W/DELIV W/CURRENT PPC
	ICD9	64293	UNSPECIFIED HYPERTENSION ANTEPARTUM
	ICD9	64294	UNSPEC HTN PREVIOUS POSTPARTUM COND
	ICD9	643	EXCESSIVE VOMITING IN PREGNANCY
	ICD9	6430	MILD HYPEREMESIS GRAVIDARUM
	ICD9	64300	MILD HYPEREMESIS GRAVDA UNS EOC

	ICD9	64301	MILD HYPEREMESIS GRAVIDARUM DELIV
	ICD9	64303	MILD HYPEREMESIS GRAVIDARUM ANTPRTM
	ICD9	6431	HYPEREMESIS GRAVIDA W/METAB DISTURB
	ICD9	64310	HYPEREMESIS W/METAB DSTUR UNS EOC
	ICD9	64311	HYPEREMESIS W/METAB DISTURBANCE DEL
	ICD9	64313	HYPEREMESIS W/METAB DISTURB ANTPRTM
	ICD9	6432	LATE VOMITING OF PREGNANCY
	ICD9	64320	LATE VOMITING PG UNS AS EPIS CARE
	ICD9	64321	LATE VOMITING PREGNANCY DELIVERED
	ICD9	64323	LATE VOMITING PREGNANCY ANTEPARTUM
	ICD9	6438	OTH VOMITING COMPLICATING PREGNANCY
	ICD9	64380	OTH VOMITING COMP PG UNS EPIS CARE
	ICD9	64381	OTH VOMITING COMP PREGNANCY DELIV
	ICD9	64383	OTH VOMITING COMP PREGNANCY ANTPRTM
	ICD9	6439	UNSPECIFIED VOMITING OF PREGNANCY
	ICD9	64390	UNS VOMITING PG UNS AS EPIS CARE
	ICD9	64391	UNSPEC VOMITING PREGNANCY DELIVERED
	ICD9	64393	UNSPEC VOMITING PREGNANCY ANTPRTM
	ICD9	644	EARLY OR THREATENED LABOR
	ICD9	6440	THREATENED PREMATURE LABOR
	ICD9	64400	THREATENED PRMAT LABR UNS EPIS CARE
	ICD9	64403	THREATENED PREMATURE LABOR ANTPRTM
	ICD9	6441	OTHER THREATENED LABOR
	ICD9	64410	OTH THREATENED LABR UNS EPIS CARE
	ICD9	64413	OTHER THREATENED LABOR, ANTEPARTUM
	ICD9	6442	EARLY ONSET OF DELIVERY
	ICD9	64420	ERLY ONSET DELIV UNS AS EPIS CARE
	ICD9	64421	EARLY ONSET DELIVERY-DEL
	ICD9	645	PROLONGED PREGNANCY
	ICD9	6451	POST TERM PREGNANCY
	ICD9	64510	POST TERM PG UNS EOC/NOT APPLIC
	ICD9	64511	POST TERM PG DEL W/WO ANTPRTM COND
	ICD9	64513	POST TERM PG ANTPRTM COND/COMP
	ICD9	6452	PROLONGED PREGNANCY
	ICD9	64520	PROLNG PG UNS EPIS CARE/NOT APPLIC
	ICD9	64521	PROLNG PG DELIV W/WO ANTPRTM COND
	ICD9	64523	PROLONG PG DELIV ANTPRTM COND/COMP
	ICD9	646	OTHER COMPLICATIONS PREGNANCY NEC
	ICD9	6460	PAPYRACEOUS FETUS
	ICD9	64600	PAPYRACEOUS FETUS UNS AS EPIS CARE
	ICD9	64601	PAPYRACEOUS FETUS-DELIV
	ICD9	64603	PAPYRACEOUS FETUS, ANTEPARTUM
	ICD9	6461	EDEMA/XCESS WT GAIN PG W/O HTN
	ICD9	64610	EDEMA/XCESS WT GAIN PG UNS EOC
	ICD9	64611	EDEMA IN PREG-DELIVERED
	ICD9	64612	EDEMA IN PREG-DEL W P/P
	ICD9	64613	EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM
	ICD9	64614	EDEMA/XCESS WT GAIN PREV PP COND
	ICD9	6462	UNSPEC RENAL DZ PG W/O MENTION HTN
	ICD9	64620	UNS RENL DZ PG UNS AS EPIS CARE
	ICD9	64621	UNSPEC RENAL DISEASE PG W/DELIV
	ICD9	64622	UNS RENL DZ PG DELIV W/CURRNT PPC
	ICD9	64623	UNSPEC ANTEPARTUM RENAL DISEASE
	ICD9	64624	UNSPEC RENAL DZ PREVIOUS PP COND
	ICD9	6463	PREGNANCY COMP HABITUAL ABORTER
	ICD9	64630	PG COMP HABITUAL ABORTER UNS EOC
	ICD9	64631	HABITUAL ABORTER-DELIVER
	ICD9	64633	HABITUAL ABORTER ANTPRTM COND/COMP

	ICD9	6464	PERIPHERAL NEURITIS IN PREGNANCY
	ICD9	64640	PERIPH NEURITIS PG UNS AS EPIS CARE
	ICD9	64641	PERIPH NEURITIS PREGNANCY W/DELIV
	ICD9	64642	PERIPH NEURITIS PG DELIV W/CURR PPC
	ICD9	64643	PERIPHERAL NEURITIS ANTEPARTUM
	ICD9	64644	PERIPH NEURITIS PREVIOUS PP COND
	ICD9	6465	ASYMPTOMATIC BACTERIURIA PREGNANCY
	ICD9	64650	ASX BACTERIURIA PG UNS AS EPIS CARE
	ICD9	64651	ASYMPTOMATIC BACTERIURIA PG W/DELIV
	ICD9	64652	ASX BACTERIURIA PG DELIV W/CURR PPC
	ICD9	64653	ASYMPTOMATIC BACTERIURIA ANTEPARTUM
	ICD9	64654	ASX BACTERIURIA PREVIOUS PP COND
	ICD9	6466	INFECTIONS GU TRACT PREGNANCY
	ICD9	64660	INFS GU TRACT PG UNS AS EPIS CARE
	ICD9	64661	INFS GU TRACT PREGNANCY W/DELIV
	ICD9	64662	INFS GU TRACT PG DELIV W/CURRNT PPC
	ICD9	64663	INFECTIONS GU TRACT ANTPRTM
	ICD9	64664	INFS GU TRACT PREVIOUS PP COND
	ICD9	6467	LIVER DISORDERS IN PREGNANCY
	ICD9	64670	LIVER D/O PG UNSPEC AS EPIS CARE M
	ICD9	64671	LIVER DISORDERS PREGNANCY W/DELIV
	ICD9	64673	LIVER DISORDERS ANTEPARTUM
	ICD9	6468	OTHER SPEC COMPLICATIONS PREGNANCY
	ICD9	64680	OTH SPEC COMP PG UNS AS EPIS CARE
	ICD9	64681	OTH SPEC COMP PREGNANCY W/DELIVERY
	ICD9	64682	OTH SPEC COMPS PG DELIV W/CURR PPC
	ICD9	64683	OTH SPECIFED COMPLICATION ANTPRTM
	ICD9	64684	OTH SPEC COMPS PREVIOUS PP COND
	ICD9	6469	UNSPECIFIED COMPLICATION PREGNANCY
	ICD9	64690	UNSPEC COMP PG UNSPEC AS EPIS CARE
	ICD9	64691	UNSPEC COMP PREGNANCY W/DELIVERY
	ICD9	64693	UNSPEC COMP PREGNANCY ANTPRTM
	ICD9	647	INFECTIVE DIS IN PREG
	ICD9	6470	SYPHILIS IN PREGNANCY
	ICD9	64700	SYPHILIS IN PREG-UNSPEC
	ICD9	64701	MTRN SYPHILIS COMP PG W/DELIV
	ICD9	64702	MTRN SYPH COMP PG DELIV W/CURR PPC
	ICD9	64703	MATERNAL SYPHILIS, ANTEPARTUM
	ICD9	64704	MTRN SYPHILIS PREVIOUS PP COND
	ICD9	6471	GONORRHEA IN PREGNANCY
	ICD9	64710	GONORRHEA IN PREG-UNSPEC
	ICD9	64711	MATERNAL GONORRHEA WITH DELIVERY
	ICD9	64712	MTRN GONORRHEA DELIV W/CURRENT PPC
	ICD9	64713	MATERNAL GONORRHEA, ANTEPARTUM
	ICD9	64714	MTRN GONORRHEA PREVIOUS PP COND
	ICD9	6472	OTHER VENEREAL DIS IN PREG
	ICD9	64720	OTHER VD IN PREG-UNSPEC
	ICD9	64721	OTH MATERNAL VENEREAL DZ W/DELIV
	ICD9	64722	OTH MTRN VNEREL DZ DELIV W/CURR PPC
	ICD9	64723	OTHER VD-ANTEPARTUM
	ICD9	64724	OTHER POSTPARTUM VENEREAL DISEASES
	ICD9	6473	TUBERCULOSIS IN PREG
	ICD9	64730	TB IN PREG-UNSPECIFIED
	ICD9	64731	MATERNAL TUBERCULOSIS WITH DELIVERY
	ICD9	64732	MTRN TB W/DELIV W/CURRENT PPC
	ICD9	64733	MATERNAL TUBERCULOSIS, ANTEPARTUM
	ICD9	64734	MTRN TUBERCULOSIS PREVIOUS PP COND
	ICD9	6474	MALARIA IN PREGNANCY

	ICD9	64740	MALARIA IN PREG-UNSPEC
	ICD9	64741	MATERNAL MALARIA WITH DELIVERY
	ICD9	64742	MTRN MALARIA W/DELIV W/CURRENT PPC
	ICD9	64743	MATERNAL MALARIA, ANTEPARTUM
	ICD9	64744	MTRN MALARIA PREVIOUS PP COND
	ICD9	6475	RUBELLA IN PREGNANCY
	ICD9	64750	MAT RUBELLA COMP PG BRTH/PP UNS EOC
	ICD9	64751	MATERNAL RUBELLA WITH DELIVERY
	ICD9	64752	MTRN RUBELLA W/DELIV W/CURRENT PPC
	ICD9	64753	MATERNAL RUBELLA, ANTEPARTUM
	ICD9	64754	MTRN RUBELLA PREVIOUS PP COND
	ICD9	6476	OTHER VIRAL DIS IN PREG
	ICD9	64760	OTH MAT VD COMPL PG BRTH/PP UNS EOC
	ICD9	64761	OTH MATERNAL VIRAL DISEASE W/DELIV
	ICD9	64762	OTH MTRN VIRL DZ DELIV W/CURRNT PPC
	ICD9	64763	OTH MATERNAL VIRAL DISEASE ANTPRTM
	ICD9	64764	OTH MTRN VIRAL DZ PREVIOUS PP COND
	ICD9	6478	OTH MAT INF&PARASIT DZ COMPL PG/PP
	ICD9	64780	OTH MAT INF-COMPL PG CB/PP-UNS EOC
	ICD9	64781	OTH MTRN INF&PARASITIC DZ DELIV
	ICD9	64782	OTH MAT INF&PARASIT DZ-DEL-PP COMPL
	ICD9	64783	OTH MTRN INF&PARASITIC DZ ANTPRTM
	ICD9	64784	OTH MAT INF&PARASIT DZ-PREV PP COND
	ICD9	6479	INFECTION IN PREG NOS
	ICD9	64790	UNS MAT INF COMPL PG CB/PP UNS EOC
	ICD9	64791	UNSPEC MATERNAL INF/INFEST W/DELIV
	ICD9	64792	UNS MTRN INF/INFEST DEL W/CURR PPC
	ICD9	64793	UNSPEC MATERNAL INF/INFEST ANTPRTM
	ICD9	64794	UNSPEC MTRN INF/INFEST PREV PP COND
	ICD9	648	OTH CURRENT MATERNL CCE-COMPL P C/P
	ICD9	6480	DIABETES MELLIT IN PREG
	ICD9	64800	MAT DM COMPL PG BRTH/PP UNS EOC
	ICD9	64801	MATERNAL DM WITH DELIVERY
	ICD9	64802	MATERNAL DM W/DELIV W/CURRENT PPC
	ICD9	64803	MATERNAL DM ANTEPARTUM
	ICD9	64804	MTRN DM PREVIOUS POSTPARTUM COND
	ICD9	6481	THYROID DYSFUNC IN PREG
	ICD9	64810	MAT THYROID DYSF-COMP PG/PP-UNS EOC
	ICD9	64811	MATERNAL THYROID DYSFUNCTION DEL
	ICD9	64812	MTRN THYROID DYSF DELIV W/CURR PPC
	ICD9	64813	MTRN THYROID DYSF ANTPRTM COND/COMP
	ICD9	64814	MTRN THYROID DYSF PREV PP COND/COMP
	ICD9	6482	ANEMIA IN PREGNANCY
	ICD9	64820	MAT ANEM-MOM COMPL PG CB/PP UNS EOC
	ICD9	64821	MATERNAL ANEMIA, WITH DELIVERY
	ICD9	64822	MTRN ANEMIA W/DELIV W/CURRENT PPC
	ICD9	64823	MATERNAL ANEMIA, ANTEPARTUM
	ICD9	64824	MTRN ANEMIA PREVIOUS PP COND
	ICD9	6483	DRUG DEPENDENCE IN PREG
	ICD9	64830	MAT RX DEPND COMPL PG CB/PP UNS EOC
	ICD9	64831	MATERNAL DRUG DEPENDENCE W/DELIVERY
	ICD9	64832	MTRN DRUG DEPEND DELIV W/CURRNT PPC
	ICD9	64833	MATERNAL DRUG DEPENDENCE ANTEPARTUM
	ICD9	64834	MTRN DRUG DEPEND PREVIOUS PP COND
	ICD9	6484	MENTAL DISORDERS IN PREG
	ICD9	64840	MAT MNTL D/O COMPL PG CB/PP UNS EOC
	ICD9	64841	MATERNAL MENTAL DISORDERS W/DELIV
	ICD9	64842	MTRN MENTAL D/O DELIV W/CURRENT PPC

	ICD9	64843	MATERNAL MENTAL DISORDERS ANTPRTM
	ICD9	64844	MTRN MENTAL D/O PREVIOUS PP COND
	ICD9	6485	MAT CONGEN CV D/O COMPL PG CB/PP
	ICD9	64850	MAT CONGN CV D/O COMP PG/PP UNS EOC
	ICD9	64851	MATERNAL CONGEN CV D/O W/DELIV
	ICD9	64852	MTRN CONGN CV D/O DELIV W/CURR PPC
	ICD9	64853	MATERNAL CONGEN CV D/O ANTPRTM
	ICD9	64854	MTRN CONGEN CV D/O PREVIOUS PP COND
	ICD9	6486	CARDIOVAS DIS NEC IN PG
	ICD9	64860	OTH MAT CV DZ COMP PG CB/PP UNS EOC
	ICD9	64861	OTH MATERNAL CV DISEASES W/DELIVERY
	ICD9	64862	OTH MTRN CV DZ DELIV W/CURRENT PPC
	ICD9	64863	OTH MATERNAL CV DISEASES ANTPRTM
	ICD9	64864	OTH MTRN CV DZ PREVIOUS PP COND
	ICD9	6487	BONE&JNT D/O MAT-COMPL PG CB/PP
	ICD9	64870	BONE&JNT D/O MAT-COMPL PG CB/PP UNS
	ICD9	64871	BN&JNT D/O MAT BACK PELV&LW LMB DEL
	ICD9	64872	BN&JNT D/O MAT W/DEL W/PP COMPL
	ICD9	64873	BN&JNT D/O MAT BACK&LW LMB ANTPRTM
	ICD9	64874	BN&JNT D/O MAT BACK PREV PP COND
	ICD9	6488	ABN MAT GLU TOLRNC COMPL PG BRTH/PP
	ICD9	64880	ABN MAT GLU TOLR COMP PG/PP UNS EOC
	ICD9	64881	ABNORMAL MTRN GLU TOLERANCE W/DELIV
	ICD9	64882	ABN MTRN GLU TOLERNC DEL W/CURR PPC
	ICD9	64883	ABNORMAL MTRN GLU TOLERANCE ANTPRTM
	ICD9	64884	ABN MTRN GLU TOLERNC PREV PP COND
	ICD9	6489	OTH CURRNT MAT COND COMPL PG CB/PP
	ICD9	64890	OTH CUR MAT CCE-COMPL PG/PP-UNS EOC
	ICD9	64891	OTH CURRENT MATERNAL CCE W/DELIVERY
	ICD9	64892	OTH CURRNT MAT CCE-W/DEL W/PP COMPL
	ICD9	64893	OTH CURRENT MATERNAL CCE ANTEPARTUM
	ICD9	64894	OTH CURRNT MATERNL CCE-PREV PP COND
	ICD9	649	OTH COND MOTHER COMP PG BIRTH/PP
	ICD9	6490	TOB USE D/O COMP PG BIRTH OR THE PP
	ICD9	64900	TOB USE D/O COMP PG CB/PP UNSPC EOC
	ICD9	64901	TOB USE D/O COMP PG BIRTH/PP DEL
	ICD9	64902	TOB USE COMP PG CB/PP DEL PP COMP
	ICD9	64903	TOB USE COMP PG CB/PP AP COND/COMP
	ICD9	64904	TOB USE D/O COMP PG CB/PP PPC/COMP
	ICD9	6491	OBES COMP PG CHILDBIRTH/PUERPERIUM
	ICD9	64910	OBES COMP PG BIRTH/PP UNSPEC EOC/NA
	ICD9	64911	OBESITY COMP PG CHILDBIRTH/PP DEL
	ICD9	64912	OBES COMP PG BIRTH/PP DEL W/PP COMP
	ICD9	64913	OBES COMP PG BIRTH/PP AP COND/COMP
	ICD9	64914	OBES COMP PG BIRTH/THE PP PPC/COMP
	ICD9	6492	BARIATRIC SURG STS COMP PG BIRTH/PP
	ICD9	64920	BARIATRC SURG COMP PG CB/PP UNS EOC
	ICD9	64921	BARIATRIC SURG COMP PG BIRTH/PP DEL
	ICD9	64922	BAR SURG COMP PG CB/PP DEL PP COMP
	ICD9	64923	BAR SURG COMP PG CB/PP AP COND/COMP
	ICD9	64924	BAR SURG COMP PG CB/PP PPC/COMP
	ICD9	6493	COAGULATION DEFEC COMP PG BIRTH/PP
	ICD9	64930	COAG DEFEC COMP PG CB/PP UNSPEC EOC
	ICD9	64931	COAGULAT DEFEC COMP PG BIRTH/PP DEL
	ICD9	64932	COAG DEF COMP PG CB/PP DEL PP COMP
	ICD9	64933	COAG DEF COMP PG CB/PP AP COND/COMP
	ICD9	64934	COAG DEFEC COMP PG CB/PP PPC/COMP
	ICD9	6494	EPILEPSY COMP PG BIRTH/PUERPERIUM

	ICD9	64940	EPIL COMP PG BIRTH/PP UNSPEC EOC/NA
	ICD9	64941	EPIL COMP PG CHILDBIRTH/THE PP DEL
	ICD9	64942	EPIL COMP PG BIRTH/PP DEL W/PP COMP
	ICD9	64943	EPIL COMP PG BIRTH/PP AP COND/COMP
	ICD9	64944	EPIL COMP PG BIRTH/PP PP COND/COMP
	ICD9	6495	SPOTTING COMPLICATING PREGNANCY
	ICD9	64950	SPOTTING COMP PG UNS EPIS CARE/NA
	ICD9	64951	SPOTTING COMPLICATING PREGNANCY DEL
	ICD9	64953	SPOTTING COMP PG ANTEPRTM COND/COMP
	ICD9	6496	UTERINE SIZE DATE DISCREPANCY
	ICD9	64960	UTERN SIZE DATE DISCREP UNSPEC EOC
	ICD9	64961	UTERINE SIZE DATE DISCREPANCY DEL
	ICD9	64962	UTERN SZ DATE DISCREP DEL W/PP COMP
	ICD9	64963	UTERN SZ DATE DISCREP AP COND/COMP
	ICD9	64964	UTERINE SZ DATE DISCREPANCY PP COMP
	ICD9	650	NORMAL DELIVERY
	ICD9	651	MULTIPLE GESTATION
	ICD9	6510	TWIN PREGNANCY
	ICD9	65100	TWIN PREGNANCY UNSPEC AS EPIS CARE
	ICD9	65101	TWIN PREGNANCY, DELIVERED
	ICD9	65103	TWIN PREGNANCY, ANTEPARTUM
	ICD9	6511	TRIPLET PREGNANCY
	ICD9	65110	TRIPLET PG UNSPEC AS EPIS CARE
	ICD9	65111	TRIPLET PREGNANCY, DELIVERED
	ICD9	65113	TRIPLET PREGNANCY, ANTEPARTUM
	ICD9	6512	QUADRUPLET PREGNANCY
	ICD9	65120	QUADRUPLET PG UNSPEC AS EPIS CARE
	ICD9	65121	QUADRUPLET PREGNANCY, DELIVERED
	ICD9	65123	QUADRUPLET PREGNANCY, ANTEPARTUM
	ICD9	6513	TWIN PG W/FETAL LOSS&RETN 1 FETUS
	ICD9	65130	TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC
	ICD9	65131	TWIN PG-FETAL LOSS&RETN 1 FETUS DEL
	ICD9	65133	TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM
	ICD9	6514	TRIPLET PG W/FETAL LOSS&RETN 1/MORE
	ICD9	65140	TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65141	TRIPLET PG W/FETL LOSS&RETN 1/> DEL
	ICD9	65143	TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM
	ICD9	6515	QUAD PG W/FETL LOSS&RETAIN 1/MOR
	ICD9	65150	QUAD PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65151	QUAD PG W/FETAL LOSS&RETN 1/> DEL
	ICD9	65153	QUAD PG-FETL LOSS&RETN 1/> ANTPRTM
	ICD9	6516	OTH MX PG W/FETAL LOSS&RETN 1/MORE
	ICD9	65160	OTH MX PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65161	OTH MX PG-FETAL LOSS&RETAIN 1/>DEL
	ICD9	65163	OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM
	ICD9	6517	MX GEST FLW ELEC FETAL REDUCTION
	ICD9	65170	MX GEST FLW FETL RDUC UNS EPIS CARE
	ICD9	65171	MX GEST FETL RDUC DEL W/WO AP COND
	ICD9	65173	MX GEST FLW FETL RDUC AP COND/COMPL
	ICD9	6518	OTHER SPECIFIED MULTIPLE GESTATION
	ICD9	65180	OTH SPEC MX GEST UNS AS EPIS CARE
	ICD9	65181	OTH SPEC MULTIPLE GESTATION DELIV
	ICD9	65183	OTH SPEC MULTIPLE GESTATION ANTPRTM
	ICD9	6519	UNSPECIFIED MULTIPLE GESTATION
	ICD9	65190	UNSPEC MX GEST UNSPEC AS EPIS CARE
	ICD9	65191	UNSPEC MULTIPLE GESTATION DELIVERED
	ICD9	65193	UNSPEC MULTIPLE GESTATION ANTPRTM
	ICD9	652	MALPOSITION&MALPRESENTATION FETUS

	ICD9	6520	UNSTABLE LIE OF FETUS
	ICD9	65200	UNSTABLE LIE FETUS UNS AS EPIS CARE
	ICD9	65201	UNSTABLE LIE OF FETUS, DELIVERED
	ICD9	65203	UNSTABLE LIE OF FETUS, ANTEPARTUM
	ICD9	6521	BREECH/OTH MALPRESNT CONVRT CEPHALC
	ICD9	65210	BREECH/OTH CONVERT-CEPHAL-UNS EOC
	ICD9	65211	BREECH/OTH CONVERT CEPHAL DEL
	ICD9	65213	BREECH/OTH CONVERT-CEPHAL-ANTPRTM
	ICD9	6522	BREECH PRESENTATION W/O VERSION
	ICD9	65220	BREECH PRSATION W/O VERSION UNS EOC
	ICD9	65221	BREECH PRSATION W/O VERSION DELIV
	ICD9	65223	BREECH PRSATION W/O VERSION ANTPRTM
	ICD9	6523	TRNS/OBLIQUE PRESENTATION FETUS
	ICD9	65230	TRNS/OBL FETL PRSATION UNS EOC
	ICD9	65231	TRNS/OBL FETAL PRESENTATION DELIV
	ICD9	65233	TRNS/OBL FETAL PRESENTATION ANTPRTM
	ICD9	6524	FETAL FACE/BROW PRESENTATION FETUS
	ICD9	65240	FETL FCE/BROW PRSATION UNS EOC
	ICD9	65241	FETAL FACE/BROW PRESENTATION DELIV
	ICD9	65243	FETAL FCE/BROW PRESENTATION ANTPRTM
	ICD9	6525	HIGH FETAL HEAD AT TERM
	ICD9	65250	HI FETAL HEAD@TERM UNS AS EPIS CARE
	ICD9	65251	HIGH FETAL HEAD AT TERM, DELIVERED
	ICD9	65253	HIGH FETAL HEAD AT TERM, ANTEPARTUM
	ICD9	6526	MX GEST W/MALPRSATION 1 FETUS/MORE
	ICD9	65260	MX GEST W/MALPRSNT 1 FETUS/>UNS EOC
	ICD9	65261	MX GEST W/MALPRESNT 1 FETUS/MOR DEL
	ICD9	65263	MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM
	ICD9	6527	PROLAPSED ARM OF FETUS
	ICD9	65270	PROLAPSD ARM FETUS UNS AS EPIS CARE
	ICD9	65271	PROLAPSED ARM OF FETUS, DELIVERED
	ICD9	65273	PROLAPSD ARM FETUS ANTPRTM COMP
	ICD9	6528	OTH SPEC MALPSTN/MALPRSATION FETUS
	ICD9	65280	OTH MALPOS/MALPRESENT FETUS UNS EOC
	ICD9	65281	OTH MALPSTN/MALPRSATION FETUS DELIV
	ICD9	65283	OTH MALPOS/MALPRESENT FETUS ANTPRTM
	ICD9	6529	UNS MALPSTN/MALPRESENTATION FETUS
	ICD9	65290	UNS MALPOS/MALPRESENT FETUS UNS EOC
	ICD9	65291	UNS MALPSTN/MALPRSATION FETUS DELIV
	ICD9	65293	UNS MALPOS/MALPRESENT FETUS ANTPRTM
	ICD9	653	DISPROPORTION IN PREGNANCY L&D
	ICD9	6530	MAJ ABN BONY PELV NOT FURTHER PG
	ICD9	65300	MAJ ABN BONY PELVIS NFS PG UNS EOC
	ICD9	65301	MAJ ABN BONY PELV NOT FURTHER DELIV
	ICD9	65303	MAJ ABN BONY PELVIS NFS ANTPRTM
	ICD9	6531	GENERALLY CONTRACTED PELV PREGNANCY
	ICD9	65310	GENLY CONTRACTED PELV PG UNS EOC PG
	ICD9	65311	GENERALLY CONTRACTED PELV PG DELIV
	ICD9	65313	GENLY CONTRACTED PELV PG ANTPRTM
	ICD9	6532	INLET CONTRACTION PELVIS PREGNANCY
	ICD9	65320	INLET CONTRAC PELV PG UNS EOC PG
	ICD9	65321	INLET CONTRACTION PELV PG DELIV
	ICD9	65323	INLET CONTRACTION PELV PG ANTPRTM
	ICD9	6533	OUTLET CONTRACTION PELVIS PREGNANCY
	ICD9	65330	OUTLET CONTRAC PELV PG UNS EOC PG
	ICD9	65331	OUTLET CONTRACTION PELV PG DELIV
	ICD9	65333	OUTLET CONTRACTION PELV PG ANTPRTM
	ICD9	6534	FETOPELVIC DISPROPORTION

	ICD9	65340	FETOPELV DISPROPRTN UNS EPIS CARE
	ICD9	65341	FETOPELVIC DISPROPORTION, DELIVERED
	ICD9	65343	FETOPELVIC DISPROPORTION ANTEPARTUM
	ICD9	6535	UNUSUALLY LG FETUS CAUS DISPROPRTN
	ICD9	65350	UNUSUAL LG FETUS DISPROPRTN UNS EOC
	ICD9	65351	UNUSUAL LG FETUS DISPROPRTION-DEL
	ICD9	65353	UNUSUAL LG FETUS DISPROPRTN ANTPRTM
	ICD9	6536	HYDROCEPHALIC FETUS CAUS DISPROPRTN
	ICD9	65360	HYDROCEPHL FETUS DISPROPRTN UNS EOC
	ICD9	65361	HYDROCEPHAL FETUS DISPROPRTN DEL
	ICD9	65363	HYDROCEPHL FETUS DISPROPRTN ANTPRTM
	ICD9	6537	OTH FETAL ABNORM CAUSING DISPROPRTN
	ICD9	65370	OTH FETAL ABN DISPROPRTN UNS EOC
	ICD9	65371	OTH FETAL ABN CAUS DISPROPRTN DELIV
	ICD9	65373	OTH FETAL ABN DISPROPRTN ANTPRTM
	ICD9	6538	FETAL DISPROPORTION OF OTHER ORIGIN
	ICD9	65380	FETL DISPROPRTN OTH ORIGIN UNS EOC
	ICD9	65381	FETAL DISPROPRTN OTH ORIGIN DELIV
	ICD9	65383	FETAL DISPROPRTN OTH ORIGIN ANTPRTM
	ICD9	6539	UNSPECIFIED FETAL DISPROPORTION
	ICD9	65390	UNS FETAL DISPROPRTN UNS EPIS CARE
	ICD9	65391	UNSPEC FETAL DISPROPRTN DELIVERED
	ICD9	65393	UNSPEC FETAL DISPROPRTN ANTEPARTUM
	ICD9	654	ABN ORGN&TISS PELV COMPL PG CB/PP
	ICD9	6540	CONGEN ABN PG UTERS COMPL PG CB/PP
	ICD9	65400	CONGN ABNORM PG UTRUS UNS EPIS CARE
	ICD9	65401	CONGEN ABNORM PREGNANT UTERUS DELIV
	ICD9	65402	CONGN ABN PG UTRUS DELIV W/ PPC
	ICD9	65403	CONGEN ABNORM PG UTERUS ANTPRTM
	ICD9	65404	CONGENITAL ABNORM PREGNANT UTERUS
	ICD9	6541	TUMORS OF BODY OF PREGNANT UTERUS
	ICD9	65410	TUMRS BDY PG UTRUS UNS EPIS CARE PG
	ICD9	65411	TUMORS OF BODY OF UTERUS, DELIVERED
	ICD9	65412	TUMRS BDY UTRUS DELIV W/MENTION PPC
	ICD9	65413	TUMRS BODY UTERUS ANTPRTM COND/COMP
	ICD9	65414	TUMORS BODY UTERUS PP COND/COMP
	ICD9	6542	PREVIOUS C-SECTION NOS
	ICD9	65420	PREV C/S DELIV UNS EOC/NOT APPLIC
	ICD9	65421	PREV C/S DEL DEL W/WO ANTPRTM COND
	ICD9	65423	PREV C/S DELIV ANTPRTM COND/COMP
	ICD9	6543	RETROVERT&INCARCERAT GRAVID UTERUS
	ICD9	65430	RETROVRT GRAVID UTERUS UNS EOC
	ICD9	65431	RETROVRT&INCARCERAT GRAVD UTRUS DEL
	ICD9	65432	RETROVRT GRAVID UTERUS DEL-PP COMPL
	ICD9	65433	RETROVERT GRAVID UETRUS ANTEPARTUM
	ICD9	65434	RETROVRT&INCARCERAT GRAVID UTRUS PP
	ICD9	6544	OTH ABN SHAPE/POS GRAVID UTERUS
	ICD9	65440	OTH ABN SHAPE GRAVID UTERUS-UNS EOC
	ICD9	65441	OTH ABN SHAPE/POS GRAV UTERUS-DEL
	ICD9	65442	OTH ABN SHAPE GRAV UTRS DEL-PP COMP
	ICD9	65443	OTH ABN SHAP/POS GRAV UTRUS ANTPRTM
	ICD9	65444	OTH ABN SHAPE/POS GRAV UTERUS PP
	ICD9	6545	CERVIX INCOMPET IN PREG
	ICD9	65450	CERV INCOMPETNCE UNS EPIS CARE PG
	ICD9	65451	CERVICAL INCOMPETENCE, DELIVERED
	ICD9	65452	CERV INCOMPETNCE DELIV W/ PPC
	ICD9	65453	CERV INCOMPETENCE ANTPRTM COND/COMP
	ICD9	65454	CERV INCOMPETENCE PP COND/COMP

	ICD9	6546	OTH CONGN/ACQ ABN CERV COMPL PG/PP
	ICD9	65460	OTH CONGN/ACQ ABN CERV UNS EOC PG
	ICD9	65461	OTH CONGEN/ACQ ABNORM CERV W/DELIV
	ICD9	65462	OTH CONGN/ACQ ABN CERV DELIV W/ PPC
	ICD9	65463	OTH CONGN/ACQ ABN CERV ANTPRTM COMP
	ICD9	65464	OTH CONGN/ACQ ABN CERV PP COND/COMP
	ICD9	6547	ABNORMAL VAGINA IN PREG
	ICD9	65470	CONGN/ACQ ABN VAG UNS EPIS CARE PG
	ICD9	65471	CONGEN/ACQ ABNORM VAGINA W/DELIVERY
	ICD9	65472	CONGN/ACQ ABN VAG DELIV W/ PPC
	ICD9	65473	CONGN/ACQ ABN VAG ANTPRTM COND/COMP
	ICD9	65474	CONGN/ACQ ABNORM VAG PP COND/COMP
	ICD9	6548	CONGEN/ACQ ABN VULVA COMPL PG CB/PP
	ICD9	65480	CONGN/ACQ ABN VULVA UNS EOC PG
	ICD9	65481	CONGEN/ACQ ABNORM VULVA W/DELIVERY
	ICD9	65482	CONGN/ACQ ABN VULVA DELIV W/ PPC
	ICD9	65483	CONGN/ACQ ABN VULVA ANTPRTM COMP
	ICD9	65484	CONGN/ACQ ABNORM VULVA PP COND/COMP
	ICD9	6549	OTH&UNS ABN ORGN&PLV COMPL PG CB&PP
	ICD9	65490	OTH&UNS ABN ORGN PELV UNS EOC PG
	ICD9	65491	UNS ABN ORGN&SFT TISS PELV DELIV
	ICD9	65492	OTH&UNS ABN ORGN&PLV DEL W/PP COMPL
	ICD9	65493	OTH&UNS ABN ORGN&PELV ANTPRTM COMPL
	ICD9	65494	UNS ABN ORGN&SFT TISS PELV PP COMP
	ICD9	655	KNOWN/SPCT FETAL ABNORM MGMT MOTH
	ICD9	6550	CNS MALFORM FETUS AFFECT MGMT MOM
	ICD9	65500	CNS MALFORMATION FETUS UNS EOC PG
	ICD9	65501	CNTRL NERV SYS MALFORM FETUS DELIV
	ICD9	65503	CNTRL NRV SYS MALFORM FETUS ANTPRTM
	ICD9	6551	CHROMOSM ABNORM FETUS MGMT MOTH
	ICD9	65510	CHROMOSOM ABN FETUS UNS EOC PG
	ICD9	65511	CHROMOSM ABN FETUS MGMT MOTH DELIV
	ICD9	65513	CHROMOSM ABN-MGMT MOM FETUS ANTPRTM
	ICD9	6552	HEREDIT DZ POSS AFFCT FTUS MGMT MOM
	ICD9	65520	HEREDIT DZ AFFCT FETUS UNS EOC PG
	ICD9	65521	HEREDIT DZ POSS AFFCT FETUS DEL
	ICD9	65523	HEREDIT DZ FETUS ANTPRTM COND/COMPL
	ICD9	6553	SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM
	ICD9	65530	SPCT DMGE FTUS D/T MAT VIRS-UNS EOC
	ICD9	65531	SPCT DAMGE FETUS VIRL DZ MOM DEL
	ICD9	65533	SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM
	ICD9	6554	SPCT DMGE FETUS-OTH DZ MOM MGMT MOM
	ICD9	65540	SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC
	ICD9	65541	SPCT DAMGE FETUS OTH DZ MOM DEL
	ICD9	65543	SPCT DMGE FETUS-OTH MAT DZ ANTPRTM
	ICD9	6555	SPCT DAMGE FETUS FROM RX MGMT MOTH
	ICD9	65550	SPCT DMGE FETUS-RX MGMT MOM UNS EOC
	ICD9	65551	SPCT DAMGE FETUS RX MGMT MOTH DELIV
	ICD9	65553	SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM
	ICD9	6556	SPCT DAMGE FETUS FROM RAD MGMT MOTH
	ICD9	65560	SPCT DMGE FTUS RAD MGMT MOM UNS EOC
	ICD9	65561	SPCT DAMGE FETUS RAD MGMT MOTH DEL
	ICD9	65563	SPCT DAMGE FETUS RAD-ANTPRTM COMPL
	ICD9	6557	DECREASED FETAL MOVEMENTS
	ICD9	65570	DECR FETAL MOVMNTS UNS AS EPIS CARE
	ICD9	65571	DECR FETAL MOVMNTS MGMT MOTH DELIV
	ICD9	65573	DCRESD FETL MOVEMENT ANTPRTM COMPL
	ICD9	6558	OTH KNWN/SPCT FETL ABN NEC-MGMT MOM

	ICD9	65580	OTH KNWN/SPCT FETL ABN NEC-UNS EOC
	ICD9	65581	OTH KNWN/SPCT FETL ABN NEC DEL
	ICD9	65583	OTH KNWN FETL ABN-NEC-ANTPRTM COMPL
	ICD9	6559	UNSPEC FETAL ABNORM AFFCT MGMT MOTH
	ICD9	65590	UNS FETL ABN MGMT MOTH UNS EOC
	ICD9	65591	UNS FETAL ABNORM MGMT MOTH DELIV
	ICD9	65593	UNS FETL ABN MGMT MOTH ANTPRTM COMP
	ICD9	656	OTH FETAL&PLACNTL PROBS MGMT MOTH
	ICD9	656	OTH KNOWN FETL&PLCNTL PROB MGMT MOM
	ICD9	6560	FETAL-MTRN HEMORR AFFECT MGMT MOTH
	ICD9	65600	FETAL-MTRN HEMORR UNS EPIS CARE PG
	ICD9	65601	FETAL-MATERNAL HEMORRHAGE W/DELIV
	ICD9	65603	FETAL-MTRN HEMORR ANTPRTM COND/COMP
	ICD9	6561	RHESUS ISOIMMUN AFFCT MGMT MOTH
	ICD9	65610	RHESUS ISOIMMUN UNS AS EPIS CARE PG
	ICD9	65611	RHESUS ISOIMMUN MGMT MOTH DELIV
	ICD9	65613	RH ISOIMMUN-MGMT MOM ANTPRTM COND
	ICD9	6562	ISOIMMUN UNS BLD-GRP INCOMPAT MOM
	ICD9	65620	ISOIMUN UNS BLD INCOMPAT UNS EOC PG
	ICD9	65621	ISOIMUN UNS BLD-GRP INCMPAT MOM DEL
	ICD9	65623	ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM
	ICD9	6563	FETAL DISTRESS AFFECT MGMT MOTH
	ICD9	65630	FETL DISTRESS MGMT MOTH UNS EOC
	ICD9	65631	FETAL DISTRESS MGMT MOTH DELIV
	ICD9	65633	FETAL DISTRESS MGMT MOTH ANTPRTM
	ICD9	6564	INTRAUTERINE DEATH AFFECT MGMT MOTH
	ICD9	65640	INTRAUTERN DEATH MGMT MOTH UNS EOC
	ICD9	65641	INTRAUTERN DEATH MGMT MOTH DELIV
	ICD9	65643	INTRAUTERN DEATH MGMT MOTH ANTPRTM
	ICD9	6565	POOR FETAL GROWTH AFFECT MGMT MOTH
	ICD9	65650	POOR FETL GROWTH MGMT MOTH UNS EOC
	ICD9	65651	POOR FETAL GROWTH MGMT MOTH DELIV
	ICD9	65653	POOR FETL GROWTH ANTPRTM COND/COMPL
	ICD9	6566	EXCESS FETAL GROWTH AFFCT MGMT MOTH
	ICD9	65660	XCESS FETL GROWTH MGMT MOTH UNS EOC
	ICD9	65661	XCESS FETAL GROWTH MGMT MOTH DELIV
	ICD9	65663	XCESS FETL GROWTH MGMT MOTH ANTPRTM
	ICD9	6567	OTH PLACNTL CONDS AFFECT MGMT MOTH
	ICD9	65670	OTH PLACNTL COND MGMT MOTH UNS EOC
	ICD9	65671	OTH PLACNTL CONDS MGMT MOTH DELIV
	ICD9	65673	OTH PLACNTL CONDS MGMT MOTH ANTPRTM
	ICD9	6568	OTH FETL&PLACNTL PROBS MGMT MOTH
	ICD9	65680	OTH SPEC FETL&PLACNTL PROBS UNS EOC
	ICD9	65681	OTH SPEC FETAL&PLACNTL PROBS DEL
	ICD9	65683	OTH SPEC FETAL&PLACNTL PROB ANTPRTM
	ICD9	6569	UNS FETAL&PLACNTL PROB MGMT MOTH
	ICD9	65690	UNS FETL&PLACNTL PROB UNS EPIS CARE
	ICD9	65691	UNS FETL&PLACNTL PROB MGMT MOTH DEL
	ICD9	65693	UNS FETAL&PLACENTAL PROB ANTEPARTUM
	ICD9	657	POLYHYDRAMNIOS
	ICD9	6570	POLYHYDRAMNIOS
	ICD9	65700	POLYHYDRAMNIOS UNSPEC AS EPIS CARE
	ICD9	65701	POLYHYDRAMNIOS, WITH DELIVERY
	ICD9	65703	POLYHYDRAMNIOS ANTPRTM COMPLICATION
	ICD9	658	OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	6580	OLIGOHYDRAMNIOS
	ICD9	65800	OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE
	ICD9	65801	OLIGOHYDRAMNIOS, DELIVERED

	ICD9	65803	OLIGOHYDRAMNIOS, ANTEPARTUM
	ICD9	6581	PREMATURE RUPTURE MEMB PREGNANCY
	ICD9	65810	PRMAT RUP MEMB PG UNS AS EPIS CARE
	ICD9	65811	PREMATURE RUPTURE MEMB PG DELIV
	ICD9	65813	PREMATURE RUPTURE MEMB PG ANTPRTM
	ICD9	6582	DELAY DEL AFTER SPONT/UNS RUP MEMB
	ICD9	65820	DLAY DEL SPONT/UNS RUP MEMB UNS EOC
	ICD9	65821	DELAY DEL SPONT/UNS RUP MEMB DEL
	ICD9	65823	DLAY DEL SPONT/UNS RUP MEMB ANTPRTM
	ICD9	6583	DELAY DELIV AFTER ARTFICL RUP MEMB
	ICD9	65830	DELAY DEL ARTFICL RUP MEMB UNS EOC
	ICD9	65831	DELAY DEL ARTFICL RUPTURE MEMB DEL
	ICD9	65833	DELAY DEL ARTFICL RUP MEMB ANTPRTM
	ICD9	6584	INFECTION OF AMNIOTIC CAVITY
	ICD9	65840	INF AMNIOTIC CAV UNS AS EPIS CARE
	ICD9	65841	INFECTION AMNIOTIC CAVITY DELIVERED
	ICD9	65843	INFECTION AMNIOTIC CAVITY ANTPRTM
	ICD9	6588	OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	65880	OTH PROBW/AMNIOTIC CAV&MEMB UNS EOC
	ICD9	65881	OTH PROBW/AMNIOTIC CAV&MEMB DELIV
	ICD9	65883	OTH PROBW/AMNIOTIC CAV&MEMB ANTPRTM
	ICD9	6589	UNS PROB ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	65890	UNS PROBW/AMNIOTIC CAV&MEMB UNS EOC
	ICD9	65891	UNS PROBW/AMNIOTIC CAV&MEMB DELIV
	ICD9	65893	UNS PROBW/AMNIOTIC CAV&MEMB ANTPRTM
	ICD9	659	OTH INDICAT CARE/INTRVN REL L&D NEC
	ICD9	6590	FAILED MECHANICAL INDUCTION LABOR
	ICD9	65900	FAILMECH INDUCT LABR UNS EPIS CARE
	ICD9	65901	FAILED MECH INDUCTION LABOR DELIV
	ICD9	65903	FAILED MECH INDUCTION LABOR ANTPRTM
	ICD9	6591	FAILMEDICAL/UNSPEC INDUCTION LABOR
	ICD9	65910	FAILMED/UNS INDUCT LABR UNS EOC
	ICD9	65911	FAILMED/UNSPEC INDUCT LABR DELIV
	ICD9	65913	FAILMED/UNSPEC INDUCT LABR ANTPRTM
	ICD9	6592	MTRN PYREXIA DURING LABOR UNSPEC
	ICD9	65920	UNS MTRN PYREXIA DUR LABR UNS EOC
	ICD9	65921	UNSPEC MTRN PYREXIA DUR LABOR DELIV
	ICD9	65923	UNSPEC MATERNAL PYREXIA ANTEPARTUM
	ICD9	6593	GENERALIZED INFECTION DURING LABOR
	ICD9	65930	GEN INF DUR LABR UNS AS EPIS CARE
	ICD9	65931	GEN INFECTION DURING LABOR DELIV
	ICD9	65933	GEN INFECTION DURING LABOR ANTPRTM
	ICD9	6594	GRAND MULTIPARITY W/CURRENT PG
	ICD9	65940	GRAND MXIPARITY W/CURR PG UNS EOC
	ICD9	65941	GRAND MULTIP DEL W/WO ANTPRTM COND
	ICD9	65943	GRAND MULTIPARITY W/CURR PG ANTPRTM
	ICD9	6595	ELDERLY PRIMIGRAVIDA
	ICD9	65950	ELDER PRIMIGRAVIDA UNS AS EPIS CARE
	ICD9	65951	ELDERLY PRIMIGRAVIDA, DELIVERED
	ICD9	65953	ELDERLY PRIMIGRAVIDA, ANTEPARTUM
	ICD9	6596	ELDERLY MULTIGRAVIDA
	ICD9	65960	ELDER MXIGRAVDA UNS EOC/NOT APPLIC
	ICD9	65961	ELDER MXIGRAVDA DEL W/ANTPRTM COND
	ICD9	65963	ELDER MXIGRAVDA W/ANTPRTM COND/COMP
	ICD9	6597	ABNORMALITY FETAL HEART RATE/RHYTHM
	ICD9	65970	ABN FETAL HEART RATE/RHYTHM UNS EOC
	ICD9	65971	ABN FETAL HEART RATE/RHYTHM DEL
	ICD9	65973	ABN FETAL HEART RATE ANTPRTM COMPL

	ICD9	6598	OTH INDICAT CARE/INTRVN REL L&D
	ICD9	65980	OTH INDCAT CARE REL L&D UNS EOC
	ICD9	65981	OTH INDICAT CARE/INTRVN REL L&D DEL
	ICD9	65983	OTH INDCAT CARE REL L&D ANTEPARTUM
	ICD9	6599	UNS INDICAT CARE/INTERVEN REL L&D
	ICD9	65990	UNS INDICAT CARE REL L&D UNS EOC
	ICD9	65991	UNS INDICAT CARE/INTRVN REL L&D DEL
	ICD9	65993	UNS INDICAT CARE REL L&D ANTPRTM
	ICD9	660	OBSTRUCTED LABOR
	ICD9	6600	OBST CAUS MALPSTN FETUS@ONSET LABR
	ICD9	66000	OBST CAUS MALPSTN FTUS@LABR UNS EOC
	ICD9	66001	OBST CAUS MALPOS FETUS@LABOR DEL
	ICD9	66003	OBST CAUS MALPOS FETUS@LABR ANTPRTM
	ICD9	6601	OBSTRUCTION BONY PELVIS DURING L&D
	ICD9	66010	OBST BONY PELV DUR L&D UNS EOC
	ICD9	66011	OBSTRUCTION BONY PELV DUR L&D DELIV
	ICD9	66013	OBST BONY PELV DUR L&D ANTPRTM
	ICD9	6602	OBST ABNORM PELV SOFT TISS DUR L&D
	ICD9	66020	OBST ABN PELV SFT TISS-L&D UNS EOC
	ICD9	66021	OBST ABN PELV SFT TISS-L&D DEL
	ICD9	66023	OBST ABN PELV SOFT TISS-L&D ANTPRTM
	ICD9	6603	DEEP TRANS ARREST-OCCIPITOPOSTR POS
	ICD9	66030	DEEP TRANS ARRST-OCCIPTPOST-UNS EOC
	ICD9	66031	DEEP TRANS ARRST-OCCIPITPOST-L&D
	ICD9	66033	DEEP TRANS ARRST-OCCIPTPOST ANTPRTM
	ICD9	6604	SHOULDER DYSTOCIA DURING L&D
	ICD9	66040	SHLDR DYSTOCIA DUR L&D UNS EOC
	ICD9	66041	SHLDR DYSTOCIA DUR LABR&DEL ER DEL
	ICD9	66043	SHLDR DYSTOCIA DURING L&D ANTPRTM
	ICD9	6605	LOCKED TWINS
	ICD9	66050	LOCKED TWINS DUR L&D UNS EOC PG
	ICD9	66051	LOCKED TWINS, DELIVERED
	ICD9	66053	LOCKED TWINS, ANTEPARTUM
	ICD9	6606	UNSPECIFIED FAILED TRIAL OF LABOR
	ICD9	66060	UNS FAILTRIAL LABR UNSIFED AS EPIS
	ICD9	66061	UNSPEC FAILED TRIAL LABOR DELIVERED
	ICD9	66063	UNSPEC FAILED TRIAL LABOR ANTPRTM
	ICD9	6607	UNSPEC FAILED FORCEPS/VAC EXT
	ICD9	66070	UNS FAILFORCEPS/VAC EXT UNS EOC
	ICD9	66071	UNSPEC FAILED FORCEPS/VAC EXT DELIV
	ICD9	66073	FAILFORCEPS/VAC EXT UNSPEC ANTPRTM
	ICD9	6608	OTHER CAUSES OF OBSTRUCTED LABOR
	ICD9	66080	OTH CAUS OBST LABR UNS AS EPIS CARE
	ICD9	66081	OTH CAUSES OBSTRUCTED LABOR DELIV
	ICD9	66083	OTH CAUSES OBSTRUCTED LABOR ANTPRTM
	ICD9	6609	UNSPECIFIED OBSTRUCTED LABOR
	ICD9	66090	UNS OBST LABR UNS AS EPIS CARE
	ICD9	66091	UNSPEC OBSTRUCTED LABOR W/DELIVERY
	ICD9	66093	UNSPEC OBSTRUCTED LABOR ANTEPARTUM
	ICD9	661	ABNORMALITY OF FORCES OF LABOR
	ICD9	6610	PRIMARY UTERINE INERTIA
	ICD9	66100	PRIM UTERN INERTIA UNS AS EPIS CARE
	ICD9	66101	PRIMARY UTERINE INERTIA W/DELIVERY
	ICD9	66103	PRIMARY UTERINE INERTIA, ANTEPARTUM
	ICD9	6611	SECONDARY UTERINE INERTIA
	ICD9	66110	SEC UTERN INERTIA UNS AS EPIS CARE
	ICD9	66111	SEC UTERINE INERTIA WITH DELIVERY
	ICD9	66113	SEC UTERINE INERTIA ANTEPARTUM

	ICD9	6612	OTHER&UNSPECIFIED UTERINE INERTIA
	ICD9	66120	OTH&UNS UTERN INERTIA UNS EPIS CARE
	ICD9	66121	OTH&UNSPEC UTERINE INERTIA W/DELIV
	ICD9	66123	OTH&UNSPEC UTERINE INERTIA ANTPRTM
	ICD9	6613	PRECIPITATE LABOR
	ICD9	66130	PRECIPITATE LABR UNS AS EPIS CARE
	ICD9	66131	PRECIPITATE LABOR, WITH DELIVERY
	ICD9	66133	PRECIPITATE LABOR, ANTEPARTUM
	ICD9	6614	HYPERTONIC/PROLONGED UTERN CONTRACT
	ICD9	66140	HYPRTON/PROLNG UTERN CNTRCT UNS EOC
	ICD9	66141	HYPERTON/PROLNG UTERN CONTRACT DEL
	ICD9	66143	HYPERTON/PROLNG UTRN CNTRCT ANTPRTM
	ICD9	6619	UNSPECIFIED ABNORMALITY OF LABOR
	ICD9	66190	UNS ABNORM LABR UNS AS EPIS CARE
	ICD9	66191	UNSPEC ABNORMALITY LABOR W/DELIVERY
	ICD9	66193	UNSPEC ABNORMALITY LABOR ANTEPARTUM
	ICD9	662	LONG LABOR
	ICD9	6620	PROLONGED FIRST STAGE OF LABOR
	ICD9	66200	PROLNG 1 STAGE LABR UNS EPIS CARE
	ICD9	66201	PROLONGED 1 STAGE LABOR DELIVERED
	ICD9	66203	PROLONGED 1 STAGE LABOR ANTEPARTUM
	ICD9	6621	UNSPECIFIED PROLONGED LABOR
	ICD9	66210	UNS PROLNG LABR UNS AS EPIS CARE
	ICD9	66211	UNSPEC PROLONGED LABOR DELIVERED
	ICD9	66213	UNSPEC PROLONGED LABOR ANTEPARTUM
	ICD9	6622	PROLONGED SECOND STAGE OF LABOR
	ICD9	66220	PROLNG 2 STAGE LABR UNS EPIS CARE
	ICD9	66221	PROLONGED 2 STAGE LABOR DELIVERED
	ICD9	66223	PROLONGED 2 STAGE LABOR ANTEPARTUM
	ICD9	6623	DELAYED DELIVERY 2 TWIN TRIPLET ETC
	ICD9	66230	DELAY DEL 2 TWIN TRIPLT ETC UNS EOC
	ICD9	66231	DELAY DELIV 2 TWIN TRIPLT ETC DELIV
	ICD9	66233	DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM
	ICD9	663	UMBILICAL CORD COMPS DURING L&D
	ICD9	6630	PROLAPSE OF CORD COMPLICATING L&D
	ICD9	66300	PROLAPS CORD COMP L&D UNS EPIS CARE
	ICD9	66301	PROLAPSE CORD COMP L&D DELIVERED
	ICD9	66303	PROLAPSE CORD COMP L&D ANTPRTM
	ICD9	6631	CORD AROUND NECK W/COMPRS COMP L&D
	ICD9	66310	CORD AROUND NECK-COMPRS UNS EOC
	ICD9	66311	CORD AROUND NECK-COMPRS DEL
	ICD9	66313	CORD AROUND NECK-COMPRS ANTPRTM
	ICD9	6632	UNS CRD ENTANGL W/COMPRS COMP L&D
	ICD9	66320	OTH& UNS CORD-COMPRESS UNS EOC
	ICD9	66321	OTH&UNS CORD-COMPPRS COMPL L&D DEL
	ICD9	66323	OTH&UNS CORD-COMPRS COMPL L&D ANTPR
	ICD9	6633	UNS CRD ENTANGL W/O COMPRS COMP L&D
	ICD9	66330	OTH&UNS CORD ENTANGLE UNS EOC
	ICD9	66331	OTH&UNS CORD ENTANGLE COMPL L&D DEL
	ICD9	66333	OTH&UNS CRD ENTANGL COMPL L&D ANTPR
	ICD9	6634	SHORT CORD COMPLICATING L&D
	ICD9	66340	SHRT CORD COMP L&D UNS AS EPIS CARE
	ICD9	66341	SHORT CORD COMP L&D DELIVERED
	ICD9	66343	SHORT CORD COMPLICATING L&D ANTPRTM
	ICD9	6635	VASA PREVIA COMPLICATING L&D
	ICD9	66350	VASA PREVIA COMP L&D UNS EPIS CARE
	ICD9	66351	VASA PREVIA COMP L&D DELIVERED
	ICD9	66353	VASA PREVIA COMP L&D ANTPRTM

	ICD9	6636	VASCULAR LESIONS CORD COMP L&D
	ICD9	66360	VASC LES CRD COMP L&D UNS EPIS CARE
	ICD9	66361	VASCULAR LES CORD COMP L&D DELIV
	ICD9	66363	VASCULAR LES CORD COMP L&D ANTPRTM
	ICD9	6638	OTH UMBILICAL CORD COMPS DURING L&D
	ICD9	66380	OTH UMB CRD COMPS DUR L&D UNS EOC
	ICD9	66381	OTH UMB CORD COMPS DURING L&D DELIV
	ICD9	66383	OTH UMB CORD COMPS DUR L&D ANTPRTM
	ICD9	6639	UNSPEC UMB CORD COMP DURING L&D
	ICD9	66390	UNS UMB CRD COMP DUR L&D UNS EOC
	ICD9	66391	UNSPEC UMB CORD COMP DUR L&D DELIV
	ICD9	66393	UNS UMB CORD COMP DUR L&D ANTPRTM
	ICD9	664	TRAUMA PERINEUM&VULVA DURING DELIV
	ICD9	6640	1-DEG PERINL LACERATION DUR DELIV
	ICD9	66400	1-DEG PERINL LAC UNS EPIS CARE PG
	ICD9	66401	1-DEG PERINEAL LACERATION W/DELIV
	ICD9	66404	1-DEG PERINL LACERATION POSTPARTUM
	ICD9	6641	2-DEG PERINL LACERATION DUR DELIV
	ICD9	66410	2-DEG PERINL LAC UNS EPIS CARE PG
	ICD9	66411	2-DEG PERINEAL LACERATION W/DELIV
	ICD9	66414	2-DEG PERINL LACERATION POSTPARTUM
	ICD9	6642	THIRD-DEG PERINL LAC DUR DELIV
	ICD9	66420	THIRD-DEG PERINL LAC UNS EOC PG
	ICD9	66421	THIRD-DEG PERINL LACERATION W/DELIV
	ICD9	66424	THIRD-DEG PERINL LACERATION PP
	ICD9	6643	FOURTH-DEG PERINL LAC DUR DELIV
	ICD9	66430	FOURTH-DEG PERINL LAC UNS EOC PG
	ICD9	66431	FOURTH-DEG PERINL LACERATION DELIV
	ICD9	66434	FOURTH-DEG PERINL LACERATION PP
	ICD9	6644	UNSPEC PERINL LACERATION DUR DELIV
	ICD9	66440	UNS PERINL LAC UNS AS EPIS CARE PG
	ICD9	66441	UNSPEC PERINEAL LACERATION W/DELIV
	ICD9	66444	UNSPEC PERINL LACERATION POSTPARTUM
	ICD9	6645	VULVAR&PERINEAL HEMAT DURING DELIV
	ICD9	66450	VULVAR&PERINL HEMAT UNS EOC PG
	ICD9	66451	VULVAR&PERINEAL HEMATOMA W/DELIVERY
	ICD9	66454	VULVAR&PERINEAL HEMATOMA POSTPARTUM
	ICD9	6646	AS TEAR COMP DEL NO ASSOC PERNL LAC
	ICD9	66460	ANAL SPHNCT TEAR CMP DEL UNS EOC/NA
	ICD9	66461	AS TEAR COMP DEL W OR W/O AP COND
	ICD9	66464	ANAL SPHINCT TEAR COMP DEL PP COND
	ICD9	6648	OTH TRAUMA PERIN&VULVA DUR DELIV
	ICD9	66480	OTH TRAUMA PERIN&VULVA UNS EOC PG
	ICD9	66481	OTH SPEC TRAUMA PERIN&VULVA W/DELIV
	ICD9	66484	OTH SPEC TRAUMA PERIN&VULVA PP
	ICD9	6649	UNSPEC TRAUMA PERIN&VULVA DUR DELIV
	ICD9	66490	UNS TRAUMA PERIN&VULVA UNS EOC PG
	ICD9	66491	UNSPEC TRAUMA PERIN&VULVA W/DELIV
	ICD9	66494	UNSPEC TRAUMA PERIN&VULVA PP
	ICD9	665	OTHER OBSTETRICAL TRAUMA
	ICD9	6650	RUPTURE UTERUS BEFORE ONSET LABOR
	ICD9	66500	RUP UTRUS BEFORE ONSET LABR UNS EOC
	ICD9	66501	RUP UTERUS BEFORE ONSET LABR DELIV
	ICD9	66503	RUP UTRUS BEFORE ONSET LABR ANTPRTM
	ICD9	6651	RUPTURE UTERUS DURING&AFTER LABOR
	ICD9	66510	RUP UTERUS DUR LABR UNSPEC AS EPIS
	ICD9	66511	RUPTURE UTERUS DURING LABOR W/DELIV
	ICD9	6652	OBSTETRICAL INVERSION OF UTERUS

	ICD9	66520	INVERSION UTRUS UNS AS EPIS CARE PG
	ICD9	66522	INVERSION UTERUS DELIVERED W/PPC
	ICD9	66524	INVERSION OF UTERUS, POSTPARTUM
	ICD9	6653	OBSTETRICAL LACERATION OF CERVIX
	ICD9	66530	LAC CERV UNSPEC AS EPIS CARE PG
	ICD9	66531	LACERATION OF CERVIX, WITH DELIVERY
	ICD9	66534	LACERATION OF CERVIX, POSTPARTUM
	ICD9	6654	HIGH VAG LACERATION DUR&AFTER LABOR
	ICD9	66540	HI VAG LAC UNSPEC AS EPIS CARE PG
	ICD9	66541	HIGH VAGINAL LACERATION W/DELIVERY
	ICD9	66544	HIGH VAGINAL LACERATION, POSTPARTUM
	ICD9	6655	OTH OB INJURY PELVIC ORGANS
	ICD9	66550	OTH INJR PELV ORGN UNS EPIS CARE PG
	ICD9	66551	OTH INJURY PELVIC ORGANS W/DELIVERY
	ICD9	66554	OTH INJURY PELVIC ORGANS POSTPARTUM
	ICD9	6656	OBSTETRICAL DAMGE PELVIC JNT&LIG
	ICD9	66560	DAMGE PELV JNT&LIG UNS EPIS CARE PG
	ICD9	66561	DAMGE PELVIC JNT&LIGAMENTS W/DELIV
	ICD9	66564	DAMGE PELVIC JNT&LIG POSTPARTUM
	ICD9	6657	OBSTETRICAL PELVIC HEMATOMA
	ICD9	66570	PELVIC HEMATOMA UNSPEC AS EPIS CARE
	ICD9	66571	PELVIC HEMATOMA, WITH DELIVERY
	ICD9	66572	PELVIC HEMATOMA DELIVERED W/PPC
	ICD9	66574	PELVIC HEMATOMA, POSTPARTUM
	ICD9	6658	OTHER SPECIFIED OBSTETRICAL TRAUMA
	ICD9	66580	OTH SPEC OB TRAUMA UNS AS EPIS CARE
	ICD9	66581	OTH SPEC OBSTETRICAL TRAUMA W/DELIV
	ICD9	66582	OTH SPEC OB TRAUMA DELIV W/PP
	ICD9	66583	OTH SPEC OBSTETRICAL TRAUMA ANTPRTM
	ICD9	66584	OTH SPEC OB TRAUMA POSTPARTUM
	ICD9	6659	UNSPECIFIED OBSTETRICAL TRAUMA
	ICD9	66590	UNS OB TRAUMA UNS AS EPIS CARE
	ICD9	66591	UNSPEC OBSTETRICAL TRAUMA W/DELIV
	ICD9	66592	UNSPEC OB TRAUMA DELIV W/PPC
	ICD9	66593	UNSPEC OBSTETRICAL TRAUMA ANTPRTM
	ICD9	66594	UNSPEC OB TRAUMA POSTPARTUM
	ICD9	666	POSTPARTUM HEMORRHAGE
	ICD9	6660	THIRD-STAGE POSTPARTUM HEMORRHAGE
	ICD9	66600	THIRD-STAGE PP HEMORR UNS EPIS CARE
	ICD9	66602	THIRD-STAGE PP HEMORR W/DELIV
	ICD9	66604	THIRD-STAGE PP HEMORR PP
	ICD9	6661	OTH IMMEDIATE POSTPARTUM HEMORRHAGE
	ICD9	66610	OTH IMMED PP HEMORR UNS EPIS CARE
	ICD9	66612	OTH IMMEDIATE PP HEMORR W/DELIV
	ICD9	66614	OTH IMMEDIATE PP HEMORR PP
	ICD9	6662	DELAYED&SEC POSTPARTUM HEMORRHAGE
	ICD9	66620	DELAY&SEC PP HEMORR UNS EPIS CARE
	ICD9	66622	DELAY&SEC POSTPARTUM HEMORR W/DELIV
	ICD9	66624	DELAY&SEC PP HEMORR PP
	ICD9	6663	POSTPARTUM COAGULATION DEFECTS
	ICD9	66630	PP COAGULAT DEFEC UNS AS EPIS CARE
	ICD9	66632	POSTPARTUM COAGULAT DEFEC W/DELIV
	ICD9	66634	PP COAGULAT DEFEC PP
	ICD9	667	RETAIN PLACENTA/MEMB WITHOUT HEMORR
	ICD9	6670	RETAINED PLACENTA WITHOUT HEMORR
	ICD9	66700	RETN PLACNTA W/O HEMOR UNS EOC
	ICD9	66702	RETN PLACNTA W/O HEMOR DELIV W/ PPC
	ICD9	66704	RETN PLACNTA W/O HEMOR PP COND/COMP

	ICD9	6671	RETN PRTNS PLACNTA/MEMB W/O HEMORR
	ICD9	66710	RETN PLACNTA/MEMB NO HEM UNS EOC
	ICD9	66712	RETN PLCNTA/MEMB NO HEM DEL W/COMPL
	ICD9	66714	RETN PLACNTA/MEMB NO HEM PP COMPL
	ICD9	668	COMPS ADMN ANESTHETIC/OTH SEDAT L&D
	ICD9	6680	PULM COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66800	PULM COMPL ADMN ANES L&D UNS EOC
	ICD9	66801	PULM COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66802	PULM COMPL ADMIN ANES DEL W/PPC
	ICD9	66803	PULM COMPL ADMN ANES L&D ANTPRTM
	ICD9	66804	PULM COMPL ADMIN ANES L&D PP
	ICD9	6681	CARD COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66810	CARD COMPL ADMN ANES L&D UNS EOC
	ICD9	66811	CARD COMPL ADMIN ANES L&D DEL
	ICD9	66812	CARD COMPL ADMIN ANES L&D-DEL W/PPC
	ICD9	66813	CARD COMPL ADMN ANES L&D ANTPARTUM
	ICD9	66814	CARD COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6682	CNA COMPL ADMIN ANES/SEDAT L&D
	ICD9	66820	CNA COMPL ADMN ANES L&D DEL UNS EOC
	ICD9	66821	CNA COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66822	CNA COMPL ADMIN ANES L&D DEL W/PPC
	ICD9	66823	CNA COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66824	CNA COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6688	OTH COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66880	OTH COMPL ADMN ANES L&D UNS EOC
	ICD9	66881	OTH COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66882	OTH COMPL ADMN ANES/SEDAT-DEL W/PPC
	ICD9	66883	OTH COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66884	OTH COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6689	UNS COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66890	UNS COMPL ADMIN ANES L&D UNS EOC
	ICD9	66891	UNS COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66892	UNS COMPL ADMN ANES/SEDAT DEL W/PPC
	ICD9	66893	UNS COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66894	UNS COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	669	OTHER COMPLICATIONS OF L&D NEC
	ICD9	6690	MATERNAL DISTRESS
	ICD9	66900	MTRN DISTRESS COMP L&D UNS EOC
	ICD9	66901	MTRN DISTRSS DEL W/WO ANTPRTM COND
	ICD9	66902	MTRN DISTRESS W/DELIV W/MENTION PPC
	ICD9	66903	MTRN DISTRESS COMP L&D ANTPRTM COMP
	ICD9	66904	MTRN DISTRESS COMP L&D PP COND/COMP
	ICD9	6691	SHOCK DURING OR FOLLOWING L&D
	ICD9	66910	SHOCK DUR/FOLLOW L&D UNS EPIS CARE
	ICD9	66911	SHOCK DURING/FOLLOW L&D W/DELIVERY
	ICD9	66912	SHOCK DUR/FLW L&D DELIV W/ PPC
	ICD9	66913	SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK
	ICD9	66914	SHOCK DURING/FOLLOW L&D PP SHOCK
	ICD9	6692	MATERNAL HYPOTENSION SYNDROME
	ICD9	66920	MTRN HYPOTENS SYND COMP L&D UNS EOC
	ICD9	66921	MATERNL HYPOTENSION SYNDROME W/DEL
	ICD9	66922	MTRN HYPOTENS SYND DELIV W/ PPC
	ICD9	66923	MATERNAL HYPOTENS SYNDROME ANTPRTM
	ICD9	66924	MTRN HYPOTENS SYNDROME POSTPARTUM
	ICD9	6693	ACUTE RENAL FAILURE FOLLOWING L&D
	ICD9	66930	ACUT RENL FAIL FLW L&D UNS EOC
	ICD9	66932	ACUT RENAL FAIL DELIV W/MENTION PPC
	ICD9	66934	ACUT RENL FAIL FLW L&D PP COND/COMP

	ICD9	6694	OTH COMPS OBSTETRICAL SURGERY&PROC
	ICD9	66940	OTH COMPS OB SURG&PROC UNS EOC
	ICD9	66941	OTH COMPL OB SURG&PROC W/DELIVERY
	ICD9	66942	OTH COMPS OB SURG&PROC DELIV W/ PPC
	ICD9	66943	OTH COMPS OB SURG&PROC ANTPRTM COMP
	ICD9	66944	OTH COMPS OB SURG&PROC PP COND/COMP
	ICD9	6695	FORCEPS/VAC EXT DELIV W/O INDICAT
	ICD9	66950	FORCP/VAC EXT DEL NO INDICT UNS EOC
	ICD9	66951	FORCEPS/VAC EXT DEL NO INDICAT DEL
	ICD9	6696	BREECH EXTRAC W/O MENTION INDICAT
	ICD9	66960	BREECH XTRAC W/O INDICAT UNS EOC
	ICD9	66961	BREECH XTRAC W/O MEN INDICAT DEL
	ICD9	6697	C-SECT DELIV W/O MENTION INDICAT
	ICD9	66970	C/S DELIV W/O INDICAT UNS EPIS CARE
	ICD9	66971	C/S DEL W/O MEN INDICAT DELIVERED
	ICD9	6698	OTHER COMPLICATIONS OF L&D
	ICD9	66980	OTH COMP L&D UNSPEC AS EPISODE CARE
	ICD9	66981	OTH COMP L&D DEL W/WO ANTPRTM COND
	ICD9	66982	OTH COMP L&D DELIV W/MENTION PPC
	ICD9	66983	OTH COMP L&D ANTPRTM COND/COMP
	ICD9	66984	OTH COMP L&D POSTPARTUM COND/COMP
	ICD9	6699	UNSPECIFIED COMPLICATION OF L&D
	ICD9	66990	UNSPEC COMP L&D UNSPEC AS EPIS CARE
	ICD9	66991	UNS COMP L&D DEL W/WO ANTPRTM COND
	ICD9	66992	UNSPEC COMP L&D DELIV W/MENTION PPC
	ICD9	66993	UNSPEC COMP L&D ANTPRTM COND/COMP
	ICD9	66994	UNSPEC COMP L&D PP COND/COMP
	ICD9	670	MAJOR PUERPERAL INFECTION
	ICD9	6700	MAJOR PUERPERAL INFECTION
	ICD9	67000	MAJ PUERPERAL INF UNS AS EPIS CARE
	ICD9	67002	MAJ PUERPERAL INF DELIV W/ PPC
	ICD9	67004	MAJOR PUERPERAL INF POSTPARTUM
	ICD9	671	VENOUS COMPS PG&THE PUERPERIUM
	ICD9	6710	VARICOSE VNS LEGS PG&THE PUERPERIUM
	ICD9	67100	VARICOS VNS LEGS COMP PG&PP UNS EOC
	ICD9	67101	VARICOSE VEINS LEGS W/DELIVERY
	ICD9	67102	VARICOSE VNS LEGS DELIV W/ PPC
	ICD9	67103	VARICOSE VEINS OF LEGS, ANTEPARTUM
	ICD9	67104	VARICOSE VEINS OF LEGS, POSTPARTUM
	ICD9	6711	VARICOS VNS VULVA&PERIN PG&PP
	ICD9	67110	VRICOS VNS VULV COMPL PG&PP UNS EOC
	ICD9	67111	VARICOSE VEINS VULVA&PERINEUM W/DEL
	ICD9	67112	VARICOS VNS VULVA&PERIN DELIV W/PPC
	ICD9	67113	VARICOSE VEINS VULVA&PERIN ANTPRTM
	ICD9	67114	VARICOSE VEINS VULVA&PERIN PP
	ICD9	6712	SUP THROMBOPHLEB PG&THE PUERPERIUM
	ICD9	67120	SUP THROMBOPHLEB COMP PG&PP UNS EOC
	ICD9	67121	SUPERFICIAL THROMBOPHLEBITIS W/DEL
	ICD9	67122	SUP THROMBOPHLEB DELIV W/ PPC
	ICD9	67123	SUP THROMBOPHLEBITIS ANTPRTM
	ICD9	67124	SUPERFICIAL THROMBOPHLEBITIS PP
	ICD9	6713	DEEP PHLEBOTHROMBOSIS ANTEPARTUM
	ICD9	67130	DP PHLEBOTHROMB ANTPRTM UNS EOC
	ICD9	67131	DEEP PHLEBOTHROMB ANTPRTM W/DELIV
	ICD9	67133	DP PHLEBOTHROMBOS ANTPRTM-COND/COMP
	ICD9	6714	DEEP PHLEBOTHROMBOSIS POSTPARTUM
	ICD9	67140	DP PHLEBOTHROMB PP UNS AS EPIS CARE
	ICD9	67142	DEEP PHLEBOTHROMBOSIS PP W/DELIV

	ICD9	67144	DP PHLEBOTHROMBOSIS PP-PP COND/COMP
	ICD9	6715	OTH PHLEBITIS&THROMB PG&PP
	ICD9	67150	OTH PHLEB&THRMB COMPL PG&PP UNS EOC
	ICD9	67151	OTH PHLEBITIS&THROMBOSIS W/DELIVERY
	ICD9	67152	OTH PHLEBITIS&THROMB DELIV W/ PPC
	ICD9	67153	OTH ANTEPARTUM PHLEBITIS&THROMBOSIS
	ICD9	67154	OTH POSTPARTUM PHLEBITIS&THROMBOSIS
	ICD9	6718	OTH VENOUS COMPS PG&THE PUERPERIUM
	ICD9	67180	OTH VENUS COMP PG&PP UNS EOC
	ICD9	67181	OTH VENOUS COMPLICATIONS W/DELIVERY
	ICD9	67182	OTH VENOUS COMP DELIV W/MENTION PPC
	ICD9	67183	OTH VENOUS COMPLICATION ANTEPARTUM
	ICD9	67184	OTH VENOUS COMPLICATION POSTPARTUM
	ICD9	6719	UNS VENOUS COMP PG&THE PUERPERIUM
	ICD9	67190	UNS VENUS COMP PG&PP UNS EOC
	ICD9	67191	UNS VENOUS COMPLICATIONS W/DELIVERY
	ICD9	67192	UNS VENOUS COMP DELIV W/MENTION PPC
	ICD9	67193	UNSPEC VENOUS COMPLICATION ANTPRTM
	ICD9	67194	UNSPEC VENOUS COMP POSTPARTUM
	ICD9	672	PYREXIA UNKN ORIG DUR THE PURPERIUM
	ICD9	6720	PYREXIA UNKN ORIG DUR THE PURPERIUM
	ICD9	67200	PUERPERL PYREXIA UNKN ORIGN UNS EOC
	ICD9	67202	PUERPERL PYREX UNKN ORIGN DEL W/PPC
	ICD9	67204	PUERPERAL PYREXIA UNKNOWN ORIGIN PP
	ICD9	673	OBSTETRICAL PULMONARY EMBOLISM
	ICD9	6730	OBSTETRICAL AIR EMBOLISM
	ICD9	67300	OB AIR EMBO UNSPEC AS EPIS CARE
	ICD9	67301	OB AIR EMBO DELIV W/WO ANTPRTM COND
	ICD9	67302	OB AIR EMBO W/DELIV W/MENTION PPC
	ICD9	67303	OB AIR EMBO ANTPRTM COND/COMP
	ICD9	67304	OB AIR EMBO POSTPARTUM COND/COMP
	ICD9	6731	AMNIOTIC FLUID EMBOLISM
	ICD9	67310	AMNIOTIC FL EMBO UNS AS EPIS CARE
	ICD9	67311	AMNIOTIC FLUID EMBOLISM W/DELIVERY
	ICD9	67312	AMNIOTIC FL EMBO DELIV W/ PPC
	ICD9	67313	AMNIOTIC FL EMBO ANTPRTM COND/COMP
	ICD9	67314	AMNIOTIC FL EMBO PP COND/COMP
	ICD9	6732	OBSTETRICAL BLOOD-CLOT EMBOLISM
	ICD9	67320	OB BLD-CLOT EMBO UNS AS EPIS CARE
	ICD9	67321	OB BLOOD-CLOT EMBOLISM W/DELIVERY
	ICD9	67322	OB BLD-CLOT EMBO W/MENTION PPC
	ICD9	67323	OBSTETRICAL BLD-CLOT EMBO ANTPRTM
	ICD9	67324	OB BLD-CLOT EMBO POSTPARTUM
	ICD9	6733	OBSTETRICAL PYEMIC&SEPTIC EMBOLISM
	ICD9	67330	OB PYEMIC&SEPTIC EMBO UNS EPIS CARE
	ICD9	67331	OB PYEMIC&SEPTIC EMBOLISM W/DEL
	ICD9	67332	OB PYEMIC&SEPTIC EMBO DEL W/PPC
	ICD9	67333	OB PYEMIC&SEPTIC EMBO ANTPRTM
	ICD9	67334	OB PYEMIC&SEPTIC EMBO POSTPARTUM
	ICD9	6738	OTH OBSTETRICAL PULMONARY EMBOLISM
	ICD9	67380	OTH OB PULM EMBO UNS AS EPIS CARE
	ICD9	67381	OTH OB PULMARY EMBOLISM W/DELIVERY
	ICD9	67382	OTH OB PULM EMBO DELIV W/ PPC
	ICD9	67383	OTH OB PULMONARY EMBO ANTPRTM
	ICD9	67384	OTH OB PULMONARY EMBO POSTPARTUM
	ICD9	674	OTH&UNSPEC COMPS PUERPERIUM NEC
	ICD9	6740	CEREBRVASC DISORDERS PUERPERIUM
	ICD9	67400	CERBVASC D/O OCCUR PG CB/PP UNS EOC

	ICD9	67401	CERBVASC D/O DEL W/WO ANTPRTM COND
	ICD9	67402	CEREBRVASC D/O DELIV W/MENTION PPC
	ICD9	67403	CEREBROVASCULAR DISORDER ANTEPARTUM
	ICD9	67404	CEREBROVASCULAR DISORDER POSTPARTUM
	ICD9	6741	DISRUPTION OF CESAREAN WOUND
	ICD9	67410	DISRUPT C/S WOUND UNS AS EPIS CARE
	ICD9	67412	DISRUPT C/S WND DELIV W/MENTION PPC
	ICD9	67414	DISRUPTION C-SECT WOUND POSTPARTUM
	ICD9	6742	DISRUPT OBSTETRICAL PERINEAL WOUND
	ICD9	67420	DISRUPT PERINL WND UNS EPIS CARE PG
	ICD9	67422	DISRUPT PERINL WOUND DEL W/PP COMPL
	ICD9	67424	DISRUPT PERINEAL WOUND POSTPARTUM
	ICD9	6743	OTH COMPS OB SURGICAL WOUNDS
	ICD9	67430	OTH COMP OB SURG WNDS UNS EPIS CARE
	ICD9	67432	OTH COMP OB SURG WNDS DELIV W/ PPC
	ICD9	67434	OTH COMP OB SURG WNDS PP COND/COMP
	ICD9	6744	PLACENTAL POLYP
	ICD9	67440	PLACENTAL POLYP UNSPEC AS EPIS CARE
	ICD9	67442	PLACNTL POLYP W/DELIV W/MENTION PPC
	ICD9	67444	PLACENTAL POLYP, POSTPARTUM
	ICD9	67450	PERIPARTUM CARDIOMYOPATHY UNS EOC
	ICD9	67451	PERIPARTUM CARDIOMYOPATHY DELIVERED
	ICD9	67452	PERIPARTM CARDIOMYPATH DEL PP COND
	ICD9	67453	PERIPARTM CARDIOMYPATH ANTPRTM COMP
	ICD9	67454	PERIPARTUM CARDIOMYOPATHY PP COMP
	ICD9	6748	OTHER COMPLICATIONS THE PUERPERIUM
	ICD9	67480	OTH COMP PUERPERIUM UNS EPIS CARE
	ICD9	67482	OTH COMP PUERPERIUM DELIV W/ PPC
	ICD9	67484	OTHER COMPLICATION OF PUERPERIUM
	ICD9	6749	UNSPEC COMPLICATIONS PUERPERIUM
	ICD9	67490	UNS COMPS PUERPERIUM UNS EPIS CARE
	ICD9	67492	UNS COMPS PUERPERIUM DELIV W/ PPC
	ICD9	67494	UNSPEC COMPLICATIONS PUERPERIUM
	ICD9	675	INF BRST&NIPPLE ASSOC W/CHILDBIRTH
	ICD9	6750	INFECTION NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67500	INF NIPPLEW/CHLDBRTH UNS EPIS CARE
	ICD9	67501	INFECT NIPPLE W/CHLDBRTH DELIVERED
	ICD9	67502	INF NIPPLEW/CHLDBRTH DELIV W/ PPC
	ICD9	67503	INFECTION OF NIPPLE, ANTEPARTUM
	ICD9	67504	INFECTION OF NIPPLE, POSTPARTUM
	ICD9	6751	ABSC BREAST ASSOCIATED W/CHILDBIRTH
	ICD9	67510	ABSC BRSTW/CHLDBRTH UNS EPIS CARE
	ICD9	67511	ABSCES BREAST W/CHLDBRTH DELIVERED
	ICD9	67512	ABSC BRSTW/CHLDBRTH DELIV W/ PPC
	ICD9	67513	ABSCESS OF BREAST, ANTEPARTUM
	ICD9	67514	ABSCESS OF BREAST, POSTPARTUM
	ICD9	6752	NONPURULENT MASTITISW/CHLDBRTH
	ICD9	67520	NONPURULENT MASTITIS UNS EOC
	ICD9	67521	NONPURULENT MASTITIS DELIVERED
	ICD9	67522	NONPURULENT MASTITIS DELIV W/ PPC
	ICD9	67523	NONPURULENT MASTITIS, ANTEPARTUM
	ICD9	67524	NONPURULENT MASTITIS, POSTPARTUM
	ICD9	6758	OTH SPEC INF BRST&NIPPLEW/CHLDBRTH
	ICD9	67580	OTH SPEC INF BRST&NPPL W/CB UNS EOC
	ICD9	67581	OTH SPEC BRST&NIPPLE INF W/CB-DEL
	ICD9	67582	OTH INF BRST&NIPPLE W/CB DEL W/PPC
	ICD9	67583	OTH SPEC INF BREAST&NIPPLE ANTPRTM
	ICD9	67584	OTH SPEC INF BREAST&NIPPLE PP

	ICD9	6759	UNS INF BRST&NIPPLEW/CHLDBRTH
	ICD9	67590	UNS INF BREAST UNS PRE/POSTNAT EOC
	ICD9	67591	UNS INFECT BREAST&NIPPLE DELIVERED
	ICD9	67592	UNS INF BRST&NIPPLE DELIV W/ PPC
	ICD9	67593	UNSPEC INF BREAST&NIPPLE ANTPRTM
	ICD9	67594	UNSPEC INF BREAST&NIPPLE POSTPARTUM
	ICD9	676	ENGORGE BRSTS UNS PRE/POSTNATAL EOC
	ICD9	6760	RETRACTED NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67600	RETRCT NIPPLE UNS PRE/POSTNATAL EOC
	ICD9	67601	RETRACTED NIPPLE DELIVERED
	ICD9	67602	RETRACTED NIPPLE DELIV W/ PPC
	ICD9	67603	RETRACTED NIPPLE ANTPRTM COND/COMP
	ICD9	67604	RETRACTED NIPPLE PP COND/COMP
	ICD9	6761	CRACKED NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67610	CRACKED NIPPLE UNS PRE/POSTNATL EOC
	ICD9	67611	CRACKED NIPPLE-DELIVERED
	ICD9	67612	CRACKED NIPPLE DELIV W/MENTION PPC
	ICD9	67613	CRACKED NIPPLE ANTPRTM COND/COMP
	ICD9	67614	CRACKED NIPPLE POSTPARTUM COND/COMP
	ICD9	6762	ENGORGEMENT BRSTS ASSOC W/CHILDBRTH
	ICD9	67620	BREAST ENGORGE-UNSPEC
	ICD9	67621	ENGORGE BRSTS DEL W/WO ANTPRTM COND
	ICD9	67622	ENGORGEMENT BRSTS DELIV W/ PPC
	ICD9	67623	ENGORGEMENT OF BREAST, ANTEPARTUM
	ICD9	67624	ENGOREMENT OF BREAST, POSTPARTUM
	ICD9	6763	OTH&UNS D/O BRST ASSOC W/CHLDBRTH
	ICD9	67630	UNS D/O BRSTW/CHLDBRTH UNS EOC
	ICD9	67631	UNS D/O BREAST W/CB DELIVERED
	ICD9	67632	UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC
	ICD9	67633	UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP
	ICD9	67634	UNS D/O BRSTW/CHLDBRTH PP COND/COMP
	ICD9	6764	FAILURE OF LACTATION
	ICD9	67640	FAIL LACTATION UNSPEC AS EPIS CARE
	ICD9	67641	FAILED LACTATION W/DELIVERY
	ICD9	67642	FAIL LACTATION DELIV W/MENTION PPC
	ICD9	67643	FAILURE LACTATION ANTPRTM COND/COMP
	ICD9	67644	FAIL LACTATION POSTPARTUM COND/COMP
	ICD9	6765	SUPPRESSED LACTATION
	ICD9	67650	SUPPRESSED LACTATION UNS EPIS CARE
	ICD9	67651	SUPPRESSED LACTATION W/DELIVERY
	ICD9	67652	SUPPRESSED LACTATION DELIV W/ PPC
	ICD9	67653	SUPPRSSED LACTATION ANTPRTM COMP
	ICD9	67654	SUPPRESSED LACTATION PP COND/COMP
	ICD9	6766	GALACTORRHEA
	ICD9	67660	GALACTORRHEAW/CHLDBRTH UNS EOC
	ICD9	67661	GALACTORRHEA DEL W/WO ANTPRTM COND
	ICD9	67662	GALACTORRHEA W/DELIV W/MENTION PPC
	ICD9	67663	GALACTORRHEA ANTPRTM COND/COMP
	ICD9	67664	GALACTORRHEA POSTPARTUM COND/COMP
	ICD9	6768	OTHER DISORDERS OF LACTATION
	ICD9	67680	OTH D/O LACTATION UNS AS EPIS CARE
	ICD9	67681	OTH D/O LACTATION W/DELIVERY
	ICD9	67682	OTH D/O LACTATION DELIV W/ PPC
	ICD9	67683	OTH D/O LACTATION ANTPRTM COND/COMP
	ICD9	67684	OTH DISORDER LACTATION PP COND/COMP
	ICD9	6769	UNSPECIFIED DISORDER OF LACTATION
	ICD9	67690	UNS D/O LACTATION UNS AS EPIS CARE
	ICD9	67691	UNS D/O LACTATION DELIVERY

	ICD9 67692 UNS D/O LACTATION DELIV W/ PPC ICD9 67693 UNS D/O LACTATION ANTPRTM COND/COMP ICD9 67694 UNSPEC D/O LACTATION PP COND/COMP ICD9 677 LATE EFF COMP PREG-PUERP ICD9 7923 NONSPECIFIC ABNORM FIND AMNIOTIC FL ICD9 V22 NORMAL PREGNANCY ICD9 V220 SUPERVISION NORMAL FIRST PREGNANCY ICD9 V221 SUPERVISION OTHER NORMAL PREGNANCY ICD9 V222 PREGNANT STATE, INCIDENTAL ICD9 V23 SUPERVISION OF HIGH-RISK PREGNANCY ICD9 V230 PREGNANCY W/HISTORY OF INFERTILITY ICD9 V231 PG W/HX TROPHOBLASTIC DISEASE ICD9 V232 PREGNANCY WITH HISTORY OF ABORTION ICD9 V233 PREGNANCY WITH GRAND MULTIPARITY ICD9 V234 PREGNANCY W/OTH POOR OBSTETRIC HX ICD9 V2341 SUPERVISION PG W/HX PRE-TERM LABOR ICD9 V2349 SUP PG W/OTH POOR OBSTETRIC HX ICD9 V235 PG W/OTH POOR REPRODUCTIVE HX ICD9 V237 INSUFFICIENT PRENATAL CARE ICD9 V238 SUPERVISION OTH HIGH-RISK PREGNANCY ICD9 V238 OTHER HIGH-RISK PREGNANCY ICD9 V239 UNSPECIFIED HIGH-RISK PREGNANCY ICD9 V24 POSTPARTUM CARE AND EXAMINATION ICD9 V240 PP CARE&EXAM IMMED AFTER DELIV ICD9 V241 PP CARE&EXAMINATION LACTATING MOTH ICD9 V242 ROUTINE POSTPARTUM FOLLOW-UP ICD9 V27 OUTCOME OF DELIVERY ICD9 V270 OUTCOME OF DELIVERY SINGLE LIVEBORN ICD9 V271 OUTCOME DELIVERY SINGLE STILLBORN ICD9 V272 OUTCOME DELIV TWINS BOTH LIVEBORN ICD9 V273 OUTCOME DEL TWINS 1 LIVEB&1 STILLB ICD9 V274 OUTCOME DELIV TWINS BOTH STILLBORN ICD9 V275 OUTCOME DELIV OTH MX BRTH ALL LIVEB ICD9 V276 OUTCOME DEL OTH MX BRTH SOME LIVEB ICD9 V277 OUTCOME DEL OTH MX BRTH ALL STILLB ICD9 V279 OUTCOME OF DELIVERY, UNSPECIFIED ICD9 V617 OTHER UNWANTED PREGNANCY
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? Yes, by other patient characteristic ► If "other" describe: **Identification of stratification variable(s):** See the denominator exclusion criteria above **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? Yes ► **If yes,** Results stratified by risk category, see Variables ► Is there a separate proprietary owner of the risk model? No **Identify Risk Adjustment Variables:** The type of MI and presence of specific comorbidities are important to consider as to whether a patient s/p MI should be included in the measure **Detailed risk model:** attached ☒ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is*

	associated with a higher score, a lower score, a score falling within a defined interval, or a passing score) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** diagnosis, procedure. pharmacy claims **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☐ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☐ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☒ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☒ Other, Describe: It is reasonable to allow physicians to submit definitive evidence that a particular service was provided to a patient. For example, a lab result from a testing facility would indicate that that lab test was performed. A notation in a patient chart that the test was ordered, in contrast, would not provide definitive evidence that the test was performed. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** 10 **Instructions:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumptions that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required.
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☐ Can be measured at all levels ☒ Individual clinician (e.g., physician, nurse) ☒ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☒ Integrated delivery system ☒ Health plan ☒ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☐ Nursing home/ Skilled Nursing Facility (SNF)

	☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.3, 3.4, 5.3, 5.4, 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Numerator denominator proportion ---------- 83 1,049 7.91% 107 385 27.79% 203 489 41.51% 173 416 41.59% 267 539 49.54% 39 72 54.17% 356 591 60.24% 603 987 61.09% 1,256 2,041 61.54% 115 180 63.89% 987 1,534 64.34% 686 1,062 64.60% 77 118 65.25% 2,702 4,115 65.66% 734 1,110 66.13% 151 224 67.41% 63 89 70.79% 185 256 72.27% **Citations for Evidence:** RHI client experience
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Not applicable **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure,

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☐ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: See below **Summary of Evidence** (*provide guideline information below*): **Citations for Evidence:** See question #21 below
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Antman EM, Anbe DT, et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction: executive summary: a report of the ACC/AHA Task Force on Practice Guidelines (Committee to Revise the 1999 Guidelines on the Management of Patients with Acute Myocardial Infarction). J Am Coll Cardiol. 2004;44:671-719. Braunwald E. ACC/AHA 2002 Guideline Update for the management of patients with unstable angina and non-ST segment elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on the management of patients with unstable angina. J Am Coll Cardiol. 2002;40(7):1366-74. **Specific guideline recommendation:** Angiotensin-converting enzyme inhibitors should be given and continued indefinitely for patients recovering from a STEMI or UA/NSTEMI with HF, LV dysfunction (ejection fraction less than 0.40), hypertension, or diabetes mellitus unless contraindicated. (Class I; Level of Evidence: A -- defined as evidence based upon multiple randomized trials) **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: See above

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Rationale for using this guideline over others:
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** By identifying specific patients in whom care is not consistent with the clinical practice guideline underlying the measure, the measure will facilitate improvement in the care for those patients by highlighting the patient-specific QI opportunity for the patient's physician(s). In addition, the feedback physicians will receive on their overall performance on this measure will help focus their attention on the underlying care issue and improve their performance on that issue across all of their patients. If performance measurement is combined with some sort of financial incentive, such as in a pay for performance program, the QI impact may be increased.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** The validity of a physician quality score describes how accurately it estimates the true value. Reliability is the stability or consistency of an estimator from one data set to the next. Both are important in assessing the performance of the quality score. We have used the following measure as an indication of the reliability of each of our measures: 1 minus [(the variance of the posterior distribution of the physician quality score) divided by (the variance of the true physician quality score)], which is the reduction in the variance of a doctor's performance score (posterior distribution) obtained by using his or her performance data, expressed as a fraction of the total variance before any data is collected. **Testing Results:** The reliability of a physician quality score depends on the number of observations available for a given physician, how the physician performs relative to all other physician, and the overall variance in physician quality scores. As a result, reliability varies with the population of MDs in whom the measure is used. In our experience, reliability is in the range of 0.5 to >0.7.
26 (2c)	**Validity Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** We have employed several approaches to ensure the validity of this measure: 1) we've ensured that the technical specifications for this measure are valid reflections of the underlying clinical practice guideline; 2) we have obtained feedback on the validity of the measure from several physician panels that were assembled by either Care Focused Purchasing or the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative, or both, and 3) we have systematically collected feedback from physicians and health plan members to whom we have sent messages regarding this

	measure. **Testing Results:** This measure is considered to be valid by the physician panels that have reviewed it. (More information regarding the panels is provided elsewhere in this document.) In addition, the measure has been considered to be valid by the medical directors of 17 different health plans. In addition, the fact that thousands of physicians have received results based on this measure without indicating that they don't believe the measure is valid attests to its validity.
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** Excluded patients who have a contraindication to ACE or ARB use as determined through an analysis of claims data. See answer to question #21 above for clinical citation **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:** There is no need to risk adjust results from this measure. To the extent that the measure applies only to patients in a particular risk category, that has been taken into account in the specifications for the denominator or exclusions for this measure.
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from current use **Data/sample:** Group Insurance Commission (GIC): In 2003, the Massachusetts Group Insurance Commission GIC launched the Clinical Performance Improvement initiative, requiring health plans under contract with the GIC to incorporate provider "tiering"—differential payments based on value—into their GIC product. For this initiative, RHI evaluates physician performance on a set of quality measures using administrative claims data from approximately 2.2 million health plan members. Care Focused Purchasing (CFP) Care Focused Purchasing, Inc. (CFP) is the largest private or public clinical performance measurement initiative in the nation, representing a coalition of major insurance carriers and more than 50 national self-insured employers. Since CFP's incorporation in 2005, RHI has analyzed medical and pharmacy claims data to assess the quality of care provided by physicians to 29 million CFP employees and members. **Methods to identify statistically significant and practically/meaningfully differences in performance:**

	We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required. We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008. **Results:** Pooled results: numerator denominator proportion ---------- 8,787 15,257 57.59%
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	**Current Use** In use **If in use, how widely used** Nationally ► If "other," please describe: ☒ Used in a public reporting initiative, name of initiative: Group Insurance Commission of Massachusetts, Clinical Performance Improvement Initiative and Care Focused Purchasing Sample report attached ☐ **OR** Web page URL:
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. **Methods:** The results have been provided to the medical directors of the 18 health plans, all of whom have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. In addition, results have been presented to HR directors from >60 national employers. **Results:** Both the health plan medical directors and the HR personnel from the employers have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. We do not have data on the extent to which individual physicians understand the measure result, but we presume that, since health plan medical directors and non-medical personnel from employers understand the result, that physicians and lay people will also so long that adequate explanation is provided.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):**

	Are the measure specifications harmonized with existing NQF-endorsed™ measures? (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** This measure can be used exclusively with enriched administrative data
	FEASIBILITY
35 (4a)	**How are the required data elements generated?** *Check all that apply* ☐ Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment) ☐ Data elements are generated from a patient survey (e.g., CAHPS) ☒ Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims) ☐ Other, Please describe:
36 (4b)	**Electronic Sources** All data elements **►If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:** **►Specify the data elements for the electronic health record:**
37 (4c)	**Do the specified exclusions require additional data sources beyond what is required for the other specifications?** No **►If yes, provide justification:**
38 (4d)	**Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:** As with any type of clinical performance measure, and with any source of data used to operationalize the measure, there will be some instances in which the data used to compute the measure are incomplete or inaccurate. We try to minimize the impact of such errors or omissions through the way we have constructed the technical specifications for the measure. There is no data source for performance measurement that is completely accurate. Two studies have shown that physician performance tends to be better when assessed using claims data compared to via chart abstraction. **Describe how could these potential problems be audited:** Potential data errors of omission or commission could be audited through chart abstraction, or feedback from physicians and patients. However, as mentioned above, each of these alternative sources of information also are susceptible to error and thus are not true gold standards. **Did you audit for these potential problems during testing?** Yes **If yes, provide results:** Through feedback from physicians whose performance has been evaluated.
39 (4e)	**Testing feasibility** Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:
	CONTACT INFORMATION
40	**Web Page URL for Measure Information** *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* **Web page URL:** *www.resolutionhealth.com*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Alan **MI:** **Last Name:** Lefkowitz **Credentials (MD, MPH, etc.):** **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** alefkowtiz@resolutionhealth.com **Telephone:** 240-295-5834 ext:

42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: Over the past several years, two formal workgroups -- one organized by the Care Focused Purchasing initiative and one organized by the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative -- and several ad hoc experts have provided useful input to our measure development and refinement processes. In each case, we have provided the Work Group Members with details regarding each of our performance measures and members of the work group (not always all members) have provided feedback on the validity of the clinical practice guideline underlying the measure and suggestions regarding potential ways to improve the technical specifications for the measure. In some instances, we have eliminated measures based on feedback from the work groups. In other instances, work group members have proposed new measures. We try to get feedback from work group members and selected clinical experts on an annual basis. ►Provide a list of workgroup/panel members' names and organizations: Massachusetts Group Insurance Commission Physician Advisory Panel Jim Glauber – Neighborhood Health Plan Lyn Laurenco - Neighborhood Health Plan Anton Dodek - Tufts Barbara Chase - Fallon Jonathan Scott Coblyn – Brigham and Women's Hospital Tom Ebert - Health New England Elaine Wilson - Harvard Pilgrim Health Care Jennifer St. Thomas – Tufts Jennifer Lavigne – Fallon Michael O'Shea - Baycare Health Neil Minkoff - Harvard Pilgrim Health Care Paul Mendis- Neighborhood Health Plan Bob Jordan - Neighborhood Health Plan Bob Sorrenti – Unicare Constance Williams – Unicare Laura Syron - Neighborhood Health Plan Susan Tiffany – Unicare Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health David Gregg – Mercer

	Russ Robinson - Mercer Care Focused Purchasing Clinical Advisory Panel Bobbie Berg -BCBS -IL Dow Briggs - BCBS- AL Joe Calderella - Cigna Carl Cameron - Preferred Care Steven Goldberg – Humana Tom James – Humana Don Liss – Aetna Catherine MacLean – WellPoint Zak Ramadan–Jradi – Regence Fred Volkman – Avidyn Health Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health
46	**Measure Developer/Steward Updates and Ongoing Maintenance** Year the measure was first released: 2006 Month and Year of most recent revision: October 2008 What is the frequency for review/update of this measure? Annual Review When is the next scheduled review/update for this measure? Summer 2009
47	**Copyright statement/disclaimers:** Copyright © 2008 – Resolution Health, Inc. All rights reserved. The material submitted is confidential and proprietary. No use of this material is permitted other than in accordance with the Agreement with Measure Stewards between National Quality Forum and Resolution Health, Inc.
48	**Additional Information:** None
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*)**:** 11/20/2008

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	**Public domain or Intellectual Property Agreement signed:** IP Agreement signed and submitted (If no, do not submit) *Template for the Intellectual Property Agreement is available at* **www.qualityforum.org** *under Core Documents.*
B (B)	**Measure steward/maintenance:** Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years? Yes, information provided in contact section (If no, do not submit)
C (C)	**Intended use:** Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)
D (D)	**Fully developed and tested:** Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

	(for NQF staff use) **NQF Review #:** EC-083-08 **NQF Project:** National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	**Information current as of** *(date- MM/DD/YY)***:** 10/31/08
2	**Title of Measure:** New Atrial Fibrillation: Thyroid Function Test
3	**Brief description of measure [1]:** This measure identifies patients with new-onset atrial fibrillation during the measurement year who have had a thyroid function test 6 weeks before or after the diagnosis of atrial fibrillation.
4 (2a)	**Numerator Statement:** Patients in the measure denominator who had a thyroid function test 6 weeks before or after the new onset of atrial fibrillation **Time Window:** See below **Numerator Details** (Definitions, codes with description): >=1 claims for 'Thyroid Function Tests' (see list of applicable code below) from 45 days before the onset of Atrial fibrilation to 45 days after the onset of Atrial fibrillation Thyroid Function Tests (Procedure) ========== Type Code Description ------- ------- ---------- CPT4 80050 GENERAL HEALTH PANEL CPT4 80418 COMBO RAPID PITUITARY EVAL PANEL CPT4 80438 THYROTROPIN RELEAS HORMON STIM; 1HR CPT4 80439 THYROTROPIN RELEAS HORMON STIM; 2HR CPT4 80440 THYROTROP RELEAS HORMON; HYPERPROLA CPT4 84436 THYROXINE; TOTAL CPT4 84439 THYROXINE; FREE CPT4 84443 THYROID STIMULATING HORMONE CPT4 84479 THYROID HORMONE UPTAKE/BINDNG RATIO CPT4 84480 TRIIODOTHYRONINE T3; TOTAL CPT4 84481 TRIIODOTHYRONINE T3; FREE
5 (2a)	**Denominator Statement:** Adult patients with a new diagnosis of atrial fibrillation during the first 10.5 months of the measurement year **Time Window:** See below **Denominator Details** (Definitions, codes with description): - Age >=18 years as of the end of the measurement year - AND fulfills criteria for 'New Onset Atrial Fibrillation' (see below) in which the 1st medical claim with the diagnosis of atrial fibrillation occurs during the first 10.5 months of the measurement year (defined as the Atrial fibrillation onset date, abbreviated as Afib_OD) - AND eligible for medical services from 730 days prior to Afib_OD to Afib_OD+45 days New Onset Atrial Fibrillation:

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	- At least 18 years old - AND at least 2 claims for 'Atrial Fib' (see ICD9 codes below) in any diagnosis position coming from office visit with activity gap of 30 days OR At least 1 claim for Atrial Fibrillation (see ICD9 codes below) in any position from a hospital or ER visit Atrial Fib (Diagnosis) ========== Type Code Description ------- ------- ---------- ICD9 42731 ATRIAL FIBRILLATION
6 (2a, 2d)	**Denominator Exclusions:** Patients who were seen in an ER or hospital between 45 days before and 45 days after the onset of atrial fibrillation **Denominator Exclusion Details** (Definitions, codes with description): **Patients with any claims from the ER or hospital from 45 days before to 45 days after the new onset of atrial fibrillation**
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** procedure, diagnosis **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☐ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☐ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☒ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☐ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☒ Other, Describe: It is reasonable to allow physicians to submit definitive evidence that a particular service was provided to a patient. For example, a lab result from a testing facility would indicate that that lab test was performed. A notation in a patient chart that the test was ordered, in

	contrast, would not provide definitive evidence that the test was performed. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** 10 **Instructions:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumptions that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required.
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☐ Can be measured at all levels ☒ Individual clinician (e.g., physician, nurse) ☒ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☒ Integrated delivery system ☒ Health plan ☒ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☐ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.3, 5.3, 5.4, 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Numerator denominator proportion

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

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	12 199 6.03%
	63 604 10.43%
	5 39 12.82%
	36 265 13.58%
	63 410 15.37%
	499 2,741 18.21%
	24 121 19.83%
	88 433 20.32%
	523 2,186 23.92%
	121 437 27.69%
	76 271 28.04%
	183 630 29.05%
	Citations for Evidence: RHI client experience
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Not applicable **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: See below **Summary of Evidence** (*provide guideline information below*)**:** **Citations for Evidence:** See question #21 below

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if

21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines. Circulation. 2006;114(7):e257-354. **Specific guideline recommendation:** Specific blood tests (including TFTs) should be obtained at least once when evaluating new onset atrial fibrillation **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF*)**:** **Rationale for using this guideline over others:**
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** By identifying specific patients in whom care is not consistent with the clinical practice guideline underlying the measure, the measure will facilitate improvement in the care for those patients by highlighting the patient-specific QI opportunity for the patient's physician(s). In addition, the feedback physicians will receive on their overall performance on this measure will help focus their attention on the underlying care issue and improve their performance on that issue across all of their patients. If performance measurement is combined with some sort of financial incentive, such as in a pay for performance program, the QI impact may be increased.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** The validity of a physician quality score describes how accurately it estimates the true value. Reliability is the stability or consistency of an estimator from one data set to the next. Both are important in assessing the performance of the quality score. We have used the following measure as an indication of the reliability of each of our measures: 1 minus [(the variance of the posterior distribution of the physician quality score) divided by (the variance of the true physician quality score)], which is the reduction in the variance of a doctor's performance score (posterior distribution) obtained by using his or

other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	her performance data, expressed as a fraction of the total variance before any data is collected. **Testing Results:** The reliability of a physician quality score depends on the number of observations available for a given physician, how the physician performs relative to all other physician, and the overall variance in physician quality scores. As a result, reliability varies with the population of MDs in whom the measure is used. In our experience, reliability is in the range of 0.5 to >0.7.
26 (2c)	**Validity Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** We have employed several approaches to ensure the validity of this measure: 1) we've ensured that the technical specifications for this measure are valid reflections of the underlying clinical practice guideline; 2) we have obtained feedback on the validity of the measure from several physician panels that were assembled by either Care Focused Purchasing or the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative, or both, and 3) we have systematically collected feedback from physicians and health plan members to whom we have sent messages regarding this measure. **Testing Results:** This measure is considered to be valid by the physician panels that have reviewed it. (More information regarding the panels is provided elsewhere in this document.) In addition, the measure has been considered to be valid by the medical directors of 17 different health plans. In addition, the fact that thousands of physicians have received results based on this measure without indicating that they don't believe the measure is valid attests to its validity.
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** Since claims data from the inpatient setting does not always reflect each test obtained for a patient, we removed patients from the measure denominator who had a claim from a hospital or ER during the period of time in which the patient should have received a thyroid function test. This exclusion improves the measure specificity**.** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:** There is no need to risk adjust results from this measure. To the extent that the measure applies only to patients in a particular risk category, that has been taken into account in the specifications for the denominator or exclusions for this measure.
29	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*)

(2g)	**Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from current use **Data/sample:** Care Focused Purchasing (CFP) Care Focused Purchasing, Inc. (CFP) is the largest private or public clinical performance measurement initiative in the nation, representing a coalition of major insurance carriers and more than 50 national self-insured employers. Since CFP's incorporation in 2005, RHI has analyzed medical and pharmacy claims data to assess the quality of care provided by physicians to 29 million CFP employees and **Methods to identify statistically significant and practically/meaningfully differences in performance:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required. We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008. **Results:** numerator denominator proportion ---------- 1,693 8,336 20.31%
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** Not applicable ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	**Current Use** In use **If in use, how widely used** Nationally ► If "other," please describe: ☒ Used in a public reporting initiative, name of initiative: Care Focused Purchasing Sample report attached ☐ **OR** Web page URL:
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. **Methods:** The results have been provided to the medical directors of the 18 health plans, all of whom have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. In addition, results have been presented to HR directors from >60 national employers. **Results:** Both the health plan medical directors and the HR personnel from the employers have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. We do not have data on the extent to which individual physicians understand the

	measure result, but we presume that, since health plan medical directors and non-medical personnel from employers understand the result, that physicians and lay people will also so long that adequate explanation is provided.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** This measure can be used exclusively with enriched administrative data
	FEASIBILITY
35 (4a)	**How are the required data elements generated?** *Check all that apply* ☐ Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment) ☐ Data elements are generated from a patient survey (e.g., CAHPS) ☒ Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims) ☐ Other, Please describe:
36 (4b)	**Electronic Sources** All data elements **►If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:** **►Specify the data elements for the electronic health record:**
37 (4c)	**Do the specified exclusions require additional data sources beyond what is required for the other specifications?** No **►If yes, provide justification:**
38 (4d)	**Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:** As with any type of clinical performance measure, and with any source of data used to operationalize the measure, there will be some instances in which the data used to compute the measure are incomplete or inaccurate. We try to minimize the impact of such errors or omissions through the way we have constructed the technical specifications for the measure. There is no data source for performance measurement that is completely accurate. Two studies have shown that physician performance tends to be better when assessed using claims data compared to via chart abstraction. **Describe how could these potential problems be audited:** Potential data errors of omission or commission could be audited through chart abstraction, or feedback from physicians and patients. However, as mentioned above, each of these alternative sources of information also are susceptible to error and thus are not true gold standards. **Did you audit for these potential problems during testing?** Yes **If yes, provide results:** Through feedback from physicians whose performance has been evaluated
39	**Testing feasibility** Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data

(4e)	collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:
	CONTACT INFORMATION
40	**Web Page URL for Measure Information** *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* **Web page URL:** *www.resolutionhealth.com*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Alan **MI:** **Last Name:** Lefkowitz **Credentials (MD, MPH, etc.):** **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** alefkowitz@resolutionhealth.com **Telephone:** 240-295-5834 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: Over the past several years, two formal workgroups -- one organized by the Care Focused Purchasing initiative and one organized by the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative -- and several ad hoc experts have provided useful input to our measure development and refinement processes. In each case, we have provided the Work Group Members with details regarding each of our performance measures and members of the work group (not always all members) have provided feedback on the validity of the clinical practice guideline underlying the measure and suggestions regarding potential ways to improve the technical specifications for the measure. In some instances, we have eliminated measures based on feedback from the work groups. In other instances, work group members have proposed new measures. We try to get feedback from work group members and selected clinical experts on an annual basis. ►Provide a list of workgroup/panel members' names and organizations: Care Focused Purchasing Clinical Advisory Panel Bobbie Berg -BCBS -IL Dow Briggs - BCBS- AL Joe Calderella - Cigna Carl Cameron - Preferred Care Steven Goldberg – Humana

	Tom James – Humana Don Liss – Aetna Catherine MacLean – WellPoint Zak Ramadan–Jradi – Regence Fred Volkman – Avidyn Health Connie Hwang – Resolution Health Darren Schulte - Resolution Health Massachusetts Group Insurance Commission Physician Advisory Panel Jim Glauber – Neighborhood Health Plan Lyn Laurenco - Neighborhood Health Plan Anton Dodek - Tufts Barbara Chase - Fallon Jonathan Scott Coblyn – Brigham and Women's Hospital Tom Ebert - Health New England Elaine Wilson - Harvard Pilgrim Health Care Jennifer St. Thomas – Tufts Jennifer Lavigne – Fallon Michael O'Shea - Baycare Health Neil Minkoff - Harvard Pilgrim Health Care Paul Mendis- Neighborhood Health Plan Bob Jordan - Neighborhood Health Plan Bob Sorrenti – Unicare Constance Williams – Unicare Laura Syron - Neighborhood Health Plan Susan Tiffany – Unicare Connie Hwang – Resolution Health Darren Schulte - Resolution Health David Gregg – Mercer Russ Robinson - Mercer
46	**Measure Developer/Steward Updates and Ongoing Maintenance** Year the measure was first released: 2007 Month and Year of most recent revision: October 2008 What is the frequency for review/update of this measure? Annual Review When is the next scheduled review/update for this measure? Summer 2009
47	**Copyright statement/disclaimers:** Copyright © 2008 – Resolution Health, Inc. All rights reserved. The material submitted is confidential and proprietary. No use of this material is permitted other than in accordance with the Agreement with Measure Stewards between National Quality Forum and Resolution Health, Inc.
48	**Additional Information:** None
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 11/20/08

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) NQF Review #: *EC-099-08* NQF Project: *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY): 6/22/09*
2	*Title of Measure: Patient(s) that had a serum creatinine in last 12 reported months.*
3	**Brief description of measure [1]:** This measure identifies patients with hypertension (HTN) that had a serum creatinine in last 12 reported months.
4 (2a)	**Numerator Statement:** Was there a test for serum creatinine (code set PR0081, LC0033) during the following period: 12 month report period thru 90 days after the end of the report period? **Time Window:** 12 months prior to the end of the report period through 90 days after the end of the report period **Numerator Details** (Definitions, codes with description): see attached "Ingenix HTN Code Sets NQF" excel document for codes with descriptions
5 (2a)	**Denominator Statement:** For condition confirmation, the following criteria must be met: 1. All males or females that are 18 years or older at the end of the report 2. Patient must have been continuously enrolled: ▫ Medical benefits throughout the 12 months prior to the end of the report period AND ▫ Pharmacy benefit plan for 6 months prior to the end of the report period Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days. 3. Either one of the following (A or B): A. The patient is listed on the Disease Registry. Input File for this condition, if a Disease Registry Input File is available. Note: Disease Registry is NOT a required Input File. OR B. During the 24 months prior to the end of the report period, patient has 1 or more of the following services or events, where the diagnosis is Hypertension (code set DX0071): ▫ Professional Encounter Code Set (code set PR0107, RV0107) ▫ Professional Supervision (code set PR0108) ▫ Facility Event – Confinement/Admission ▫ Facility Event – Emergency Room ▫ Facility Event – Outpatient Surgery **Time Window:** 24 months prior to the end of the report period

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	Denominator Details (Definitions, codes with description): see attached "Ingenix HTN Code Sets NQF" excel document for codes with descriptions
6 (2a, 2d)	**Denominator Exclusions:** End stage renal disease including dialysis - This exclusion criteria is applied if numerator compliance is not met. **Denominator Exclusion Details** (Definitions, codes with description): During the 12 months prior to the end of the report period, did the patient have a claim for Chronic renal failure/end-stage renal disease (ESRD) (HEDIS) (code sets DX0320, PR0344, RV0344, PS0007)
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD-9 codes (alternatively, a disease registry can be used to identify patients with HTN), CPT codes and Revenue codes **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☐ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☒ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☐ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** not applicable **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure Not applicable

14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☐ Can be measured at all levels ☒ Individual clinician (e.g., physician, nurse) ☒ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☒ Integrated delivery system ☒ Health plan ☒ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☐ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☐ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☐ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Using a geographically diverse 12 million member benchmark database (this database represents predominately a commercial population less than 65 year of age) the compliance rate was 68 percent, indicating a clear gap in care and opportunity for care improvement. **Citations for Evidence:** Ingenix EBM Connect benchmark results, December 2007
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Not applicable **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: not applicable **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s).

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

- Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit.
- Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public.
- Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care.
- Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality.

Type of Evidence *Check all that apply*

☒ Evidence-based guideline
☐ Meta-analysis
☐ Systematic synthesis of research
☐ Quantitative research studies
☐ Qualitative research studies
☐ Other (*Please describe*):

Overall Grade for Strength of the Evidence[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: This is an expert panel consensus recommendation from the Institute for Clinical Systems Improvement (ICSI) and authors of the JNC 7 Report. This would be equivalent to the USPSTF grade B classification.

Summary of Evidence (*provide guideline information below*): Once HTN is controlled the patient should have follow up visits every 3-6 months to assess patient adherence, patient satisfaction, and changes in target organ function (1). A serum creatinine is recommended at least 1-2 times per year (2).

Citations for Evidence:

1. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Hypertension Diagnosis and Treatment (Released October 2006). Accessed July 14, 2008. URL: http://www.icsi.org
2. National High Blood Pressure Education Program. The seventh report of the Joint National Committee on Prevention and Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report. JAMA 2003;289:2560-72.

21 (1c)

Clinical Practice Guideline *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.*

Guideline Citation:

1. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Hypertension Diagnosis and Treatment (Released October 2006). Accessed July 14, 2008. URL: http://www.icsi.org
2. National High Blood Pressure Education Program. The seventh report of the Joint National Committee on Prevention and Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report. JAMA 2003;289:2560-72.

Specific guideline recommendation:

1. ICSI: Once BP is at goal and stable, the patient should be seen usually at three- to six-month intervals by the provider to assess patient adherence, patient satisfaction and any changes in target organ status. Patients' comorbidities such as heart failure, associated diseases such as diabetes, and need for laboratory tests influence the frequency of visits. Lifestyle modifications should be reviewed, re-emphasized and documented annually.
2. JNC 7 Report: Serum potassium and creatinine should be monitored at least one to two times per year.

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Guideline author's rating of strength of evidence (*If different from USPSTF, also describe it and how it relates to USPSTF)*: This is an expert panel consensus recommendation from the Institute for Clinical Systems Improvement (ICSI) and authors of the JNC 7 Report. This would be equivalent to the USPSTF grade B classification. **Rationale for using this guideline over others:** These are the only national guidelines that address the frequency of recommended kidney monitoring in patients with HTN.
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** None **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** It will facilitate early diagnosis and management of kidney disease in patients with HTN.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** description attached, see "Testing" document **Analytic Method:** description attached, see "Testing" document **Testing Results:** see attached document, "Benchmark test results"
26 (2c)	**Validity Testing** **Data/sample:** description attached, see "Testing" document **Analytic Method:** description attached, see "Testing" document **Testing Results:** see attached document, "Benchmark test results"
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** End stage renal disease including dialysis - This exclusion criteria is applied if numerator compliance is not met. This exclusion criteria was added at the request of the NQF workgroup. **Citations for Evidence:** NQF workgroup request **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** not applicable **Analytic Method:**

	Testing Results: ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** description attached, see "Testing" document **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** see attached document, "Benchmark test results" **Methods to identify statistically significant and practically/meaningfully differences in performance:** **Results:**
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** not applicable ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use If in use, how widely used Other ► If "other," please describe: Health plans, physicians (individuals and groups), care management, and other vendors/customers are using this on a national level.* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Results are summarized and reported by users/customers depending on their business need. Therefore, this is no single public reporting format. **Methods:** **Results:**
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☒ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** HTN Blood Pressure Screening and Plan of Care (AMA PCPI) **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Partially harmonized ►If not fully harmonized, provide rationale: Our HTN condition confirmation logic differs from the AMA

	PCPI logic as follows: 1) our HTN diagnostic code set has a slightly more inclusive list of ICD-9 codes than AMA PCPI; 2) our logic provides a more specific, replicable HTN condition confirmation definition; and 3) we allow use of a disease registry for condition confirmation to allow other sources of data to identify the target polulation. **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** This measure identifies patients with HTN who are have a serum creatinine test at a minimum recommended interval. This adds value to existing NQF endorsed measures by addressing a recommended aspect of care that is not represented by current NQF endorsed measures.
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☐ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☐ *Other, Please describe:*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record: none are specific to nor dependent on EHR*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure: If a monitoring test is performed and the specific CPT code is not submitted, then a false negative result will be generated.* *Describe how could these potential problems be audited: A chart review audit could define the frequency of this error type.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: Testing of this measure did not identify any concerns that would cause us to modify code sets or overall logic. Also, cutomers have not notified us of any concerns about the performance of this measure.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: To be defined*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Cheri **MI:** **Last Name:** DiGiovanni **Credentials (MD, MPH, etc.):** **Organization:** Ingenix **Street Address:** 1050 Carol Street **City:** Downers Grove **State:** IL **ZIP:** 60516 **Email:** cheri.digiovanni@ingenix.com **Telephone:** 602-276-8913 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** Kay **MI:** E **Last Name:** Schwebke **Credentials (MD, MPH, etc.):** MD, MPH

	Organization: Ingenix **Street Address:** 12125 Technology Drive **City:** Eden Prairie **State:** MN **ZIP:** 55344 **Email:** kay.schwebke@ingenix.com **Telephone:** 952-833-7154 ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** Kay **MI:** E **Last Name:** Schwebke **Credentials (MD, MPH, etc.):** MD, MPH **Organization:** As above **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** Kay **MI:**E **Last Name:**Schwebke **Credentials (MD, MPH, etc.):** MD, MPH **Organization:** As above **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: Reviewed relevant research/guideline, participated in the development of measure logic, reviewed code sets, reviewed benchmark results ►Provide a list of workgroup/panel members' names and organizations: see document, "Consultant panel members"
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: May 2004* *Month and Year of most recent revision: July 2008* *What is the frequency for review/update of this measure? Consultant panel review due 2009, and then every 3 years* *When is the next scheduled review/update for this measure? 2009*
47	**Copyright statement/disclaimers:** see attached "HTN ebm Alg" document
48	**Additional Information:** In addition to the attachments referenced above, the following documents are attached. 1. EBM70Technical document 2. EBM70Concepts document Also, our next EBM Connect release, scheduled for November 2008, will include annual code set updates. Therefore, code sets submitted October 2008 might change slightly due to this routine maintenance process. The anticipated impact is minimal.
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*): 6/22/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

INGENIX®

Algorithm

Hypertension (HTN)

Report Case ID: 102500

November 21, 2008

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Code Sets Utilized

Diagnosis Code Sets	DX0071 Hypertension
Procedure and Revenue Code Sets	PR0081 Serum Creatinine PR0107 Professional Encounter RV0107 Professional Encounter PR0108 Professional Supervision PR0111 Ambulatory Visit Codes RV0111 Ambulatory Visit Codes

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Hypertension
Report Case ID: 102500

Study Population

Time Frame Requirements

Period	Backward	Forward
Report Period	12m	
Minimum Medical Coverage	12m	
Minimum Pharmacy Coverage	6m	
Medical Claims Extraction	24m	3m
Pharmacy Claims Extraction	6m	3m
Determine Condition (Denom)	24m	
Determine Treatment (Num)	12m	
Physician Attribution	12m	

Rules

Report Rule ID	Rule Stmnt	Headings, Rules & Detail Description
Member Demographics		
1101001	A	All males or females that are 18 years or older at the end of the report
Member Enrollment		
1102002	A B	Patient must have been continuously enrolled: ▪ Medical benefits throughout the 12 months prior to the end of the report period **AND** ▪ Pharmacy benefit plan for 6 months prior to the end of the report period *Note: The standard EBM Connect® enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days.*
Condition Confirmation		
3128001	A	The patient is listed on the Disease Registry. Input File for this condition, if a Disease Registry Input File is available. *Note: Disease Registry is NOT a required Input File.*
3109002	A	During the 24 months prior to the end of the report period, patient has 1 or more of the following services or events, where the diagnosis is Hypertension (code set DX0071): ▪ Professional Encounter Code Set (code set PR0107, RV0107) ▪ Professional Supervision (code set PR0108) ▪ Facility Event – Confinement/Admission ▪ Facility Event – Emergency Room ▪ Facility Event – Outpatient Surgery
Condition Exclusions		
		None

	Clinical concept		Summary rule, rule type, description		Summary rule logic

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Intervention Rules

Report Rule ID	Rule Type & Task No.	Headings, Rules & Detail Description
Patients with HTN should have an annual physician visit at minimum.		
9000011	**CP-I (139)**	**Patient(s) that had an annual physician visit.**
▪ **Result Flag (RF):** IF 30 = Y, set RF to Y, else IF MCE met set RF to N, else set RF to Q ▪ **EBM Flag (EF):** IF RF = N, set EF = 1, else set EF = 0 **MCE-Med: 12 months** **MCE-Rx: NA**		
7123030	A	Did the patient have an ambulatory visit (code set PR0111, RV0111) with a diagnosis of Hypertension (code set DX0071) during the following period: 12 month report period thru 90 days after the end of the report period?
Patients with HTN should have a serum creatinine every 12 months at minimum.		
9000012	**CP-I (139)**	**Patient(s) that had a serum creatinine in last 12 reported months.**
▪ **Result Flag (RF):** IF 31 = Y, set RF to Y, else IF MCE met, set RF to N, else set RF to Q ▪ **EBM Flag (EF):** IF RF = N, set EF = 1, else set EF = 0 **MCE-Med:12 months** **MCE-Rx: NA**		
7123031	A	Was there a test for serum creatinine (code set PR0081) during the following period: 12 month report period thru 90 days after the end of the report period?

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Diagnosis Code Sets

The following tables represent the applicable diagnosis code sets for each condition referenced in the Hypertension rules.

DX0071 HYPERTENSION

ICD-9 Code	Description
401	ESSENTIAL HYPERTENSION
401.0	ESSENTIAL HYPERTENSION, MALIGNANT
401.1	ESSENTIAL HYPERTENSION, BENIGN
401.9	UNSPECIFIED ESSENTIAL HYPERTENSION
402	HYPERTENSIVE HEART DISEASE
402.00	MALIG HTN HEART DISEASE WITHOUT HEART FAIL
402.0	MALIGNANT HYPERTENSIVE HEART DISEASE
402.01	MALIG HYPERTENSIVE HEART DISEASE W/HEART FAILURE
402.10	BEN HTN HEART DISEASE WITHOUT HEART FAIL
402.1	BENIGN HYPERTENSIVE HEART DISEASE
402.11	BEN HYPERTENSIVE HEART DISEASE W/HEART FAILURE
402.90	UNSPEC HTN HEART DISEASE WITHOUT HEART FAIL
402.9	UNSPECIFIED HYPERTENSIVE HEART DISEASE
402.91	UNSPEC HYPERTENSIVE HEART DISEASE W/HEART FAIL
403.00	HTN CHRN KID DZ MALIG CHRN KID DZ STAGE I-IV/UNS
403	HYPERTENSIVE CHRONIC KIDNEY DISEASE
403.0	HYPERTENSIVE CHRONIC KIDNEY DISEASE MALIGNANT
403.01	HTN CHRN KID DZ MALIG W/CHRN KID DZ STAGE V/ESRD
403.10	HTN CKD BEN W/CKD STAGE I THRU STAGE IV/UNSPEC
403.1	HYPERTENSIVE CHRONIC KIDNEY DISEASE BENIGN
403.11	HTN CKD BEN W/CKD STAGE V/ESRD
403.90	HTN CKD UNS W/CKD STAGE I THRU STAGE IV/UNS
403.9	HYPERTENSIVE CHRONIC KIDNEY DISEASE UNSPECIFIED
403.91	HTN CKD UNSPEC W/CKD STAGE V/ESRD
404.00	HTN HRT & CKD MAL W/O HF & W/CKD STAGE I-IV/UNS
404.0	HYPERTENSIVE HEART & CKD MALIGNANT
404	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
404.01	HTN HRT & CKD MAL W/HF & W/CKD STAGE 1-IV/UNS
404.02	HTN HEART & CKD MAL W/O HF & CKD STAGE V/ESRD
404.03	HTN HRT & CKD MALIG W/HF & W/CKD STAGE V/ESRD
404.10	HTN HRT & CKD BEN W/O HF & W/CKD STAGE I-IV/UNS
404.1	HYPERTENSIVE HEART&CHRNIC KIDNEY DISEASE BENIGN
404.11	HTN HRT & CKD BEN W/HF & W/CKD STAGE I-IV/UNS
404.12	HTN HRT & CKD BEN W/O HF & W/CKD STAGE V/ESRD
404.13	HTN HEART & CKD BEN W/HF & CKD STAGE V/ESRD
404.90	HTN HRT & CKD UNS W/O HF & W/CDK STAGE I-IV/UNS
404.9	HYPERTENSIVE HEART&CHRNIC KIDNEY DISEASE UNSPEC
404.91	HTN HRT & CKD UNS W/HF & W/CKD STAGE I - IV/UNS
404.92	HTN HRT & CKD UNS W/O HF & W/CKD STAGE V/ESRD
404.93	HTN HEART & CKD UNSPEC W/HF & CKD STAGE V/ESRD

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405	SECONDARY HYPERTENSION
405.0	SECONDARY HYPERTENSION, MALIGNANT
405.01	SECONDARY RENOVASCULAR HYPERTENSION MALIGNANT
405.09	OTHER SECONDARY HYPERTENSION MALIGNANT
405.1	SECONDARY HYPERTENSION, BENIGN
405.11	SECONDARY RENOVASCULAR HYPERTENSION BENIGN
405.19	OTHER SECONDARY HYPERTENSION BENIGN
405.9	UNSPECIFIED SECONDARY HYPERTENSION UNSPECIFIED
405.91	SECONDARY RENOVASCULAR HYPERTENSION UNSPECIFIED
405.99	OTHER SECONDARY HYPERTENSION UNSPECIFIED

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Procedure and Revenue Code Sets

The following tables represent the applicable code sets for each procedure that is referenced by the Hypertension rules.

PR0081 SERUM CREATININE	
CPT® Code	**Description**
80048	**Basic metabolic panel** – This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)
80050	**General health panel -** This panel must include the following: Comprehensive metabolic panel (80053) Hemogram, automated, and manual differential WBC count (CBC) (85022) OR Hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025) Thyroid stimulating hormone (TSH) (84443)
80053	**Comprehensive metabolic panel** – This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea Nitrogen (BUN) (84520)
80069	**Renal function panel** – This panel must include the following: Albumin (82040) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
82565	Creatinine; blood

PR0107 PROFESSIONAL ENCOUNTER		
CPT Code	**Specific Encounter Type**	**General Encounter Category**
99201-99215	Office Visit	Outpatient Professional
99217-99220	Observation Care	Observation Care
99221-99239	Inpatient Visit	Inpatient Visit
99241-99245	Office Consult	Outpatient Professional
99251-99263	Inpatient Consult	Inpatient Consult
99271-99275	Confirmatory Consultation	Confirmatory Consultation
99281-99285	ER Physician Visit	ER Professional Visit
99301-99318	Nursing Facility Services	Nursing Facility Services
99341-99350	Home Visit	Outpatient Professional
99381-99397	Preventive Medicine Visit	Outpatient Professional
99401-99429	Counseling/Risk Factor Visit	Counseling/Risk Factor Visit
RV0107 PROFESSIONAL ENCOUNTER		
Rev Code	**Specific Encounter Type**	**General Encounter Category**
0510-0526, 0528-0529	Clinic Visit (Facility Component)	Clinic Visit (Facility Component)
0981	ER Visit (Professional Component)	ER Professional Visit
0983	Clinic Visit (Professional Component)	Outpatient Professional

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PR0108 PROFESSIONAL SUPERVISION		
CPT Code	**Specific Encounter Type**	**General Encounter Category**
99321 - 99337	Domiciliary or Rest Home Visit	Rest Home Visit
99339 - 99340	Physician Supervision of Rest Home Patient	Rest Home Supervision
99371 - 99373	Telephone call for consultation or medical management or coordination	Telephonic service
99374 - 99375	Supervision of Home Health Care	Home Care Supervision
99377 - 99378	Physician Supervision of Hospice Care	Hospice Care Supervision
99379 - 99380	Physician Supervision of Nursing Facility Patient	Nursing Facility Supervision
HCPCS Code	**Specific Encounter Type**	**General Encounter Category**
G0182	Physician Supervision of Hospice Care	Hospice Care Supervision

PR0111 AMBULATORY VISIT CODES		
CPT Code	**Specific Encounter Type**	**General Encounter Category**
99201-99215	Office Visit	Outpatient Professional
99241-99245	Office Consult	Outpatient Professional
99271-99275	Confirmatory Consultation	Confirmatory Consultation
99341-99350	Home Visit	Outpatient Professional
99381-99397	Preventive Medicine Visit	Outpatient Professional
99401-99429	Counseling/Risk Factor Visit	Counseling/Risk Factor Visit
RV0111 AMBULATORY VISIT CODES		
Rev Code	**Specific Encounter Type**	**General Encounter Category**
0983	Clinic Visit (Professional Component)	Outpatient Professional

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Glossary

Term	Definition
℞	The presence of ℞ in the Report Rule ID column indicates that the rule candidate is exclusively or primarily dependent on pharmacy claims information. Members who do not have a managed pharmacy benefit, as determined from the Member Term input data file, will be assigned a default value of 'N' for these rule candidates, thus eliminating unnecessary processing time.
Result Flag 'Y'	A Result Flag of 'Y' is assigned to indicate that the result of the rule is affirmative; the treatment was provided, the diagnostic test was performed, the lab value was normal, etc. If a rule has an affirmative result, the result flag of Y will be assigned regardless of the patient's length of eligibility.
Result Flag 'N'	A Result Flag of 'N' is assigned to indicate that the result of the rule is negative AND the patient met the minimum eligibility requirements for that particular rule. For example, if the rule is looking for a drug within the last 120 days, the patient must be enrolled in a drug benefit for at least the last 120 days.
Result Flag 'Q'	A Result Flag of 'Q' is assigned to indicate that there was no claim record indicating that the patient received a particular test or treatment, but there may be data incompleteness due to lack of continuous enrollment. If a patient is not continuously enrolled in medical or pharmacy benefits throughout the window of time during which the service was being evaluated, there is no way to know whether the test was performed or not. The absence of a claim record for the test might be due to data incompleteness prior to the onset of medical benefits, or it might reflect the fact that the patient did not actually receive the test.
Result Flag 'NA'	A Result Flag of 'NA' is assigned to indicate that the member has clinical characteristics or contraindications that render a particular rule "not applicable" to that particular member. There are seven (7) breakdowns of the NA result flag, which provide a method for further identification and clarification of this flag: FLAG — DESCRIPTION NA1 — Patient did not meet the age or gender criteria. NA2 — Patient was not currently taking the medication in question or had not taken it for the required duration. NA3 — Patient was taking the medication, but a possession ratio could not be computed [less than two prescriptions during the rule time window]. NA4 — Patient did not meet the rule specific criteria [e.g., co-morbidity, complexity (diagnosis and medication), intervention not warranted]. NA5 — No lab result record or insufficient information. NA6 — Patient admitted to long term care facility or hospital which might cause data incompleteness. NA7 — Patient who did not receive treatment or medication had a contraindication or other justification.
Result Flag 'NRX'	A Result Flag of 'NRX' is assigned under the following circumstances to the rule types noted below: 1) the member did not have pharmacy benefit at the end of the report period (applies to chronic and some preventive cases (case ID = 1xxxxx or 3xxxxx) or 2) the member did not have a pharmacy benefit throughout the duration of episodic condition (case ID = 2xxxxx). ▪ Research Based rules (R-1, R-2) ▪ Medication Adherence rules (A) ▪ Patient Safety rules (S-M, S-DI) These rule types are exclusively or primarily dependent on pharmacy claims. For Care Pattern rules (CP-I, CP-R, CP-E), a Q flag will be assigned if the patient does not meet the minimum pharmacy eligibility requirements for the particular rule. In addition to the above, some national standard rules may also have NRX flags assigned if the member did not have pharmacy benefit at the end of the report period.
MCE	In order to assign a Result Flag of 'Q', each rule has a specific Minimum Continuous Enrollment (MCE) period for medical and pharmacy benefits which reflects the time frame of the recommended services (e.g., if the rule is looking for a test within 12 months the medical MCE is 12 months). When a test or treatment is absent, the MCE is used to determine whether to assign a result flag of 'N' or 'Q'. A Result Flag of 'N' is assigned when the patient meets the MCE requirements. A Result Flag of 'Q' is assigned when the patient does not meet the MCE requirements.

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Quality Processes

10/27/08

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Section 1 - Overview

1.1 Purpose of Document

This document describes the quality processes from clinical measure creation to final product delivery. These processes ensure that the information provided to our clients has maximum quality and integrity.

1.2 Overview

Evidence-based treatment guidelines have been developed with the belief that adherence to them lowers costs, increases quality of care, or both. Health service organizations, payers, and employers want to provide the best care at the best cost. By integrating clinically relevant research evidence with actual care patterns, as evidenced through claims and other administrative data, gaps in care can be identified and interventions can be targeted to improve outcomes (cost and quality).

Measures are created through a well-defined process involving careful review at every step. Quality checks are performed in five different phases of development:

1. Clinical Measure Creation
2. Conversion of Clinical Measures to Machine Code
3. Clinical Measures Processing Engine (i.e., component-ware)
4. End to End Testing (Customer Acceptance Testing)
5. Validation of Results

1.3 Testing Through Multiple Methods

Quality assurance of each measure is accomplished through the testing using multiple methods. Types of testing, data samples and volume vary to ensure the integrity of the measure. Rigorous development, analysis and testing processes are deployed for creating of the measure specifications. Software testing ensures the software is working as designed. Reliability and validity testing of measures is based on differing data samples and volume of members. National benchmarks are created on a large volume set of data representing members throughout the United States. All quality checks for all measure results must have consistent results and meet expected outcomes based on industry knowledge and experience.

Section 2 - Quality Processes

2.1 Creation of Clinical Measures

2.1.1 Literature Review

The process of measure creation begins with the clinician, who reviews published literature on evidence-based medicine. Various resources are examined, including but not limited to:

- MEDLINE
- Professional and specialty organization (e.g. ADA, ACC/AHA) guidelines
- Agency for Healthcare Research and Quality (AHRQ) including national clearinghouse guidelines
- National standards (e.g. HEDIS, AMA PCPI, AQA, NQF)
- Institute for Clinical Systems Improvement (ICSI)
- Food and Drug Administration (FDA) Advisories
- Published clinical trials and other relevant articles

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- Pharmaceutical manufacturer's recommendations

Based upon the supporting literature and the ability to adequately define and measure care using electronic claims data, proposed new measures are developed. Note: this same process is employed when deciding whether to update or retire an existing measure.

2.1.2 Expert Panel Review

The proposed measures and current treatment guidelines are then reviewed by the Clinical Consultant Panel. This expert panel plays a critical role in the creation and maintenance of measures. The panel is currently comprised of 21 clinicians, including 18 physicians and 3 Pharmacologists. Each physician is board certified in their area of specialty and has more than 15 years of clinical practice.

The specialties / sub-specialties represented on the panel are:

Specialty	
Cardiology (2)	Oncology
Endocrinology	Ophthalmology
Family Practice	Orthopedics
Gastrointestinal	Otolaryngology
Geriatrics	Pediatrics
Hematology	Psychiatry (2)
Infectious Disease	Pulmonary
Internal Medicine	Rad Oncology
Nephrology	Rheumatology
Neurology (4)	Surgery
OB/GYN	

The physicians on the panel are practicing physicians in settings such as a university hospital, VA hospital, medical center, clinic, independent or group practice. The Pharmacologists have more than 10 years of clinical practice. All clinicians, with the exception of the Medical Director, have no affiliation with UnitedHealth Group outside of their responsibilities on the Clinical Consultant Panel. An annual training session is held for all panel members to provide updates on future product enhancements.

2.1.3 Summary of Evidence Basis

When the expert panel has reached consensus on the proposed measures, a synopsis of the evidence basis for each measure is developed. This synopsis includes citations for published research and guidelines that support the measure, as well as strength of evidence ratings when these rankings are available.

2.1.4 Clinical Algorithms

In conjunction with the synopsis a clinical algorithm is developed which indicates how to define and evaluate the clinical measures. This document includes condition confirmation criteria, exclusion rules, intervention rules, and compliance criteria, as well as high-level details of diagnostic, procedural, revenue, pharmaceutical, and laboratory code sets. These code sets are defined and maintained in a secure product database.

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2.1.5 Maintenance Review Cycle

Existing measures are reviewed every 12-24 months as part of an ongoing product maintenance cycle. Any member of the expert panel may suggest changes to a measure at any point, even outside of the regular review cycle, if new evidence is published which relates to the measure.

2.2 Conversion of Clinical Measures into Software Code

The clinical algorithms are converted into software code. A team of business analysts, nurses, and health services researchers translates the words from the clinical algorithm into machine readable language. The team members independently peer review and sign off on each measure to ensure that the software code accurately reflects the original measure specifications.

2.3 Testing of Engine Software Code

The software code from is processed to produce compliance results. Per the product development life cycle there are multiple types of testing activities associated with this component-ware engine. Security requirements, performance requirements, legal requirements (e.g. HIPAA), content requirements, and usability are all tested and verified.

2.3.1 Unit and Integration Testing

During unit and integration testing each engine component is tested discretely by the developer or software engineer who programmed it. In unit testing the developer tests functional features, environmental requirements, system behavior and performance aspects. When the software moves into integration testing, the developer performs positive and negative testing of system interfaces to verify that the functions which were tested at the unit level perform correctly in a full system build and deployment.

2.3.2 Functional Testing

Functional testing is conducted at the end of each software iteration to test the alignment of the product to the functional requirements. The QA team performs positive and negative testing of product requirements and architecture. At the end of functional testing, the decision is made either to move on to the next iteration or to move the software into system testing.

2.3.3 System Testing

There are three types of system testing initiatives which are conducted using sample data to simulate business processes. The table below describes the purpose of each type of system test.

Test Type	Description
Volume testing	Determine whether the engine can handle the required volume of data
Performance testing	Determine whether the engine meets its performance requirements
Platform testing	Ensure that the component-ware works appropriately for all supported operating systems

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2.4 Reliability Testing

Customer Acceptance Testing (CAT) is another important quality process. CAT ensures that the clinical measures are functioning as intended and that they generate accurate results for typical billing patterns. Using actual claims data a team of business analysts, nurses, and health services researchers conducts a detailed analysis of the output. For each clinical condition in the product (e.g., Diabetes Mellitus, Coronary Artery Disease, etc.) there is a set of CAT data with at least 4000 members who satisfy the condition confirmation criteria. This data is extracted from a large (50+ million member) multi-payer benchmark database and contains inpatient, outpatient, pharmacy, and laboratory data. The testing team rigorously checks the creation of denominators (target population), numerators, and exclusions from both.

Regression testing is the part of CAT that verifies the reliability of the product across software releases. For a new release the testing team confirms that every unchanged measure produces the same results as in previous releases, accounting for systematic changes to the software (e.g., code updates, logic changes, etc). Regression testing is conducted at multiple points throughout the software development cycle.

2.5 Validity Testing

Face Validity Testing (FVT) is the final testing step in the software release cycle. One million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software. The Medical Director reviews the results to verify that:

- Prevalence rates for a condition are comparable to nationally published rates
- Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources (e.g. HEDIS). If no comparable sources are available, the rates are judged to be clinically reasonable by practicing physicians and health services researchers
- There are no significant, unexplained variations when looking at results from different health plans and different geographic areas

2.6 Creation of National Benchmarks

National benchmarks are on a population no less than 12 million members. Prevalence is calculated doe each condition. Compliance rates are calculated for each measure.
The Medical Director reviews the results to verify that:

- Prevalence rates for a condition are comparable to nationally published rates
- Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources (e.g. HEDIS). If no comparable sources are available, the rates are judged to be clinically reasonable by practicing physicians and health services researchers
- There are no significant, unexplained variations when looking at results from different health plans and different geographic areas

Section 3 - Summary

Ensuring quality in the product requires expertise from a variety of disciplines across each step in the development process. These efforts, which are designed to minimize the risk of producing inaccurate results, are particularly important for an application which assesses clinical care and identifies gaps in care. Errors cannot be completely eliminated due to the inherent limitations of administrative and claims data (e.g., incomplete data due to coverage and benefit limitations, coordination across multiple insurers, or complimentary care). None-the-less, administrative and claims data offer a cost effective means of identifying gaps in care, so that limited resources can be directed to the areas most likely to generate a return on investment, either through improved outcomes, reduced costs, or both.

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Input Guide

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What Input Files to Prepare

The following list specifies what input files you prepare for processing:

- The claims data file (required)
- The member data file (required)
- The member term data file (required)

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Field Type Definitions and Input File Requirements

This chapter lists the field requirements for your input files. One of the attributes listed among the requirements is defined as "Type". There are four field types used to describe a field's value, and they are defined below.

Field Type	Definition
AlphaNum	A value made of letters and/or numbers. If a value of this type is made of numbers only, it will not be a value that can be operated on mathematically. For example, it would be inappropriate to subtract one procedure code from another procedure code even though both values may contain only numbers.
Num	A value made of numbers only, and which can logically be operated on mathematically. Age is an example of this type. One particular field, while not used in mathematical calculations, is defined in the EBM Connect software as such that it accepts only numeric values. (To enter a non-numeric value would cause EBM Connect processing to stop.) Therefore, this field is defined as Num. It is the Case ID field in the optional disease registry input file.
Date	A value which can be interpreted as a date value. Values should always use four-digit years but the format may vary otherwise.
DecNum	A value made of numbers and a decimal point. These values can also logically be operated on mathematically.

Claims Input File

The claims file contains detailed information on services that were billed or performed or otherwise rendered. The claims file includes:

- Medical claims, including medical services, facility services and clinic services
- Pharmacy claims, including billed prescriptions and drugs
- Lab claims, including lab test and results information

Field Name	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Always required for all claims
Patient ID	AlphaNum	0-2	Optional
Amount Paid	DecNum	1-11	Required for all claims
Amount Allowed	DecNum	0-11	Required for all claims
Procedure Code	AlphaNum	5	Required if there is no revenue code, NDC, or LOINC® code
Procedure Code Modifier	AlphaNum	2	Required for medical claims
Revenue Code	AlphaNum	0 or 4	Optional (applies to medical claims when used)
First Diagnosis Code	AlphaNum	5 or 6	Required for medical claims
Second Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Third Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Fourth Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
First Date of Service	Date	8 or 10	Always required for all claims
Last Date of Service	Date	8 or 10	Required for all claims

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Paid Date	Date	0, 8 or 10	Optional
Type of Service	AlphaNum	0-10	Optional
Provider ID	AlphaNum	1-20	Required for medical claims
Ordering Provider ID	AlphaNum	0-20	Optional
Provider Type	AlphaNum	1-10	Required for medical claims
Provider Specialty Type	AlphaNum	1-10	Required for medical claims
Provider Key	AlphaNum	1-20	Required for medical claims
NDC	AlphaNum	0 or 11	Required for Rx claims
Day Supply	Num	0-4	Required for Rx claims
Quantity Count	DecNum	0-10	Required for Rx claims
LOINC®	AlphaNum	0 or 7	Required for lab claims
Lab Test Result	AlphaNum	0-18	Required for lab claims
Place of Service	AlphaNum	1-10	Required for medical claims
Unique Record ID	AlphaNum	1-28	Required for all claims
Claim Number	AlphaNum	1-28	Required for all claims
Bill Type Frequency Indicator	Num	0 or 1	Optional
Patient Status	AlphaNum	1-2	Required for facility claims (involving admission or confinement).
Facility Type	AlphaNum	0-2	Optional
Bed Type	AlphaNum	0-1	Optional
First ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional, but will impact results (applies to medical claims when used)
Second ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Third ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Fourth ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)

Field Descriptions

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string.

Note: Remember that each Family ID (and Patient ID) listed in your claims input file must have a corresponding record in your member input data file and your member term data file.

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Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

Amount Paid

The amount paid for this claim line.

Amount Allowed

The allowed amount for this claim line. This amount typically represents the total amount reimbursed including deductibles, copays, coinsurance, insurer paid, etc.

Procedure Code

The procedure code must be one of:

- A procedure code specified in the Physician's Current Procedure Terminology, 4th Edition (CPT®-4 codes) defined by the American Medical Association, for the years 1997 and later.
- A procedure code specified by the HCFA Common Procedure Coding System, Level II code (HCPCS) defined by the Centers for Medicare and Medicaid Services (CMS) for the years 1999 and later.
- A National Uniform Billing Committee (NUBC) revenue code.

Note: When the NUBC code is entered in the Procedure Code field, it should be padded to the right with blanks because the Procedure Code field always occupies five characters.

- If your organization defines its own procedure codes and/or revenue codes, they must be mapped to standard procedure and revenue codes.

Procedure Code Modifier

Use this field to specify any procedure code modifier that accompanies the procedure code.

Revenue Code

The revenue code, if one was entered for the claim. Supported values in this field are NUBC revenue codes. If your organization defines its own revenue codes, they must be mapped to standard revenue codes.

The revenue code is an optional field, allowing you to define your input records so that you can place an NUBC revenue code and a CPT/HCPCS procedure code on a single record line.

For claim records that do not have a revenue code, leave the revenue code field blank.

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First Diagnosis Code Through Fourth Diagnosis Code

Up to four diagnoses may be entered for each claim, but only the first is required.

If your organization defines its own diagnosis codes, they must be mapped to standard ICD-9 diagnosis codes.

First Date of Service and Last Date of Service

The first date and last date represented by the claim line. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/ YYYY, and DD/MM/YYYY, where the separator can be any character.

Paid Date

This field is optional. This is the date the claim was paid. The format of the paid date must be the same as that used in the First and Last Date of Service.

Type of Service

This is an optional code which represents the type of service (TOS) performed for this claim. If no specific value is available for this field, it should be filled with blanks. If this field is not used (i.e., its length is set to zero in the configuration), non-pharmaceutical claims with no procedure code will be treated as ancillary records.

Provider ID

Provider identification number from the claim. Used to identify who performed the service.

Ordering Provider ID

This is an optional field. This is the identification number of the provider who ordered the service.

Provider Type

This code represents the type of provider who performed the service. Examples of provider types would be chiropractor, nurse practitioner, medical doctor, counselor, pharmacy, hospital or treatment facility.

Provider Specialty Type

This code represents the specialty of the provider who performed the service.

Provider Key

Unique number or code for a physician who has multiple provider IDs or specialties. A single health care provider may have multiple provider IDs in your input claims data, but this person or entity should have only one provider key.

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NDC

If this is a pharmaceutical claim, this field should contain the drug's NDC code. For non-pharmaceutical claim records, the NDC field should be filled with blanks.

Day Supply

For pharmacy records, the number of days a filled prescription is expected to last. If you have no pharmacy records, the Days Supply is an optional field.

Quantity Count

Quantity of drug dispensed in metric units:

Each - solid oral dosage forms (tablet, capsule), powder filled (dry) vials, packets, patches, units of use packages, suppositories, bars.

Milliliter - (cc) liquid oral dosage forms, liquid filled vials, ampules, reconstituted oral products.

Grams - ointments, bulk powders (not IV).
If you have no pharmacy records, the Quantity Count is an optional field.

LOINC®

Logical Observation Identifiers Names and Codes (LOINC®). The LOINC Code is a universal identifier for a lab test for a particular analyte. The LOINC User's Guide and database can be found at www.regenstrief.org.

Enter a LOINC code if the record is a lab record. For non-lab records, leave the LOINC field blank.

If you have no lab records in your claims input, the LOINC code is optional.

Notes:

(1) When using lab results data that has not been mapped to a LOINC code, map the comparable vendor-specific test number provided by the laboratory vendor(s) to one of these default codes.

(2) This is a retired code which may be present on historical data, or which some laboratories may be continuing to use. Input record data with this code is included in the definition of this test.

Lab Test Result

If the record is a lab record, use this field to enter the result value of lab test. For non-lab records, this field should be blank.

If you have no lab records in your claims input, the Lab Test Result is optional.

Place of Service

Place of service (POS). You must map your internal POS codes to Centers for Medicare and Medicaid Services (CMS) standard POS codes.

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Unique Record ID

This required field contains a unique identifier representing the service line from the claim. For medical services, this ID typically represents the service row from the CMS 1500 or CMS 1450/UB92 claim form.

Claim Number

A unique identifier used to link service lines for a specific claim submitted for a member. If a claim has multiple service lines, each service will have a unique record ID and the same claim number to represent the claim.

Bill Type Frequency Indicator

This optional field is used to indicate the disposition of confinements.

Patient Status

This field is required for facility claims. The contents will be the patient status indicator field from the NUBC UB-92 form. This field can denote whether the member died during a confinement.

Facility Type

This field is optional. Space for it is provided to allow for additional post grouping analysis. The contents will typically be the UB-92 facility type data value. This would allow records to be easily selected for diagnosis related grouping (DRG) based on the facility type.

Bed Type

If a value is present, this field acts as an additional discriminator in determining whether a Facility record extends an existing confinement or starts a new confinement.

First ICD-9 Procedure Code Through Fourth ICD-9 Procedure Code

If your claims have ICD-9 procedure codes, include them in your claims input file.

If a decimal point will appear in this field in your claim records, the length should be given as 5. If the decimal separator is not used, the length is 4. If these fields are unused, the length is zero.

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Member Input File

The member data file contains the most current information about the member.

Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Patient Gender	AlphaNum	1	Required
Date of Birth	Date	8 or 10	Required
Member Beginning Eligibility Date	Date	0, 8 or 10	Optional
Member Ending Eligibility Date	Date	0, 8 or 10	Optional

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

Patient Gender and Date of Birth

The member's gender (F or M) and date of birth. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid date formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Member Beginning Eligibility Date and Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

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Member Term Input File

The member term data file contains member coverage and term activity information. Plan coverage begin and end dates are required in order to correctly calculate the other fields in the member term file. There may be more than one record per individual member.

Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Member Beginning Eligibility Date	Date	8 or 10	Required
Member Ending Eligibility Date	Date	8 or 10	Required
Primary Care Provider	AlphaNum	20	Required
Provider Specialty Type	AlphaNum	1-10	Required
Medical Flag	AlphaNum	1	Required
Pharmacy Flag	AlphaNum	1	Required

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member term file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

Patient ID

This field identifies individual members within a family.

Member Beginning Eligibility Date and Member Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Primary Care Provider

The provider key for the member's primary care physician. A single health care physician may have multiple provider IDs in your input claims data, but this person should have only one provider key.

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Provider Specialty Type

This code represents the specialty of the primary care physician.

Medical Flag

Identifies whether the member has medical coverage (Y or N).

Pharmacy Flag

Identifies whether the member has pharmacy coverage (Y or N).

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INGENIX

2007 Benchmarks

									Result Flag Distribution				
Report Case ID	Case Description	Summary Rule ID	Rule Cat. Desc.	Rule Type	Rule Description	Compliance Rate	Non-Compliance Rate	Yes Rate	Y	N	Q	NRX	NA (total)
0	Global Rules	9179002	Global Encounter	CP-C	Patient(s) currently taking a COX-2 inhibitor without a documented indication.	46	54	54	54	46	0	0	0
0	Global Rules	9180015	Global Drug Monitoring	S-M	Adult patient(s) taking warfarin that had three or more prothrombin time tests in last 6 reported months.	69	31	69	69	31	0	0	0
0	Global Rules	9180016	Global Drug Monitoring	S-M	Adult patient(s) taking a statin-containing medication nicotinic acid or fibric acid derivative that had an annual serum ALT	81	19	81	81	19	0	0	0
100311	Diabetes	9000023	Patient Safety	S-M	Patient(s) taking a biguanide (e.g. metformin) ACE-inhibitor or angiotensin II receptor antagonist that had a serum	80	20	80	50	12	0	0	38
100311	Diabetes	9000027	Care Pattern	CP-I	Patient(s) that had an office visit for diabetes care in last 6 reported months.	78	22	78	78	22	0	0	0
100311	Diabetes	9000043	Disease Management	R-2	Adult(s) that had a serum creatinine in last 12 reported months.	76	24	76	75	24	0	0	2
100404	Asthma	9000007	Care Pattern	CP-I	Patient(s) that had an office visit for asthma care in last 6 reported months.	58	42	58	58	42	0	0	0
102500	HTN	9000011	Care Pattern	CP-I	Patient(s) that had an annual physician	82	18	82	82	18	0	0	0
102500	HTN	9000012	Care Pattern	CP-I	Patient(s) that had a serum creatinine in last 12 reported months.	68	32	68	68	32	0	0	0
103300	COPD	9000003	Care Pattern	CP-I	Patient(s) that had an annual physician	81	19	81	81	19	0	0	0
103300	COPD	9000006	Disease Management	R-1	Patient(s) with frequent short-acting inhaled bronchodilator use who are also using a long-acting inhaled bronchodilator.	64	36	64	2	1	0	0	97
103500	Hyperlipidemia	9000006	Care Pattern	CP-I	Patient(s) with a LDL cholesterol test in last 12 reported months.	80	20	80	80	20	0	0	0
103500	Hyperlipidemia	9000012	Care Pattern	CP-I	Patient(s) with a HDL cholesterol test in last 12 reported months.	80	20	80	80	20	0	0	0
103500	Hyperlipidemia	9000014	Care Pattern	CP-I	Patient(s) with a triglyceride test in last 12 reported months.	80	20	80	80	20	0	0	0
104000	Migraine	9000006	Care Pattern	CP-I	Adult patient(s) with frequent use of acute medications that also received prophylactic medications.	62	38	62	2	1	0	0	96
104200	CKD	9000027	Disease Management	R-1	Patient(s) with proteinuria currently taking an ACE-inhibitor or angiotensin II receptor	69	31	69	19	9	0	0	72
104700	Prostate CA - I	9000006	Care Pattern	CP-I	Patient(s) that had a prostate specific antigen test in last 12 reported months.	80	20	80	80	20	0	0	0

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INGENIX

2007 Benchmarks

									Result Flag Distribution				
Report Case ID	Case Description	Summary Rule ID	Rule Cat. Desc.	Rule Type	Rule Description	Compliance Rate	Non-Compliance Rate	Yes Rate	Y	N	Q	NRX	NA (total)
104700	Prostate CA -	9000007	Care Pattern	CP-I	Patient(s) that had an annual physician	87	13	87	87	13	0	0	0
201200	Sinusitis Acute	9000002	Care Pattern	CP-I	Patient(s) treated with an antibiotic for acute sinusitis that received a first line	62	38	62	31	19	0	0	50
201500	Pregnancy Management	9000001	Care Pattern	CP-N	Pregnant women that had HIV testing.	66	34	66	66	34	0	0	0
201500	Pregnancy Management	9000003	Care Pattern	CP-I	Pregnant women less than 25 years of age that had chlamydia screening.	67	33	67	8	4	0	0	88
201500	Pregnancy Management	9000005	Care Pattern	CP-N	Pregnant women that had ABO and Rh blood type testing.	82	18	82	82	18	0	0	0
201500	Pregnancy Management	9000006	Care Pattern	CP-I	Pregnant women that had syphilis screening.	84	16	84	84	16	0	0	0
201500	Pregnancy Management	9000007	Care Pattern	CP-I	Pregnant women that had urine culture.	59	41	59	59	41	0	0	0
201500	Pregnancy Management	9000008	Care Pattern	CP-I	Pregnant women that had HBsAg testing.	83	17	83	83	17	0	0	0
201500	Pregnancy Management	9000009	Disease Management	R-2	Pregnant women that received Group B Streptococcus testing.	71	29	71	69	28	0	0	4

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INGENIX

Overview of Facility Event Methodology

A Facility Event is a unique collection of services performed for a particular member by one to many providers, representing an admission, emergency department visit, or outpatient surgery. There are four types of Facility Events:

1. Confinement/Admission (FIP)
2. Outpatient Surgery (FOS)
3. Emergency Room (FER)
4. Other (OTH)

Each Facility Event Type has a unique set of rules to identify claim detail records as trigger records. A trigger record is a record that meets the criteria for the basis of an event. A trigger record, in turn, serves as a sort of "magnet" for associating additional related claim detail records.

Claim data elements required to trigger specific event types and service date time period:

1. Confinement/Admission (FIP)
   - A confinement record (created by the Confinement/Admission methodology described below) with a revenue code representing inpatient accommodation room and board (revenue code of 0100-0219) triggers a Confinement/Admission (FIP) Event Type.
     - Confinement/Admission Methodology:
       - Confinement/Admission definition: Confinement/Admission represents a member's uninterrupted stay for a defined period of time in a hospital, skilled nursing facility, or other approved health care facility or program, followed by discharge from that same facility or program.
       - A confinement is assigned to a set of one or more medical claim records on which there is:
         1. The same unique patient ID
         2. The same unique provider ID
         3. An inpatient accommodation room and board revenue code of 0100-0219
         4. No gap in dates of service
       - The beginning and the ending dates of the confinement period are identified using the **From** and **Through** dates from the facility claim.
       - In order for multiple inpatient accommodation room and board records to be regarded as one confinement, the following condition must be met:
         - The difference between the **Through date** of the first accommodation room and board revenue code record and the **From date** of the next accommodation room and board revenue code record must be less than or equal to 1 day. The beginning of the confinement represents the earliest **From date** and the ending of the confinement represents the latest **Through date**. If a record has overlapping dates, the record will be included in the confinement for which the record's **From date** and **Through date** are between the dates of the confinement inclusive. If the difference between the **Through date** and the **From date** is > 1, then the next record represents a new confinement.

   - The timeframe for claims included in a Confinement/Admission Facility Event is one day prior to the Confinement admission date through the discharge date of the confinement.

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2. Outpatient Surgery (FOS)
   - A claim record based on a CMS Place of Service code representing an outpatient acute care facility or office/clinic, and a Procedure Code Service Type of Surgical Procedures or a Revenue Code representing operating room or ambulatory surgery services triggers an Outpatient Surgery Event.
     - A POS code of 05, 06, 07, 08, 22, or 24 AND a procedure code (CPT or HCPCS) with a Service_Type_High_Code='SURG' (there are 5808 CPT codes and 341 HCPCS codes that fall into this category—see attached list of codes)

       FOS_procedure codes.xls

     - **OR** a POS code of 05, 06, 07, 08, 11, 22, 24, 25, 26, 49, 50 or 72 AND a Revenue Code of 0360, 0361, 0369, 0490, 0499.

   - The service date timeframe for claims included in an OP Surgery event is up to +/- 2 days of the service date on the trigger record.
   - To create an Outpatient Surgery event, the claim detail must *not* meet the coding conditions listed for an Admission/Confinement (FIP) event.

3. Emergency Room (FER)
   - An Emergency Room Event is identified on a claim record in which the CPT code or revenue code stands for emergency room or emergency evaluation and management, and the provider specialty represents General Hospital, Psychiatric Hospital or Emergency Care Center.
     - A revenue code of 0450-0452 or 0459
     - **OR** CPT procedure code 99281-99285, 99288 or HCPCS procedure code G0380-G0384 AND a Detail Level Provider Category of General Hospital, Psychiatric Hospital or Emergency Care Center.
     - **OR** CPT procedure code 99281-99285, or 99288 or HCPCS procedure code G0380-G0384 AND [there is at least one other claim detail record which will be associated with the trigger record with a revenue code that is *not* 0456 (Urgent Care) AND a Detail Level Provider Category of General Hospital, Psychiatric Hospital or Emergency Care Center].
   - The service date timeframe for claims included in an Emergency Room (FER) event are up to +/- 2 days of the service date on the trigger record.
   - To create an Emergency Room event, the claim detail must *not* meet any of the coding conditions for an Admission/Confinement (FIP) or Outpatient Surgery (FOS) event.

4. Other (OTH)
   - All service records that are not assigned FIP, FOS, or FER are assigned OTH

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Result/EBM/Compliance Flags

Result Flags and Values

The Result flag provides a status for each clinical rule in any condition for which the member has qualified. The five possible Result flag values are described below.

- Yes means the answer to the clinical question is yes.
- No means the answer to the clinical question is no.
- NA (not applicable) means the rule is not applicable to the member. A rule may not be applicable for a number of reasons. The third character of the NA flag contains a number which further defines the reason (see below).
- NRX (no RX benefit) indicates that the member did not have any pharmacy benefit during the reporting period. The NRX value is only applicable to certain rules that are pharmacy dependent.
- Q (questionable) indicates that the member has no claim record for the particular test or treatment during the time window of the rule, but the member did not have coverage throughout the time window or there was insufficient time range of input claims data, and hence, there may be data incompleteness. The Q value is applied only for certain rules and certain setup configurations.

Result Flag Value	Description
NA1	Member did not meet the age or gender criteria.
NA2	Member was not currently taking the medication in question or had not taken it for the required duration.
NA3	Member was taking the medication, but a possession ratio could not be computed [less than two prescriptions during the rule time window].
NA4	Member did not meet the rule specific criteria [e.g., co-morbidity, complexity (diagnosis and medication), intervention not warranted].
NA5	No lab result record or insufficient information.
NA6	Member admitted to a hospital or long term care facility which might cause data incompleteness.
NA7	Member who did not receive treatment or medication had a contraindication or other justification.

EBM Flag

The EBM flag provides a counter for rules in which the result is NOT consistent with evidence based guidelines. There are two possible results for the EBM flag counter:

- 1 when a result is ***not*** consistent with the EBM Connect software's evidence based guidelines, and
- 0 when any of the following are true:
    - the member's care is consistent with the software's evidence based guidelines
    - the rule is not relevant to the member
    - there is insufficient information in the database to analyze the rule
    - the rule is informational only, and does not reflect appropriateness of care

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Compliance Flag

The Compliance flag provides a counter for cases in which the result ***is*** consistent with evidence based guidelines. There are two possible results for the Compliance flag counter:

- 1 when a result ***is*** consistent with the EBM Connect software's evidence based guidelines, and
- 0 when any of the following are true:
  - the member's care is not consistent with the software's evidence based guidelines
  - the rule is not relevant to the member
  - there is insufficient information in the database to analyze the rule
  - the rule is informational only, and does not reflect appropriateness of care

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THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) NQF Review #: *EC-202-09* NQF Project: *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY): 06/26/09*
2	*Title of Measure: Heart Failure - Use of ACE Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) Therapy*
3	**Brief description of measure [1]:** Percentage of patients with Heart Failure that are on an ACEI or ARB
4 (2a)	**Numerator Statement:** Patients with a current refill for an ACEI or ARB **Time Window:** A drug day-supply that extends within 30 days of the measurement date **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** All patients, 18 years of age and older, with Heart Failure **Time Window:** 3 years **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Contraindications to an ACEI or ARB, including: - Hyperpotassemia - Hypertrophic caardiomyopathy - Aortic stenosis - Hypotension - Pregnancy - Chronic kidney disease stage 3 and 4 - Chronic kidney disease stage 5 in the absence of dialysis - Hydralazine after prior ACE-I/ARB use - 20% increase in creatinine - Aliskerin - Multiple myeloma - Patient data indicating that the member is pregnancy planning Additional denominator exclusions include: - Heart transplant - Pulmonary hypertension treatment - Valve surgery - Patient or provider feedback indicating allergy or intolerance to the drug in the past - Patient or provider feedback indicating that there is a contraindication to adding the drug

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	General exclusions: - Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; - Patients who have been in a skilled nursing facility in the last 3 months **Denominator Exclusion Details** (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, pharmacy claims, lab data **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☒ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.*

(2a)	☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1,2.2,6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** As per the 2007 National Healthcare Disparities Report. the percentage of heart failure patients with left ventricular systolic dysfunction prescribed ACE inhibitor or angiotensin receptor blocker at discharge, all payers, United States, 2005 was 83%. In our book of business experience for 2007, a total of 15,222 clinical alerts were sent to members with heart failure who were not on an Ace-I or an ARB. **Citations for Evidence:** 2007 National Healthcare Disparities Report. http://www.ahrq.gov/qual/nhdr07/index.html
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** • In 2005, the proportion of Medicare patients with heart failure who received recommended hospital care was higher for Blacks than for Whites (89.1% compared with 87.4%). • In 2005, the proportion of Medicare patients with heart failure who received recommended hospital care was lower for AI/ANs (85.9%) and Hispanics (86.7%) compared with Whites (87.4%). • From 2002 to 2004, the overall percentage of Medicare patients with heart failure who received recommended hospital care improved from 73.4% to 77.7% (2005 data not comparable to this time period). • During the same time period, this percentage was significantly lower for Hispanics compared with Whites. In 2004, the percentage was also significantly lower for AI/ANs compared with Whites. • From 2002 to 2004, the percentage of Medicare patients with heart failure who received recommended hospital care improved significantly for the total population and for Whites, Blacks, and Hispanics (Figure 2.13).

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	Citations for evidence: 2007 National Healthcare Disparities Report. http://www.ahrq.gov/qual/nhdr07/index.html
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: Class I (Level of Evidence: A); Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses Class I: Conditions for which there is evidence and/or general agreement that a given procedure or treatment is beneficial, useful, and effective. **Summary of Evidence** (*provide guideline information below*): Angiotensin converting enzyme inhibitors have been evaluated in more than 7000 patients with HF who participated in more than 30 placebo-controlled clinical trials (183). All of these trials enrolled patients with reduced LVEF (EF less than 35% to 40%) who were treated with diuretics, with or without digitalis. These trials recruited many types of patients, including women and the elderly, as well as patients with a wide range of causes and severity of LV dysfunction. However, patients with preserved systolic function, low blood pressure (less than 90 mm Hg systolic), or impaired renal function (serum creatinine greater than 2.5 mg per mL) were not recruited or represented a small proportion of patients who participated in these studies. Analysis of this collective experience indicates that ACEIs can alleviate symptoms, improve clinical status, and enhance the overall sense of well-being of patients with HF. In addition, ACEIs can reduce the risk of death and the combined risk of death or hospitalization. These benefits of ACE inhibition were seen in patients with mild, moderate, or severe symptoms and in patients with or without coronary artery disease. **Citations for Evidence:** ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation. 2005;112:e154-e2355

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service.

21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation. 2005;112:e154-e2355 **Specific guideline recommendation:** Angiotensin converting enzyme inhibitors are recommended for all patients with current or prior symptoms of HF and reduced LVEF, unless contraindicated **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: Class I (Level of Evidence: A); Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses Class I: Conditions for which there is evidence and/or general agreement that a given procedure or treatment is beneficial, useful, and effective. **Rationale for using this guideline over others:** Nationally recognized guideline from the AHA/ACC
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** None **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** Patients with CHF on ACE-I or ARBs will result in decreased hospitalization.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):**

There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Citations for Evidence: **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of an ACEI or ARB. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 1,855 members who satisfied the denominator, 1,318 were in the numerator, indicating a compliance rate of 71%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used Health plan or sytem* ► *If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Administrative claims database from health plans; lab results data; patient derived data. **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2000. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of claims of NDC data indicating an ACEI or an ARB. In addition, a feedback tool

	accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, and more than 29.7% showed objective evidence of compliance with the clinical alert.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☒ Other measure(s) on same topic ☐ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** ACEI or ARB for left ventricular systolic dysfunction Angiotensin converting enzyme inhibitor (ACEI) for left ventricular systolic dysfunction (LVSD) **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Not harmonized ►If not fully harmonized, provide rationale: The ActiveHealth measure, though similar to the endorsed measure, differs in the manner in which disease conditions are validated using multiple data sources - therefore increasing the specificity of the claims data. In addition, the ActiveHealth measure also incorporates information / data derived directly from patients. **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** The computerized data elements and rule algorithms employed by the proposed measure make it feasible to analyze large populations in order to identify individuals appropriate for the measure, with a minimal administrative burden. Other case-finding methodologies have been limited by the need for chart review and data abstraction.
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* *Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implementation of the measure. Our*

	measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient. *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a medication; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The addition of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2000*

	Month and Year of most recent revision: 10/2008 *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2010*
47	**Copyright statement/disclaimers:**
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:
Heart Failure - Use of ACE Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) Therapy

DENOMINATOR

All of the following are correct:

1. Patient age >/= 18 years
2. One of the following is correct:
    a. Presence of patient data confirming at least 1 PDD- CHF in the past
    b. Presence of patient data confirming at least 1 PDD- EJECTION FRACTION VALUE < 40 in the past
    c. All of the following are correct:
        i. Presence of at least 4 CHF (CONGESTIVE HEART FAILURE) diagnosis in the past 3 years
        ii. One of the following is correct:
            1. Presence of a current refill for DIURETICS/LOOP DIURETICS
            2. Presence of a current refill for CARVEDILOL/LONG ACTING METOPROLOL
            3. Presence of a current refill for DIGOXIN
                a. **Digoxin Exclusion** – Presence of at least 2 ATRIAL FIBRILLATION diagnosis in the past 12 months

DENOMINATOR EXCLUSIONS

One of the following is correct:

1. Presence of at least 1 refill PUL HTN TREATMENT in the past 12 months
2. Presence of patient data confirming at least 1 refill PUL HTN TREATMENT in the past 12 months
3. Heart Transplant validation is confirmed for the member (see below)
4. ACE contraindications validation is confirmed for the member (see below)
5. Presence of 1 VALVE SURGERY procedure in the past 6 months

NUMERATOR

All of the following are correct:

1. Denominator is true.
2. One of the following is correct:

a. Presence of a current refill for ANTIHYPE/ARB-ACEI

b. Presence of patient data confirming a current refill for ANTIHYPE/ARB-ACE

Heart Transplantation Validation

One of the following is correct:

1. Presence of at least 2 TRANSPLANT HEART (ICD-9) diagnosis in the past
2. Presence of at least 1 TRANSPLANT HEART (CPT) procedure in the past

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ACE Contraindications Validation

One of the following is correct:

1. Presence of at least 1 ACEI/CONTRAINDICATIONS diagnosis anytime in the past
2. Presence of at least 1 HYPERPOTASSEMIA diagnosis in the past 6 months
3. Presence of at least 2 HYPERTROPHIC CARDIOMYOPATHY diagnosis in the past 12 months
4. Presence of at least 1 POTASSIUM lab value > 5.5 in the past 6 months
5. Presence of at least 3 AORTIC STENOSIS diagnosis in the past 6 months
6. Presence of at least 2 HYPOTENSION diagnosis in the past 6 months
7. Pregnancy exclusion validation is confirmed for the member (see below).
8. CKD stage 3 validation is confirmed for the member (see below).
9. CKD stage 4 validation is confirmed for the member (see below).
10. Presence of a refill of HYDRALAZINE after a prior ANTIHYPE/ARB-ACEI
11. Presence of at least 2 consecutive CREATININE lab result % change increase > 20 in the past 4 months
12. All of the following are correct:
    a. Presence of at least 2 MULTIPLE MYELOMA diagnosis in the past 12 months
    b. Presence of at least 1 refill CHEMOTHERAPY exists in the past 12 months
13. Presence of patient data confirming PDD- PREGNANCY PLANNING in the past 6 months
14. Presence of patient data confirming PDD- SYSTOLIC BP result < 100 in the past 3 months
15. Presence of patient data confirming PDD- DIASTOLIC BP result < 60 in the past 3 months
16. Presence of a current refill for ALISKIREN
17. Presence of patient data confirming ALISKIREN drug in the past 6 months

18. Presence of at least 1 PREGNANCY PROCREATIVE MNG (ICD9) diagnosis in the past 6 months
19. Presence of at least 2 CKD STAGE 5 diagnosis in the past 12 months in the absence of DIALYSIS CHRONIC (CPT) procedure in the past 12 months

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CKD Stage 3 Validation

One of the following is correct:

1. Presence of at least 2 CKD STAGE 3 diagnosis in the past 12 months at least 3 months apart
2. All of the following are correct:
    a. Presence of at least 2 CKD – NOS diagnosis in the past 12 months at least 3 months apart
    b. Presence of at least 1 result for creatinine clearance between 30 and 59 in the past
    c. If patient age >/= 18 years

CKD Stage 3 Validation Exclusion

One of the following is correct:

1. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 12 months
2. CKD Stage 5 validation is confirmed for the member (see below)
3. Presence of a current refill for CALCIMIMETICS
4. CKD Stage 4 validation is confirmed for the member (see below)

CKD Stage 4 Validation

One of the following is correct:

1. Presence of at least 2 CKD STAGE 4 diagnosis in the past 12 months at least 3 months apart
2. All of the folllowing are correct:
    a. Presence of at least 2 CKD – NOS diagnosis in the past 12 months at least 3 months apart
    b. Presence of at least 1 result for creatinine clearance between 15 and 29 in the past
    c. If patient age >/= 18 years

CKD Stage 4 Validation Exclusion

One of the following is correct:

1. Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 12 months
2. CKD Stage 5 validation is confirmed for the member (see below)

3. Presence of a current refill for CALCIMIMETICS

CKD Stage 5 Validation

One of the following is correct:

1. Presence of at least 2 CKD STAGE 5 diagnosis in the past 12 months at least 3 months apart
2. All of the following are correct:
    a. Presence of at least 2 CKD – NOS diagnosis in the past 12 months at least 3 months apart
    b. Presence of at least 1 result for creatinine clearance between 0.1 And 14 in the past
    c. If patient age >/= 18 years
3. Presence of at least 2 DIALYSIS CHRONIC (CPT) procedure in the past 12 months
4. Presence of patient data confirming at least 1 PDD- DIALYSIS in the past 12 months

CKD Stage 5 Validation Exclusion

The following is correct:

Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 12 months

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Pregnancy Exclusion Validation

One of the following is correct:

1. Presence of at least 1 HCG (LOINC) lab result > 100 in the past 6 months
2. Presence of patient data confirming at least 1 PDD- PREGNANCY in the past 6 months
3. Presence of at least 1 PREGNANCY diagnosis in the past 6 months
4. Presence of at least 1 PREGNANCY RELATED PROCEDURE in the past 6 months

Pregnancy Exclusion Validation Exclusion

One of the following is correct:

1. Presence of at least 1 DELIVERY AND ABORTION (ICD9) diagnosis in the past 3 months
2. Presence of at least 1 HYSTERECTOMY procedure in the past 3 months
3. Presence of at least 1 DELIVERY AND ABORTION (CPT) procedure in the past 3 months
4. Presence of at least 1 refill UTEROTONICS exists in the past 3 months
5. Presence of at least 1 NONVIABLE PREGNANCY diagnosis in the past 3 months

Note: A 3 month time window has been added to certain time frames in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) *NQF Review #:* *EC-208-08* *NQF Project:* *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* *06/26/09*
2	*Title of Measure:* *MI - Use of Beta Blocker Therapy*
3	**Brief description of measure [1]:** Percentage of patients who had a myocardial infarction (MI) and are taking a beta blocker
4 (2a)	**Numerator Statement:** Patients who were prescribed a beta blocker **Time Window:** A drug day-supply that extends within 30 days of the measurement date **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** All patients, ages 18 and older, diagnosed with MI **Time Window:** Anytime in the past **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Contraindications to a beta blocker, including: • Asthma • COPD • Bradycardia • Hypotension • Aortic stenosis • Peripheral artery disease medications • Heart block • Heart transplant General exclusions: • Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; • Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only • Patient or provider feedback indicating allergy or intolerance to the drug in the past • Patient or provider feedback indicating that there is a contraindication to adding the drug

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	Denominator Exclusion Details (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, pharmacy claims,patient-derived data **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15	**Applicable Care Settings** *Check all that apply*

(2a)	☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1,2.2,6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** •A followup study of opinion leaders found that an intervention to improve quality of care for heart attack patients increased appropriate use of beta-blockers and aspirin by 31 percent.36 •The Cooperative Cardiovascular Project (CCP) included the appropriate use of beta-blockers among its efforts to improve care of Medicare heart attack patients. Aspirin use, use of re-perfusion, and counseling for smoking cessation were also targeted. In its four-State pilot program, prescription of beta-blockers at discharge improved from 47 to 68 percent. Absolute mortality was 0.9 percent less in pilot States than in non-pilot States during the followup period.37 The Health Care Financing Administration (HCFA) estimates that 200 deaths were prevented. If the national CCP effort produces comparable results, about 3,000 fewer Medicare patients hospitalized with heart attacks will die. In our book of business experience for 2007, a total of 10,585 clinical alerts were sent to members who had an MI who were not taking a beta blocker. **Citations for Evidence:** Outcomes of Pharmaceutical Outcomes Research, Outcomes of Compliance with an Acute MI Guideline, Agency for Healthcare Research and Quality AND Soumerai SB, McLaughlin TJ, Spiegelman D, et al. Adverse outcomes of underuse of beta-blockers in elderly survivors of acute myocardial infarction. JAMA 1997;277(2):115-21.
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Beta-blockers and Elderly That Have Had AMI: Although the beneficial effects of beta-blockers post-MI were found to extend to the elderly (not normally included in RCTs), rates of use were very low in a study of New Jersey Medicare enrollees. **Citations for evidence:** Outcomes of Pharmaceutical Outcomes Research, Outcomes of Compliance with an Acute MI Guideline, Agency for Healthcare Research and Quality AND Soumerai SB, McLaughlin TJ, Spiegelman D, et al. Adverse outcomes of underuse of beta-blockers in elderly survivors of acute myocardial infarction. JAMA 1997;277(2):115-21.
20	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition,

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

(1c)	population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: A **Summary of Evidence** (*provide guideline information below*): There is overwhelming evidence for the benefits of early beta-blockade in patients with STEMI and without contraindications to their use (see Section 6.3.1.5 of the full-text guidelines). Benefits have been demonstrated for patients with and without concomitant fibrinolytic therapy, both early and late after STEMI. Meta-analysis of trials from the prefibrinolytic era involving more than 24 000 patients receiving beta-blockers have shown a 14% relative risk reduction in mortality through 7 days and a 23% reduction in long-term mortality. **Citations for Evidence:** ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction—Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 1999 Guidelines for the Management of Patients With Acute Myocardial Infarction) Circulation 2004 110: 588 - 636
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction—Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 1999 Guidelines for the Management of Patients With Acute Myocardial Infarction) Circulation 2004 110: 588 - 636 **Specific guideline recommendation:** Start and continue indefinitely in all patients who have had

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	myocardial infarction, acute coronary syndrome, or left ventricular dysfunction with or without heart failure symptoms, unless contraindicated. I (A) Consider chronic therapy for all other patients with coronary or other vascular disease or diabetes unless contraindicated. IIa C **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF*)**:** IIaC- Class IIa: Weight of evidence/opinion is in favor of usefulness/efficacy. Level of Evidence C: Only consensus opinion of experts, case studies, or standard-of-care. **Rationale for using this guideline over others:** Nationally recognized guideline in cardiology
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** Patients with mocardial ifacrtion are at high risk for another cardiovascular events. The increased use of beta blockers in these patients may decrease this risk and reduce subsequent complications and costs.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:**

	Analytic Method: **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of a beta blocker. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 1381 members who satisfied the denominator, 950 were in the numerator, indicating a compliance rate of 69%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used Health plan or sytem* ► *If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Administrative claims database from health plans; lab results data; patient derived data. **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2000. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of pharmacy claims for a bea blocker. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, and more than 35.9% show objective evidence of compliance with the clinical alert.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☒ Other measure(s) on same topic

	☐ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Not harmonized ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** The computerized data elements and rule algorithms employed by the proposed measure will allow the analysis of large populations to identify individuals appropriate for the measure. Other case-finding methodologies have been limited by the need for chart review and data abstraction.
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* *Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implemenation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.* *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a medication; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:*

	Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The addition of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.
	CONTACT INFORMATION
40	*Web Page URL for Measure Information* *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2000* *Month and Year of most recent revision: 2/2009* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2011*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE
MI - Use of Beta Blocker Therapy

DENOMINATOR

The following is correct:

1. Myocardial infarction validation is confirmed for the member (see below)

DENOMINATOR EXCLUSIONS

The following is correct:

2. Beta blocker contraindications is confirmed for the member (see below)

NUMERATOR

All of the following are correct:

1. Denominator is true
2. One of the following is correct:

   a. Presence of a current refill for ANTIHYPE/BETA BLOCKERS

   b. Presence of patient data confirming at least 1 refill for ANTIHYPE/BETA BLOCKERS in the past 6 months

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Myocardial Infarction Validation

All of the following are correct:

1. Patient age >/= 18 years
2. One of the following is correct:

   a. Presence of at least 4 claims OLD MYOCARDIAL INFARCTION in the past 12 months

   b. Presence of patient data confirming at least 1 PDD- MI anytime in the past

   c. Presence of at least 1 HOSPITALIZATION procedure in the past overlapping within 7 days of 4 MYOCARDIAL INFARCTION ACUTE diagnostic codes

   d. Presence of at least 1 CABG/PTCA/STENT/THROMBOLYSIS procedure in the past overlapping within 3 days of 2 MYOCARDIAL INFARCTION ACUTE diagnostic codes

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Beta Blocker Contraindications

One of the following is correct:

1. Presence of at least 3 claims AORTIC STENOSIS diagnosis in the past 6 months
2. Presence of at least 2 claims COCAINE ABUSE diagnosis in the past 3 months
3. Presence of at least 1 refill PUL HTN TREATMENT exists In the past 12 months
4. Asthma validation is confirmed.
5. COPD validation is confirmed.
6. Presence of a current refill for PAD MEDS
7. Presence of at least 2 claims BRADYCARDIA diagnosis in the past 12 months
8. Presence of at least 2 claims HYPOTENSION diagnosis in the past 12 months
9. All of the following are correct:
    a. Presence of at least 1 claim HEART BLOCK diagnosis in the past 12 months
    b. Absence of at least 1 PACEMAKER procedure in the past
    c. Absence of at least 1 PACE MAKER (ICD9) in the past

Asthma Validation

One of the following is correct:

1. All of the following are correct:
    a. Presence of at least 2 ASTHMA diagnosis codes in the past 5 years
    b. One of the following is correct:
        i. Presence of at least 2 refills ASTHMA MEDS (ALL AGENTS) in the past 12 months
        ii. Presence of patient data confirming at least 1 refill ASTHMA MEDS (ALL AGENTS) in the past 6 months
2. Presence of patient data confirming at least 1 PDD- ASTHMA in the past
3. Presence of at least 2 STATUS ASTHMATICUS diagnosis in the past 12 months

COPD Validation

All of the following are correct:

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1. Patient age >/= 35 years
2. One of the following is correct:
    a. All of the following are correct:
        i. Presence of at least 2 COPD diagnosis in the past 5 years
        ii. One of the following is correct:
            1. Presence of at least 2 refills INHALED ANTICHOLINERGIC AND BETA-AGONIST COMBO in the past 12 months
            2. Presence of at least 2 refills BRONCHODILATOR (LONG ACTING) exists in the past 12 months
            3. Presence of at least 1 COPD CPT procedure in the past 12 months
            4. Presence of at least 2 refills THEOPHYLLINE in the past 12 months
            5. Presence of at least 2 HOME O2 THERAPY (HCPCS) procedure in the past 12 Months
            6. All of the following are correct:
                a. Presence of at least 2 refills B-AGONIST (SHORT ACTING-INHALED) in the past 12 months
                b. Presence of at least 2 refills INHALED ANTICHOLINERGIC DRUGS in the past 12 months
    b. Presence of patient data confirming at least 1 PDD- COPD in the past

COPD Validation Exclusion

One of the following is correct:

1. Presence of at least 1 TRANSPLANT LUNG (CPT) procedure in the past
2. Presence of at least 2 TRANSPLANT LUNG (ICD-9) diagnosis in the past

Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

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THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) *NQF Review #:* *EC-215-08* *NQF Project:* *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* *06/26/09*
2	*Title of Measure:* *Heart Failure - Use of Beta Blocker Therapy*
3	**Brief description of measure [1]:** Percentage of adult patients with heart failure that are on a beta blocker
4 (2a)	**Numerator Statement:** Patients with a current refill for beta blockers **Time Window:** A drug day-supply that extends within 30 days of the measurement date **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** All patients, 18 years of age and older, with heart failure **Time Window:** 3 years **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Contraindications to a beta blocker, including: - Asthma - COPD - Bradycardia - Hypotension - Aortic stenosis - Peripheral artery disease medications - Heart block in the absence of a pacemaker - Cocaine abuse - Pulmonary hypertension medications Additional denominator exclusions include: - Heart transplant - Patient or provider feedback indicating allergy or intolerance to the drug in the past - Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	Denominator Exclusion Details (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, pharmacy claims, patient-derived data **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: Personal health record data collection ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Telephonic data collection from nurse-delivered disease management program. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):

	☐ Facility (e.g., hospital, nursing home)
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1,2.2,6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** affects large numbers **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** The actual proportion of patients who received discharge prescriptions between the pre-CPOE and CPOE periods did not change: beta-blockers (85% vs 84%), angiotensin-converting enzyme inhibitor for AMI (77% vs 76%), and for CHF (56% vs 61%). However, nonmedication measures significantly improved when CPOE was used. In our book of business experience for 2007, a total of 5,480 clinical alerts were sent to members with heart failure but were not on a beta blocker. **Citations for Evidence:** Improved compliance with quality measures at hospital discharge with a computerized physician order entry system. Am Heart J. 2006 Mar;151(3):643-53
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** • In 2005, the proportion of Medicare patients with heart failure who received recommended hospital care was higher for Blacks than for Whites (89.1% compared with 87.4%). • In 2005, the proportion of Medicare patients with heart failure who received recommended hospital care was lower for AI/ANs (85.9%) and Hispanics (86.7%) compared with Whites (87.4%). • From 2002 to 2004, the overall percentage of Medicare patients with heart failure who received recommended hospital care improved from 73.4% to 77.7% (2005 data not comparable to this time period). • During the same time period, this percentage was significantly lower for Hispanics compared with Whites. In 2004, the percentage was also significantly lower for AI/ANs compared with Whites. • From 2002 to 2004, the percentage of Medicare patients with heart failure who received recommended hospital care improved significantly for the total population and for Whites, Blacks, and Hispanics (Figure 2.13). **Citations for evidence:** 2007 National Healthcare Disparities Report. http://www.ahrq.gov/qual/nhdr07/index.html

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

20 (1c)

If measuring an Outcome Describe relevance to the national health goal/priority, condition, population, and/or care being addressed:

If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence

Summarize the evidence (including citations to source) supporting the focus of the measure as follows:

- Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit.
- Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and
  if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s).
- Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit.
- Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public.
- Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care.
- Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality.

Type of Evidence *Check all that apply*

- ☒ Evidence-based guideline
- ☐ Meta-analysis
- ☐ Systematic synthesis of research
- ☐ Quantitative research studies
- ☐ Qualitative research studies
- ☐ Other (*Please describe*):

Overall Grade for Strength of the Evidence[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system*)**:** Class I (Level of Evidence: A);
Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses
Class I: Conditions for which there is evidence and/or general agreement that a given procedure or treatment is beneficial, useful, and effective.

Summary of Evidence (*provide guideline information below*)**:** Betablockers have now been evaluated in more than 20 000 patients with HF who participated in more than 20 published placebo-controlled clinical trials. All trials enrolled patients with reduced LVEF (EF less than 35% to 45%) who had already been treated with diuretics and an ACEI, with or without digitalis. These trials recruited many types of patients, including women and the elderly, as well as patients with a wide range of causes and severity of LV dysfunction, but patients with preserved systolic function, low heart rates (less than 65 beats per min), or low systolic blood pressure (less than 85 mm Hg) and those who were hospitalized or who had class IV HF were not recruited or represented a small proportion of the patients who participated in these published studies. An exception was one trial with carvedilol that enrolled clinically stable patients with NYHA class III and IV symptoms who were free of edema. That trial also demonstrated a reduction in mortality similar to the trials of patients with less advanced disease. This collective experience indicates that long-term treatment with beta-blockers can lessen the symptoms of HF,improve the clinical status of patients, and enhance the patient's overall sense of well-being. In addition, like ACEIs, beta-blockers can reduce the risk of death and the combined risk of death or hospitalization. These benefits of beta-blockers were seen in patients with or without coronary artery disease and in patients with or without diabetes mellitus, as well as in women and black patients. The favorable effects of betablockers were also observed in patients already taking ACEIs, which suggests that combined blockade of the 2 neurohormonal systems can produce additive effects.

Citations for Evidence: ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation. 2005;112:e154-e2355

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service.

21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation. 2005;112:e154-e2355 **Specific guideline recommendation:** Beta-blockers (using 1 of the 3 proven to reduce mortality, i.e., bisoprolol, carvedilol, and sustained release metoprolol succinate) are recommended for all stable patients with current or prior symptoms of HF and reduced LVEF, unless contraindicated. **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)***:** Class I (Level of Evidence: A); Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses Class I: Conditions for which there is evidence and/or general agreement that a given procedure or treatment is beneficial, useful, and effective. **Rationale for using this guideline over others:** Nationally recognized guideline from the AHA/ACC
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** Because of the favorable effects of beta-blockers on survival and disease progression, treatment with a beta-blocker should be initiated as soon as LV dysfunction is diagnosed. Even when symptoms are mild or have responded to other therapies, beta-blocker therapy is important and should not be delayed until symptoms return or disease progression is documented during treatment with other drugs. Therefore, even if patients do not benefit symptomatically because they have little disability, they should receive treatment with a beta-blocker to reduce the risk ofdisease progression, future clinical deterioration, and sudden death.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**

There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of a beta blocker. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program **Results:** We found that of the 1001 members who satisfied the denominator, 745 were in the numerator, indicating a compliance rate of 74%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used Health plan or sytem* ► *If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*)

	Data/sample: Administrative claims database from health plans; lab results data; patient derived data. **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2000. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of claims of NDC data indicating a beta blocker. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, an objective evidence of compliance with this clinical alert was 32%.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☒ Other measure(s) on same topic ☒ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** HF: Beta-blocker therapy **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Not harmonized ►If not fully harmonized, provide rationale: The ActiveHealth measure, though similar to the endorsed measure, differs in the manner in which disease conditions are validated using multiple data sources - therefore increasing the specificity of the claims data. In addition, the ActiveHealth measure also incorporates information / data derived directly from patients. **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** The computerized data elements and rule algorithms employed by the proposed measure make it feasible to analyze large populations in order to identify individuals appropriate for the measure, with a minimal administrative burden. Other case-finding methodologies have been limited by the need for chart review and data abstraction.
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* *Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a*

	disease management program. *We do not anticipate significant unintended consequences from the implantation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.* *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a medication; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The addition of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development:

	►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2000* *Month and Year of most recent revision: 10/2008* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2010*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:
CHF - Use of Beta Blocker Therapy

DENOMINATOR

All of the following are correct:

1. Patient age >/= 18 years
2. One of the following is correct:
    a. Presence of patient data confirming at least 1 PDD- CHF anytime in the past
    b. Presence of patient data confirming at least 1 PDD- EJECTION FRACTION VALUE < 40 anytime in the past
    c. All of the following are correct
        i. Presence of at least 4 CHF (CONGESTIVE HEART FAILURE) diagnosis in the past 3 years
        ii. One of the following is correct:
            1. All of the following are correct:
                a. Presence of a current refill for ANTIHYPE/ARB-ACEI
                i. One of the following is correct:
                1. Presence of a current refill for DIURETICS/LOOP DIURETICS
                2. Presence of a current refill for DIGOXIN
            2. All of the following are correct:
                a. Presence of a current refill for HYDRALAZINE
                b. Presence of a current refill for NITRATES
            3. Presence of a current refill for BIDIL

DENOMINATOR EXCLUSIONS

One of the following is correct:

1. Beta blocker contraindication validation is confirmed for the member (see below).
2. Heart transplant validation is confirmed for the member (see below).

NUMERATOR

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All of the following are correct:

1. Denominator is true
2. One of the following is correct:
    a. Presence of a current refill for ANTIHYPE/BETA BLOCKERS
    b. Presence of patient data confirming a current refill for ANTIHYPE/BETA BLOCKERS

Beta Blocker Contraindications

One of the following is correct:

1. Presence of at least 3 claims AORTIC STENOSIS diagnosis in the past 6 months
2. Presence of at least 2 claims COCAINE ABUSE diagnosis in the past 3 months
3. Presence of at least 1 refill PUL HTN TREATMENT exists In the past 12 months
4. Asthma validation is confirmed for the member (see below).
5. COPD validation is confirmed for the member (see below).
6. Presence of a current refill for PAD MEDS
7. Presence of at least 2 claims BRADYCARDIA diagnosis in the past 12 months
8. Presence of at least 2 claims HYPOTENSION diagnosis in the past 12 months
9. All of the following are correct:
    a. Presence of at least 1 claim HEART BLOCK diagnosis in the past 12 months
    b. Absence of at least 1 PACEMAKER procedure in the past
    c. Absence of at least 1 PACE MAKER (ICD9) in the past

Heart Transplantation Validation

One of the following is correct:

1. Presence of at least 2 TRANSPLANT HEART (ICD-9) diagnosis in the past
2. Presence of at least 1 TRANSPLANT HEART (CPT) procedure in the past

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COPD Validation

All of the following are correct:

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1. Patient age >/= 35 years
2. One of the following is correct:
    a. All of the following are correct:
        i. Presence of at least 2 COPD diagnosis in the past 5 years
        ii. One of the following is correct:
            1. Presence of at least 2 refills INHALED ANTICHOLINERGIC AND BETA-AGONIST COMBO in the past 12 months
            2. Presence of at least 2 refills BRONCHODILATOR (LONG ACTING) exists in the past 12 months
            3. Presence of at least 1 COPD CPT procedure in the past 12 months
            4. Presence of at least 2 refills THEOPHYLLINE in the past 12 months
            5. Presence of at least 2 HOME O2 THERAPY (HCPCS) procedure in the past 12 Months
            6. All of the following are correct:
                a. Presence of at least 2 refills B-AGONIST (SHORT ACTING-INHALED) in the past 12 months
                b. Presence of at least 2 refills INHALED ANTICHOLINERGIC DRUGS in the past 12 months
    b. Presence of patient data confirming at least 1 PDD- COPD in the past

COPD Validation Exclusion

One of the following is correct:

1. Presence of at least 1 TRANSPLANT LUNG (CPT) procedure in the past
2. Presence of at least 2 TRANSPLANT LUNG (ICD-9) diagnosis in the past

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Asthma Validation

One of the following is correct:

1. All of the following are correct:
    a. Presence of at least 2 ASTHMA diagnosis in the past 5 years
    b. One of the following is correct:
        i. Presence of at least 2 refills ASTHMA MEDS (ALL AGENTS) in the past

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12 months

ii. Presence of patient data confirming at least 1 refill ASTHMA MEDS (ALL AGENTS) in the past 6 months

2. Presence of patient data confirming at least 1 PDD- ASTHMA in the past

3. Presence of at least 2 STATUS ASTHMATICUS diagnosis in the past 12 months

Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

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THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) *NQF Review #:* *EC-244-08* *NQF Project:* *National Voluntary Consensus Standards for Ambulatory Care Using*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* *06/25/09*
2	*Title of Measure:* *Atrial Fibrillation - Warfarin Therapy*
3	**Brief description of measure [1]:** Percentage of adult patients with atrial fibrillation and major stroke risk factors on warfarin
4 (2a)	**Numerator Statement:** Patients with claims evidence of warfarin use **Time Window:** A drug day-supply that extends within 30 days of the measurement date; ICD9 claims for warfarin use in the past **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** All patients, 18 years of age and older, with atrial fibrillation and major stroke risk factors, including a prior stroke, mitral stenosis or replacement, or 2 of the following: age > 75, diebetes, hypertension or CHF. **Time Window:** Anytime in the past **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Contraindications to warfarin, including: • Esophageal varices with beed • Aortic dissection • Intracerebral hemorrhage • Blood transfusion(RBC or platelets) • Severe brain injury • Dementia • Alcohol use/abuse • Falls • Fracture • Hemorrhage contraindications and procedures • Adverse effects/coumadin • Abnormail gait/incoordination • Neuro and eye surgery • Gastritis with Current refill of Proton pump inhibitors • Thrombocytopenia • Hematocrit lab value < 25

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	• Pregnancy • Patient or provider feedback indicating allergy or intolerance to the drug in the past • Patient or provider feedback indicating that there is a contraindication to adding the drug • Antiplatelet agents including aspirin • General exclusions: • •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; **Denominator Exclusion Details** (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, pharmacy claims, lab values **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: Personal health record data collection ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Telephonic data collection from nurse-delivered disease management program. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13	**Type of Measure:** Process ► If "Other", please describe:

(2a)	► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1,2.2,6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** affects large numbers **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Atrial fibrillation is the most common, potent risk factor for ischemic stroke. Nonrheumatic atrial fibrillation, the predominant form in the United States, occurs in nearly 6% of persons 65 years of age or older. Atrial fibrillation is an independent risk factor for stroke, increasing the annual risk by fivefold and accounting for approximately 15% of all strokes in the United States. Over the past decade, multiple randomized trials have demonstrated that warfarin therapy can reduce the average annual risk for ischemic stroke by two thirds, from 4.5% to 1.4%, in patients with nonvalvular atrial fibrillation. This benefit was accompanied by a relatively low annual bleeding rate (1.3%). However, recent data suggest that these dramatic findings have not been adequately implemented in clinical practice. Temporal trend data reveal an increase in warfarin use among outpatients with atrial fibrillation, from 7% in 1980-1981 (before the publication of randomized trials demonstrating the efficacy of anticoagulation) to 33% to 50% in 1996. Meta-analysis according to the principle of intention to treat showed that adjusted-dose oral anticoagulation is highly efficacious for prevention of all stroke (both ischemic and hemorrhagic), with a risk reduction of 62% (95% CI 48% to 72%) versus placebo. This reduction was similar for both primary and secondary prevention and for both disabling and nondisabling strokes. By on-treatment analysis (excluding patients not undergoing oral anticoagulation at the time of stroke), the preventive efficacy of oral anticoagulation exceeded 80%. **Citations for Evidence:** Warfarin Use among Ambulatory Patients with Nonvalvular Atrial Fibrillation: The Anticoagulation and Risk Factors in Atrial Fibrillation (ATRIA) Study Ann Intern Med. 1999 Dec

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	21;131(12):927-34 ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation Circulation. 2006;114:e257-e354
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Variability in use of any treatment was observed by race-ethnicity ranging from 58% of American Indians receiving therapy to only 39% of Asian/Pacific Islanders. Among residents with an indication for anticoagulant therapy, the absolute estimated crude differences indicated that residents of color were less likely than non-Hispanic whites to receive warfarin. After controlling for confounding, Asian/Pacific Islanders, blacks, and Hispanics eligible for anticoagulant therapy received warfarin less often than non-Hispanic white residents. **Citations for evidence:** Racial Disparities in Receipt of Secondary Stroke Prevention Agents Among US Nursing Home Residents Stroke. 2003;34:2693-2697
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system*)**:** Class I (Level of Evidence: A); Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses Class I: Conditions for which there is evidence and/or general agreement that a given procedure/therapy is beneficial, useful, and effective. **Summary of Evidence** (*provide guideline information below*)**:** 8.1.4.2.1 Anticoagulation With Vitamin K Antagonist Agents

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Five large randomized trials published between 1989 and 1992 evaluated oral anticoagulation mainly for primary prevention of thromboembolism in patients with nonvalvular AF (Fig. 9, Table 15). A sixth trial focused on secondary prevention among patients who had survived nondisabling stroke or TIA. Meta-analysis according to the principle of intention to treat showed that adjusted-dose oral anticoagulation is highly efficacious for prevention of all stroke (both ischemic and hemorrhagic), with a risk reduction of 62% (95% CI 48% to 72%) versus placebo (Fig. 9). This reduction was similar for both primary and secondary prevention and for both disabling and nondisabling strokes. By on-treatment analysis (excluding patients not undergoing oral anticoagulation at the time of stroke), the preventive efficacy of oral anticoagulation exceeded 80%. Four of these trials were placebo controlled; of the 2 that were double blinded with regard to anticoagulation, one was stopped early because of external evidence that oral anticoagulation was superior to placebo, and the other included no female subjects. In 3 of the trials, oral anticoagulant dosing was regulated according to the prothrombin time ratio; 2 used INR target ranges of 2.5 to 4.0 and 2.0 to 3.0. These trials are summarized in Table 15. The duration of follow-up was generally between 1 and 2 y; the longest was 2.2 y, whereas in clinical practice, the need for antithrombotic therapy in patients with AF typically extends over much longer periods. **Citations for Evidence:** ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation Circulation. 2006;114:e257-e354
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation Circulation. 2006;114:e257-e354 **Specific guideline recommendation:** For patients with AF who have mechanical heart valves, the target intensity of anticoagulation should be based on the type of prosthesis, maintaining an INR of at least 2.5. (Level of Evidence: B) 3. For patients without mechanical heart valves at high risk of stroke, chronic oral anticoagulant therapy with a vitamin K antagonist is recommended in a dose adjusted to achieve the target intensity international normalized ratio (INR) of 2.0 to 3.0, unless contraindicated. Factors associated with highest risk for stroke in patients with AF are prior thromboembolism (stroke, transient ischemic attack [TIA], or systemic embolism) and rheumatic mitral stenosis. (Level of Evidence: A) 4. Anticoagulation with a vitamin K antagonist is recommended for patients with more than 1 moderate risk factor. Such factors include age 75 y or greater, hypertension, HF, impaired LV systolic function (ejection fraction 35% or less or fractional shortening less than 25%), and diabetes mellitus. (Level of Evidence: A)For patients with AF who have mechanical heart valves, the target intensity of anticoagulation should be based on the type of prosthesis, maintaining an INR of at least 2.5. (Level of Evidence: B) **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: Class I (Level of Evidence: A or B); Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses Level of Evidence B: Data derived from a single randomized trial, or nonrandomized studies. Class I: Conditions for which there is evidence and/or general agreement that a given procedure/therapy is beneficial, useful, and effective **Rationale for using this guideline over others:** Nationally recognized guideline from the AHA/ACC
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** None **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** The evidence supports the use of anticoagulation with warfarin to reduce stroke and should improve the compliance with appropriate

	warfarin therapy.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:**

	Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of warfarin. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 400 members who satisfied the denominator, 360 were in the numerator, indicating a compliance rate of 90%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used Health plan or sytem* ► *If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Administrative claims database from health plans; lab results data; patient derived data. **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2006. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of claims of NDC data indicating warfarin use. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 2.3% of the respondents disagreed with the medical literature.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☒ Other measure(s) on same topic ☒ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge Patients with Atrial Fibrillation Receiving Anticoagulation Therapy HF: Warfarin Therapy Patients with Atrial Fibrillation **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Not harmonized ►If not fully harmonized, provide rationale: The ActiveHealth measure, though similar to the endorsed measure, differs in the manner in which disease conditions are validated using multiple data sources - therefore increasing the specificity of the claims data. In addition, the ActiveHealth measure also incorporates information / data derived directly from patients. **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** The computerized data elements and rule algorithms employed by the proposed measure make it feasible to analyze large populations in order to identify individuals appropriate for the measure, with a minimal administrative burden. Other case-finding methodologies have been limited by the need for chart review and data abstraction.
	FEASIBILITY

35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* *Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implantation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.* *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a medication; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:* *Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The addition of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:

42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2006* *Month and Year of most recent revision: 06/2009* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2011*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/02/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:

Atrial Fibrillation – Warfarin Therapy

DENOMINATOR

All of the following are correct:

1. Atrial fibrillation validation is confirmed for the member (see below)
2. One of the following is correct:
    a. All of the following are correct:
        i. Age >= 25
        ii. One of the following is correct:
            1. CVA validation is confirmed for the member (see below)
            2. Presence of at least 2 MITRAL VALVE DISEASE diagnosis in the past 12 months
            3. Presence of at least 1 MITRAL VALVE SURGERY procedure anytime in the past
    b. All of the following are correct:
        i. Age >= 75
        ii. One of the following is correct:
            1. CHF Any Stage validation is confirmed
            2. Hypertension Adult validation is confirmed
            3. Diabetes Adult validation is confirmed
    c. One of the following are correct:
        i. Age < 75
        ii. Two of the following are correct:
            1. CHF Any Stage validation is confirmed
            2. Hypertension Adult validation is confirmed
            3. Diabetes Adult validation is confirmed

DENOMINATOR EXCLUSIONS

One of the following is correct:

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1. Warfarin contraindications validation is confirmed for the member (see below)
2. Antiplatelet Agents validation is confirmed (see below)

NUMERATOR

All of the following are correct:

1. Denominator is true
2. One of the following is correct:
    a. Presence of a current refill for WARFARIN
    b. Presence of patient data confirming a refill for WARFARIN
    c. Presence of at least 1 LONG-TERM ANTICOAGULATION diagnosis in the past

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CVA Validation

All of the following are correct:

1. If patient age >/= 18 years
2. One of the following is correct:
    a. Presence of at least 4 CVA SEQUALE diagnosis at least 1 month apart in the past
    b. Presence of patient data confirming at least 1 PDD- CVA in the past
    c. All of the following are correct:
        i. Presence of at least 2 CVA/TIA diagnosis in the past
        ii. One of the following is correct:
            1. Presence of At Least 1 Refill for AGGRENOX in the past 6 months
            2. Presence of At Least 1 Refill for PLAVIX in the past 6 months
            3. Presence of patient data confirming AGGRENOX in the past 6 months
            4. Presence of patient data confirming PLAVIX in the past 6 months
            5. Presence of at least 1 CAROTID ENDARTERECTOMY procedure in the past

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6. Presence of patient data confirming at least 1 PDD- CAROTID ENDARTERECTOMY in the past

7. Presence of At Least 1 CEREBRAL THROMBOLYSIS Procedure in the past

8. Presence of at least 1 HOSPITALIZATION procedure in the past overlapping within 7 days of 1 BRAIN IMAGING procedure and 1 CAROTID DOPPLER procedure in the past

CVA Validation Exclusions:

The following is correct:

Presence of at least 2 INTRACEREBRAL HEMORRHAGE diagnosis in the past

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Atrial Fibrillation Validation

All of the following are correct:

1. Patient age >/= 18 years

2. One of the following is correct:

   a. Presence of patient data confirming PDD- ATRIAL FIBRILLATION in the past 12 months

   b. All of the following are correct:

      i. Presence of 2 ATRIAL FIBRILLATION diagnosis in the past 12 months at least 3 months apart

      ii. Presence of a current refill of an AV Nodal blockers/AFIB

Atrial Fibrillation Validation Exclusion

The following is correct:

Presence of at least 1 CARDIAC ABLATION procedure anytime in the past

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Warfarin Contraindications Validation

One of the following is correct:

1. Presence of at least 1 HEMATOCRIT </= 25 in the past 6 months

2. Presence of at least 1 AORTIC DISSECTION diagnosis in the past 5 years

3. Presence of at least 1 ESOPHAGEAL VARICES W/ BLEED diagnosis in the past 5 years

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4. Presence of at least 1 INTRACEREBRAL HEMORRHAGE diagnosis in the past 5 years
5. Presence of at least 1 PLATELET COUNT </= 50 in the past 6 months
6. Presence of at least 1 BLOOD TRANSFUSION (RBCs OR PLATELETS) procedure In the past 12 months
7. Presence of at least 2 BRAIN INJURY - SEVERE diagnosis in the past 12 months
8. Presence of at least 2 DEMENTIA DIAGNOSIS diagnosis in the past 5 years
9. Presence of at least 2 ALCOHOL USE/ABUSE diagnosis in the past 5 years
10. Presence of at least 2 FALLS diagnosis in the past 5 years
11. Presence of at least 2 FRACTURE diagnosis in the past 12 months
12. Presence of at least 1 OSTEOPOROSIS FRACTURE TREATMENT procedure In the past 12 months
13. Presence of at least 1 HEMORRHAGE/CONTRAINDICATIONS diagnosis in the past 12 months
14. Presence of at least 1 HEMORRHAGE/PROCEDURES procedure in the past 12 months
15. Presence of at least 1 ADVERSE EFFECTS/COUMADIN diagnosis in the past 5 years
16. Presence of at least 1 NEURO AND EYE SURGERY procedure in the past 2 months
17. Presence of at least 2 THROMBOCYTOPENIA diagnosis in the past 12 months
18. Presence of at least 2 ABNORMAL GAIT/INCOORDINATION diagnosis in the past 5 years
19. Presence of at least 1 ATAXIA diagnosis in the past 5 years
20. Presence of at least 1 refill DEMENTIA MEDS in the past 5 years
21. Pregnancy exclusion validation is confirmed for the member (see below)
22. All of the following are correct:
    a. Presence of at least 1 refill PROTON PUMP INHIBITORS with at least a 120 total days supply in the past 6 months
    b. Presence of at least 2 GASTRITIS diagnosis in the past 12 months
23. Presence of patient data confirming at least 1 PDD- HIGH RISK FOR FALLS in the past 12 months
24. Presence of at least 1 current refill VITAMIN K

Pregnancy Exclusion Validation

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a. One of the following is correct:
    a. Presence of At Least 1 HCG (LOINC) Labs Result Value > 100 in the past 6 months
    b. Presence of Patient Data Confirming At Least 1 PDD- PREGNANCY in the past 6 months
    c. Presence of At Least 1 PREGNANCY Diagnosis in the past 6 months
    d. Presence of At Least 1 PREGNANCY RELATED PROCEDURE Procedure in the past 6 months
    e. Presence of At Least 1 PREGNANCY EXCLUSION Diagnosis in the past 6 Months

b. Exclusion - If One of the Following is correct
    a. Presence of At Least 1 DELIVERY AND ABORTION (ICD9) Diagnosis in the past 3 months
    b. Presence of At Least 1 HYSTERECTOMY Procedure in the past 3 months
    c. Presence of At Least 1 DELIVERY AND ABORTION (CPT) Procedure in the past 3 months
    d. Presence of At Least 1 Refill UTEROTONICS Exists in the past 3 months
    e. Presence of At Least 1 NONVIABLE PREGNANCY Diagnosis in the past 3 months

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Antiplatelet Agents Validation

1. One of the following is correct:
    a. Presence of At Least 1 Refill ANTIPLATELET AGENTS In the past 12 Months
    b. Presence of Patient Data Confirming At Least 1 Refill ANTIPLATELET AGENTS Drug In the past 12 Months
    c. Presence of At Least 1 Refill ASPIRIN In the past 12 Months
    d. Presence of Patient Data Confirming At Least 1 Refill ASPIRIN Drug In the past 12 Months
    e. Presence of Patient Data Confirming At Least 1 PDD- ASPIRIN USE Result In the past 12 Months
    f. Presence of At Least 1 LONG-TERM ASPIRIN Diagnosis in the past 12 Months
    g. Presence of Patient Data Confirming At Least 1 PDD- ANTIPLATELET USE Result In the past 12 Months

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CHF Any Stage Validation

All of the following are correct:

1. Patient age >/= 18 years
2. One of the following is correct:
    a. All of the following are correct:
        i. Presence of at least 2 CHF (CONGESTIVE HEART FAILURE) diagnosis in the past
            1. One of following is correct:
                a. Presence of at least 1 refill CARVEDILOL/LONG ACTING METOPROLOL 60 total days supply in the past 12 months
                b. Presence of at least 1 refill BIDIL 60 total days supply in the past 12 months
                c. Presence of at least 1 refill SPIRONOLACTONE/ EPLERENONE 60 total days supply in the past 12 months
                d. All of the following are correct:
                    i. Presence of at least 1 refill ANTIHYPE/ ARB-ACEI 60 total days supply in the past 12 months
                    ii. Presence of at least 1 refill DIURETICS/ LOOP DIURETICS 60 total days supply in the past 12 months
                e. All of the following are correct:
                    i. Presence of at least 1 refill HYDRALAZINE 60 total days supply in the past 12 months
                    ii. Presence of at least 1 refill NITRATES-LONG ACTING 60 total days supply in the past 12 months
                f. All of the following are correct:
                    i. Presence of at least 1 refill DIGOXIN 60 total days supply in the past 12 months
                    ii. **Exclusion** – Presence of at least 2 ATRIAL FIBRILLATION diagnosis in the past 12 months
    b. Presence of patient data confirming at least 1 PDD- EJECTION FRACTION VALUE result < 40 in the past
    c. Presence of patient data confirming at least 1 PDD- CHF in the past

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d. Presence of at least 1 CHF - EF <40 procedure in the past 12 months

e. Presence of at least 4 CHF (CONGESTIVE HEART FAILURE) diagnosis in the past 24 months with at least a 6 month separation between claims.

CHF Any Stage Validation Exclusion

One of the following is correct:

1. Disability data indicating TRANSPLANT HEART (ICD-9) anytime in the past
2. Presence of at least 1 VALVE SURGERY procedure in the past 6 months
3. Presence of at least 1 VALVE REPLACEMENT diagnosis in the past 6 months
4. Presence of at least 2 TRANSPLANT HEART (ICD-9) diagnosis in the past
5. Presence of at least 1 TRANSPLANT HEART procedure in the past

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Diabetes Adult Validation

All of the following are correct:

1. Patient age ≥18 years
2. One of the following is correct:
    a. Presence of patient data confirming at least 1 PDD- DIABETES in the past 24 months
    b. Presence of at least 4 claims DIABETES MELLITUS diagnosis in the past 12 months with at least a 3 month separation between claims
    c. All of the following are correct:
        i. Presence of at least 1 DIABETES MELLITUS diagnosis in the past 5 years beginning at least 1 month in the past
        ii. One of the following is correct:
            1. Presence of at least 2 refills DM MEDS AND SUPPLIES exists in the past 12 months
            2. Presence of at least 2 DM MEDS AND SUPPLIES (HCPCS) procedure in the past 12 months

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3. Presence of at least 1 INSULIN THERAPY (HCPCS) procedure in the past 12 months

4. Presence of at least 1 HBA1C VALUE > 7.5 in the past 12 months

Diabetes Validation Exclusion

One of the following is correct:
1. Presence of 2 STEROID-INDUCED DM diagnosis in the past 12 months
2. All of the following are correct:
   - Presence of at least 2 GESTATIONAL DM/POLYCYSTIC OVARIES diagnosis in the past 12 months
   - Female gender

Hypertension Adult Validation

All of the following are correct:

1. Patient age >/= 18 years

2. One of the following is correct:

   a. Presence of PDD- HYPERTENSION in the past 24 months

   b. Presence of at least 4 HYPERTENSION diagnosis at least 3 month apart in the past 24 months

   c. All of the following are correct:

      i. Presence of at least 2 HYPERTENSION diagnosis at least 1 month apart in the past 24 months

      ii. One of the following is correct:

         1. Presence of at least 1 refill for ANTIHYPE/ALL in the past 6 months

         2. Presence of patient data confirming at least 1 refill for ANTIHYPE/ALL in the past 6 months

         3. Presence of AMBULATORY (24H) BP MONITORING in past 24 months

Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

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THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) *NQF Review #:* *EC-256-08 and EC-271-08* *NQF Project:* *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* *06/26/09*
2	*Title of Measure:* *Male Smokers or Family History of Abdominal Aortic Aneurysm (AAA) - Consider Screening for AAA*
3	**Brief description of measure [1]:** Percentage of men age 65-75 years with history of tobacco use or men age 60 yrs and older with a family history of abdominal aortic aneurysm who were screened for AAA
4 (2a)	**Numerator Statement:** Men with patient derived data or claims suggestive of AAA screening **Time Window:** Anytime in the past **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** Men age 65-75 years with a history of tobacco use (current or ever) or Men age 60 and older with a family history of abdominal aortic aneurysm based on patient derived data or claims data **Time Window:** Anytime in the past **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** General exclusions: • Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; • Patients who have been in a skilled nursing facility in the last 3 months **Denominator Exclusion Details** (Definitions, codes with description):
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

(2a, 2e)	severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** EHR data, patient-derived data from a disease management nurse, a personal health record or health risk assessment **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☒ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☒ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☐ Electronic Claims ☐ Electronic Pharmacy data ☐ Electronic Lab data ☒ Electronic source – other, Describe: Personal health record data collection ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☒ Other, Describe: Telephonic data collection from nurse-delivered disease management program. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):

	☐ Home Health
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1, 2.3
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Since going live with this clinical alert in June 2006, we identified 34 members with a family history for AAA who were not screened for AAA and in 2008 we identified 2060 males with a history of tobacco use who were not screened for AAA **Citations for Evidence:**
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** The rate of LER, CR, and AAA repair was significantly lower in Hispanic patients than in white non-Hispanics. Despite this lower rate of intervention, Hispanics were significantly more likely than whites to present with limb-threatening lower extremity ischemia (odds ratio [OR], 2.09; 95% confidence interval [CI], 1.91 to 2.29), symptomatic carotid artery disease (OR, 1.57; 95% CI, 1.4 to 1.75), and ruptured AAA (OR, 1.26; 95% CI, 1.04-1.52) than white non-Hispanics These differences were maintained after controlling for the presence of diabetes mellitus and other comorbidities. Hispanic patients had higher rates of amputation during the same hospitalization after LER (6.2% vs 3.4%, P < .0001) and higher mortality after elective AAA repair (5% vs 3.4%, P = .0032). Length of stay after LER, CR, and AAA repair was longer for Hispanic patients than white non-Hispanics. Conclusion Significant disparities in the rate of utilization of three common vascular surgical procedures exist between Hispanic patients and the general population. In addition, Hispanics appear to present with more advanced disease and have worse outcomes in some cases. Reasons for these disparities must be determined to improve these results in the fastest growing segment of our society. **Citations for evidence:** Disparities in the treatment and outcomes of vascular disease in Hispanic patients . Journal of Vascular Surgery , Volume 46 , Issue 5 , Pages 971 - 978 N . Morrissey , J . Giacovelli , N . Egorova , A . Gelijns , A . Moskowitz , J . McKinsey , K . Kent , G . Greco
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit.

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

- Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public.
- Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care.
- Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality.

Type of Evidence *Check all that apply*

☒ Evidence-based guideline
☐ Meta-analysis
☐ Systematic synthesis of research
☐ Quantitative research studies
☐ Qualitative research studies
☐ Other (*Please describe*):

Overall Grade for Strength of the Evidence[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*:

Class I
Men 60 years of age or older who are either the siblings or offspring of patients with AAAs should undergo physical examination and ultrasound screening for detection of aortic aneurysms. (Level of Evidence:B)
Class IIa
2 Men who are 65 to 75 years of age who have ever smoked should undergo a physical examination and 1-time ultrasound screening for detection of AAAs. (Level of Evidence: B)

Summary of Evidence (*provide guideline information below*):

The USPSTF recommends one-time screening for AAA by ultrasonography in men aged 65 to 75 years who have ever smoked. B recommendation.
The USPSTF found good evidence that screening for AAA and surgical repair of large AAAs (5.5 cm [2.2 inches] or greater) in men aged 65 to 75 years who have ever smoked (i.e., current and former smokers) leads to decreased AAA-specific mortality. There is good evidence that abdominal ultrasonography, performed in a setting with adequate quality assurance (i.e., in an accredited facility with credentialed technologists), is an accurate screening test for AAA. There also is good evidence of important harms of screening and early treatment, including an increased number of surgeries with associated clinically significant morbidity and mortality and short-term psychologic harms. Based on the moderate magnitude of net benefit, the USPSTF concluded that the benefits of screening for AAA in men aged 65 to 75 years who have ever smoked outweigh the harms.

The natural history of arterial aneurysms is distinguished by gradual and/or sporadic expansion in their diameter and by the accumulation of mural thrombus caused by turbulent blood flow at their periphery. These features contribute to the 3 most common complications of aneurysms, that is, rupture, thromboembolic ischemic events, and the compression or erosion of adjacent structures, which often are quite specific to their location. Aneurysm size remains the single most important predictor not only for aneurysm rupture but also for unrelated death from other cardiopulmonary events (280,281). Data suggest that the eventual risk for rupture is approximately 20% for aneurysms larger than 5.0 cm in diameter, 40% for those at least 6.0 cm in diameter, and greater than 50% for aneurysms that exceed 7.0 cm in diameter

HEREDITARY RISK FACTORS.
A family history of AAAs is particularly relevant for male siblings of male probands, in whom the relative risk for AAA is as high as 18% (270), which suggests a single dominant gene effect.
First-degree male relatives of patients with AAA have 2 to 4 times the normal risk for AAA. Female first-degree relatives appear to be at similar risk, but the data are less certain.

Aortic diameter can be measured accurately by ultrasound imaging in more than 97% of subjects

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	(306,307). Screening by this method has the potential to reduce the incidence of aortic rupture. Selected screening of populations with a high prevalence of AAA (e.g., males 60 years or older who have a family history of AAA, in whom the prevalence is approximately 18%) and the use of a limited ultrasound scan are more cost-effective than conventional abdominal imaging of unselected populations. **Citations for Evidence:** ACC/AHA 2005 Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic): Executive Summary J Am Coll Cardiol 2006;47:1239-1312 Screening for Abdominal Aortic Aneurysm: Recommendation Statement U.S. PREVENTIVE SERVICES TASK FORCE Ann Intern Med 2005;142:198-202
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** ACC/AHA 2005 Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic): Executive Summary A Collaborative Report From the American Association for Vascular Surgery/Society for Vascular Surgery,* Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease) Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation. **Specific guideline recommendation:** D. Screening high-risk populations RECOMMENDATIONS Class I 1 Men 60 years of age or older who are either the siblings or offspring of patients with AAAs should undergo physical examination and ultrasound screening for detection of aortic aneurysms. (Level of Evidence: B) Class IIa Men who are 65 to 75 years of age who have ever smoked should undergo a physical examination and 1-time ultrasound screening for detection of AAAs. (Level of Evidence: B) **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: Class I: Conditions for which there is evidence for and/or general agreement that a given procedure or treatment is beneficial, useful, and effective. Level of Evidence B: Data derived from a single randomized trial or nonrandomized studies. **Rationale for using this guideline over others:** Nationally recognized guideline in cardiology
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** Men age 65-75 with a history of tobacco use have a high prevalence for AAA. Men age 60 and older with a family history of AAA have a high prevalence for AAA. Screening for AAA in these patients with abdominal ultrasound may detect AAA and reduce subsequent complications and costs.

	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case

	looking for evidence of AAA screening. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 590 members who satisfied the denominator, 272 were in the numerator, indicating a compliance rate of 46%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used Health plan or sytem* ► *If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2005. Compliance to the clinical alert is measured using an analysis of subsequent claims and patient derived data, in this case the appearance of medical claims or patient derived data for abdominal imaging. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, and upto 25% show objective evidence of compliance.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:**
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*

36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure: Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implantation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.* *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a test; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. The additional use of supporting information for certain diagnostic conditions (e.g., patient derived data) allows us to identify specific populations which could not be identified with claims data alone.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:

44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2006* *Month and Year of most recent revision: 12/2008* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2010*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:

Male Smokers or Family History of Abdominal Aortic Aneurysm (AAA) - Consider Screening for AAA

Denominator:

One of the following:

A. All of the following expressions are correct:

1. Patient age >= 60 years and patient gender male
2. Presence of patient data confirming at least 1 PDD- FHx AAA in the past 12 months

B. All of the following are correct:

1. Patient Age between 65-75 Years And Patient Gender Male
2. One of the Following is correct:
    a. Presence of At Least 2 SMOKING-CURRENT AND PAST diagnosis in the past
    b. Presence of At Least 1 SMOKING CESSATION Procedure In the past
    c. Presence of At Least 1 Refill SMOKING CESSATION drug In the past
    d. Presence of Patient Data Confirming At Least 1 PDD- SMOKER (PAST AND CURRENT) in the past

Numerator:

One of the Following is correct:

1. Presence of Patient Data Confirming At Least 1 PDD- SCREENING FOR AAA OBSER in the past
2. Presence of At Least 1 AAA REPAIR Procedure In the past
3. Presence of At Least 1 ABDOMINAL AORTIC ANEURYSM Diagnosis in the past
4. Presence of At Least 1 ABDOMINAL IMAGING Procedure In the past

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Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

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THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) *NQF Review #:* *EC-272-08* *NQF Project:* *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* *6/25/09*
2	*Title of Measure:* *Secondary Prevention of Cardiovascular Events - Use of Aspirin or Antiplatelet Therapy*
3	**Brief description of measure [1]:** Percentage of patients with ischemic vascular disease (IVD) that are taking aspirin or an antiplatelet agent
4 (2a)	**Numerator Statement:** Patients that are taking aspirin or an antiplatelet agent **Time Window:** 6 Months **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** All patients, ages 21 and older, diagnosed with IVD as defined by coronary artery disease, peripheral vascular disease or cerebrovascular disease, who are asked about aspirin use **Time Window:** Anytime in the past **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Patients with contraindications to antithrombotic agents such as thrombocytopenia, coagulopathy, recent procedures, or current warfarin therapy General exclusions: • Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; • Patients who have been in a skilled nursing facility in the last 3 months • Patient or provider feedback indicating allergy or intolerance to the drug in the past • Patient or provider feedback indicating that there is a contraindication to adding the drug **Denominator Exclusion Details** (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, pharmacy claims, patient derived data **Data dictionary/code table** attached ☐ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☒ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☒ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☒ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):

	☐ Home Health
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1,2.2,6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** "Despite the proven benefits of aspirin therapy for reducing cardiovascular risk, aspirin use falls considerably short of recommendations. National surveys of the prescribing of cardiac medications found that aspirin use in visits by patients with coronary heart disease (CHD) increased significantly from 5% in 1980 to 32% in 1995, but then remained unchanged or even declined in subsequent years." **Citations for Evidence:** Stafford RS, Monti V, Ma J (2005) Underutilization of Aspirin Persists in US Ambulatory Care for the Secondary and Primary Prevention of Cardiovascular Disease. PLoS Med 2(12): e353 doi:10.1371/journal.pmed.0020353 Stafford RS, Radley DC (2003) The underutilization of cardiac medications of proven benefit, 1990 to 2002. J Am Coll Cardiol 41:69–72. Stafford RS (2000) Aspirin use is low among United States outpatients with coronary artery disease. Circulation 101:1097–1101.
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** "Disparities in cardiovascular prevention, diagnosis, treatment, and outcomes have been documented in a number of publications from the US Department of Health and Human Services (DHHS), the Institute of Medicine, and the Kaiser Family Foundation, and reports of continuing racial and ethnic disparities appear regularly in cardiovascular scientific journals." "Current data from the Centers for Disease Control and Prevention reported in this issue substantiate the persistent, significantly higher prevalence of risk factors in minority populations, most notable for striking rates of hypertension (41%) in African Americans independent of gender or educational status and obesity (47%) in African American women. High rates of obesity are also reported among Mexican American men and women (33% and 38%, respectively) and among white women with lower levels of education (37%). These risk factor profiles translate into significantly higher rates of stroke in African Americans and heart failure in African Americans, Hispanics, and Native Americans compared with whites. Overall, ischemic heart disease and stroke incidence are inversely related to education and income levels." **Citations for evidence:** Mensah GA, Mokdad AH, Ford ES, Greenlund KJ, Croft JB. State of disparities in cardiovascular health in the United States. Circulation. 2005; 111: 1233–1241.[Robert O. Bonow, Augustus O. Grant, and Alice K. Jacobs. The Cardiovascular State of the Union: Confronting Healthcare Disparities. Circulation 111: 1205-1207, doi:10.1161/01.CIR.0000160705.97642.92

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	Cooper R, Cutler J, Desvigne-Nickens P, Fortmann SP, Friedman L, Havlik R, Hogelin G, Marler J, McGovern P, Morosco G, Mosca L, Pearson T, Stamler J, Stryer D, Thom T. Trends and disparities in coronary heart disease, stroke and other cardiovascular diseases in the United States: findings of the National Conference on Cardiovascular Disease Prevention. Circulation. 2000; 102: 3137–3147.
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☐ Evidence-based guideline ☐ Quantitative research studies ☒ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*):

	Overall Grade for Strength of the Evidence[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system*)**:** A **Summary of Evidence** (*provide guideline information below*)**:** Overall, among these high risk patients, allocation to antiplatelet therapy reduced the combined outcome of any serious vascular event by about one quarter; non-fatal myocardial infarction was reduced by one third, non-fatal stroke by one quarter, and vascular mortality by one sixth (with no apparent adverse effect on other deaths). Absolute reductions in the risk of having a serious vascular event were 36 (SE 5) per 1000 treated for two years among patients with previous myocardial infarction; 38 (5) per 1000 patients treated for one month among patients with acute myocardial infarction; 36 (6) per 1000 treated for two years among those with previous stroke or transient ischaemic attack; 9 (3) per 1000 treated for three weeks among those with acute stroke; and 22 (3) per 1000 treated for two years among other high risk patients (with separately significant results for those with stable angina (P=0.0005), peripheral arterial disease (P=0.004), and atrial fibrillation (P=0.01)). In each of these high risk categories, the absolute benefits substantially outweighed the absolute risks of major extracranial bleeding. Aspirin was the most widely studied antiplatelet drug, with doses of 75-150 mg daily at least as effective as higher daily doses. The effects of doses lower than 75 mg daily were less certain. Clopidogrel reduced serious vascular events by 10% (4%) compared with aspirin, which was similar to the 12% (7%) reduction observed with its analogue ticlopidine. Addition of dipyridamole to aspirin produced no significant further reduction in vascular events compared with aspirin alone. Among patients at high risk of immediate coronary occlusion, short term addition of an intravenous glycoprotein IIb/IIIa antagonist to aspirin prevented a further 20 (4) vascular events per 1000 (P<0.0001) but caused 23 major (but rarely fatal) extracranial bleeds per 1000. **Citations for Evidence:** Antithrombotic Trialists' Collaboration. Collaborative meta-analysis of randomized trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients. BMJ. 2002; 324: 71–86.
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Smith SC, Allen J, Blair SN, Bonow RO, Brass LM, Fonarow GC, Grundy SM, Hiratzka L, Jones D, Krumholz HM, Mosca L, Pasternak RC, Pearson T, Pfeffer MA, Taubert KA. AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update. Circulation. 2006;113:2363–2372. DOI: 10.1161/CIRCULATIONAHA.106.174516. Charles H. Hennekens, Mark L. Dyken, and Valentin Fuster. Aspirin as a Therapeutic Agent in Cardiovascular Disease : A Statement for Healthcare Professionals From the American Heart Association Circulation 96: 2751-2753. **Specific guideline recommendation:** Start aspirin 75 to 162 mg/d and continue indefinitely in all patients unless contraindicated. I (A) **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF*)**:** Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses. **Rationale for using this guideline over others:** Nationally recognized guideline in cardiology
22	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or*

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

(1c)	*contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** Patients with vascular disease are at high risk for cardiovascular events. The increased use of aspirin in these patients may decrease this risk and reduce subsequent complications and costs.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:**

	Results:
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of a lipid lowering agent. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 8,299 members who satisfied the denominator, 4,896 were in the numerator, indicating a compliance rate of 59%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used Health plan or sytem* ► *If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Administrative claims database from health plans; lab results data **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2003. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of pharmacy claims for an antithrombotic agent. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, and more than 15% show objective evidence of compliance. The low compliance rate may reflect the absence of claims data for aspirin from over-the-counter use.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:**

	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* *Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implementation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.rugs obtained over-the-counter, as samples or from third-party pharmacies may not appear in the claims data.* *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a medication; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:* *Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The additional of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD

	Organization: ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2003* *Month and Year of most recent revision: 10/2008* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2010*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:
Secondary Prevention of Cardiovascular Events - Use of Aspirin Therapy

DENOMINATOR

All of the Following are correct:

1. If Patient Age >= 21 Years
2. One of the following Expressions is correct:
    a. Presence of Patient Data Confirming at least 1 PDD- ASPIRIN USE in the past 6 months
    b. Presence of Patient Data Confirming at least 1 PDD- ASPIRIN USE NOT OBS in the past 6 months
3. One of the Following Expressions is correct:
    a. If CAD Validation is Confirmed for the member (see below)
    b. If CVA Validation is Confirmed for the member (see below)
    c. If PAD Validation is Confirmed for the member (see below)

DENOMINATOR EXCLUSIONS

One of the Following is correct:

d. If Antiplatelet Agent Contraindications is Confirmed for the member (see below)

e. Presence of At Least 1 Refill WARFARIN in the past 3 Months

f. Presence of Patient Data Confirming At Least 1 Refill WARFARIN Drug in the past 6 Months

g. Presence of At Least 1 LONG-TERM ANTICOAGULATION Diagnosis in the past 12 Months

h. Presence of Patient Data Confirming PDD- WARFARIN USE in the past 6 Months

i. Presence of Patient Data Confirming At Least 1 PDD- ASTHMA INDUCED BY ASA/NSAID Result in the past

NUMERATOR

1. Denominator is true

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2. One of the following is correct:

    a. Presence of At Least 1 Refill ANTIPLATELET AGENTS in the past 12 Months

    b. Presence of Patient Data Confirming at least 1 ANTIPLATELET AGENTS Drug in the past 12 Months

    c. Presence of a refill for ASPIRIN in the past 12 months

    d. Presence of Patient Data Confirming at least 1 ASPIRIN Drug in the past 12 Months

    e. Presence of Patient Data Confirming at least 1 PDD- ASPIRIN USE in the past 12 months

    f. Presence of at least 1 LONG-TERM ASPIRIN Diagnosis in the past 12 Months

    g. Presence of Patient Data Confirming at least 1 PDD- ANTIPLATELET USE in the past 12 months

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Antiplatelet Agent Contraindications:

One of the Following is correct:

1. Presence of At Least 1 HEMORRHAGE/CONTRAINDICATIONS Diagnosis in the past 6 Months
2. Presence of At Least 1 HEMORRHAGE/PROCEDURES Procedure in the past 12 Months
3. Presence of At Least 1 NEUTROPENIA Diagnosis in the past 6 Months
4. Presence of At Least 1 HEMATOCRIT Labs Result Value < 25 in the past 6 Months
5. Presence of At Least 1 INR VALUE Labs Result Value > 1.6 in the past 6 Months
6. Presence of At Least 1 PLATELET COUNT Labs Result Value < 50 in the past 6 Months
7. Presence of At Least 1 WBC VALUE Labs Result Value < 2 in the past 6 Months
8. Presence of At Least 1 COAGULOPATHIES- BLEEDING DISORDERS Diagnosis in the past 6 Months
9. Presence of Patient Data Confirming at least 1 PDD- ANTIPLATELET INTOLERANCE in the past
10. Presence of At Least 1 THROMBOCYTOPENIA Diagnosis in the past 6 Months

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PAD Validation

One of the following is correct:

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1. All of the following are correct:
    a. Presence of at least 1 PAD diagnosis in the past
    b. Presence of at least 1 PAD PROCEDURES procedure in the past
2. All of the following are correct:
    a. Presence of at least 2 PAD diagnosis in the past 5 years
    b. One of the following is correct:
        i. Presence of a current refill for PERIPHERAL ARTERIAL DISEASE MEDS
        ii. Presence of at least 1 PAD REHABILITATION procedure in the past
3. Presence of at least 4 PAD diagnosis in the past at least 3 months apart
4. Presence of patient data confirming at least 1 PDD- PERIPHERAL ARTERIAL DISEASE in the past
5. Presence of patient data confirming at least 1 PDD- PAD PROCEDURE in the past
6. Presence of patient data confirming at least 1 PDD- PAD TREATMENT PLAN in the past

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CAD Validation

One of the following is correct:

1. All of the following are correct:
    a. Presence of at least 2 CAD diagnosis anytime in the past
    b. One of the following:
        i. Presence of At Least 1 Refill NITRATES-LONG ACTING in the past 6 months
        ii. Presence of Patient Data Confirming NITRATES-LONG ACTING Drug in the past 6 months
        iii. Presence of At Least 2 Refill NITRATES-SHORT ACTING in the past 6 months
        iv. Presence of At Least 1 Refill ANTIPLATELET AGENTS in the past 6 months
        v. Presence of At Least 1 Refill RANOLAZINE in the past 6 months
2. Presence of at least 1 CABG/PTCA/STENT/THROMBOLYSIS procedure in the past

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3. If Myocardial Infarction Validation is Confirmed for the member
4. Patient data confirming at least 1 PDD- CAD/MI/CABG/ANGIOPLASTY in the past

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CVA Validation

All of the following are correct:

1. If patient age >/= 18 years
2. One of the following is correct:
    a. Presence of at least 4 CVA SEQUALE diagnosis at least 1 month apart in the past
    b. Presence of patient data confirming at least 1 PDD- CVA in the past
    c. All of the following are correct:
        i. Presence of at least 2 CVA/TIA diagnosis in the past
        ii. One of the following is correct:
            1. Presence of At Least 1 Refill for AGGRENOX in the past 6 months
            2. Presence of At Least 1 Refill for PLAVIX in the past 6 months
            3. Presence of patient data confirming AGGRENOX in the past 6 months
            4. Presence of patient data confirming PLAVIX in the past 6 months
            5. Presence of at least 1 CAROTID ENDARTERECTOMY procedure in the past
            6. Presence of patient data confirming at least 1 PDD- CAROTID ENDARTERECTOMY in the past
            7. Presence of At Least 1 CEREBRAL THROMBOLYSIS Procedure in the past
            8. Presence of at least 1 HOSPITALIZATION procedure in the past overlapping within 7 days of 1 BRAIN IMAGING procedure and 1 CAROTID DOPPLER procedure in the past

CVA Validation Exclusions:

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The following is correct:

Presence of at least 2 INTRACEREBRAL HEMORRHAGE diagnosis in the past

Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

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THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

	(for NQF staff use) NQF Review #: EC-037-08 NQF Project: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY): 6/19/09*
2	*Title of Measure: Deep Vein Thrombosis Anticoagulation >= 3 Months*
3	**Brief description of measure [1]:** This measure identifies patients with deep vein thrombosis (DVT) on anticoagulation for at least 3 months after the diagnosis
4 (2a)	**Numerator Statement:** Patients in the denominator who had at least 3 months of anticoagulation after acute deep vein thrombosis (DVT) **Time Window:** **Numerator Details** (Definitions, codes with description): - Continuous use of 'heparins' at >= 80% medication possession ratio during the period of 90 days after onset date of Deep Vein Thrombosis (DVT); OR - >= 1 Rx claim for 'Coumarin Anticoagulants' within the period of 30 days after DVT onset date AND [(>=1 claim for 'Home PT Monitor' within 90 days after DVT onset date) OR (>=3 claims for 'Prothrombin Time' within 90 days after DVT onset date)]

Heparins (Medispan Drug)

Type	GPI Code	Description
GPI	83100020202001	Heparin Sodium (Porcine) Lock Flush IV Soln 1 Unit/ML
GPI	83100020202002	Heparin Sodium (Porcine) Lock Flush IV Soln 2 Unit/ML
GPI	83100020202005	Heparin Sodium (Porcine) Lock Flush Soln 10 Unit/ML
GPI	83100020202007	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML
GPI	83100020202010	Heparin Sodium (Porcine) Lock Flush Soln 100 Unit/ML
GPI	83100020202012	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML
GPI	83100020202015	Heparin Sodium (Porcine) Inj 1000 Unit/ML
GPI	83100020202018	Heparin Sodium (Porcine) Inj 2000 Unit/ML
GPI	83100020202020	Heparin Sodium (Porcine) Inj 2500 Unit/ML
GPI	83100020202025	Heparin Sodium (Porcine) Inj 5000 Unit/ML
GPI	83100020202035	Heparin Sodium (Porcine) Inj 10000 Unit/ML
GPI	83100020202045	Heparin Sodium (Porcine) Inj 20000 Unit/ML
GPI	83100020206405	Heparin Sodium (Porcine) w/ NaCl Lock Flush Kit 10 Unit/ML
GPI	83100020206410	Heparin Sodium (Porcine) w/ NaCl Lock Flush Kit 100 Unit/ML
GPI	83100020212015	Heparin Sodium (Bovine) Inj 1000 Unit/ML
GPI	83100020222005	Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%
GPI	83100020222010	Heparin Sodium (Porcine) 10 Unit/ML in Sodium Chloride 0.9%
GPI	83100020222015	Heparin Sodium (Porcine) 50 Unit/ML in Sodium Chloride 0.45%
GPI	83100020222020	Heparin Sodium (Porcine) 100 Unt/ML in Sodium Chloride 0.45%
GPI	83100020222030	Heparin Sodium (Porcine) 100 Unit/ML in Sodium Chloride 0.9%
GPI	83100020252005	Heparin Sodium (Porcine) 40 Unit/ML in D5W

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	GPI	83100020252010	Heparin Sodium (Porcine) 50 Unit/ML in D5W
	GPI	83100020252020	Heparin Sodium (Porcine) 100 Unit/ML in D5W
	GPI	83101010102215	Dalteparin Sodium Inj 10000 Unit/ML
	GPI	83101010102220	Dalteparin Sodium Inj 2500 Unit/0.2ML
	GPI	83101010102240	Dalteparin Sodium Inj 5000 Unit/0.2ML (25000 Unit/ML)
	GPI	83101020102010	Enoxaparin Sodium Inj 10 MG/0.1ML (100 MG/ML)
	GPI	83101020102020	Enoxaparin Sodium Inj 150 MG/ML
	GPI	83101080102040	Tinzaparin Sodium Inj 20000 anti-Xa Unit/ML
	GPI	83103030102020	Fondaparinux Sodium Inj 2.5 MG/0.5ML
	GPI	83103030102030	Fondaparinux Sodium Inj 2.5 MG/0.2ML
	Coumarin Anticoagulants (Medispan Drug)		
	Type	GPI Code	Description
	GPI	83200030200303	Warfarin Sodium Tab 1 MG
	GPI	83200030200305	Warfarin Sodium Tab 2 MG
	GPI	83200030200310	Warfarin Sodium Tab 2.5 MG
	GPI	83200030200311	Warfarin Sodium Tab 3 MG
	GPI	83200030200313	Warfarin Sodium Tab 4 MG
	GPI	83200030200315	Warfarin Sodium Tab 5 MG
	GPI	83200030200317	Warfarin Sodium Tab 6 MG
	GPI	83200030200320	Warfarin Sodium Tab 7.5 MG
	GPI	83200030200325	Warfarin Sodium Tab 10 MG
	GPI	83200030202102	Warfarin Sodium For Inj 5 MG
	GPI	83200030202900	Warfarin Sodium Powder
	GPI	83334020002120	Bivalirudin For IV Soln 250 MG
	GPI	83334050102120	Lepirudin For IV Soln 50 MG
	GPI	83337015002020	Argatroban Inj 100 MG/ML (For IV Infusion)
	Home PT Monitor		
	Type	HCPCS Code	Description
	HCPCS	G0248	Home PT Monitor
	HCPCS	G0249	Home PT Monitor
	HCPCS	GO250	Home PT Monitor
	Prothrombin Time		
	Type	GPI Code	Description
	ICD9	85610	Prothrombin Time
	ICD9	85611	Prothrombin Time
	ICD9	99363	Prothrombin Time
	ICD9	99364	Prothrombin Time
5 (2a)	**Denominator Statement:** Patients diagnosed with acute DVT more than 3 months prior to the end of the measurement year, who do not have contraindications to warfarin therapy (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma) **Time Window:** **Denominator Details** (Definitions, codes with description): - >=1 claim for acute DVT during the first 9 months of the measurement year, saving earliest DVT claim as onset date		

- AND has service eligibility beginning two years before the end of the measurement year through 90 days after the onset of acute DVT

Lower Extremity Deep Vein Thrombosis - DVT (Diagnosis)

Type	Code	Description
ICD9	45340	VENUS EMBO&THROMB UNS DP VES LW EXT
ICD9	45341	VENUS EMBO&THROMB DP PROX LW EXT
ICD9	45342	VENUS EMBO&THROMB DP DIST LW EXT

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(2a, 2d)

Denominator Exclusions: Does not have contraindications to warfarin, which includes evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma anytime during the two years prior to the end of the measurement year through 90 days following onset of DVT

Denominator Exclusion Details (Definitions, codes with description):
- Does not have warfarin contraindication, which is defined as:
  - >= 1 claims for 'Neurologic Surgery' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
  - OR >=1 claims for 'Eye Surgery' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
  - OR >=1 claims for 'GI Bleed' in any position from the office, inpatient or ER setting over the past 2 years;
  - OR >=1 claims for 'Aortic dissection' in any position the office, inpatient or ER setting over the past 2 years;
  - OR >=1 claims for 'Cerebral aneurysm' in any position from the office, inpatient or ER setting over the past 2 years;
  - OR >=1 claims for 'Pericarditis' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
  - OR >=1 claims for 'Bacterial Endocarditis' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
  - OR >=1 claims for 'Pregnancy' in any position from the office, inpatient or ER setting within 1 year before the onset of DVT;
  - OR >=1 claims for 'Hemorrhagic Tendencies' in any position from the office, inpatient or ER setting over the past 2 years;
  - OR >=1 claims for 'Head trauma' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT.

'Neurologic Surgery' (Procedure)

Type	Code	Description
ICD9P	01	INCI&EXC SKUL BRAIN&CERBRL MENINGES
ICD9P	010	CRANIAL PUNCTURE
ICD9P	0101	CISTERNAL PUNCTURE
ICD9P	0101	All Inclusive Rate
ICD9P	0102	VENTRICULOPUNCT THRU PREV IMPL CATH
ICD9P	0109	OTHER CRANIAL PUNCTURE
ICD9P	011	DX PROC SKULL BRAIN&CERBRL MENINGES
ICD9P	0111	Room & Board - Private (Medical or General)
ICD9P	0111	CLOSED BIOPSY OF CEREBRAL MENINGES
ICD9P	0112	OPEN BIOPSY OF CEREBRAL MENINGES
ICD9P	0112	Room & Board - Private (Medical or General)
ICD9P	0113	Room & Board - Private (Medical or General)
ICD9P	0113	CLOSED BIOPSY OF BRAIN

	ICD9P	0114	Room & Board - Private (Medical or General)
	ICD9P	0114	OPEN BIOPSY OF BRAIN
	ICD9P	0115	BIOPSY OF SKULL
	ICD9P	0115	Room & Board - Private (Medical or General)
	ICD9P	0118	Room & Board - Private (Medical or General)
	ICD9P	0118	OTH DX PROC BRAIN&CERBRL MENINGES
	ICD9P	0119	OTHER DIAGNOSTIC PROCEDURES SKULL
	ICD9P	0119	Room & Board - Private (Medical or General)
	ICD9P	012	CRANIOTOMY AND CRANIECTOMY
	ICD9P	0121	I&D OF CRANIAL SINUS
	ICD9P	0121	Room & Board - Semi-private Two Beds (Medical or General)
	ICD9P	0122	Room & Board - Semi-private Two Beds (Medical or General)
	ICD9P	0122	REMOVAL INTRACRAN NEUROSTIM LEAD(S)
	ICD9P	0123	Room & Board - Semi-private Two Beds (Medical or General)
	ICD9P	0123	REOPENING OF CRANIOTOMY SITE
	ICD9P	0124	Room & Board - Semi-private Two Beds (Medical or General)
	ICD9P	0124	OTHER CRANIOTOMY
	ICD9P	0125	OTHER CRANIECTOMY
	ICD9P	0125	Room & Board - Semi-private Two Beds (Medical or General)
	ICD9P	013	INCISION OF BRAIN&CEREBRAL MENINGES
	ICD9P	0131	INCISION OF CEREBRAL MENINGES
	ICD9P	0131	Semi-Private - Three and Four Beds (Medical or General)
	ICD9P	0132	LOBOTOMY AND TRACTOTOMY
	ICD9P	0132	Semi-Private - Three and Four Beds (Medical or General)
	ICD9P	0139	Semi-Private - Three and Four Beds (Medical or General)
	ICD9P	0139	OTHER INCISION OF BRAIN
	ICD9P	014	OPERATIONS THALAMUS&GLOBUS PALLIDUS
	ICD9P	0141	OPERATIONS ON THALAMUS
	ICD9P	0141	Private (Deluxe) (Medical or General)
	ICD9P	0142	Private (Deluxe) (Medical or General)
	ICD9P	0142	OPERATIONS ON GLOBUS PALLIDUS
	ICD9P	015	OTH EXCISION/DESTRUC BRAIN&MENINGES
	ICD9P	0151	EXC LESION/TISSUE CERBRL MENINGES
	ICD9P	0151	Room & Board Ward (Medical or General)
	ICD9P	0152	Room & Board Ward (Medical or General)
	ICD9P	0152	HEMISPHERECTOMY
	ICD9P	0153	Room & Board Ward (Medical or General)
	ICD9P	0153	LOBECTOMY OF BRAIN
	ICD9P	0159	OTH EXC/DESTRUC LESION/TISSUE BRAIN
	ICD9P	0159	Room & Board Ward (Medical or General)
	ICD9P	016	EXCISION OF LESION OF SKULL
	ICD9P	02	OTH OP SKULL BRAIN&CERBRL MENINGES
	ICD9P	020	CRANIOPLASTY
	ICD9P	0201	OPENING OF CRANIAL SUTURE
	ICD9P	0201	Intensive Care
	ICD9P	0202	ELEVATION SKULL FRACTURE FRAGMENTS
	ICD9P	0202	Intensive Care
	ICD9P	0203	FORMATION OF CRANIAL BONE FLAP
	ICD9P	0203	Intensive Care
	ICD9P	0204	BONE GRAFT TO SKULL
	ICD9P	0204	Intensive Care
	ICD9P	0205	INSERTION OF SKULL PLATE
	ICD9P	0206	OTHER CRANIAL OSTEOPLASTY
	ICD9P	0206	Intensive Care
	ICD9P	0207	Intensive Care
	ICD9P	0207	REMOVAL OF SKULL PLATE
	ICD9P	021	REPAIR OF CEREBRAL MENINGES
	ICD9P	0211	Coronary Care

	ICD9P	0211	SIMPLE SUTURE DURA MATER BRAIN
	ICD9P	0212	Coronary Care
	ICD9P	0212	OTHER REPAIR OF CEREBRAL MENINGES
	ICD9P	0213	Coronary Care
	ICD9P	0213	LIGATION OF MENINGEAL VESSEL
	ICD9P	0214	CHOROID PLEXECTOMY
	ICD9P	0214	Coronary Care
	ICD9P	022	VENTRICULOSTOMY
	ICD9P	023	EXTRACRANIAL VENTRICULAR SHUNT
	ICD9P	0231	Incremental Nursing Charge Rate
	ICD9P	0231	VENTRICULAR SHNT STRUCTURE HEAD&NCK
	ICD9P	0232	Incremental Nursing Charge Rate
	ICD9P	0232	VENTRICULAR SHUNT CIRC SYSTEM
	ICD9P	0233	VENTRICULAR SHUNT THORACIC CAVITY
	ICD9P	0233	Incremental Nursing Charge Rate
	ICD9P	0234	VENTRICULAR SHUNT ABD CAVITY&ORGANS
	ICD9P	0234	Incremental Nursing Charge Rate
	ICD9P	0235	Incremental Nursing Charge Rate
	ICD9P	0235	VENTRICULAR SHUNT TO URINARY SYSTEM
	ICD9P	0239	Incremental Nursing Charge Rate
	ICD9P	0239	OTH OP ESTABLISH DRAIN VENTRICLE
	ICD9P	024	REV REMOVAL&IRRIG VENTRICULAR SHNT
	ICD9P	0241	All Inclusive Ancillary
	ICD9P	0241	IRRIGATION&EXPL VENTRICULAR SHUNT
	ICD9P	0242	All Inclusive Ancillary
	ICD9P	0242	REPLACEMENT OF VENTRICULAR SHUNT
	ICD9P	0243	REMOVAL OF VENTRICULAR SHUNT
	ICD9P	0243	All Inclusive Ancillary
	ICD9P	029	OTH OP SKULL BRAIN&CERBRL MENINGES
	ICD9P	0291	LYSIS OF CORTICAL ADHESIONS
	ICD9P	0291	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0292	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0292	REPAIR OF BRAIN
	ICD9P	0293	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0293	IMPL/REPL INTRACRAN NEUROSTIM LEAD
	ICD9P	0294	INSRT/REPLCMT SKULL TONGS/HALO
	ICD9P	0294	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0295	REMOVL SKULL TONGS/HALO TRAC DEVICE
	ICD9P	0296	INSERTION OF SPHENOIDAL ELECTRODES
	ICD9P	0299	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0299	OTH OP SKULL BRAIN&CERBRL MENINGES
	ICD9P	03	OP SPINAL CORD&SPINAL CANAL STRCT
	ICD9P	030	EXPL&DECOMPRS SPINAL CANAL STRCT
	ICD9P	0301	REMOVAL FB FROM SPINAL CANAL
	ICD9P	0301	Laboratory
	ICD9P	0302	Laboratory
	ICD9P	0302	REOPENING OF LAMINECTOMY SITE
	ICD9P	0309	Laboratory
	ICD9P	0309	OTH EXPL&DECOMPRS SPINAL CANAL
	ICD9P	031	DIVISION OF INTRASPINAL NERVE ROOT
	ICD9P	032	CHORDOTOMY
	ICD9P	0321	Radiology - Diagnostic
	ICD9P	0321	PERCUTANEOUS CHORDOTOMY
	ICD9P	0329	Radiology - Diagnostic
	ICD9P	0329	OTHER CHORDOTOMY
	ICD9P	033	DX PROC SP CORD&SP CANAL STRCT
	ICD9P	0331	Radiology - Therapeutic
	ICD9P	0331	SPINAL TAP

	ICD9P	0332	Radiology - Therapeutic
	ICD9P	0332	BIOPSY SPINAL CORD/SPINAL MENINGES
	ICD9P	0339	Radiology - Therapeutic
	ICD9P	0339	OTH DX PROC SP CORD&SP CANAL STRCT
	ICD9P	034	EXC/DESTRUC LES SP CORD/SP MENINGES
	ICD9P	035	PLASTIC OP SPINAL CORD STRUCTURES
	ICD9P	0351	REPAIR OF SPINAL MENINGOCELE
	ICD9P	0351	Computed Tomographic (CT) Scan
	ICD9P	0352	Computed Tomographic (CT) Scan
	ICD9P	0352	REPAIR OF SPINAL MYELOMENINGOCELE
	ICD9P	0353	REPAIR OF VERTEBRAL FRACTURE
	ICD9P	0359	Computed Tomographic (CT) Scan
	ICD9P	0359	OTH REPR&PLSTC OP SPINAL CORD STRCT
	ICD9P	036	LYSIS ADHES SPINAL CORD&NERVE ROOTS
	ICD9P	037	SHUNT OF SPINAL THECA
	ICD9P	0371	Anesthesia
	ICD9P	0371	SPINAL SUBARACHNOID-PERITON SHUNT
	ICD9P	0372	Anesthesia
	ICD9P	0372	SPINAL SUBARACHNOID-URETERAL SHUNT
	ICD9P	0379	Anesthesia
	ICD9P	0379	OTHER SHUNT OF SPINAL THECA
	ICD9P	038	INJ DESTRUC AGT IN SPINAL CANAL
	ICD9P	039	OTH OP SP CORD&SP CANAL STRCT
	ICD9P	0390	INSRT SPINAL CANAL INFUS CATH
	ICD9P	0390	Blood Storage and Processing
	ICD9P	0391	Blood Storage and Processing
	ICD9P	0391	INJECTION ANES-SPINAL CANAL ANALG
	ICD9P	0392	INJECTION OTH AGT INTO SPINAL CANAL
	ICD9P	0393	IMPL/REPL SPINAL NEUROSTIM LEAD(S)
	ICD9P	0394	REMV SPINAL NEUROSTIMULATOR LEAD(S)
	ICD9P	0395	SPINAL BLOOD PATCH
	ICD9P	0396	PERCUTANEOUS DENERVATION OF FACET
	ICD9P	0397	REVISION OF SPINAL THECAL SHUNT
	ICD9P	0398	REMOVAL OF SPINAL THECAL SHUNT
	ICD9P	0399	Blood Storage and Processing
	ICD9P	0399	OTH OP SP CORD&SP CANAL STRCT
	ICD9P	04	OPERATIONS CRANIAL&PERIPHERAL NERV
	ICD9P	040	INCISION DIV&EXC CRANIL&PERIPH NERV
	ICD9P	0401	Other Imaging Services
	ICD9P	0401	EXCISION OF ACOUSTIC NEUROMA
	ICD9P	0402	DIVISION OF TRIGEMINAL NERVE
	ICD9P	0402	Other Imaging Services
	ICD9P	0403	DIV/CRUSHING OTH CRANIL&PERIPH NERV
	ICD9P	0403	Other Imaging Services
	ICD9P	0404	OTH INCISION CRANIAL&PERIPH NERV
	ICD9P	0404	Other Imaging Services
	ICD9P	0405	GASSERIAN GANGLIONECTOMY
	ICD9P	0406	OTH CRANIAL/PERIPHERAL GANGECTOMY
	ICD9P	0407	OTH EXC/AVUL CRANIL&PERIPH NERV
	ICD9P	041	DX PROC PERIPHERAL NERVOUS SYSTEM
	ICD9P	0411	CLOS BX CRANIAL/PERIPH NERVE/GANG
	ICD9P	0412	Respiratory Services
	ICD9P	0412	OPEN BX CRANIAL/PERIPH NERVE/GANG
	ICD9P	0419	OTH DX PROC CRANL-PERIPH NERV-GANGL
	ICD9P	0419	Respiratory Services
	ICD9P	042	DESTRUC CRANIAL&PERIPHERAL NERVES
	ICD9P	043	SUTURE OF CRANIAL&PERIPHERAL NERVES
	ICD9P	044	LYSIS ADHES-DECOMP CRANL-PERIPH NRV

	ICD9P	0441	DECOMPRESSION TRIGEMINAL NERVE ROOT
	ICD9P	0441	Speech-Language Pathology
	ICD9P	0442	Speech-Language Pathology
	ICD9P	0442	OTHER CRANIAL NERVE DECOMPRESSION
	ICD9P	0443	RELEASE OF CARPAL TUNNEL
	ICD9P	0443	Speech-Language Pathology
	ICD9P	0444	Speech-Language Pathology
	ICD9P	0444	RELEASE OF TARSAL TUNNEL
	ICD9P	0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS
	ICD9P	0449	Speech-Language Pathology
	ICD9P	045	CRANIAL OR PERIPHERAL NERVE GRAFT
	ICD9P	046	TRANSPOSITION CRANIAL&PERIPH NERV
	ICD9P	047	OTH CRANIAL/PERIPHERAL NEUROPLASTY
	ICD9P	0471	HYPOGLOSSAL-FACIAL ANASTOMOSIS
	ICD9P	0471	Audiology
	ICD9P	0472	Audiology
	ICD9P	0472	ACCESSORY-FACIAL ANASTOMOSIS
	ICD9P	0473	ACCESSORY-HYPOGLOSSAL ANASTOMOSIS
	ICD9P	0474	OTH ANASTOM CRANIAL/PERIPH NERVE
	ICD9P	0475	REV PREV REPR CRANIL&PERIPH NERV
	ICD9P	0476	REPR OLD TRAUMA CRANIAL-PERIPH NERV
	ICD9P	0479	Audiology
	ICD9P	0479	OTHER NEUROPLASTY
	ICD9P	048	INJECTION INTO PERIPHERAL NERVE
	ICD9P	0480	PERIPHERAL NERVE INJECTION NOS
	ICD9P	0480	Cardiology
	ICD9P	0481	Cardiology
	ICD9P	0481	INJECTION ANESIN PERIPH NERVE ANALG
	ICD9P	0489	Cardiology
	ICD9P	0489	INJECTION OTH AGT EXCEPT NEUROLYTIC
	ICD9P	049	OTH OP CRANIAL&PERIPHERAL NERV
	ICD9P	0491	NEURECTASIS
	ICD9P	0492	IMPL/REPL PERIPH NEUROSTIM LEAD(S)
	ICD9P	0493	REMV PERIPH NEUROSTIMULATOR LEAD(S)
	ICD9P	0499	Ambulatory Surgical Care
	ICD9P	0499	OTH OP CRANIAL&PERIPHERAL NERV
	ICD9P	05	OPERATIONS SYMPATHETIC NERV/GANGLIA
	ICD9P	050	DIVISION SYMPATHETIC NERVE/GANGLION
	ICD9P	051	DX PROC SYMPATHETIC NERVES/GANGLIA
	ICD9P	0511	BIOPSY SYMPATHETIC NERVE/GANGLION
	ICD9P	0511	Clinic
	ICD9P	0519	OTH DX PROC SYMPATHET NERV/GANGLIA
	ICD9P	0519	Clinic
	ICD9P	052	SYMPATHECTOMY
	ICD9P	0521	Free-Standing Clinic
	ICD9P	0521	SPHENOPALATINE GANGLIONECTOMY
	ICD9P	0522	CERVICAL SYMPATHECTOMY
	ICD9P	0522	Free-Standing Clinic
	ICD9P	0523	LUMBAR SYMPATHECTOMY
	ICD9P	0523	Free-Standing Clinic
	ICD9P	0524	PRESACRAL SYMPATHECTOMY
	ICD9P	0524	Visit by RHC/FQHC Practitioner
	ICD9P	0525	PERIARTERIAL SYMPATHECTOMY
	ICD9P	0529	OTHER SYMPATHECTOMY&GANGLIONECTOMY
	ICD9P	0529	Free-Standing Clinic
	ICD9P	053	INJECTION IN SYMPATHETIC NERVE/GANG
	ICD9P	0531	INJ ANESIN SYMPATHETIC NERVE ANALG
	ICD9P	0531	Osteopathic Services

	ICD9P	0532	INJ NEURLYT AGT IN SYMPATHETIC NERV
	ICD9P	0539	Osteopathic Services
	ICD9P	0539	OTH INJ IN SYMPATHETIC NERVE/GANG
	ICD9P	058	OTH OP SYMPATHETIC NERV/GANGLIA
	ICD9P	0581	Other Visits (Home Health)
	ICD9P	0581	REPAIR SYMPATHETIC NERVE/GANGLION
	ICD9P	0589	Other Visits (Home Health)
	ICD9P	0589	OTH OP SYMPATHETIC NERV/GANGLIA
	ICD9P	059	OTHER OPERATIONS ON NERVOUS SYSTEM
	CPT4	61000	SUBDURAL TAP-FONTANEL INFANT; INIT
	CPT4	61001	SUBDRL TAP-FNTANL INFNT;SUBSQT TAPS
	CPT4	61020	VENTRICULAR PUNCT-SUTURE; W/O INJ
	CPT4	61026	VENTRICULAR PUNCT; W/INJ MED-DX/TX
	CPT4	61050	CISTERNAL/LAT CERV PUNCT; W/O INJ
	CPT4	61070	PUNCT SHUNT TUBE/RESERVOIR-ASPIRAT
	CPT4	61105	TWIST DRILL HOLE
	CPT4	61105	TWIST DRILL HOLE SUBDUR/VENT PUNCT;
	CPT4	61107	DRILL SKULL FOR IMPLANTATION
	CPT4	61107	TWIST DRILL HOLE; IMPLNT VENT CATH
	CPT4	61108	TWIST DRILL HOLE; EVACUAT HEMATOMA
	CPT4	61120	BURR HOLE FOR VENTRICULAR PUNCTURE
	CPT4	61140	BURR HOLE/TREPHINE; W/BX-BRAIN/LES
	CPT4	61150	BURR HOLE; W/DRN BRAIN ABSC/CYST
	CPT4	61151	BURR HOLE; W/SUBSQT TAP ABSC/CYST
	CPT4	61154	BURR HOLE W/EVAC &/ DRAIN HEMATOMA
	CPT4	61156	BURR HOLE; W/ASPIR-HEMATAMOA/CYST
	CPT4	61210	BURR HOLE; IMPLNT VNTRICULR CATH-SP
	CPT4	61210	PIERCE SKULL, IMPLANT DEVICE
	CPT4	61215	INSRT SUBQ RESERVOIR PUMP/INFUS SYS
	CPT4	61250	BURR HOLE SUPRATENTOR-NO OTHER SURG
	CPT4	61253	BURR HOLE-INFRATENTORIAL-UNI/BIL
	CPT4	61304	CRANIECT/CRANIOT EXPL; SUPRATENTOR
	CPT4	61305	CRANIECT/CRANIOT EXPL; INFRATENTOR
	CPT4	61312	CRANIECTMY-SUPRATEN; EXTRA/SUBDURAL
	CPT4	61313	CRANIECTMY-SUPRATEN; INTRACEREBRAL
	CPT4	61314	CRANIECTOMY-INFRATEN; EXTRA/SUBDURL
	CPT4	61315	CRANIECT-INFRATENT; INTRACEREBELLAR
	CPT4	61316	INCI & SUBQ PLCMT CRANIAL BONE GFT
	CPT4	61320	CRANIECT DRAIN ABSCESS; SUPRATENT
	CPT4	61321	CRANIECT DRAIN ABSCESS; INFRATENTOR
	CPT4	61322	CRANI/CRNIOT NO EVAC HEMAT;NO LOBCT
	CPT4	61323	CRANI/CRANIOT NO EVAC HEMAT; LOBECT
	CPT4	61330	DECOMP ORBIT ONLY TRANSCRAN APPROCH
	CPT4	61332	EXPLORATION OF ORBIT; WITH BIOPSY
	CPT4	61333	EXPLORATION ORBIT; W/REMOVAL LESION
	CPT4	61334	EXPL ORBIT; W/REMOVAL FOREIGN BODY
	CPT4	61340	SUBTEMPORAL CRANIAL DECOMPRESSION
	CPT4	61343	CRANIECTOMY-SUBOCCIPIT W/LAMINEC
	CPT4	61345	OTH CRANIAL DECOMPRS POST FOSSA
	CPT4	61440	CRANIOT SECTION TENTORIUM CEREBELLI
	CPT4	61450	CRANIECT-SUBTEMP-SECT GASSRIAN GANG
	CPT4	61458	CRANIECT SUBOCCIPITAL; EXPLOR NERV
	CPT4	61460	CRANIECT SUBOCCIPIT; SECT CRAN NERV
	CPT4	61470	CRANIECT SUBOCCIP; MEDULRY TRACTOT
	CPT4	61480	CRANIECT SUBOCCIPIT; PEDUNCULOTOMY
	CPT4	61490	CRANIOT LOBOTOMY INCL CINGULOTOMY
	CPT4	61500	CRANI; W/EXC TUMR/OTH BN LES SKUL
	CPT4	61501	CRANIECTOMY; FOR OSTEOMYELITIS

	CPT4	61510	CRANIECT; EXC BRAIN TUMR SUPRATENT
	CPT4	61512	CRANIECTMY; EXC MENINGOMA-SUPRATENT
	CPT4	61514	CRANIECTOMY; EXC ABSCESS-SUPRATENT
	CPT4	61516	CRANIECTOMY; EXC CYST-SUPRATENT
	CPT4	61517	IMPL BRAIN INTRACAVITARY CHEMO AGT
	CPT4	61518	CRANIECT-POST FOSSA; NOT MENINGIOMA
	CPT4	61519	CRANIECT-POST FOSSA; MENINGIOMA
	CPT4	61520	CRANIECT-POST FOSA; CEREBELLOPONTIN
	CPT4	61521	CRANIECT; MIDLINE TUMOR BASE SKULL
	CPT4	61522	CRANIECTOMY INFRATENT; EXC ABSCESS
	CPT4	61524	CRANIECTOMY INFRATENT; EXC CYST
	CPT4	61526	CRANIECT-TRANSTEMP; EXC CPA TUMOR
	CPT4	61530	CRANIEC; COMBO W/POST FOSSA CRANIOT
	CPT4	61531	SUBDURAL IMPLNT STRIP ELECTRODES
	CPT4	61533	CRANIOTOMY W/FLAP; IMPLNT ELECTRODE
	CPT4	61534	CRANIOT W/FLAP; EXC EPILEPTOG FOCUS
	CPT4	61535	CRANIOT W/FLP; REMOV ELECT SEP PROC
	CPT4	61536	CRANIOT W/FLAP; EXC CEREBRAL EPILEP
	CPT4	61538	CRANIOT W/FLAP; LOBECTOMY TEMP LOBE
	CPT4	61539	CRANIOT W/FLAP;LOBECT-NOT TEMP LOBE
	CPT4	61541	CRANIOTMY; TRANSECT CORPUS CALLOSUM
	CPT4	61542	CRANIOTOMY; TOT HEMISPHERECTOMY
	CPT4	61543	CRANIOTOMY; PART HEMISPHERECTOMY
	CPT4	61544	CRANIOT; COAGULATION CHOROID PLEXUS
	CPT4	61545	CRANIOTOMY; CRANIOPHARYNGIOMA
	CPT4	61546	CRANIOTOMY-HYPOPHYSECTOMY-INTRACRAN
	CPT4	61548	HYPOPHYSECT-TRNSNASL NONSTREOTACTIC
	CPT4	61550	CRANI CRANIOSYNOSTOS; 1 CRANIL SUT
	CPT4	61552	CRANIEC CRANIOSYNOSTOSIS; MX SUTURE
	CPT4	61556	CRANIOT CRANIOSYNOSTOS;FRNTL BN FLP
	CPT4	61557	CRANIOT CRANIOSYNOSTOSIS; BIFRONTAL
	CPT4	61558	EXTEN CRANIEC-CRANIOSYNOS; NO GFT
	CPT4	61559	EXTEN CRANIEC; RECONTOUR W/OSTEOTOM
	CPT4	61563	EXC BEN TUMR; W/O OPTIC NERV DECOMP
	CPT4	61564	EXC BEN TUMOR; W/OPTIC NERV DECOMP
	CPT4	61570	CRANI/CRANIOT; W/EXC FB FROM BRAIN
	CPT4	61571	CRANIECT; W/TX PENETRAT WOUND BRAIN
	CPT4	61575	TRANSORAL APPROACH SKULL BASE-BX
	CPT4	61576	TRANSORL-SKULL BASE; W/SPLIT TONGUE
	CPT4	61580	CRANIOFAC-ANT CRAN; W/O MAXILLECTMY
	CPT4	61581	CRANIOFAC-ANT CRAN; INCL MAXILLECT
	CPT4	61582	CRANIOFAC APPROACH; ELEV FRONT LOBE
	CPT4	61583	CRANIOFAC APPROACH; RESEC FRONT LOB
	CPT4	61584	ORBITOCRANL APPRCH; W/O ORBIT EXENT
	CPT4	61585	ORBITOCRANIAL APPRCH; W/ORBIT EXENT
	CPT4	61586	BICORON/TRANSZYGO APPRCH-ANT CRANIA
	CPT4	61590	INFRATEMP APPRCH INCL PAROTIDECTOMY
	CPT4	61591	INFRATEMP APPRCH INCL MASTOIDECTOMY
	CPT4	61592	ORBITOCRAN ZYGOMAT APPRCH OSTEOTOMY
	CPT4	61595	TRANSTEMP APPRCH INCL MASTOIDECTOMY
	CPT4	61596	TRANSCOCHLR APPRCH W/LABYRINTHECT
	CPT4	61597	TRNSCONDYL APPRCH INCL RES C1-C3
	CPT4	61598	TRNSPETROSAL APPRCH INCL LIG SINUS
	CPT4	61600	RES/EXC INF LES ANT FOSSA; XTRADURL
	CPT4	61601	RES/EXC INF LES ANT FOSSA; INTRDURL
	CPT4	61605	RES/EXC LES INFRATEMP; EXTRADURAL
	CPT4	61606	RES/EXC LES INFRATEMP; INTRADURAL
	CPT4	61607	RES/EXC LES PARASELLAR; EXTRADURAL

	CPT4	61608	RES/EXC LES PARASELLAR; INTRADURAL
	CPT4	61609	TRANSECT/LIG CAROTID ART; W/O REPR
	CPT4	61610	TRANSECT/LIG CAROTID ART; W/REPR
	CPT4	61611	TRANSECT CAROTID-PETROUS; W/O REPR
	CPT4	61612	TRANSEC CAROTID-PETROUS; W/REPR-GFT
	CPT4	61613	OBLIT CAROTID ANEURY/FIST-DISSECT
	CPT4	61615	RES/EXC INF LES POST FOSSA; XTRDURL
	CPT4	61616	RES/EXC INF LES POST FOSSA;INTRDURL
	CPT4	61618	SECONDARY REPR DURA; FREE TISS GFT
	CPT4	61619	SECONDARY REPR DURA; LOCAL/REG FLP
	CPT4	61623	ENDOVSC TMP BALLN ART OCCL HEAD/NCK
	CPT4	61624	TRNSCATH PERM OCCL/EMBOLIZ PERQ;CNS
	CPT4	61626	TRNSCATH PERM OCCL PERQ; NON-CNS
	CPT4	61680	SURG AV MALFORM; SUPRATENT-SIMPLE
	CPT4	61682	SURG AV MALFORM; SUPRATENT COMPLEX
	CPT4	61684	SURG AV MALFORM; INFRATENT SIMPLE
	CPT4	61686	SURG AV MALFORM; INFRATENT COMPLEX
	CPT4	61690	SURG AV MALFORM; DURAL SIMPLE
	CPT4	61692	SURG AV MALFORM; DURAL COMPLEX
	CPT4	61697	COMPLX ANEUR INTRACRAN; CAROTD CIRC
	CPT4	61698	COMPLX ANEUR INTRACRAN; VERTEB-BASL
	CPT4	61700	SIMPL ANEUR INTRACRAN; CAROTID CIRC
	CPT4	61702	SIMPL ANEUR INTRACRAN; VERTEB-BASLR
	CPT4	61703	SURG ANEURY-CERV-APPLIC CLAMP-CAROT
	CPT4	61705	SURG ANEURY; INTRACRAN OCCLUS CAROT
	CPT4	61708	SURG ANEURY; INTRACRAN ELECTROTHROM
	CPT4	61710	SURG ANEURY; INTRA-ART EMBOLIZATION
	CPT4	61711	ANASTOM ART XTRACRAN-INTRACRAN ART
	CPT4	61720	CREAT LES-STEREOTAC; GLOBUS PALLIDS
	CPT4	61735	CREAT LES-STEREOTACTIC; SUBCORTICAL
	CPT4	61750	STEREOTACTIC BX/EXC INTRACRAN LES
	CPT4	61751	STREOTAC BX ASPIR/EXC IC LES;CT&/MR
	CPT4	61760	STEREOTAC IMPLNT-ELECTRODE-CEREBRUM
	CPT4	61770	STERTAC LOCALIZ-CATH-PLC RAD SOURCE
	CPT4	61790	CREAT LES-STEREOTAC; GASSERIAN GANG
	CPT4	61791	CREAT LES-STEREOTAC; TRIGEM MEDULRY
	CPT4	61793	STEREOTAC RADIOSURG 1/MORE SESSIONS
	CPT4	61795	STEREOTAC VOL-INTRA/EXTRACRAN/SPINL
	CPT4	61850	IMPLNT NEUROSTIM ELECTRODES-CORTICL
	CPT4	61860	CRANIEC-IMPLNT NEUROSTIM-CEREB-CORT
	CPT4	61863	TWST DRL BURR CRANIOT NO REC;1 ARAY
	CPT4	61867	TWST DRL BURR CRANIOT W/REC;1 ARRAY
	CPT4	61868	TWST DRL BURR CRANIOT W/REC; EA ADD
	CPT4	61870	CRANIECT-ELECTROD CEREBELLAR; CORTI
	CPT4	61875	CRANIECT-ELECTROD CEREBELLAR; SUBCO
	CPT4	61880	REV/REMOVL INTRACRAN NEUROSTIM ELEC
	CPT4	61885	INSRT/REPL CRAN NEUROSTIM; 1 ARRAY
	CPT4	61886	INSRT/REPL CRAN NEUROSTM; 2/>ARRAYS
	CPT4	61888	REVIS/REMOV CRANIAL NEUROSTIM GEN
	CPT4	62000	ELEV DPRSD SKULL FX; SMPL XTRADURL
	CPT4	62005	ELEVAT SKULL FX; COMPOUND EXTRADURL
	CPT4	62010	ELEVAT DPRSD SKULL FX; W/REPR DURA
	CPT4	62100	CRANIOT-REPR CSF LEAK W/SURG-OTORRH
	CPT4	62115	RDUC CRANIOMEGALIC SKULL; W/O GFT
	CPT4	62116	RDUC CRANIOMEGALIC SKULL; W/PLSTY
	CPT4	62117	RDUC CRANIOMEGALIC; W/CRANIOTOMY
	CPT4	62120	REPR ENCEPHALOCELE INCL CRANIOPLSTY
	CPT4	62121	CRANIOT REP ENCEPHALOCELE SKUL BASE

	CPT4	62140	CRANIPLSTY SKUL DEFEC; UP 5 CM DIAM
	CPT4	62141	CRANIOPLASTY SKULL DEFECT; > 5 CM
	CPT4	62142	REMOVL BN FLP/PROSTHETIC PLAT SKULL
	CPT4	62143	REPLCMT BN FLP/PROSTH PLAT SKULL
	CPT4	62145	CRANIOPLSTY-DEFEC W/REPR BRAIN SURG
	CPT4	62146	CRANIPLSTY W/AUTOGFT; UP 5 CM DIAM
	CPT4	62147	CRANIOPLASTY W/AUTOGFT; > 5 CM
	CPT4	62148	INCI&RETREV SUBQ CRANL BG CRANIPLST
	CPT4	62160	NEUROENDO IC PLCMT VENT CATH SHNT
	CPT4	62161	NEUROENDO IC;DISSCT ADHS FENS SEPTM
	CPT4	62162	NEUROENDO IC;EXC COLLOID CYST CATH
	CPT4	62163	NEUROENDO INTRACRAN; W/RETRIEVAL FB
	CPT4	62164	NEUROENDO IC; EXC BRAIN TUMR CATH
	CPT4	62165	NEUROENDO IC; EXC PITUIT TUMR
	CPT4	62180	VENTRICULOCISTERNOSTOMY
	CPT4	62190	CREATION SHUNT; SUBARACHNOD/SUBDURL
	CPT4	62192	CREATION SHUNT; SUBDURAL-PERITONEAL
	CPT4	62194	REPLAC/IRRIGA SUBARACHNOID CATHETER
	CPT4	62200	VENTRICULOCISTERNOSTOMY1/3VENT;
	CPT4	62201	VENTRCULOCISTRNOST 3RD VENT;STEREOT
	CPT4	62220	CREATION SHUNT; VENTRICULO-ATRIAL
	CPT4	62223	CREATION SHUNT; VENTRICULO-PERITONL
	CPT4	62225	REPLCMT/IRRIGATION VENTRICULAR CATH
	CPT4	62230	REPLAC/REVIS CSF SHUNT/OBST VALVE
	CPT4	62252	REPROG PROG CEREBROSPINAL SHUNT
	CPT4	62256	REMV CMPL CSF SHUNT; W/O REPLAC
	CPT4	62258	REMV CMPL CSF SHUNT; W/REPLACEMENT
	CPT4	62263	PERQ LYSIS EPID ADHES MX; 2/> DAY
	CPT4	62264	PERQ LYSIS EPIDURL ADHES MX; 1 DAY
	CPT4	62268	PERQ ASPIR SPINAL CORD CYST/SYRINX
	CPT4	62269	BX SPINAL CORD PERCUTANEOUS NEEDLE
	CPT4	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC
	CPT4	62272	SP PUNCT TX DRAIN CEREBROSP FL
	CPT4	62273	INJECTION EPIDURAL BLOOD/CLOT PATCH
	CPT4	62280	INJ NEUROLY W/WO OTH SUB; SUBARACH
	CPT4	62281	INJ NEUROLY W/WO OTH SUBST;EPID C/T
	CPT4	62282	INJ NEUROLY W/WO OTH SUBST;EPID L/S
	CPT4	62287	ASPIR/DECOMPRESS-NUC PULPOS-LUMB
	CPT4	62292	INJ PROC-CHEMONUCLEOLYSIS; 1/MX LUM
	CPT4	62294	INJ PROC ART OCCL AV MALFORM SPINAL
	CPT4	62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/THOR
	CPT4	62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/SAC
	CPT4	62318	INJ NOT NEUROLYTIC-EPID; CERV/THOR
	CPT4	62319	INJ NOT NEUROLYTIC-EPID; LUMB/SAC
	CPT4	62350	IMPLANT EPID CATH-MEDS; W/O LAMINEC
	CPT4	62351	IMPLANT EPID CATH-MEDS; W/LAMINECT
	CPT4	62355	REMOV PREV IMPLNT INTHEC/EPID CATH
	CPT4	62360	IMPLANT/REPLAC DEVICE-EPID; RESVOIR
	CPT4	62361	IMPLANT/REPLC DEVICE-EPID; NONPROGM
	CPT4	62362	IMPLANT/REPLAC DEVICE-EPID; PROGMBL
	CPT4	62365	REMOV PREV IMPLNT SUBQ RESVOIR/PUMP
	CPT4	62367	ELEC ANALY PROGRM PUMP; NO REPROGRM
	CPT4	62368	ELEC ANALYS PROGRM PUMP; W/REPROGRM
	CPT4	63001	LAMINECT W/EXPLOR 1-2 VERTEB; CERV
	CPT4	63003	LAMINECT W/EXPLOR 1-2 VERTEB; THORA
	CPT4	63005	LAMINECT W/EXPLOR; LUMBAR EX SPONDY
	CPT4	63011	LAMINECT W/EXPLOR 1-2 SEGMT; SACRAL
	CPT4	63012	LAMINECT W/REMOV ABNL FACETS-LUMBAR

	CPT4	63015	LAMINECT W/EXPLOR > 2 SEGMT; CERV
	CPT4	63016	LAMINECT W/EXPLOR > 2 SEGMT; THORAC
	CPT4	63017	LAMINECT W/EXPLOR > 2 SEGMT; LUMBAR
	CPT4	63020	LAMINOT W/DECOMP; 1 INTERSPACE CERV
	CPT4	63030	LAMINOT W/ DECOMP; 1 INTERSPACE LUM
	CPT4	63035	LAMINOT; EA ADD INTERSPAC CERV/LUMB
	CPT4	63040	LAMINOT W/DECOMP RE-EXPLOR-1; CERV
	CPT4	63042	LAMINOT W/DECOMP RE-EXPLOR-1; LUMB
	CPT4	63043	LAMINOT RE-EXPLOR SNGL; EA ADD CERV
	CPT4	63044	LAMINOT REEXPLOR SINGL; EA ADD LUMB
	CPT4	63045	LAMINECT 1 VERT SEGMT-UNI/BIL; CERV
	CPT4	63046	LAMINECT 1 VERT SEGMT-UNI/BIL; THOR
	CPT4	63047	LAMINECT 1 VERT SEGMT-UNI/BIL; LUMB
	CPT4	63048	LAMINECT 1 SEGMT-UNI/BIL; EA ADD
	CPT4	63051	LAMINPLST CERV 2/>SEG;RECON POST BN
	CPT4	63055	TRANSPEDIC W/DECOM 1 SEG; THORACIC
	CPT4	63056	TRANSPEDIC W/DECOM 1 SEG; LUMBAR
	CPT4	63057	TRANSPEDIC W/DECOM 1 SEG; EA ADD
	CPT4	63064	COSTOVERTEBRAL THORACIC; SINGLE SEG
	CPT4	63066	COSTOVERTEB THORACIC; EA ADD SEG
	CPT4	63075	DISKECT ANT; CERVICAL 1 INTERSPACE
	CPT4	63076	DISKECT ANT; CERV EA ADD INTERSPACE
	CPT4	63077	DISKECT ANT; THORACIC 1 INTERSPACE
	CPT4	63078	DISKECT; THORACIC EA ADD INTERSPACE
	CPT4	63081	VERTEBRAL CORPECTOMY; CERV 1 SEG
	CPT4	63082	VERTEBRAL CORPECT; CERV EA AD SEG
	CPT4	63085	VERTEBRAL CORPECT; THORACIC 1 SEG
	CPT4	63086	VERTEBRAL CORPECT; THORAC EA AD SEG
	CPT4	63087	VERTEB CORPECT LOW THORACIC/LUMB; 1
	CPT4	63088	VERTEB CORPECT THORAC/LUMB; EA ADD
	CPT4	63090	VERTEBRAL CORPECTOMY LUMB/SACRAL; 1
	CPT4	63091	VERTEB CORPECT LUMB/SACRAL; EA ADD
	CPT4	63170	LAMINECT W/MYELOTOMY CERV/THORACIC
	CPT4	63172	LAMINECT W/DRAIN CYST; SUBARACHNOID
	CPT4	63173	LAMINECT DRAIN CYST;PERITON/PLEURAL
	CPT4	63180	LAMINECT & SECT LIGAMNT CERV; 1-2
	CPT4	63182	LAMINECT & SECT LIGAMNT CERV; >2
	CPT4	63185	LAMINECT W/RHIZOTOMY; 1/TWO SEG
	CPT4	63190	LAMINECT W/RHIZOTOMY; > 2 SEGMENTS
	CPT4	63191	LAMINECT W/SECTION SPINAL ACSS NERV
	CPT4	63194	LAMINECTOMY W/1 SPINOTHALAMIC; CERV
	CPT4	63195	LAMINECT W/1 SPINOTHALAM; THORACIC
	CPT4	63196	LAMINECT W/BOTH SPINOTHALAMIC; CERV
	CPT4	63197	LAMINECT W/BOTH SPINOTHALAM; THORAC
	CPT4	63198	LAMINECT-2 STAGES W/IN 14 DAY; CERV
	CPT4	63199	LAMINECT-2 STAGE W/IN 14 DA; THORAC
	CPT4	63200	LAMINECTOMY W/RLSE SPINAL CORD LUMB
	CPT4	63250	LAMINECTOMY-EXC AV MALFORM; CERV
	CPT4	63251	LAMINECT-EXC AV MALFORM; THORACIC
	CPT4	63252	LAMINECT-EXC AV MALFORM; THORACOLUM
	CPT4	63265	LAMINECT-EXC LES-EXTRADURAL; CERV
	CPT4	63266	LAMINECT-EXC LES-EXTRADURAL; THORAC
	CPT4	63267	LAMINECT EXC LES-EXTRADURAL; LUMBAR
	CPT4	63268	LAMINECT-EXC LES-EXTRADURAL; SACRAL
	CPT4	63270	LAMINECT-EXC LES-INTRADURAL; CERV
	CPT4	63271	LAMINECT-EXC LES-INTRADURAL; THORAC
	CPT4	63272	LAMINECT-EXC LES-INTRADURAL; LUMBAR
	CPT4	63273	LAMINECT-EXC LES-INTRADURAL; SACRAL

	CPT4	63275	LAMINECT BX NEOPLSM; EXTRADURL-CERV
	CPT4	63276	LAMINECT BX NEOPLSM; EXTRADURL-THOR
	CPT4	63277	LAMINECT BX NEOPLSM; EXTRADURL-LUMB
	CPT4	63278	LAMINECT BX NEOPLSM; EXTRADUR-SACRL
	CPT4	63280	LAMINECT; INTRADUR EXTRAMEDUL CERV
	CPT4	63281	LAMINECT; INTRADUR EXTRAMED THORAC
	CPT4	63282	LAMINECT; INTRADUR EXTRAMEDUL LUMB
	CPT4	63283	LAMINECT-BX NEOPLSM; INTRADUR SACRL
	CPT4	63285	LAMINECT; INTRADUR INTRAMEDUL CERV
	CPT4	63286	LAMINECT; INTRADUR INTRAMEDUL THORA
	CPT4	63287	LAMINECT; INTRAMEDULLARY THORACULUM
	CPT4	63290	LAMINECTOMY; COMBO EXTRA-INTRADURL
	CPT4	63300	VERTEBRAL CORPECT; EXTRADURAL CERV
	CPT4	63301	VERTEB CORPECT 1 SEG;XTRADUR THORAC
	CPT4	63302	VERTEB CORPECT 1 SEG;THORACOLUMBAR
	CPT4	63303	VERTEB CORPECT 1 SEG; TRANSPERITONL
	CPT4	63304	VERTEB CORPECT 1 SEG; INTRADUR CERV
	CPT4	63305	VERTEB CORPECT; INTRADUR-TRANSTHORA
	CPT4	63306	VERTEB CORPEC; INTRADUR-THORACOLUMB
	CPT4	63307	VERTEB CORPECT; INTRADUR-TRANSPERIT
	CPT4	63308	VERTEBRAL CORPECT; EA ADD SEGMT
	CPT4	63600	CREATION LES-CORD-STEREOTACTIC PERQ
	CPT4	63610	STEREOTACT STIM-CORD PERQ-SEP PROC
	CPT4	63615	STEREOTAC BX ASPIR/EXC LES SP CORD
	CPT4	63650	PERQ IMPLANT ELECT ARRAY EPIDURAL
	CPT4	63655	LAMINECT IMPLANT ELECTRODE EPIDURAL
	CPT4	63660	REVIS/REMOV SPINAL ELECTRODE/ARRAY
	CPT4	63685	INSRT/REPL SP NEUROSTIM GEN/RECV
	CPT4	63688	REVIS IMPLANT SPINAL NEUROSTIM GEN
	CPT4	63700	REPAIR MENINGOCELE; < 5 CM DIAMETER
	CPT4	63702	REP MENINGOCELE; LGR THAN 5 CM DIAM
	CPT4	63704	REPR MYELOMENINGOCELE; < 5 CM DIAM
	CPT4	63706	REPR MYELOMENINGOCELE; > 5 CM DIAM
	CPT4	63707	REP DURAL/CSF LEAK NOT RQR LAMINECT
	CPT4	63709	REPR DURAL/CSF LEAK W/LAMINECT
	CPT4	63710	DURAL GRAFT SPINAL
	CPT4	63740	CREAT SHUNT LUMBAR; W/LAMINECT
	CPT4	63741	CREAT SHUNT LUMB; PERQ W/O LAMINECT
	CPT4	63744	REPLAC LUMBOSUBARACHNOID SHUNT
	CPT4	63746	REMOV LUMBOSUBARACH SHUNT SYS
	CPT4	64400	INJ ANES AGT; TRIGEMINL NERV DIV/BR
	CPT4	64402	INJECTION ANESTHETIC AGT; FCE NERVE
	CPT4	64405	INJECTION ANES AGT; GT OCCIP NERVE
	CPT4	64408	INJECTION ANES AGT; VAGUS NERVE
	CPT4	64410	INJECTION ANES AGT; PHRENIC NERVE
	CPT4	64412	INJ ANES AGT; SPINAL ACSS NERVE
	CPT4	64413	INJECTION ANES AGT; CERV PLEXUS
	CPT4	64415	INJ ANESAGT; BRACH PLEXUS SINGLE
	CPT4	64416	INJ ANES AGT; BRACH PLEX CATH DAILY
	CPT4	64417	INJECTION ANESTHETIC AGT; AX NERVE
	CPT4	64418	INJECTION ANES AGT; SUPRASCAP NERVE
	CPT4	64420	INJ ANES AGT; INTERCOSTAL NERV 1
	CPT4	64421	INJ ANES AGENT; INTERCOSTAL NERV-MX
	CPT4	64425	INJ ANES AGENT; ILIOINGUINAL NERV
	CPT4	64430	INJECTION ANES AGT; PUDENDAL NERVE
	CPT4	64435	INJECTION ANES AGT; PARACERV NERVE
	CPT4	64445	INJ ANESAGT; SCIATIC NERVE SINGLE
	CPT4	64446	INJ ANES AGT; SCIATC NRV CATH DAILY

	CPT4	64447	INJ ANES AGT; FEMORAL NERVE SINGLE
	CPT4	64448	INJ ANES AGT; FEM NRV CATH DAILY
	CPT4	64450	INJ ANES AGT; OTH PERIPH NERVE/BR
	CPT4	64470	INJ ANES FACET JT; CERV/THOR-1LEVEL
	CPT4	64472	INJ ANES FACET JT; CERV/THOR-EA ADD
	CPT4	64475	INJ ANES FACET JT; LUMB/SAC-1LEVEL
	CPT4	64476	INJ ANES FACET JT; LUMB/SAC-EA ADD
	CPT4	64479	INJ ANES EPIDURL; CERV/THOR 1 LEVEL
	CPT4	64480	INJ ANES EPIDURL; CERV/THOR-EA ADD
	CPT4	64483	INJ ANES EPIDURL; LUMB/SAC 1 LEVEL
	CPT4	64484	INJ ANES EPIDURL; LUMB/SAC-EA ADD
	CPT4	64505	INJ ANESAGT; SPHENOPALATINE GANG
	CPT4	64508	INJ ANES AGT;CAROTID SINUS-SEP PROC
	CPT4	64510	INJECTION ANES AGT; STELLATE GANG
	CPT4	64517	INJ ANES AGT; SUP HYPOGASTR PLEXUS
	CPT4	64520	INJECTION ANES AGT; LUMBAR/THOR
	CPT4	64530	INJ ANES AGENT; CELIAC PLEXUS
	CPT4	64550	APPLICATION SURFACE NEUROSTIMULATOR
	CPT4	64553	PERQ IMPLNT ELECTRODE; CRANIAL NERV
	CPT4	64555	PERQ IMPLNT ELECTRODES; PERIPHERAL
	CPT4	64560	PERQ IMPLNT ELECTRODES; AUTONOMIC
	CPT4	64561	PERQ IMPL NEUROSTIM ELEC; SAC NERV
	CPT4	64565	PERQ IMPL NEUROSTIM ELEC; NEUROMUSC
	CPT4	64573	INCI IMPLNT ELECTRODE; CRANIAL NERV
	CPT4	64575	INCI IMPLNT ELECTRODES; PERIPHERAL
	CPT4	64577	INCI IMPLNT ELECTRODES; AUTONOMIC
	CPT4	64580	INCI IMPL NEUROSTIM ELEC; NEUROMUSC
	CPT4	64581	INCI IMPL NEUROSTIM ELEC; SAC NERVE
	CPT4	64585	REV/REMOVAL PERIPH NEUROSTIM ELEC
	CPT4	64590	INSRT/REPL PERIPH NEUROSTM GEN/RECV
	CPT4	64590	INSRT/REDO PN/GASTR STIMUL
	CPT4	64595	REVISE/RMV PN/GASTR STIMUL
	CPT4	64595	REV/REMV PERIPHERAL PULSE GEN
	CPT4	64600	DESTRCT TRIGEMINAL; SUPRAORBITAL
	CPT4	64605	DESTRCT TRIGEMOMAL; 2ND & 3RD DIV
	CPT4	64610	DESTRCT TRIGEMINAL; W/RAD MONITOR
	CPT4	64612	CHEMODENERV MUSC; INNERV FACIAL NRV
	CPT4	64613	DESTROY NERVE, NECK MUSCLE
	CPT4	64613	CHEMODENERVATION MUSC; CERV SP MUSC
	CPT4	64614	CHEMODNERV MUSC; EXTREM&/TRUNK MUSC
	CPT4	64620	DESTRUC NEURLYT AGT INTERCOSTAL NRV
	CPT4	64622	DESTRUC FACET JT NRV; L/S-1 LEVEL
	CPT4	64623	DESTRUC FACET JT NRV; L/S-EA AD LEV
	CPT4	64626	DESTRUC FACET NRV; CERV/THOR 1 LEV
	CPT4	64627	DESTRUC FACET NRV; CRV/THOR-EA ADD
	CPT4	64630	DESTRUC NEURLYT AGT; PUDENDAL NERVE
	CPT4	64640	DESTRUC NEUROLYTIC; OTH PERIPH NERV
	CPT4	64680	DESTRCT W/WO RAD MON; CELIAC PLEXUS
	CPT4	64702	NEURPLSTY; DIGTL 1/BOTH SAME DIGIT
	CPT4	64704	NEUROPLASTY; NERVE OF HAND OR FOOT
	CPT4	64708	NEUROPLSTY PERIPHRL NERV; NOT SPEC
	CPT4	64712	NEUROPLSTY PERIPH NERV; SCIATC NERV
	CPT4	64713	NEUROPLSTY PERIPH; BRACHIAL PLEXS
	CPT4	64714	NEUROPLSTY PERIPH; LUMBAR PLEXUS
	CPT4	64716	NEURPLSTY &OR TRANSPSTN; CRANIL NRV
	CPT4	64718	NEUROPLASTY; ULNAR NERV AT ELBOW
	CPT4	64722	DECOMPRESSION; UNSPECIFIED NERVE
	CPT4	64726	DECOMPRS; PLANTAR DIGITAL NERVE

	CPT4	64727	INTRL NEUROLYSIS RQR USE OP MIC
	CPT4	64732	TRANSECTION/AVUL OF; SUPRAORB NERVE
	CPT4	64734	TRANSECTION/AVUL OF; INFRAORB NERVE
	CPT4	64736	TRANSECTION/AVUL OF; MENTAL NERVE
	CPT4	64738	TRANSECT INFERIOR ALVEOLAR NERV
	CPT4	64740	TRANSECTION/AVUL OF; LINGUAL NERVE
	CPT4	64742	TRANSECT/AVUL OF; FCE NRV DIFF/CMPL
	CPT4	64744	TRANSECTION/AVUL OF; GT OCCIP NERVE
	CPT4	64746	TRANSECTION/AVUL OF; PHRENIC NERVE
	CPT4	64752	TRANSECT VAGUS NERV TRANSTHORACIC
	CPT4	64755	TRNSECT VAGUS NERV LTD-PROX STOMACH
	CPT4	64760	TRANSECTION/AVUL OF; VAGUS NERV ABD
	CPT4	64761	TRANSECTION/AVUL OF; PUDENDAL NERVE
	CPT4	64763	TRANSECT OBTURATOR NERV EXTRAPELVIC
	CPT4	64766	TRANSECT OBTURATOR NERV INTRAPELVIC
	CPT4	64771	TRANSECT OTH CRANIAL NERV EXTRADUR
	CPT4	64772	TRANSECT/AVUL OTH SP NERV XTRADURL
	CPT4	64774	EXC NEUROMA; CUT NERVE SURGLY ID
	CPT4	64776	EXC NEUROMA; DIGIT NERV 1/BOTH SAME
	CPT4	64778	EXC NEUROMA; DIGTL NRV EA ADD DIGIT
	CPT4	64782	EXC NEUROMA; HND/FOOT NO DIGTL NERV
	CPT4	64783	EXC NEUROMA; HAND/FT EA ADD NERV
	CPT4	64784	EXC NEUROMA; MAJOR NERV NOT SCIATIC
	CPT4	64786	EXCISION OF NEUROMA; SCIATIC NERVE
	CPT4	64787	IMPL NERVE END INTO BONE/MUSCLE
	CPT4	64788	EXC NEUROFIBROMA; CUT NERV
	CPT4	64790	EXC NEUROFIBROMA; MAJ PERIPH NERV
	CPT4	64792	EXC NEUROFIBROMA/NEUROLEMMOMA; EXT
	CPT4	64795	BIOPSY OF NERVE
	CPT4	64802	SYMPATHECTOMY CERVICAL
	CPT4	64804	SYMPATHECTOMY CERVICOTHORACIC
	CPT4	64809	SYMPATHECTOMY THORACOLUMBAR
	CPT4	64818	SYMPATHECTOMY LUMBAR
	CPT4	64820	SYMPATHECTOMY; DIGITAL ART EA DIGIT
	CPT4	64821	SYMPATHECTOMY; RADIAL ARTERY
	CPT4	64823	SYMPATHECTOMY; SUP PALMAR ARCH
	CPT4	64831	SUT DIGTL NERVE HAND/FOOT; 1 NERVE
	CPT4	64832	SUTURE DIGITAL NERV HAND/FT; EA ADD
	CPT4	64834	REPAIR OF HAND OR FOOT NERVE
	CPT4	64834	SUT 1 NERV HND/FOOT; CMN SENSY NERV
	CPT4	64835	REPAIR OF HAND OR FOOT NERVE
	CPT4	64835	SUTURE 1 NERV HAND/FT; MED MOTOR
	CPT4	64836	SUT 1 NERVE HAND/FOOT; ULNAR MOTOR
	CPT4	64836	REPAIR OF HAND OR FOOT NERVE
	CPT4	64837	SUTURE EA ADD NERVE HAND/FOOT
	CPT4	64840	SUTURE OF POSTERIOR TIBIAL NERVE
	CPT4	64856	SUT MAJ NERV ARM/LEG; W/TRANSPSTN
	CPT4	64857	SUT MAJ NERV ARM/LEG; NO TRANSPSTN
	CPT4	64858	SUTURE OF SCIATIC NERVE
	CPT4	64859	SUTURE EA ADD MAJOR PERIPH NERVE
	CPT4	64861	SUTURE OF; BRACHIAL PLEXUS
	CPT4	64862	SUTURE OF; LUMBAR PLEXUS
	CPT4	64864	SUTURE FACIAL NERVE; EXTRACRANIAL
	CPT4	64865	SUT FCE NERV; INFRATEMPORL W/WO GFT
	CPT4	64866	ANASTOMOSIS; FACIAL-SPINAL ACCESS
	CPT4	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL
	CPT4	64870	ANASTOMOSIS; FACIAL-PHRENIC
	CPT4	64872	SUTURE NERVE; RQR SEC/DELAY SUTURE

CPT4	64874	SUTURE NERV; REQ EXTEN MOBILIZAT
CPT4	64876	SUTURE NERVE; RQR SHRT BONE EXTREM
CPT4	64885	NERVE GFT HEAD/NCK; UP 4 CM LENGTH
CPT4	64886	NERVE GRAFT HEAD/NCK; > 4 CM LENGTH
CPT4	64890	NERV GFT 1 STRAND HAND/FT; TO 4 CM
CPT4	64891	NERV GFT 1 STRAND HAND/FT; > 4 CM
CPT4	64892	NERV GFT 1 STRAND ARM/LEG; TO 4 CM
CPT4	64893	NERV GFT 1 STRAND ARM/LEG; > 4 CM
CPT4	64895	NERV GFT MX STRAND HAND/FT; TO 4 CM
CPT4	64896	NERV GFT MX STRAND HAND/FT; > 4 CM
CPT4	64897	NERV GFT MX STRAND ARM/LEG; TO 4 CM
CPT4	64898	NERV GFT MX STRAND ARM/LEG; > 4 CM
CPT4	64901	NERV GFT EA ADD NERV; SINGLE STRAND
CPT4	64902	NERVE GFT EA ADD NERVE; MX STRANDS
CPT4	64905	NERVE PEDICLE TRANSFER; FIRST STAGE
CPT4	64907	NERVE PEDICLE TRANSFER; 2 STAGE
CPT4	64999	UNLISTED PROCEDURE NERVOUS SYSTEM
CPT4	68371	HARV CONJUNCT ALLOGFT LIVING DONR
HCPCS	D9212	TRIGEMINAL DIVISION BLOCK ANES

Eye Surg (Procedure)

Type	Code	Description
ICD9P	08	OPERATIONS ON EYELIDS
ICD9P	080	INCISION OF EYELID
ICD9P	0801	INCISION OF LID MARGIN
ICD9P	0801	Inpatient Renal Dialysis
ICD9P	0802	Inpatient Renal Dialysis
ICD9P	0802	SEVERING OF BLEPHARORRHAPHY
ICD9P	0809	OTHER INCISION OF EYELID
ICD9P	0809	Inpatient Renal Dialysis
ICD9P	081	DIAGNOSTIC PROCEDURES ON EYELID
ICD9P	0811	BIOPSY OF EYELID
ICD9P	0811	Organ Acquisition
ICD9P	0819	OTHER DIAGNOSTIC PROCEDURES EYELID
ICD9P	0819	Organ Acquisition
ICD9P	082	EXC/DESTRUC LESION/TISSUE EYELID
ICD9P	0820	REMOVAL OF LESION OF EYELID NOS
ICD9P	0820	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0821	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0821	EXCISION OF CHALAZION
ICD9P	0822	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0822	EXCISION OTHER MINOR LESION EYELID
ICD9P	0823	EXC MAJ LESION EYELID PART-THICK
ICD9P	0823	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0824	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0824	EXC MAJ LESION EYELID FULL-THICK
ICD9P	0825	DESTRUCTION OF LESION OF EYELID
ICD9P	0825	Hemodialysis - Outpatient or Home Dialysis
ICD9P	083	REPAIR BLEPHAROPT&LID RETRACTION
ICD9P	0831	REPR BLEPHAROPT-FRONTALIS MUSC-SUT
ICD9P	0831	Peritoneal Dialysis - Outpatient or Home
ICD9P	0832	Peritoneal Dialysis - Outpatient or Home
ICD9P	0832	REPR BLEPHAROPT-FRONTALIS MUS-SLING
ICD9P	0833	Peritoneal Dialysis - Outpatient or Home
ICD9P	0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT

	ICD9P	0834	Peritoneal Dialysis - Outpatient or Home
	ICD9P	0834	REPR BLEPHAROPT-OTH LEVATOR MUSC
	ICD9P	0835	REPAIR BLEPHAROPT TARSAL TECHNIQUE
	ICD9P	0835	Peritoneal Dialysis - Outpatient or Home
	ICD9P	0836	REPAIR BLEPHAROPT OTH TECHNIQUES
	ICD9P	0837	REDUCTION OVERCORRECTION PTOSIS
	ICD9P	0838	CORRECTION OF LID RETRACTION
	ICD9P	084	REPAIR OF ENTROPION OR ECTROPION
	ICD9P	0841	REPR ENTROPION/ECTROPION THERMOCAUT
	ICD9P	0841	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0842	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0842	REPR ENTROPION/ECTROPION SUT TECH
	ICD9P	0843	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0843	REP ENTROPION/ECTROPION W/WEDGE RES
	ICD9P	0844	REPR ENTROPION/ECTROP W/LID RECON
	ICD9P	0844	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0849	OTHER REPAIR ENTROPION OR ECTROPION
	ICD9P	0849	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	085	OTHER ADJUSTMENT OF LID POSITION
	ICD9P	0851	CANTHOTOMY
	ICD9P	0851	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
	ICD9P	0852	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
	ICD9P	0852	BLEPHARORRHAPHY
	ICD9P	0859	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
	ICD9P	0859	OTHER ADJUSTMENT OF LID POSITION
	ICD9P	086	RECONSTRUCT EYELID W/FLAPS/GRAFTS
	ICD9P	0861	RECONSTRUCT EYELID W/SKIN FLP/GRAFT
	ICD9P	0862	RECNSTR EYELD W/MUCOS MEMB FLP/GFT
	ICD9P	0863	RECNSTR EYELD W/HAIR FOLLICLE GRAFT
	ICD9P	0864	RECNSTR EYELID W/TARSOCONJUNCT FLP
	ICD9P	0869	OTH RECONSTRUCT EYELID W/FLPS/GFT
	ICD9P	087	OTHER RECONSTRUCTION OF EYELID
	ICD9P	0870	RECONSTRUCTION OF EYELID NOS
	ICD9P	0871	RECON LID INVOLV MARGIN-PART-THICK
	ICD9P	0872	OTH RECONSTRUCT EYELID PART-THICK
	ICD9P	0873	RECON LID INVOLV MARGIN-FULL-THICK
	ICD9P	0874	OTH RECONSTRUCT EYELID FULL-THICK
	ICD9P	088	OTHER REPAIR OF EYELID
	ICD9P	0881	LINR REPR LACERATION EYELID/EYEBROW
	ICD9P	0881	Miscellaneous Dialysis
	ICD9P	0882	Miscellaneous Dialysis
	ICD9P	0882	REP LAC INVLV LID MARGIN PART-THICK
	ICD9P	0883	OTH REPR LAC EYELD PART-THICK
	ICD9P	0884	REPR LAC EYELID-LID MARGN FULL-THCK
	ICD9P	0885	OTH REPR LAC EYELD FULL-THICK
	ICD9P	0886	LOWER EYELID RHYTIDECTOMY
	ICD9P	0887	UPPER EYELID RHYTIDECTOMY
	ICD9P	0889	Miscellaneous Dialysis
	ICD9P	0889	OTHER EYELID REPAIR
	ICD9P	089	OTHER OPERATIONS ON EYELIDS
	ICD9P	0891	ELECTROSURGICAL EPILATION OF EYELID
	ICD9P	0892	CRYOSURGICAL EPILATION OF EYELID
	ICD9P	0893	OTHER EPILATION OF EYELID
	ICD9P	0899	OTHER OPERATIONS ON EYELIDS
	ICD9P	09	OPERATIONS ON LACRIMAL SYSTEM
	ICD9P	090	INCISION OF LACRIMAL GLAND
	ICD9P	091	DIAGNOSTIC PROC LACRIMAL SYSTEM
	ICD9P	0911	BIOPSY OF LACRIMAL GLAND

	ICD9P	0911	Behavioral Health Treatment/Services-Extension of 090X
	ICD9P	0912	Behavioral Health Treatment/Services-Extension of 090X
	ICD9P	0912	BIOPSY OF LACRIMAL SAC
	ICD9P	0919	OTH DIAGNOSTIC PROC LACRIMAL SYSTEM
	ICD9P	0919	Behavioral Health Treatment/Services-Extension of 090X
	ICD9P	092	EXCISION LESION/TISSUE LAC GLAND
	ICD9P	0920	Other Diagnostic Services
	ICD9P	0920	EXCISION OF LACRIMAL GLAND NOS
	ICD9P	0921	EXCISION LESION LACRIMAL GLAND
	ICD9P	0921	Other Diagnostic Services
	ICD9P	0922	Other Diagnostic Services
	ICD9P	0922	OTHER PARTIAL DACRYOADENECTOMY
	ICD9P	0923	TOTAL DACRYOADENECTOMY
	ICD9P	0923	Other Diagnostic Services
	ICD9P	093	OTHER OPERATIONS ON LACRIMAL GLAND
	ICD9P	094	MANIPULATION OF LACRIMAL PASSAGE
	ICD9P	0941	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0941	PROBING OF LACRIMAL PUNCTUM
	ICD9P	0942	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0942	PROBING OF LACRIMAL CANALICULI
	ICD9P	0943	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0943	PROBING OF NASOLACRIMAL DUCT
	ICD9P	0944	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0944	INTUBATION OF NASOLACRIMAL DUCT
	ICD9P	0949	OTHER MANIPULATION LACRIMAL PASSAGE
	ICD9P	0949	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	095	INCISION OF LACRIMAL SAC&PASSAGES
	ICD9P	0951	INCISION OF LACRIMAL PUNCTUM
	ICD9P	0951	Other Therapeutic Services-Extension of 094X
	ICD9P	0952	INCISION OF LACRIMAL CANALICULI
	ICD9P	0952	Other Therapeutic Services-Extension of 094X
	ICD9P	0953	INCISION OF LACRIMAL SAC
	ICD9P	0959	OTHER INCISION OF LACRIMAL PASSAGES
	ICD9P	096	EXCISION OF LACRIMAL SAC&PASSAGE
	ICD9P	097	REPAIR OF CANALICULUS AND PUNCTUM
	ICD9P	0971	CORRECTION OF EVERTED PUNCTUM
	ICD9P	0971	Professional Fees - Extension of 096X
	ICD9P	0972	OTHER REPAIR OF PUNCTUM
	ICD9P	0972	Professional Fees - Extension of 096X
	ICD9P	0973	REPAIR OF CANALICULUS
	ICD9P	0973	Professional Fees - Extension of 096X
	ICD9P	098	FISTULIZ LAC TRACT NASAL CAVITY
	ICD9P	0981	DACRYOCYSTORHINOSTOMY
	ICD9P	0981	Professional Fees - Extension of 096X & 097X
	ICD9P	0982	CONJUNCTIVOCYSTORHINOSTOMY
	ICD9P	0982	Professional Fees - Extension of 096X & 097X
	ICD9P	0983	CONJUNCTIVORHINOSTOMY W/TUBE/STENT
	ICD9P	0983	Professional Fees - Extension of 096X & 097X
	ICD9P	099	OTHER OPERATIONS ON LACRIMAL SYSTEM
	ICD9P	0991	Patient Convenience Items
	ICD9P	0991	OBLITERATION OF LACRIMAL PUNCTUM
	ICD9P	0999	Patient Convenience Items
	ICD9P	0999	OTHER OPERATIONS ON LACRIMAL SYSTEM
	ICD9P	10	OPERATIONS ON CONJUNCTIVA
	ICD9P	100	REMOVL EMBEDDED FB CONJUNCT INCI
	ICD9P	101	OTHER INCISION OF CONJUNCTIVA
	ICD9P	102	DIAGNOSTIC PROCEDURES CONJUNCTIVA
	ICD9P	1021	BIOPSY OF CONJUNCTIVA

	ICD9P	1029	OTHER DIAGNOSTIC PROC CONJUNCTIVA
	ICD9P	103	EXC/DESTRUC LESION/TISSUE CONJUNCT
	ICD9P	1031	EXCISION LESION/TISSUE CONJUNCTIVA
	ICD9P	1032	DESTRUCTION LESION CONJUNCTIVA
	ICD9P	1033	OTHER DESTRUCTIVE PROC CONJUNCTIVA
	ICD9P	104	CONJUNCTIVOPLASTY
	ICD9P	1041	REPAIR OF SYMBLEPHARON W/FREE GRAFT
	ICD9P	1042	RECON CONJ CUL-DE-SAC W/FREE GFT
	ICD9P	1043	OTH RECONSTRUCT CONJUNCT CUL-DE-SAC
	ICD9P	1044	OTHER FREE GRAFT TO CONJUNCTIVA
	ICD9P	1049	OTHER CONJUNCTIVOPLASTY
	ICD9P	105	LYSIS ADHESIONS CONJUNCTIVA&EYELID
	ICD9P	106	REPAIR OF LACERATION OF CONJUNCTIVA
	ICD9P	109	OTHER OPERATIONS ON CONJUNCTIVA
	ICD9P	1091	SUBCONJUNCTIVAL INJECTION
	ICD9P	1099	OTHER OPERATIONS ON CONJUNCTIVA
	ICD9P	11	OPERATIONS ON CORNEA
	ICD9P	110	MAGNETIC REMOVL EMBEDDED FB CORN
	ICD9P	111	INCISION OF CORNEA
	ICD9P	1121	SCRAPING OF CORNEA SMEAR OR CULTURE
	ICD9P	1122	BIOPSY OF CORNEA
	ICD9P	1129	OTHER DIAGNOSTIC PROCEDURES CORNEA
	ICD9P	1131	TRANSPOSITION OF PTERYGIUM
	ICD9P	1132	EXCISION PTERYGIUM W/CORNEAL GRAFT
	ICD9P	1139	OTHER EXCISION OF PTERYGIUM
	ICD9P	1141	MECH REMOVAL CORNEAL EPITHELIUM
	ICD9P	1142	THERMOCAUTERIZATION CORNEAL LESION
	ICD9P	1143	CRYOTHERAPY OF CORNEAL LESION
	ICD9P	1149	OTH REMOVAL/DESTRUC CORNEAL LESION
	ICD9P	1151	SUTURE OF CORNEAL LACERATION
	ICD9P	1152	REPAIR POSTOP WOUND DEHIS CORNEA
	ICD9P	1153	REPR CORNL LAC/WOUND W/CONJUNCT FLP
	ICD9P	1159	OTHER REPAIR OF CORNEA
	ICD9P	1160	CORNEAL TRANSPLANT NOS
	ICD9P	1161	LAMELLAR KERATOPLASTY W/AUTOGRAFT
	ICD9P	1162	OTHER LAMELLAR KERATOPLASTY
	ICD9P	1163	PKP WITH AUTOGRAFT
	ICD9P	1164	OTHER PENETRATING KERATOPLASTY
	ICD9P	1169	OTHER CORNEAL TRANSPLANT
	ICD9P	1171	KERATOMILEUSIS
	ICD9P	1172	KERATOPHAKIA
	ICD9P	1173	KERATOPROSTHESIS
	ICD9P	1174	THERMOKERATOPLASTY
	ICD9P	1175	RADIAL KERATOTOMY
	ICD9P	1176	EPIKERATOPHAKIA
	ICD9P	1179	OTHER RECONSTRUCTIVE SURGERY CORNEA
	ICD9P	1191	TATTOOING OF CORNEA
	ICD9P	1192	REMOVAL ARTFICL IMPLANT FROM CORNEA
	ICD9P	1199	OTHER OPERATIONS ON CORNEA
	ICD9P	12	OPER IRIS-CILIARY-SCLERA-ANT CHAMBR
	ICD9P	1200	REMOV INTRAOCCU FB ANT SEGMT-NOS
	ICD9P	1201	REMOV INTRAOCCU FB ANT SEGMT-MAGNET
	ICD9P	1202	REMOV INTRAOCCU FB ANT SGMT W/O MAG
	ICD9P	1211	IRIDOTOMY WITH TRANSFIXION
	ICD9P	1212	OTHER IRIDOTOMY
	ICD9P	1213	EXCISION OF PROLAPSED IRIS
	ICD9P	1214	OTHER IRIDECTOMY
	ICD9P	1221	DIAGNOSTIC ASPIRATION ANT CHAMB EYE

	ICD9P	1222	BIOPSY OF IRIS
	ICD9P	1229	OTH DX IRIS CILIRY SCLRA&ANT CHMB
	ICD9P	1231	LYSIS OF GONIOSYNECHIAE
	ICD9P	1232	LYSIS OF OTHER ANTERIOR SYNECHIAE
	ICD9P	1233	LYSIS OF POSTERIOR SYNECHIAE
	ICD9P	1234	LYSIS OF CORNEOVITREAL ADHESIONS
	ICD9P	1235	COREOPLASTY
	ICD9P	1239	OTHER IRIDOPLASTY
	ICD9P	1240	REMOVAL LESION ANT SEGMENT EYE NOS
	ICD9P	1241	DESTRUC LESION IRIS NONEXCISIONAL
	ICD9P	1242	EXCISION OF LESION OF IRIS
	ICD9P	1243	DESTRUC LESION CILIARY BODY NONEXC
	ICD9P	1244	EXCISION OF LESION OF CILIARY BODY
	ICD9P	1251	GONIOPUNCTURE WITHOUT GONIOTOMY
	ICD9P	1252	GONIOTOMY WITHOUT GONIOPUNCTURE
	ICD9P	1253	GONIOTOMY WITH GONIOPUNCTURE
	ICD9P	1254	TRABECULOTOMY AB EXTERNO
	ICD9P	1255	CYCLODIALYSIS
	ICD9P	1259	OTH FACILITATION INTRAOCULAR CIRC
	ICD9P	1261	TREPHINATION OF SCLERA W/IRIDECTOMY
	ICD9P	1262	THERMOCAUT SCLERA W/IRIDECTOMY
	ICD9P	1263	IRIDENCLEISIS AND IRIDOTASIS
	ICD9P	1264	TRABECULECTOMY AB EXTERNO
	ICD9P	1265	OTH SCLERAL FISTULIZ W/IRIDECTOMY
	ICD9P	1266	POSTOP REV SCLERAL FISTULIZ PROC
	ICD9P	1269	OTHER SCLERAL FISTULIZING PROCEDURE
	ICD9P	1271	CYCLODIATHERMY
	ICD9P	1272	CYCLOCRYOTHERAPY
	ICD9P	1273	CYCLOPHOTOCOAGULATION
	ICD9P	1274	DIMINUTION OF CILIARY BODY NOS
	ICD9P	1279	OTHER GLAUCOMA PROCEDURES
	ICD9P	1281	SUTURE OF LACERATION OF SCLERA
	ICD9P	1282	REPAIR OF SCLERAL FISTULA
	ICD9P	1283	REV OPERATIVE WOUND ANT SEGMENT NEC
	ICD9P	1284	EXCISION/DESTRUCTION LESION SCLERA
	ICD9P	1285	REPAIR SCLERAL STAPHYLOMA W/GRAFT
	ICD9P	1286	OTHER REPAIR OF SCLERAL STAPHYLOMA
	ICD9P	1287	SCLERAL REINFORCEMENT WITH GRAFT
	ICD9P	1288	OTHER SCLERAL REINFORCEMENT
	ICD9P	1289	OTHER OPERATIONS ON SCLERA
	ICD9P	1291	THERAPEUTIC EVACUATION ANT CHAMBER
	ICD9P	1292	INJECTION INTO ANTERIOR CHAMBER
	ICD9P	1293	REMOV/DESTRUC EPITHEL-ANT CHAMBR
	ICD9P	1297	OTHER OPERATIONS ON IRIS
	ICD9P	1298	OTHER OPERATIONS ON CILIARY BODY
	ICD9P	1299	OTHER OPERATIONS ANTERIOR CHAMBER
	ICD9P	13	OPERATIONS ON LENS
	ICD9P	1300	REMOVAL FOREIGN BODY FROM LENS NOS
	ICD9P	1301	REMOVAL FB FROM LENS W/USE MAGNET
	ICD9P	1302	REMOVAL FB FROM LENS W/O USE MAGNET
	ICD9P	1311	INTRACAP EXTRCT LENS-TEMPORAL ROUTE
	ICD9P	1319	OTHER INTRACAPSULAR EXTRACTION LENS
	ICD9P	132	EXTRACAP EXTRCT LENS-LINEAR EXTRACT
	ICD9P	133	EXTRACAP EXTRACT LENS-SIMPL ASPIR
	ICD9P	1341	PHACOEMULSIFICATION&ASPIR CATARACT
	ICD9P	1342	MECH PHACOFRAG-ASPIR CATARACT-POST
	ICD9P	1343	MECH PHACOFRAG-OTH ASPIR CATARACT
	ICD9P	1351	XTRACAP EXTRCT LENS-TEMPORAL INFER

	ICD9P	1359	OTHER EXTRACAPSULAR EXTRACTION LENS
	ICD9P	1364	DISCISSION OF SECONDARY MEMBRANE
	ICD9P	1365	EXCISION OF SECONDARY MEMBRANE
	ICD9P	1366	MECH FRAGMENTATION SEC MEMBRANE
	ICD9P	1369	OTHER CATARACT EXTRACTION
	ICD9P	1370	INSERTION OF PSEUDOPHAKOS NOS
	ICD9P	1371	INSRT IOL-CATARACT EXTRACT-1 STAGE
	ICD9P	1372	SEC INSRTION INTRAOCULR LENS PROSTH
	ICD9P	138	REMOVAL OF IMPLANTED LENS
	ICD9P	1390	OPERATION ON LENS NEC
	ICD9P	1391	IMPL INTRAOCULAR TELESCOPE PROSTH
	ICD9P	14	OP RETINA-CHOROID-VIT-POST CHAMBR
	ICD9P	1400	REMOVL FB FROM POST SEGMENT EYE NOS
	ICD9P	1401	REMOVL FB POST SEG EYE W/USE MAGNET
	ICD9P	1402	REMOVL FB POST SEG EYE W/O MAGNET
	ICD9P	1411	DIAGNOSTIC ASPIRATION OF VITREOUS
	ICD9P	1419	OTH RETINA-CHOROID-VIT-POST CHAMBR
	ICD9P	1421	DESTRUC CHORIORETINAL LES DIATHERMY
	ICD9P	1422	DESTRUC CHORIORETINAL LES CRYOTHAPY
	ICD9P	1423	DEST CHORIORETIN LES-XENON ARC
	ICD9P	1424	DEST CHORIORETIN LES-LASER PHOTO
	ICD9P	1425	DEST CHORIORETIN LES-PHOTOCOAG-UNS
	ICD9P	1426	DESTRUC CHORIORETINAL LESION RAD TX
	ICD9P	1427	DESTRUC CHORIORET LES IMPL RAD SRC
	ICD9P	1429	OTH DESTRUC CHORIORETINAL LESION
	ICD9P	1431	REPAIR OF RETINAL TEAR BY DIATHERMY
	ICD9P	1432	REPAIR OF RETINAL TEAR CRYOTHERAPY
	ICD9P	1433	REPR RET TEAR XENON ARC PHOTOCOAG
	ICD9P	1434	REPAIR RETINAL TEAR LASER PHOTOCOAG
	ICD9P	1435	REPR RET TEAR PHOTOCOAG UNSPEC TYPE
	ICD9P	1439	OTHER REPAIR OF RETINAL TEAR
	ICD9P	1441	SCLERAL BUCKLING WITH IMPLANT
	ICD9P	1449	OTHER SCLERAL BUCKLING
	ICD9P	1451	REPAIR RET DETACH W/DIATHERMY
	ICD9P	1452	REPAIR RET DETACH W/CRYOTHERAPY
	ICD9P	1453	REPR RETINAL DETACH-XENON ARC
	ICD9P	1454	REPAIR RET DETACH W/LASER PHOTOCOAG
	ICD9P	1455	REP RET DETACH W/PHOTOCOAG UNS TYPE
	ICD9P	1459	OTHER REPAIR OF RETINAL DETACHMENT
	ICD9P	146	REMOV SURG IMPLNT MAT-POST SEGMT
	ICD9P	1471	REMOVAL VITREOUS ANTERIOR APPROACH
	ICD9P	1472	OTHER REMOVAL OF VITREOUS
	ICD9P	1473	MECH VITRECTOMY ANTERIOR APPROACH
	ICD9P	1474	OTHER MECHANICAL VITRECTOMY
	ICD9P	1475	INJECTION OF VITREOUS SUBSTITUTE
	ICD9P	1479	OTHER OPERATIONS ON VITREOUS
	ICD9P	15	OPERATIONS ON EXTRAOCULAR MUSCLES
	ICD9P	1501	BIOPSY EXTRAOCULAR MUSCLE OR TENDON
	ICD9P	1509	OTH DX PROC XTRAOCULR MUSC&TENDONS
	ICD9P	1511	RECESSION OF ONE EXTRAOCULAR MUSCLE
	ICD9P	1512	ADVANCEMENT ONE EXTRAOCULAR MUSCLE
	ICD9P	1513	RESECTION OF ONE EXTRAOCULAR MUSCLE
	ICD9P	1519	OTH 1 EXTRAOCULR MUSC-TEMP DETACH
	ICD9P	1521	LENGTHENING PROC 1 XTRAOCULR MUSCLE
	ICD9P	1522	SHORTENING PROC 1 XTRAOCULR MUSCLE
	ICD9P	1529	OTH OPERATIONS 1 EXTRAOCULAR MUSCLE
	ICD9P	153	OP>=2 XTROCLR MUSC-TEMP DTCH-1/BOTH
	ICD9P	154	OTH OP>=2 XTRAOCULR MUSC-1/BOTH

	ICD9P	155	TRANSPOSITION EXTRAOCULAR MUSCLES
	ICD9P	156	REVISION EXTRAOCULAR MUSCLE SURGERY
	ICD9P	157	REPAIR INJURY EXTRAOCULAR MUSCLE
	ICD9P	159	OTH OP XTRAOCULR MUSC&TENDONS
	ICD9P	16	OPERATIONS ON ORBIT AND EYEBALL
	ICD9P	1601	ORBITOTOMY WITH BONE FLAP
	ICD9P	1602	ORBITOTOMY W/INSERTION ORB IMPLANT
	ICD9P	1609	OTHER ORBITOTOMY
	ICD9P	161	REMOVAL PENETRATING FB FROM EYE NOS
	ICD9P	162	DIAGNOSTIC PROCEDURES ORBIT&EYEBALL
	ICD9P	1621	OPHTHALMOSCOPY
	ICD9P	1622	DIAGNOSTIC ASPIRATION OF ORBIT
	ICD9P	1623	BIOPSY OF EYEBALL AND ORBIT
	ICD9P	1629	OTHER DIAGNOSTIC PROC ORBIT&EYEBALL
	ICD9P	163	EVISCERATION OF EYEBALL
	ICD9P	1631	REMOV OCULAR CONTENTS-IMPLNT SHELL
	ICD9P	1639	OTHER EVISCERATION OF EYEBALL
	ICD9P	1641	ENUCLEATE EYE-IMPLNT TENON S CAP
	ICD9P	1642	ENUCLEATE EYE W/OTH SYNCH IMPLNT
	ICD9P	1649	OTHER ENUCLEATION OF EYEBALL
	ICD9P	165	EXENTERATION OF ORBITAL CONTENTS
	ICD9P	1651	EXENTERAT ORBIT-REMOV ADJ STRUCT
	ICD9P	1652	EXENTERAT ORBIT-REMOV ORBIT BONE
	ICD9P	1659	OTHER EXENTERATION OF ORBIT
	ICD9P	166	SEC PROC AFTER REMOVAL EYEBALL
	ICD9P	1661	SEC INSERTION OF OCULAR IMPLANT
	ICD9P	1662	REVISION&REINSERTION OCULAR IMPLANT
	ICD9P	1663	REVISION ENUCLEATION SOCKET W/GRAFT
	ICD9P	1664	OTHER REVISION ENUCLEATION SOCKET
	ICD9P	1665	SEC GRAFT TO EXENTERATION CAVITY
	ICD9P	1666	OTHER REVISION EXENTERATION CAVITY
	ICD9P	1669	OTH SEC PROC AFTER REMOVAL EYEBALL
	ICD9P	1671	REMOVAL OF OCULAR IMPLANT
	ICD9P	1672	REMOVAL OF ORBITAL IMPLANT
	ICD9P	168	REPAIR OF INJURY OF EYEBALL&ORBIT
	ICD9P	1681	REPAIR OF WOUND OF ORBIT
	ICD9P	1682	REPAIR OF RUPTURE OF EYEBALL
	ICD9P	1689	OTHER REPAIR INJURY EYEBALL/ORBIT
	ICD9P	1691	RETROBULBAR INJ THERAPEUTIC AGT
	ICD9P	1692	EXCISION OF LESION OF ORBIT
	ICD9P	1693	EXC LESION EYE UNSPEC STRUCTURE
	ICD9P	1698	OTHER OPERATIONS ON ORBIT
	ICD9P	1699	OTHER OPERATIONS ON EYEBALL
	CPT4	0016T	DESTRC LES CHOROID TRNSPUP THERMOTX
	CPT4	0099T	IMPLANT CORNEAL RING
	CPT4	0099T	IMPL INTRASTROMAL CORNEAL RING SEG
	CPT4	0123T	SCLERAL FISTULIZATION
	CPT4	0176T	AQU CANAL DILAT W/O RETENT
	CPT4	0177T	AQU CANAL DILAT W RETENT
	CPT4	65091	EVISC OCULR CONTENTS; W/O IMPLANT
	CPT4	65093	EVISC OCULR CONTENTS; W/IMPLANT
	CPT4	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT
	CPT4	65103	ENUCLEAT EYE; MUSC NO ATTACH-IMPLT
	CPT4	65105	ENUCLEAT EYE; MUSC ATTACHED-IMPLNT
	CPT4	65110	EXENTERATION ORBITAL CONTENTS; ONLY
	CPT4	65112	XENTERAT ORBIT CONTNTS; W/REMV BONE
	CPT4	65114	XENTERAT ORBIT CONTNTS; W/MUSC FLAP
	CPT4	65125	MOD OCULR IMPL W/PLCMT/REPLCMT PEGS

	CPT4	65130	INSRT OCULAR IMPLNT 2ND; AFTR EVISC
	CPT4	65135	INSRT OCULAR IMPLNT 2ND; AFTR ENUCL
	CPT4	65140	INSRT OCULAR IMPLNT; MUSC ATTACH
	CPT4	65150	REINS OCULR IMPL; W/WO CONJUNCT GFT
	CPT4	65155	REINSRT OCULAR IMPLNT; W/REINFORCE
	CPT4	65175	REMOVAL OF OCULAR IMPLANT
	CPT4	65205	REMOVAL FB EXT EYE; CONJUNCT SUP
	CPT4	65210	REMV FB EXT EYE; CONJUNC EMBEDDED
	CPT4	65220	REMV FB EXT EYE; CORNEAL W/O LAMP
	CPT4	65222	REMV FB EXT EYE; CORNEAL W/LAMP
	CPT4	65235	REMV FB IO; ANT CHAMBER EYE/LENS
	CPT4	65260	REMV FB IO; POST SEGMT MAGNETIC
	CPT4	65265	REMV FB IO; POST SEGMT NONMAGNETC
	CPT4	65270	REPR LACERAT; CONJUNC W/WO SCLERA
	CPT4	65272	REPR LACERAT; CONJUNC WO HOSP
	CPT4	65273	REPR LACERAT; CONJUNC W/HOSP
	CPT4	65275	REPR LACERAT; CORNEA NONPERFORAT
	CPT4	65280	REPR LACERAT; CORNEA PERFORATING
	CPT4	65285	REPR LACERAT; CORNEA W/REPOSIT TISS
	CPT4	65286	REPR LACERAT; APPLIC TISS GLUE
	CPT4	65290	REPR WOUND EXTRAOCULAR MUSCL/TENDON
	CPT4	65400	EXCISION LESION CORNEA NO PTERYGIUM
	CPT4	65410	BIOPSY OF CORNEA
	CPT4	65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT
	CPT4	65426	EXC/TRANSPOSITION PTERYGIUM; W/GFT
	CPT4	65430	SCRAPING CORNEA DX SMEAR &OR CULT
	CPT4	65435	REMOV CORNEAL EPITHEL; W/WO CHEMOCA
	CPT4	65436	REMOV CORNEAL EPITHELIUM; W/CHELAT
	CPT4	65450	DESTRCT LES CORNEA-CRYOTHERAPY
	CPT4	65600	MULTIPLE PUNCTURES ANTERIOR CORNEA
	CPT4	65710	KERATOPLASTY; LAMELLAR
	CPT4	65730	KERATOPLSTY; PENETRAT NOT APHAKIA
	CPT4	65750	KERATOPLASTY; PENETRATING APHAKIA
	CPT4	65755	KERTOPLSTY; PENETRAT PSEUDOPHAKIA
	CPT4	65760	KERATOMILEUSIS
	CPT4	65765	KERATOPHAKIA
	CPT4	65767	EPIKERATOPLASTY
	CPT4	65770	KERATOPROSTHESIS
	CPT4	65771	RADIAL KERATOTOMY
	CPT4	65772	CORNEAL RELAXING INCS-ASTIGMATISM
	CPT4	65775	CORNEAL WEDGE RESECT-ASTIGMATISM
	CPT4	65780	OCULR RECNSTR; AMNIOTIC MEMB TPLNT
	CPT4	65781	OCULR RECNSTR;LMBL STEM CELL ALLGFT
	CPT4	65782	OCULR RECNSTR;LIMBL CONJNCT AUTOGFT
	CPT4	65800	PARACEN ANT CHAMBR-SP; W/DX ASPIR
	CPT4	65805	PARACEN ANT CHAMB-SP; RELS AQUEOS
	CPT4	65810	PARACEN ANT CHAMB-SP; W/REMV VITRUS
	CPT4	65815	PARACEN ANT CHAMB-SP; W/REMV BLOOD
	CPT4	65820	GONIOTOMY
	CPT4	65850	TRABECULOTOMY AB EXTERNO
	CPT4	65855	TRABECULOPLSTY-LASER-1/MORE SESSION
	CPT4	65860	SEVERING ADHES ANT SEG LASR TECH
	CPT4	65865	SEVER ADHES-SEP PROC; GONIOSYNCHIAE
	CPT4	65870	SEVER ADHES-SEP PROC; ANT SYNECHIAE
	CPT4	65875	SEVER ADHES-SEP PROC; POST SYNCHIAE
	CPT4	65880	SEVER ADHES-SEP PROC; CORNEOVITREAL
	CPT4	65900	REMV EPITHL DNGRWTH ANT CHAMBER EYE
	CPT4	65920	REMOVAL IMPL MATL ANT SEGMENT EYE

	CPT4	65930	REMOVAL BLOOD CLOT ANT SEGMENT EYE
	CPT4	66020	INJ ANT CHAMB EYE SEP PROC; AIR/LIQ
	CPT4	66030	INJ ANT CHAMB OF EYE SEP PROC; MED
	CPT4	66130	EXCISION OF LESION SCLERA
	CPT4	66150	FISTULIZ SCLERA; TREPHINAT W/IRIDEC
	CPT4	66155	FISTULIZAT SCLERA; THERMOCAUTERIZAT
	CPT4	66160	FISTULIZAT SCLERA; SCLERECT W/PUNCH
	CPT4	66165	FISTULIZAT SCLERA; IRIDENCLEISIS
	CPT4	66170	FISTULIZ SCLER; TRABECULECT AB EXT
	CPT4	66172	FISTULIZAT SCLERA; TRABECULECT
	CPT4	66180	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR
	CPT4	66185	REV AQUEOUS SHUNT XTRAOCULR RESRVOR
	CPT4	66220	REPR SCLERAL STAPHYLOMA; W/O GRAFT
	CPT4	66225	REPAIR SCLERAL STAPHYLOMA; W/GRAFT
	CPT4	66250	REVIS OPERATIVE WOUND ANT SEGMT
	CPT4	66500	IRIDOTOMY-SEP PROC; NO TRANSFIXION
	CPT4	66505	IRIDOTOMY-SEP PROC; W/TRANSFIXION
	CPT4	66600	IRIDECTOMY W/CORNEO SECT; REMOV LES
	CPT4	66605	IRIDECTOMY W/CORNEO SECT; W/CYCLECT
	CPT4	66625	IRIDECT-CORNL SECT;PERIPH GLAUC-SP
	CPT4	66630	IRIDECT-CORNL SECT;SECTOR GLAUC-SP
	CPT4	66635	IRIDECT-CORNL SEC; OPTICAL-SEP PROC
	CPT4	66680	REPAIR OF IRIS CILIARY BODY
	CPT4	66682	SUTURE IRIS CILIARY BODY-SEP PROC
	CPT4	66700	CILIARY BODY DESTRUCTION; DIATHERMY
	CPT4	66710	CILIARY DESTRC; CYCLO-PC TRNSSCLRAL
	CPT4	66711	CILIARY BDY DESTRUC; CYCLO-PC ENDO
	CPT4	66720	CILIARY BODY DESTRUCTION; CRYOTHAPY
	CPT4	66740	CILIARY BODY DESTRUC; CYCLODIALYSIS
	CPT4	66761	IRIDOTOMY/IRIDECTOMY LASER SURGERY
	CPT4	66762	IRIDOPLASTY BY PHOTOCOAGULATION
	CPT4	66770	DESTRUC CYST/LES IRIS/CILIARY BDY
	CPT4	66820	DISCISSION 2ND CATARACT; STAB INCS
	CPT4	66821	DISCISSION 2ND CATARACT; LASER SURG
	CPT4	66825	REPSTN IO LENS REQ INCI-SEP PROC
	CPT4	66830	REMV 2ND CATARACT W/CORNEO-SCLERAL
	CPT4	66840	REMV LENS MAT; ASPIRT TECH 1/MORE
	CPT4	66850	REMV LENS MAT; PHACOFRAGMENTAT
	CPT4	66852	REMV LENS MAT; PARS PLANA APPROACH
	CPT4	66920	REMOVAL LENS MATERIAL; INTRACAPSLR
	CPT4	66930	REMV LENS MATL;INTRACAP-DISLOC LENS
	CPT4	66940	REMOVAL LENS MATERIAL; XTRACAPSLR
	CPT4	66982	EXTRACAP CATARACT REMV W/IOL-CMPLX
	CPT4	66983	INTRACAPSULAR CATARACT EXTRAC W/IOL
	CPT4	66984	EXTRACAPSULAR CATARACT REMV IOL
	CPT4	66985	INSERT IOL PROSTH SECONDARY IMPLANT
	CPT4	66986	EXCHANGE OF INTRAOCULAR LENS
	CPT4	66990	USE OF OPHTHALMIC ENDOSCOPE
	CPT4	66999	UNLISTED PROC ANTERIOR SEGMENT EYE
	CPT4	67005	REMV VITREOUS ANT APPROACH; PART
	CPT4	67010	REMV VITREOUS ANT; SUBTL REMOV
	CPT4	67015	ASPIRAT VITREOUS/SUBRETINAL FLUID
	CPT4	67025	INJ VITREOUS SUBSTITUTE-SEP PROC
	CPT4	67027	IMPLANT INTRAVITREAL DRUG DEL SYS
	CPT4	67028	INTRAVITREAL INJ PHARMACOLOGIC AGT
	CPT4	67030	DISCISSION VITREOUS STRANDS
	CPT4	67031	SEVERING VITREOUS STRANDS-LASER
	CPT4	67036	VITRECTOMY MECH PARS PLANA APPRCH;

	CPT4	67038	VITRECTOMY MECH; W/MEMBRANE STRIP
	CPT4	67039	VITRECTOMY MECH; W/FOCAL ENDOLASER
	CPT4	67040	VITRECTOMY MECH; W/PANRETINAL PHOTO
	CPT4	67041	VIT FOR MACULAR PUCKER
	CPT4	67042	VIT FOR MACULAR HOLE
	CPT4	67043	VIT FOR MEMBRANE DISSECT
	CPT4	67101	REPR RETINAL DETACH; CRYOTHERAPY
	CPT4	67105	REPR RETINAL DETACH; PHOTOCOAGULAT
	CPT4	67107	REPR RETINAL DETACH; SCLERAL BUCKL
	CPT4	67108	REPR RETINAL DETACH; W/VITRECTOMY
	CPT4	67110	REPR RET DETACH; INJ AIR/OTH GAS
	CPT4	67112	REPR RETINAL DETACH; PREV RET REPR
	CPT4	67113	REPAIR RETINAL DETACH, CPLX
	CPT4	67115	RELEASE OF ENCIRCLING MATERIAL
	CPT4	67120	REMV IMPLNT MATL; EXTRAOCULAR
	CPT4	67121	REMV IMPLNT MATL POST SEGMT; IO
	CPT4	67141	PROPHYLAXIS RETINAL DETACH; CRYOTX
	CPT4	67145	PROPHYLAXIS RET DETACH; PHOTOCOAG
	CPT4	67208	DESTRCT LES RETINA; CRYOTHERAPY
	CPT4	67210	DESTRCT LES RETINA; PHOTOCOAGULAT
	CPT4	67218	DESTRCT LES RETINA; RADIATION-IMPLT
	CPT4	67220	DESTRUC LES CHOROID; 1/>SESSION
	CPT4	67221	DESTRUC LES CHOROID; PHOTODYNAMC TX
	CPT4	67225	DSTRUC LES CHROID;PHOTODYN TX 2 EYE
	CPT4	67227	DESTRCT RETINOPATHY; CRYOTHERAPY
	CPT4	67227	TREATMENT OF RETINAL LESION
	CPT4	67228	DESTRCT RETINOPATHY; PHOTOCOAGULAT
	CPT4	67228	TREATMENT OF RETINAL LESION
	CPT4	67229	TR RETINAL LES PRETERM INF
	CPT4	67250	SCLERAL REINFORCEMENT; W/O GRAFT
	CPT4	67255	SCLERAL REINFORCEMENT; WITH GRAFT
	CPT4	67299	UNLISTED PROC POSTERIOR SEGMENT
	CPT4	67311	STRABISMUS SURG; 1 HORIZONTAL MUSC
	CPT4	67312	STRABISMUS SURG; 2 HORIZONTAL MUSC
	CPT4	67314	STRAB SURG R/R PROC; 1 VERTICL MUSC
	CPT4	67316	STRABISMUS SURG; 2/> VERTICAL MUSC
	CPT4	67318	STRAB SURG ANY PROC SUP OBL MUSC
	CPT4	67320	TRANSPSTN PROC ANY XTRAOCULR MUSC
	CPT4	67331	STRABISMUS SURG-PT W/PREV EYE SURG
	CPT4	67332	STRABISMUS SURG-PT W/SCARRING MUSC
	CPT4	67334	STRABISMUS SURG-POST FIX SUT TECH
	CPT4	67335	PLCMT ADJUSTABLE SUTURE-STRABISMUS
	CPT4	67340	STRABISMUS SURG EXPL&/REPR MUSC
	CPT4	67343	RELEASE EXTEN SCAR TISS-SEP PROC
	CPT4	67345	CHEMODENERVATION EXTRAOCULAR MUSCLE
	CPT4	67350	BIOPSY OF EXTRAOCULAR MUSCLE
	CPT4	67399	UNLISTED PROCEDURE OCULAR MUSCLE
	CPT4	67400	ORBITOT W/O BONE FLP; EXPL W/WO BX
	CPT4	67405	ORBITOT W/O BONE FLP; W/DRAIN ONLY
	CPT4	67412	ORBITOT W/O BN FLP; W/REMOVAL LES
	CPT4	67413	ORBITOT W/O BONE FLP; W/REMOVAL FB
	CPT4	67414	ORBITOTOMY WO FLAP; W/REMV BONE
	CPT4	67415	FINE NDLE ASPIRATION ORB CONTENTS
	CPT4	67420	ORBITOTOMY W/BONE FLAP; W/REMV LES
	CPT4	67430	ORBITOTOMY W/BONE FLAP; W/REMV FB
	CPT4	67440	ORBITOTOMY W/BONE FLAP; W/DRAIN
	CPT4	67445	ORBITOTOMY W/BONE FLP; W/REMV BONE
	CPT4	67450	ORBITOTOMY W/BN FLAP; EXPLORATION

	CPT4	67500	RETROBULBAR INJECTION; MEDICATION
	CPT4	67505	RETROBULBAR INJECTION; ALCOHOL
	CPT4	67515	INJ MED/OTH SUBSTANCE IN TENONS CAP
	CPT4	67550	ORBITAL IMPLANT; INSERTION
	CPT4	67560	ORBITAL IMPLANT; REMOVAL/REVISION
	CPT4	67570	OPTIC NERVE DECOMPRESSION
	CPT4	67599	UNLISTED PROCEDURE ORBIT
	CPT4	67700	BLEPHAROTOMY DRAINAGE ABSC EYELID
	CPT4	67710	SEVERING OF TARSORRHAPHY
	CPT4	67715	CANTHOTOMY
	CPT4	67800	EXCISION OF CHALAZION; SINGLE
	CPT4	67801	EXCISION CHALAZION; MX SAME LID
	CPT4	67805	EXC CHALAZION; MX DIFFERENT LIDS
	CPT4	67808	EXC CHALAZION; GEN ANES &/ RQR HOSP
	CPT4	67810	BIOPSY OF EYELID
	CPT4	67820	CORRECT TRICHIASIS; EPILAT-FORCEPS
	CPT4	67825	CORREC TRICHIASIS; EPILAT NO FORCPS
	CPT4	67830	CORR TRICHIASIS; INCI LID MARGIN
	CPT4	67835	CORRECT TRICHIASIS; INCS LID W/GFT
	CPT4	67840	EXC LES LID NO CLOS/W SMPL DIR CLOS
	CPT4	67850	DESTRUCTION OF LESION OF LID MARGIN
	CPT4	67875	TEMPORARY CLOSURE OF EYELIDS SUTURE
	CPT4	67880	CONSTRUCT INTERMARGINAL ADHESIONS
	CPT4	67882	CONSTRCT ADHESIONS; W/TRANSPOSIT
	CPT4	67900	REPAIR OF BROW PTOSIS
	CPT4	67901	REPR BLEPHAROPTOSIS; W/SUT/OTH MATL
	CPT4	67901	REPAIR EYELID DEFECT
	CPT4	67902	REPAIR EYELID DEFECT
	CPT4	67902	REPR BLEPHAROPTOSIS; W/FASCIAL SLNG
	CPT4	67903	REPR BLEPHAROPTOSIS; RESECT-INT
	CPT4	67904	REPR BLEPHAROPTOSIS; RESECT-EXT
	CPT4	67906	REPR BLEPHAROPTOSIS; SUPER RECTUS
	CPT4	67908	REPR BLEPHAROPTOSIS; CONJUNC-TARSO
	CPT4	67909	REDUCTION OVERCORRECTION PTOSIS
	CPT4	67911	CORRECTION OF LID RETRACTION
	CPT4	67912	CORR LAGOPHTHALMOS IMPL UP EYELD
	CPT4	67914	REPAIR OF ECTROPION; SUTURE
	CPT4	67915	REPAIR ECTROPION; THERMOCAUT
	CPT4	67916	REPAIR ECTROPION; EXC TARSAL WEDGE
	CPT4	67917	REPAIR OF ECTROPION; EXTENSIVE
	CPT4	67921	REPAIR OF ENTROPION; SUTURE
	CPT4	67922	REPAIR ENTROPION; THERMOCAUT
	CPT4	67923	REPAIR ENTROPION; EXC TARSAL WEDGE
	CPT4	67924	REPAIR OF ENTROPION; EXTENSIVE
	CPT4	67930	SUTURE RECENT WOUND LID; PART THICK
	CPT4	67935	SUTURE RECENT WOUND LID; FULL THICK
	CPT4	67938	REMOVAL EMBEDDED FB EYELID
	CPT4	67950	CANTHOPLASTY
	CPT4	67961	EXC & REPR LID; TO 1/4 LID MARGIN
	CPT4	67966	EXC & REPR EYELID > 1/4 LID MARGIN
	CPT4	67971	RECON LID; UP TO 2/3 LID 1 STAGE
	CPT4	67973	RECON LID; TOT LID LOWER 1 STAGE
	CPT4	67974	RECON LID; TOT LID UPPER 1 STAGE
	CPT4	67975	RECON LID-TRANSF FLAP; 2ND STAGE
	CPT4	67999	UNLISTED PROCEDURE EYELIDS
	CPT4	68020	INCISION CONJUNCTIVA DRAINAGE CYST
	CPT4	68040	EXPRESSION CONJUNCTIVAL FOLLICLES
	CPT4	68100	BIOPSY OF CONJUNCTIVA

CPT4	68110	EXCISION LESION CONJUNCT; UP 1 CM
CPT4	68115	EXCISION LESION CONJUNCT; OVER 1 CM
CPT4	68130	EXC LESION CONJUNCT; W/ADJ SCLERA
CPT4	68135	DESTRUCTION OF LESION CONJUNCTIVA
CPT4	68200	SUBCONJUNCTIVAL INJECTION
CPT4	68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT
CPT4	68325	CONJUNCTIVOPLASTY; W/BUCCAL GFT
CPT4	68326	CONJUNCTIVOPLASTY CUL-DE-SAC; W/GFT
CPT4	68328	CONJUNCTIVOPL CUL-DE-SAC; BUCCL GFT
CPT4	68330	REPR SYMBLEPHARON; CONJUNCTIVOPLSTY
CPT4	68335	REPR SYMBLEPHARON; W/FREE GFT
CPT4	68340	REPR SYMBLEPHARON; DIVIS SYMBLEPHAR
CPT4	68360	CONJUNCTIVAL FLAP; BRIDGE/PARTIAL
CPT4	68362	CONJUNCTIVAL FLAP; TOTAL
CPT4	68399	UNLISTED PROCEDURE CONJUNCTIVA
CPT4	68400	INCISION DRAINAGE OF LACRIMAL GLAND
CPT4	68420	INCISION DRAINAGE OF LACRIMAL SAC
CPT4	68440	SNIP INCISION OF LACRIMAL PUNCTUM
CPT4	68500	EXCISION LAC GLAND NO TUMOR; TOTAL
CPT4	68505	EXCISION LAC GLAND NO TUMOR; PART
CPT4	68510	BIOPSY OF LACRIMAL GLAND
CPT4	68520	EXCISION OF LACRIMAL SAC
CPT4	68525	BIOPSY OF LACRIMAL SAC
CPT4	68530	REMOVAL FB/DACRYOLITH LAC PASSAGES
CPT4	68540	EXC LAC GLAND TUMR; FRNTL APPRCH
CPT4	68550	EXC LAC GLAND TUMR; INVLV OSTEOT
CPT4	68700	PLASTIC REPAIR OF CANALICULI
CPT4	68705	CORRECTION EVERTED PUNCTUM CAUTERY
CPT4	68720	DACRYOCYSTORHINOSTOMY
CPT4	68745	CONJUNCTIVORHINOSTOMY; WITHOUT TUBE
CPT4	68750	CONJUNCTIVORHINOSTOMY; W/INSRT TUBE
CPT4	68760	CLO LACRIMAL PUNCTUM; THERMOCAUT
CPT4	68761	CLOSURE LACRIMAL PUNCTUM; PLUG EACH
CPT4	68770	CLOSURE OF LACRIMAL FISTULA
CPT4	68801	DILAT LAC PUNCTUM W/WO IRRIGATION
CPT4	68810	PROBING OF NLD W/WO IRRIGATION;
CPT4	68811	PROBE NASOLACRIM DUCT; REQ GEN ANES
CPT4	68815	PROBE NASOLAC DUCT; W/INSERT TUBE
CPT4	68816	PROBE NL DUCT W/BALLOON
CPT4	68840	PROBING LAC CANALICULI W/WO IRRIG
CPT4	68850	INJ CONTRST MEDIUM DACRYOCYSTGRPH
CPT4	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
HCPCS	G0186	DESTRUC LES CHOROID; PHOTOCOAG FEDR

GI Bleed (Diagnosis)

Type	Code	Description
ICD9	4560	ESOPHAGEAL VARICES WITH BLEEDING
ICD9	45620	ESOPH VARICES W/BLEED DZ CLASS ELSW
ICD9	53082	ESOPHAGEAL HEMORRHAGE
ICD9	5310	ACUTE GASTRIC ULCER WITH HEMORRHAGE
ICD9	53100	ACUT GASTR ULCR W/HEM W/O OBST
ICD9	53101	ACUT GASTR ULCER W/HEMORR&OBST
ICD9	5312	ACUTE GASTRIC ULCER W/HEMORR&PERF
ICD9	53120	AC GASTR ULCR W/HEMOR&PERF W/O OBST
ICD9	53121	ACUT GASTR ULCER W/HEMORR PERF&OBST

	ICD9	5314	CHRON/UNSPEC GASTRIC ULCER W/HEMORR
	ICD9	53140	CHRN/UNS GASTR ULCR W/HEM W/O OBST
	ICD9	53141	CHRON/UNS GASTR ULCR W/HEMORR&OBST
	ICD9	5316	CHRON/UNS GASTR ULCR W/HEMORR&PERF
	ICD9	53160	CHRN/UNS GASTR ULCER W/HEMORR&PREF
	ICD9	53161	CHRN/UNS GASTR ULCR W/HEM PERF&OBST
	ICD9	5320	ACUTE DUODENAL ULCER W/HEMORRHAGE
	ICD9	53200	ACUT DUOD ULCR W/HEM W/O OBST
	ICD9	53201	ACUT DUOD ULCER W/HEMORR&OBST
	ICD9	5322	ACUTE DUODEN ULCER W/HEMORR&PERF
	ICD9	53220	AC DUOD ULCR W/HEMOR&PERF W/O OBST
	ICD9	53221	ACUT DUOD ULCER W/HEMORR PERF&OBST
	ICD9	5324	CHRON/UNSPEC DUODEN ULCER W/HEMORR
	ICD9	53240	CHRN/UNS DUOD ULCR W/HEM W/O OBST
	ICD9	53241	CHRON/UNS DUOD ULCR W/HEMORR&OBST
	ICD9	5326	CHRON/UNS DUOD ULCR W/HEMORR&PERF
	ICD9	53260	CHRN/UNS DUOD ULCR W/HEMORR&PERF
	ICD9	53261	CHRN/UNS DUOD ULCR W/HEM PERF&OBST
	ICD9	5330	ACUT PEPTC ULCR UNS SITE W/HEMORR
	ICD9	53300	ACUT PEPTC ULCR W/HEM W/O OBST
	ICD9	53301	ACUT PEPTC ULCR W/HEMORR&OBST
	ICD9	5332	ACUT PEPTC ULCR W/HEMORR&PERF
	ICD9	53320	ACUT PEP ULCR W/HEMOR&PERF W/O OBST
	ICD9	53321	ACUT PEPTC ULCR W/HEM PERF&OBST
	ICD9	5334	CHRN/UNS PEPTC ULCR W/HEMORR
	ICD9	53340	CHRN/UNS PEPTC ULCR W/HEM W/O OBST
	ICD9	53341	CHRN/UNS PEPTC ULCR W/HEMORR&OBST
	ICD9	5336	CHRN/UNS PEPTC ULCR W/HEMORR&PERF
	ICD9	53360	CHRN/UNS PEPTC ULCR W/HEMORR&PERF
	ICD9	53361	CHRN/UNS PEPTC ULCR W/HEM PERF&OBST
	ICD9	5340	ACUTE GASTROJEJUN ULCER W/HEMORR
	ICD9	53400	ACUT GASTROJEJ ULCR W/HEM W/O OBST
	ICD9	53401	ACUT GASTROJEJUN ULCR W/HEMORR&OBST
	ICD9	5342	ACUT GASTROJEJUN ULCR W/HEMORR&PERF
	ICD9	53420	ACUTE GASTROJEJ ULCR W/HEMORR&PERF
	ICD9	53421	ACUT GASTROJEJ ULCR W/HEM PERF&OBST
	ICD9	5344	CHRON/UNS GASTROJEJUN ULCR W/HEMORR
	ICD9	53440	CHRN/UNS GSTROJEJ ULCR W/HEMORR
	ICD9	53441	CHRON/UNS GSTROJEJ ULCR W/HMOR&OBST
	ICD9	5346	CHRN/UNS GSTROJEJ ULCR W/HEMOR&PERF
	ICD9	53460	CHRN/UNS GSTROJEJ ULCR W/HEMOR&PERF
	ICD9	53461	CHRN/UNS GSTROJEJ ULCR W/HMOR&OBST
	ICD9	53783	ANGIODYSPLAS STOMACH&DUOD W/HEMORR
	ICD9	53784	DIEULAFOY LESION STOMACH&DUODENUM
	ICD9	56202	DIVERTICULOSIS SM INTEST W/HEMORR
	ICD9	56203	DIVERTULITIS SM INTESTINE W/HEMORR
	ICD9	56212	DIVERTICULOSIS COLON W/HEMORRHAGE
	ICD9	56213	DIVERTICULITIS COLON W/HEMORRHAGE
	ICD9	5693	HEMORRHAGE OF RECTUM AND ANUS
	ICD9	56985	ANGIODYSPLASIA INTESTINE W/HEMORR
	ICD9	56986	DIEULAFOY LESION OF INTESTINE
	ICD9	578	GASTROINTESTINAL HEMORRHAGE
	ICD9	5780	HEMATEMESIS
	ICD9	5781	BLOOD IN STOOL
	ICD9	5789	UNSPEC HEMORRHAGE GI TRACT
	Aortic dissection (Diagnosis)		

Type	Code	Description
ICD9	441	AORTIC ANEURYSM AND DISSECTION
ICD9	4410	DISSECTION OF AORTA
ICD9	44100	DISSECTING AORTIC ANEUR UNSPEC SITE
ICD9	44101	DISSECTING AORTIC ANEURYSM THORACIC
ICD9	44102	DISSECTING AORTIC ANEURYSM ABD
ICD9	44103	DISSECTING AORTIC ANEUR THORACOABD
ICD9	4411	THORACIC ANEURYSM, RUPTURED
ICD9	4412	THOR ANEUR WITHOUT MENTION RUPTURE
ICD9	4413	ABDOMINAL ANEURYSM, RUPTURED
ICD9	4414	ABD ANEUR WITHOUT MENTION RUPTURE
ICD9	4415	AORTIC ANEUR UNSPEC SITE RUPTURED
ICD9	4416	THORACOABDOMINAL ANEURYSM, RUPTURED
ICD9	4417	THORACOABD ANEUR W/O MENTION RUP
ICD9	4419	AORTC ANEUR UNS SITE W/O RUP

Cerebral aneurysm (Diagnosis)

Type	Code	Description
ICD9	09487	SYPHILITIC RUPTURED CEREBRAL ANEUR
ICD9	430	SUBARACHNOID HEMORRHAGE
ICD9	4373	CEREBRAL ANEURYSM, NONRUPTURED
ICD9	74781	CONGEN ANOMALY CEREBRVASC SYSTEM

Pericarditis (Diagnosis)

Type	Code	Description
ICD9	03641	MENINGOCOCCAL PERICARDITIS
ICD9	07421	COXSACKIE PERICARDITIS
ICD9	09381	SYPHILITIC PERICARDITIS
ICD9	09883	GONOCOCCAL PERICARDITIS
ICD9	11593	UNSPEC HISTOPLASMOSIS PERICARDITIS
ICD9	3910	ACUTE RHEUMATIC PERICARDITIS
ICD9	3920	RHEUMATIC CHOREA W/HEART INVLV
ICD9	393	CHRONIC RHEUMATIC PERICARDITIS
ICD9	4110	POSTMYOCARDIAL INFARCTION SYNDROME
ICD9	420	ACUTE PERICARDITIS
ICD9	4200	ACUTE PERICARDITIS DZ CLASS ELSW
ICD9	4209	OTHER&UNSPEC ACUTE PERICARDITIS
ICD9	42090	UNSPECIFIED ACUTE PERICARDITIS
ICD9	42091	ACUTE IDIOPATHIC PERICARDITIS
ICD9	42099	OTHER ACUTE PERICARDITIS
ICD9	4230	HEMOPERICARDIUM
ICD9	4231	ADHESIVE PERICARDITIS
ICD9	4232	CONSTRICTIVE PERICARDITIS
ICD9	4238	OTHER SPEC DISEASES PERICARDIUM
ICD9	4239	UNSPECIFIED DISEASE OF PERICARDIUM

Bacterial endocarditis (Diagnosis)

Type	Code	Description
ICD9	03642	MENINGOCOCCAL ENDOCARDITIS
ICD9	09320	UNSPEC SYPHILITIC ENDOCARDITIS VALV
ICD9	09321	SYPHILITIC ENDOCARDITIS MITRAL VALV
ICD9	09322	SYPHILITIC ENDOCARDITIS AORTIC VALV
ICD9	09323	SYPHLIT ENDOCARDITIS TRICUSPID VALV
ICD9	09324	SYPHILITIC ENDOCARDITIS PULM VALVE
ICD9	09884	GONOCOCCAL ENDOCARDITIS
ICD9	4210	ACUTE&SUBACUTE BACTERL ENDOCARDITIS
ICD9	4211	AC&SUBACUT INFECTV ENDOCARDIT DZ CE
ICD9	4219	UNSPECIFIED ACUTE ENDOCARDITIS

Pregnancy (Diagnosis)

Type	Code	Description
ICD9	630	HYDATIDIFORM MOLE
ICD9	631	OTHER ABNORMAL PRODUCT CONCEPTION
ICD9	632	MISSED ABORTION
ICD9	633	ECTOPIC PREGNANCY
ICD9	6330	ABDOMINAL PREGNANCY
ICD9	63300	ABD PG WITHOUT INTRAUTERINE PG
ICD9	63301	ABD PG W/INTRAUTERINE PG
ICD9	6331	TUBAL PREGNANCY
ICD9	63310	TUBAL PG WITHOUT INTRAUTERINE PG
ICD9	63311	TUBAL PG W/INTRAUTERINE PG
ICD9	6332	OVARIAN PREGNANCY
ICD9	63320	OVARIAN PG WITHOUT INTRAUTERINE PG
ICD9	63321	OVARIAN PG W/INTRAUTERINE PG
ICD9	6338	OTHER ECTOPIC PREGNANCY
ICD9	63380	OTH ECTOPIC PG W/O INTRAUTERINE PG
ICD9	63381	OTH ECTOPIC PG W/INTRAUTERINE PG
ICD9	6339	UNSPECIFIED ECTOPIC PREGNANCY
ICD9	63390	UNS ECTOPIC PG W/O INTRAUTERINE PG
ICD9	63391	UNSPEC ECTOPIC PG W/INTRAUTERINE PG
ICD9	634	SPONTANEOUS ABORTION
ICD9	6340	SPONT AB COMP GENIT TRACT&PELV INF
ICD9	63400	UNSAB COMP GENIT TRACT&PELV INF
ICD9	63401	INCPLAB COMP GENIT TRACT&PELV INF
ICD9	63402	CMPLAB COMP GENIT TRACT&PELV INF
ICD9	6341	SPONT AB COMP DELAY/EXCESS HEMORR
ICD9	63410	UNS SPONT AB COMP DELAY/XCESS HEMOR
ICD9	63411	INCPLAB COMP DELAY/XCESS HEMOR
ICD9	63412	CMPLAB COMP DELAY/XCESS HEMOR
ICD9	6342	SPONT AB COMP DAMGE PELV ORGN/TISS
ICD9	63420	UNSAB COMP DAMGE PELV ORGN/TISS
ICD9	63421	INCPLAB COMP DAMGE PELV ORGN/TISS
ICD9	63422	CMPLAB COMP DAMGE PELV ORGN/TISS
ICD9	6343	SPONTANEOUS AB COMP RENAL FAILURE
ICD9	63430	UNSPEC SPONT AB COMP RENAL FAIL
ICD9	63431	INCPL SPONT AB COMP RENAL FAIL
ICD9	63432	COMPLETE SPONT AB COMP RENAL FAIL
ICD9	6344	SPONTANEOUS AB COMP METAB DISORDER
ICD9	63440	UNSPEC SPONT AB COMP METAB DISORDER

	ICD9	63441	INCPL SPONT AB COMP METAB DISORDER
	ICD9	63442	CMPL SPONT AB COMP METAB DISORDER
	ICD9	6345	SPONTANEOUS AB COMPLICATED SHOCK
	ICD9	63450	UNSPEC SPONTANEOUS AB COMP SHOCK
	ICD9	63451	INCPL SPONTANEOUS AB COMP SHOCK
	ICD9	63452	COMPLETE SPONTANEOUS AB COMP SHOCK
	ICD9	6346	SPONTANEOUS AB COMPLICATED EMBOLISM
	ICD9	63460	UNSPEC SPONTANEOUS AB COMP EMBOLISM
	ICD9	63461	INCOMPLETE SPONTANEOUS AB COMP EMBO
	ICD9	63462	COMPLETE SPONTANEOUS AB COMP EMBO
	ICD9	6347	SPONTANEOUS AB W/OTH SPEC COMPS
	ICD9	63470	UNSPEC SPONT AB W/OTH SPEC COMPS
	ICD9	63471	INCPL SPONT AB W/OTH SPEC COMPS
	ICD9	63472	COMPLETE SPONT AB W/OTH SPEC COMPS
	ICD9	6348	SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63480	UNSPEC SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63481	INCPL SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63482	COMPLETE SPONT AB W/UNSPEC COMP
	ICD9	6349	SPONTANEOUS AB WITHOUT MENTION COMP
	ICD9	63490	UNSPEC SPONT AB W/O MENTION COMP
	ICD9	63491	INCPL SPONT AB WITHOUT MENTION COMP
	ICD9	63492	COMPLETE SPONT AB W/O MENTION COMP
	ICD9	635	LEGALLY INDUCED ABORTION
	ICD9	6350	LEGAL AB COMPL GENIT TRACT&PELV INF
	ICD9	63500	UNS LEGL AB COMPL GEN TRCT&PELV INF
	ICD9	63501	INCMPL LEGL AB COMPL GENIT&PELV INF
	ICD9	63502	CMPL LEGL AB COMPL GENITAL&PELV INF
	ICD9	6351	LEGL AB COMPL DELAY/EXCESS HEMORR
	ICD9	63510	UNS LEGL AB COMPL DELAY/EXCESS HEM
	ICD9	63511	INCMPL LEGL AB COMPL DELAY/XCSS HEM
	ICD9	63512	CMPL LEGL AB COMPL DELAY/EXCESS HEM
	ICD9	6352	LEGL AB COMPL DAMGE PELV ORGN/TISS
	ICD9	63520	UNS LEGL AB COMPL DAMGE PELV ORGN
	ICD9	63521	LEGL AB COMPL DMGE PELV ORGN INCMPL
	ICD9	63522	CMPL LEGL AB COMPL DAMGE PELV ORGN
	ICD9	6353	LEGALLY INDUCED AB COMP RENAL FAIL
	ICD9	63530	UNS LEGL INDUCD AB COMP RENL FAIL
	ICD9	63531	INCPL LEGL INDUCD AB COMP RENL FAIL
	ICD9	63532	CMPL LEGL INDUCD AB COMP RENAL FAIL
	ICD9	6354	LEGL INDUCD AB COMP METAB DISORDER
	ICD9	63540	UNS LEGL INDUCD AB COMP METAB D/O
	ICD9	63541	INCPL LEGL INDUCD AB COMP METAB D/O
	ICD9	63542	CMPL LEGL INDUCD AB COMP METAB D/O
	ICD9	6355	LEGALLY INDUCED AB COMP SHOCK
	ICD9	63550	UNSPEC LEGALLY INDUCD AB COMP SHOCK
	ICD9	63551	LEGALLY INDUCED AB COMP SHOCK INCPL
	ICD9	63552	COMPLETE LEGL INDUCD AB COMP SHOCK
	ICD9	6356	LEGALLY INDUCED AB COMP EMBOLISM
	ICD9	63560	UNSPEC LEGALLY INDUCED AB COMP EMBO
	ICD9	63561	INCPL LEGALLY INDUCED AB COMP EMBO
	ICD9	63562	COMPLETE LEGL INDUCD AB COMP EMBO
	ICD9	6357	LEGALLY INDUCED AB W/OTH SPEC COMPS
	ICD9	63570	UNS LEGL INDUCD AB W/OTH SPEC COMPS
	ICD9	63571	INCPL LEGL INDUCD AB W/OTH COMPS
	ICD9	63572	CMPL LEGL INDUCD AB W/OTH COMPS
	ICD9	6358	LEGALLY INDUCED AB W/UNSPEC COMP
	ICD9	63580	UNSPEC LEGL INDUCD AB W/UNSPEC COMP
	ICD9	63581	INCPL LEGL INDUCD AB W/UNSPEC COMP

	ICD9	63582	CMPL LEGL INDUCD AB W/UNSPEC COMP
	ICD9	6359	LEGL INDUCD AB WITHOUT MENTION COMP
	ICD9	63590	UNS LEGL INDUCD AB W/O MENTION COMP
	ICD9	63591	INCPL LEGL INDUCD AB W/O COMP
	ICD9	63592	CMPL LEGL INDUCD AB W/O COMP
	ICD9	636	ILLEGALLY INDUCED ABORTION
	ICD9	6360	ILEG AB COMP GENIT TRACT&PELVIC INF
	ICD9	63600	UNS ILEG AB COMPL GEN TRCT&PELV INF
	ICD9	63601	INCMPL ILEG AB COMPL GENIT&PELV INF
	ICD9	63602	CMPL ILEG AB COMPL GENITAL&PELV INF
	ICD9	6361	ILEG AB COMPL DELAY/EXCESS HEMORR
	ICD9	63610	UNS ILEG AB COMPL DELAY/EXCESS HEM
	ICD9	63611	INCMPL ILEG AB COMPL DELAY/XCSS HEM
	ICD9	63612	CMPL ILEG AB COMPL DELAY/EXCESS HEM
	ICD9	6362	ILEG AB COMPL DAMGE PELV ORGN/TISS
	ICD9	63620	UNS ILEG AB COMPL DAMGE PELV ORGN
	ICD9	63621	INCMPL ILEG AB COMPL DMGE PELV ORGN
	ICD9	63622	CMPL ILEG AB COMPL DAMGE PELV ORGN
	ICD9	6363	ILEG INDUCED AB COMP RENAL FAIL
	ICD9	63630	UNS ILEG INDUCD AB COMP RENL FAIL
	ICD9	63631	INCPL ILEG INDUCD AB COMP RENL FAIL
	ICD9	63632	CMPL ILEG INDUCD AB COMP RENAL FAIL
	ICD9	6364	ILEG INDUCD AB COMP METAB DISORDER
	ICD9	63640	UNS ILEG AB COMPL METABOLIC D/O
	ICD9	63641	INCPL ILEG INDUCD AB COMP METAB D/O
	ICD9	63642	CMPL ILEG INDUCD AB COMP METAB D/O
	ICD9	6365	ILLEGALLY INDUCED AB COMP SHOCK
	ICD9	63650	UNSPEC ILEG INDUCED AB COMP SHOCK
	ICD9	63651	INCPL ILEG INDUCED AB COMP SHOCK
	ICD9	63652	COMPLETE ILEG INDUCED AB COMP SHOCK
	ICD9	6366	ILLEGALLY INDUCED AB COMP EMBOLISM
	ICD9	63660	UNSPEC ILEG INDUCED AB COMP EMBO
	ICD9	63661	INCPL ILEG INDUCED AB COMP EMBO
	ICD9	63662	COMPLETE ILEG INDUCED AB COMP EMBO
	ICD9	6367	ILEG INDUCED AB W/OTH SPEC COMPS
	ICD9	63670	UNS ILEG INDUCD AB W/OTH SPEC COMPS
	ICD9	63671	INCPL ILEG INDUCD AB W/OTH COMPS
	ICD9	63672	CMPL ILEG INDUCD AB W/OTH COMPS
	ICD9	6368	ILLEGALLY INDUCED AB W/UNSPEC COMP
	ICD9	63680	UNSPEC ILEG INDUCD AB W/UNSPEC COMP
	ICD9	63681	INCPL ILEG INDUCED AB W/UNSPEC COMP
	ICD9	63682	CMPL ILEG INDUCD AB W/UNSPEC COMP
	ICD9	6369	ILEG INDUCD AB WITHOUT MENTION COMP
	ICD9	63690	UNS ILEG INDUCD AB W/O MENTION COMP
	ICD9	63691	INCPL ILEG INDUCD AB W/O COMP
	ICD9	63692	CMPL ILEG INDUCD AB W/O COMP
	ICD9	637	LEGALLY UNSPECIFIED ABORTION
	ICD9	6370	LEGL UNS AB COMP GNT TRACT&PELV INF
	ICD9	63700	AB UNS-CMPL/LEGL COMPL GEN&PELV INF
	ICD9	63701	LEGL UNS AB INCMPL COMPL PELV INF
	ICD9	63702	LEGL UNS AB CMPL COMPL GEN&PELV INF
	ICD9	6371	LEGL UNS AB COMP DELAY/XCESS HEMORR
	ICD9	63710	AB UNS CMPL/LEGL COMPL DELAY HEM
	ICD9	63711	LEGL UNS AB INCMPL COMPL DELAY HEM
	ICD9	63712	LEGL UNS AB CMPL COMPL DELAY HEM
	ICD9	6372	LEGL UNS AB COMPL DAMGE PELV ORGN
	ICD9	63720	AB UNS CMPL/LEGL COMPL DAMGE PELVIC
	ICD9	63721	LEGL UNS AB INCMPL COMPL DAMGE PELV

	ICD9	63722	LEGL UNS AB CMPL COMPL DAMGE PELV
	ICD9	6373	LEGALLY UNSPEC AB COMP RENAL FAIL
	ICD9	63730	AB UNS AS CMPL/LEGL COMP RENL FAIL
	ICD9	63731	LEGL UNSPEC AB INCPL COMP RENL FAIL
	ICD9	63732	LEGL UNSPEC AB CMPL COMP RENAL FAIL
	ICD9	6374	LEGL UNSPEC AB COMP METAB DISORDER
	ICD9	63740	AB UNS CMPLNESS/LEGL COMP METAB D/O
	ICD9	63741	LEGL UNSPEC AB INCPL COMP METAB D/O
	ICD9	63742	LEGL UNSPEC AB CMPL COMP METAB D/O
	ICD9	6375	LEGALLY UNSPEC AB COMPLICATED SHOCK
	ICD9	63750	AB UNSPEC AS CMPL/LEGL COMP SHOCK
	ICD9	63751	LEGALLY UNSPEC AB INCPL COMP SHOCK
	ICD9	63752	LEGL UNSPEC AB COMPLETE COMP SHOCK
	ICD9	6376	LEGALLY UNSPEC AB COMP EMBOLISM
	ICD9	63760	AB UNSPEC AS CMPL/LEGL COMP EMBO
	ICD9	63761	LEGALLY UNSPEC AB INCPL COMP EMBO
	ICD9	63762	LEGL UNSPEC AB COMPLETE COMP EMBO
	ICD9	6377	LEGALLY UNSPEC AB W/OTH SPEC COMPS
	ICD9	63770	AB UNS CMPL/LEGL W/OTH SPEC COMPS
	ICD9	63771	LEGL UNS AB INCPL W/OTH SPEC COMPS
	ICD9	63772	LEGL UNS AB CMPL W/OTH SPEC COMPS
	ICD9	6378	LEGALLY UNSPEC AB W/UNSPEC COMP
	ICD9	63780	AB UNS AS CMPL/LEGL W/UNS COMP
	ICD9	63781	LEGL UNSPEC AB INCPL W/UNSPEC COMP
	ICD9	63782	LEGL UNSPEC AB CMPL W/UNSPEC COMP
	ICD9	6379	LEGL UNSPEC AB WITHOUT MENTION COMP
	ICD9	63790	UNS TYPE AB UNS CMPL/LEGL W/O COMP
	ICD9	63791	LEGL UNS AB INCPL W/O MENTION COMP
	ICD9	63792	LEGL UNS AB CMPL W/O MENTION COMP
	ICD9	638	FAILED ATTEMPTED ABORTION
	ICD9	6380	FAILD ATTMP AB COMPL GEN&PELV INF
	ICD9	6381	FAILATMPT AB COMP DELAY/XCESS HEMOR
	ICD9	6382	FAILD ATTMP AB COMPL DMGE PELV ORGN
	ICD9	6383	FAILED ATTEMP AB COMPL RENAL FAILUR
	ICD9	6384	FAILD ATTEMP AB COMPL METAB D/O
	ICD9	6385	FAILED ATTEMP AB COMPLICATED SHOCK
	ICD9	6386	FAILED ATTEMP AB COMPL EMBOLISM
	ICD9	6387	FAILED ATTEMP AB W/OTH SPEC COMPL
	ICD9	6388	FAILED ATTEMP AB W/UNSPEC COMP
	ICD9	6389	FAILED ATTEMP AB W/O MENTION COMPL
	ICD9	639	COMPS FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6390	GENIT&PELV INF FLW AB/ECTOP&MOLR PG
	ICD9	6391	DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG
	ICD9	6392	DMGE PELV ORGN FLW AB/ECTOP&MOLR PG
	ICD9	6393	RENL FAIL FOLLOW AB/ECTOP&MOLAR PG
	ICD9	6394	METAB D/O FOLLOW AB/ECTOP&MOLAR PG
	ICD9	6395	SHOCK FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6396	EMBO FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6398	OTH SPEC COMP FLW AB/ECTOP&MOLAR PG
	ICD9	6399	UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	640	HEMORRHAGE IN EARLY PREGNANCY
	ICD9	6400	THREATENED ABORTION
	ICD9	64000	THREATENED AB UNSPEC AS EPIS CARE
	ICD9	64001	THREATENED ABORTION, DELIVERED
	ICD9	64003	THREATENED ABORTION, ANTEPARTUM
	ICD9	6408	OTH SPEC HEMORRHAGE EARLY PREGNANCY
	ICD9	64080	OTH SPEC HEMOR ERLY PG UNS EOC
	ICD9	64081	OTH SPEC HEMORR EARLY PG DELIV

	ICD9	64083	OTH SPEC HEMORR EARLY PG ANTPRTM
	ICD9	6409	UNSPEC HEMORRHAGE EARLY PREGNANCY
	ICD9	64090	UNS HEMORR ERLY PG UNS AS EPIS CARE
	ICD9	64091	UNSPEC HEMORR EARLY PREGNANCY DELIV
	ICD9	64093	UNSPEC HEMORR EARLY PG ANTPRTM
	ICD9	641	ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA
	ICD9	6410	PLACENTA PREVIA WITHOUT HEMORRHAGE
	ICD9	64100	PLACNTA PREVIA W/O HEMOR UNS EOC
	ICD9	64101	PLACENTA PREVIA W/O HEMORR DELIV
	ICD9	64103	PLACENTA PREVIA W/O HEMORR ANTPRTM
	ICD9	6411	HEMORRHAGE FROM PLACENTA PREVIA
	ICD9	64110	HEMORR PLACNTA PREVIA UNS EPIS CARE
	ICD9	64111	HEMORR FROM PLACENTA PREVIA W/DELIV
	ICD9	64113	HEMORR FROM PLACENTA PREVIA ANTPRTM
	ICD9	6412	PREMATURE SEPARATION OF PLACENTA
	ICD9	64120	PRMAT SEP PLACNTA UNS AS EPIS CARE
	ICD9	64121	PRMAT SEPARATION PLACENTA W/DELIV
	ICD9	64123	PRMAT SEPARATION PLACENTA ANTPRTM
	ICD9	6413	ANTPRTM HEMORRW/COAGULAT DEFEC
	ICD9	64130	ANTPRTM HEM W/COAGLAT DEFEC UNS EOC
	ICD9	64131	ANTPRTM HEMORW/COAGULAT DEFEC DELIV
	ICD9	64133	ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM
	ICD9	6418	OTHER ANTEPARTUM HEMORRHAGE
	ICD9	64180	OTH ANTPRTM HEMORR UNS AS EPIS CARE
	ICD9	64181	OTH ANTPRTM HEMORRHAGE W/DELIVERY
	ICD9	64183	OTH ANTPRTM HEMORRHAGE ANTPRTM
	ICD9	6419	UNSPECIFIED ANTEPARTUM HEMORRHAGE
	ICD9	64190	UNS ANTPRTM HEMORR UNS AS EPIS CARE
	ICD9	64191	UNSPEC ANTPRTM HEMORRHAGE W/DELIV
	ICD9	64193	UNSPEC ANTPRTM HEMORRHAGE ANTPRTM
	ICD9	642	HTN COMP PG CHLDBRTH&THE PUERPERIUM
	ICD9	6420	ESSEN HYPERTEN COMP PREG
	ICD9	64200	ESSEN HYPERTEN PREG-UNSP
	ICD9	64201	BEN ESSENTIAL HYPERTENSION W/DELIV
	ICD9	64202	BEN ESSENTIAL HTN DELIV W/CURR PPC
	ICD9	64203	BEN ESSENTIAL HYPERTENSION ANTPRTM
	ICD9	64204	BEN ESSENTIAL HTN PREVIOUS PPC
	ICD9	6421	RENAL HYPERTEN OF PREG
	ICD9	64210	HTN SEC RENL DZ COMPL PG&PP UNS EOC
	ICD9	64211	HTN SEC RENAL DISEASE W/DELIV
	ICD9	64212	HTN SEC RENAL DZ DELIV W/CURRNT PPC
	ICD9	64213	HTN SEC RENAL DISEASE ANTPRTM
	ICD9	64214	HTN SEC RENAL DZ PREVIOUS PP COND
	ICD9	6422	OLD HYPERTEN PREG NEC
	ICD9	64220	OTH PRE-XST HTN COMPL PG&PP UNS EOC
	ICD9	64221	OTH PRE-EXISTING HTN W/DELIV
	ICD9	64222	OTH PRE-XST HTN DELIV W/CURRENT PPC
	ICD9	64223	OTH PRE-EXISTING HTN ANTPRTM
	ICD9	64224	OTH PRE-XST HTN PREVIOUS PP COND
	ICD9	6423	TRANSIENT HYPERTENSION OF PREGNANCY
	ICD9	64230	TRANSIENT HTN PG UNS AS EPIS CARE
	ICD9	64231	TRANSIENT HTN PREGNANCY W/DELIV
	ICD9	64232	TRANSIENT HTN PG DELIV W/CURRNT PPC
	ICD9	64233	TRANSIENT HTN PREGNANCY ANTPRTM
	ICD9	64234	TRANSIENT HTN PG PREVIOUS PP COND
	ICD9	6424	MILD OR UNSPECIFIED PRE-ECLAMPSIA
	ICD9	64240	MILD/UNS PRE-ECLAMP UNS EPIS CARE
	ICD9	64241	MILD/UNSPEC PRE-ECLAMPSIA W/DELIV

	ICD9	64242	MILD/UNS PRE-ECLAMP DEL W/CURR PPC
	ICD9	64243	MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM
	ICD9	64244	MILD/UNSPEC PRE-ECLAMP PREV PP COND
	ICD9	6425	SEVERE PRE-ECLAMPSIA
	ICD9	64250	SEV PRE-ECLAMP UNSPEC AS EPIS CARE
	ICD9	64251	SEVERE PRE-ECLAMPSIA, WITH DELIVERY
	ICD9	64252	SEV PRE-ECLAMP DELIV W/CURRNT PPC
	ICD9	64253	SEVERE PRE-ECLAMPSIA, ANTEPARTUM
	ICD9	64254	SEVERE PRE-ECLAMP PREVIOUS PP COND
	ICD9	6426	ECLAMPSIA
	ICD9	64260	ECLAMPSIA-UNSPECIFIED
	ICD9	64261	ECLAMPSIA, WITH DELIVERY
	ICD9	64262	ECLAMPSIA W/DELIVERY W/CURRENT PPC
	ICD9	64263	ECLAMPSIA, ANTEPARTUM
	ICD9	64264	ECLAMPSIA PREVIOUS POSTPARTUM COND
	ICD9	6427	PRE-ECLAMP/ECLAMP PRE-XST HTN
	ICD9	64270	PRE-ECLMP/ECLMP PRE-XST HTN-UNS EOC
	ICD9	64271	PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV
	ICD9	64272	PRE-ECLMP/ECLMP PRE-XST HTN-DEL-PPC
	ICD9	64273	PRE-ECLMP/ECLMP PRE-XST HTN ANTPRTM
	ICD9	64274	PRE-ECLAMP/ECLAMP PRE-XST HTN PP
	ICD9	6429	HYPERTENS COMPL PREG NOS
	ICD9	64290	HYPERTEN PREG NOS-UNSPEC
	ICD9	64291	UNSPECIFIED HYPERTENSION W/DELIVERY
	ICD9	64292	UNSPEC HTN W/DELIV W/CURRENT PPC
	ICD9	64293	UNSPECIFIED HYPERTENSION ANTEPARTUM
	ICD9	64294	UNSPEC HTN PREVIOUS POSTPARTUM COND
	ICD9	643	EXCESSIVE VOMITING IN PREGNANCY
	ICD9	6430	MILD HYPEREMESIS GRAVIDARUM
	ICD9	64300	MILD HYPEREMESIS GRAVDA UNS EOC
	ICD9	64301	MILD HYPEREMESIS GRAVIDARUM DELIV
	ICD9	64303	MILD HYPEREMESIS GRAVIDARUM ANTPRTM
	ICD9	6431	HYPEREMESIS GRAVIDA W/METAB DISTURB
	ICD9	64310	HYPEREMESIS W/METAB DSTUR UNS EOC
	ICD9	64311	HYPEREMESIS W/METAB DISTURBANCE DEL
	ICD9	64313	HYPEREMESIS W/METAB DISTURB ANTPRTM
	ICD9	6432	LATE VOMITING OF PREGNANCY
	ICD9	64320	LATE VOMITING PG UNS AS EPIS CARE
	ICD9	64321	LATE VOMITING PREGNANCY DELIVERED
	ICD9	64323	LATE VOMITING PREGNANCY ANTEPARTUM
	ICD9	6438	OTH VOMITING COMPLICATING PREGNANCY
	ICD9	64380	OTH VOMITING COMP PG UNS EPIS CARE
	ICD9	64381	OTH VOMITING COMP PREGNANCY DELIV
	ICD9	64383	OTH VOMITING COMP PREGNANCY ANTPRTM
	ICD9	6439	UNSPECIFIED VOMITING OF PREGNANCY
	ICD9	64390	UNS VOMITING PG UNS AS EPIS CARE
	ICD9	64391	UNSPEC VOMITING PREGNANCY DELIVERED
	ICD9	64393	UNSPEC VOMITING PREGNANCY ANTPRTM
	ICD9	644	EARLY OR THREATENED LABOR
	ICD9	6440	THREATENED PREMATURE LABOR
	ICD9	64400	THREATENED PRMAT LABR UNS EPIS CARE
	ICD9	64403	THREATENED PREMATURE LABOR ANTPRTM
	ICD9	6441	OTHER THREATENED LABOR
	ICD9	64410	OTH THREATENED LABR UNS EPIS CARE
	ICD9	64413	OTHER THREATENED LABOR, ANTEPARTUM
	ICD9	6442	EARLY ONSET OF DELIVERY
	ICD9	64420	ERLY ONSET DELIV UNS AS EPIS CARE
	ICD9	64421	EARLY ONSET DELIVERY-DEL

	ICD9	645	PROLONGED PREGNANCY
	ICD9	6451	POST TERM PREGNANCY
	ICD9	64510	POST TERM PG UNS EOC/NOT APPLIC
	ICD9	64511	POST TERM PG DEL W/WO ANTPRTM COND
	ICD9	64513	POST TERM PG ANTPRTM COND/COMP
	ICD9	6452	PROLONGED PREGNANCY
	ICD9	64520	PROLNG PG UNS EPIS CARE/NOT APPLIC
	ICD9	64521	PROLNG PG DELIV W/WO ANTPRTM COND
	ICD9	64523	PROLONG PG DELIV ANTPRTM COND/COMP
	ICD9	646	OTHER COMPLICATIONS PREGNANCY NEC
	ICD9	6460	PAPYRACEOUS FETUS
	ICD9	64600	PAPYRACEOUS FETUS UNS AS EPIS CARE
	ICD9	64601	PAPYRACEOUS FETUS-DELIV
	ICD9	64603	PAPYRACEOUS FETUS, ANTEPARTUM
	ICD9	6461	EDEMA/XCESS WT GAIN PG W/O HTN
	ICD9	64610	EDEMA/XCESS WT GAIN PG UNS EOC
	ICD9	64611	EDEMA IN PREG-DELIVERED
	ICD9	64612	EDEMA IN PREG-DEL W P/P
	ICD9	64613	EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM
	ICD9	64614	EDEMA/XCESS WT GAIN PREV PP COND
	ICD9	6462	UNSPEC RENAL DZ PG W/O MENTION HTN
	ICD9	64620	UNS RENL DZ PG UNS AS EPIS CARE
	ICD9	64621	UNSPEC RENAL DISEASE PG W/DELIV
	ICD9	64622	UNS RENL DZ PG DELIV W/CURRNT PPC
	ICD9	64623	UNSPEC ANTEPARTUM RENAL DISEASE
	ICD9	64624	UNSPEC RENAL DZ PREVIOUS PP COND
	ICD9	6463	PREGNANCY COMP HABITUAL ABORTER
	ICD9	64630	PG COMP HABITUAL ABORTER UNS EOC
	ICD9	64631	HABITUAL ABORTER-DELIVER
	ICD9	64633	HABITUAL ABORTER ANTPRTM COND/COMP
	ICD9	6464	PERIPHERAL NEURITIS IN PREGNANCY
	ICD9	64640	PERIPH NEURITIS PG UNS AS EPIS CARE
	ICD9	64641	PERIPH NEURITIS PREGNANCY W/DELIV
	ICD9	64642	PERIPH NEURITIS PG DELIV W/CURR PPC
	ICD9	64643	PERIPHERAL NEURITIS ANTEPARTUM
	ICD9	64644	PERIPH NEURITIS PREVIOUS PP COND
	ICD9	6465	ASYMPTOMATIC BACTERIURIA PREGNANCY
	ICD9	64650	ASX BACTERIURIA PG UNS AS EPIS CARE
	ICD9	64651	ASYMPTOMATIC BACTERIURIA PG W/DELIV
	ICD9	64652	ASX BACTERIURIA PG DELIV W/CURR PPC
	ICD9	64653	ASYMPTOMATIC BACTERIURIA ANTEPARTUM
	ICD9	64654	ASX BACTERIURIA PREVIOUS PP COND
	ICD9	6466	INFECTIONS GU TRACT PREGNANCY
	ICD9	64660	INFS GU TRACT PG UNS AS EPIS CARE
	ICD9	64661	INFS GU TRACT PREGNANCY W/DELIV
	ICD9	64662	INFS GU TRACT PG DELIV W/CURRNT PPC
	ICD9	64663	INFECTIONS GU TRACT ANTPRTM
	ICD9	64664	INFS GU TRACT PREVIOUS PP COND
	ICD9	6467	LIVER DISORDERS IN PREGNANCY
	ICD9	64670	LIVER D/O PG UNSPEC AS EPIS CARE M
	ICD9	64671	LIVER DISORDERS PREGNANCY W/DELIV
	ICD9	64673	LIVER DISORDERS ANTEPARTUM
	ICD9	6468	OTHER SPEC COMPLICATIONS PREGNANCY
	ICD9	64680	OTH SPEC COMP PG UNS AS EPIS CARE
	ICD9	64681	OTH SPEC COMP PREGNANCY W/DELIVERY
	ICD9	64682	OTH SPEC COMPS PG DELIV W/CURR PPC
	ICD9	64683	OTH SPECIFED COMPLICATION ANTPRTM
	ICD9	64684	OTH SPEC COMPS PREVIOUS PP COND

	ICD9	6469	UNSPECIFIED COMPLICATION PREGNANCY
	ICD9	64690	UNSPEC COMP PG UNSPEC AS EPIS CARE
	ICD9	64691	UNSPEC COMP PREGNANCY W/DELIVERY
	ICD9	64693	UNSPEC COMP PREGNANCY ANTPRTM
	ICD9	647	INFECTIVE DIS IN PREG
	ICD9	6470	SYPHILIS IN PREGNANCY
	ICD9	64700	SYPHILIS IN PREG-UNSPEC
	ICD9	64701	MTRN SYPHILIS COMP PG W/DELIV
	ICD9	64702	MTRN SYPH COMP PG DELIV W/CURR PPC
	ICD9	64703	MATERNAL SYPHILIS, ANTEPARTUM
	ICD9	64704	MTRN SYPHILIS PREVIOUS PP COND
	ICD9	6471	GONORRHEA IN PREGNANCY
	ICD9	64710	GONORRHEA IN PREG-UNSPEC
	ICD9	64711	MATERNAL GONORRHEA WITH DELIVERY
	ICD9	64712	MTRN GONORRHEA DELIV W/CURRENT PPC
	ICD9	64713	MATERNAL GONORRHEA, ANTEPARTUM
	ICD9	64714	MTRN GONORRHEA PREVIOUS PP COND
	ICD9	6472	OTHER VENEREAL DIS IN PREG
	ICD9	64720	OTHER VD IN PREG-UNSPEC
	ICD9	64721	OTH MATERNAL VENEREAL DZ W/DELIV
	ICD9	64722	OTH MTRN VNEREL DZ DELIV W/CURR PPC
	ICD9	64723	OTHER VD-ANTEPARTUM
	ICD9	64724	OTHER POSTPARTUM VENEREAL DISEASES
	ICD9	6473	TUBERCULOSIS IN PREG
	ICD9	64730	TB IN PREG-UNSPECIFIED
	ICD9	64731	MATERNAL TUBERCULOSIS WITH DELIVERY
	ICD9	64732	MTRN TB W/DELIV W/CURRENT PPC
	ICD9	64733	MATERNAL TUBERCULOSIS, ANTEPARTUM
	ICD9	64734	MTRN TUBERCULOSIS PREVIOUS PP COND
	ICD9	6474	MALARIA IN PREGNANCY
	ICD9	64740	MALARIA IN PREG-UNSPEC
	ICD9	64741	MATERNAL MALARIA WITH DELIVERY
	ICD9	64742	MTRN MALARIA W/DELIV W/CURRENT PPC
	ICD9	64743	MATERNAL MALARIA, ANTEPARTUM
	ICD9	64744	MTRN MALARIA PREVIOUS PP COND
	ICD9	6475	RUBELLA IN PREGNANCY
	ICD9	64750	MAT RUBELLA COMP PG BRTH/PP UNS EOC
	ICD9	64751	MATERNAL RUBELLA WITH DELIVERY
	ICD9	64752	MTRN RUBELLA W/DELIV W/CURRENT PPC
	ICD9	64753	MATERNAL RUBELLA, ANTEPARTUM
	ICD9	64754	MTRN RUBELLA PREVIOUS PP COND
	ICD9	6476	OTHER VIRAL DIS IN PREG
	ICD9	64760	OTH MAT VD COMPL PG BRTH/PP UNS EOC
	ICD9	64761	OTH MATERNAL VIRAL DISEASE W/DELIV
	ICD9	64762	OTH MTRN VIRL DZ DELIV W/CURRNT PPC
	ICD9	64763	OTH MATERNAL VIRAL DISEASE ANTPRTM
	ICD9	64764	OTH MTRN VIRAL DZ PREVIOUS PP COND
	ICD9	6478	OTH MAT INF&PARASIT DZ COMPL PG/PP
	ICD9	64780	OTH MAT INF-COMPL PG CB/PP-UNS EOC
	ICD9	64781	OTH MTRN INF&PARASITIC DZ DELIV
	ICD9	64782	OTH MAT INF&PARASIT DZ-DEL-PP COMPL
	ICD9	64783	OTH MTRN INF&PARASITIC DZ ANTPRTM
	ICD9	64784	OTH MAT INF&PARASIT DZ-PREV PP COND
	ICD9	6479	INFECTION IN PREG NOS
	ICD9	64790	UNS MAT INF COMPL PG CB/PP UNS EOC
	ICD9	64791	UNSPEC MATERNAL INF/INFEST W/DELIV
	ICD9	64792	UNS MTRN INF/INFEST DEL W/CURR PPC
	ICD9	64793	UNSPEC MATERNAL INF/INFEST ANTPRTM

	ICD9	64794	UNSPEC MTRN INF/INFEST PREV PP COND
	ICD9	648	OTH CURRENT MATERNL CCE-COMPL P C/P
	ICD9	6480	DIABETES MELLIT IN PREG
	ICD9	64800	MAT DM COMPL PG BRTH/PP UNS EOC
	ICD9	64801	MATERNAL DM WITH DELIVERY
	ICD9	64802	MATERNAL DM W/DELIV W/CURRENT PPC
	ICD9	64803	MATERNAL DM ANTEPARTUM
	ICD9	64804	MTRN DM PREVIOUS POSTPARTUM COND
	ICD9	6481	THYROID DYSFUNC IN PREG
	ICD9	64810	MAT THYROID DYSF-COMP PG/PP-UNS EOC
	ICD9	64811	MATERNAL THYROID DYSFUNCTION DEL
	ICD9	64812	MTRN THYROID DYSF DELIV W/CURR PPC
	ICD9	64813	MTRN THYROID DYSF ANTPRTM COND/COMP
	ICD9	64814	MTRN THYROID DYSF PREV PP COND/COMP
	ICD9	6482	ANEMIA IN PREGNANCY
	ICD9	64820	MAT ANEM-MOM COMPL PG CB/PP UNS EOC
	ICD9	64821	MATERNAL ANEMIA, WITH DELIVERY
	ICD9	64822	MTRN ANEMIA W/DELIV W/CURRENT PPC
	ICD9	64823	MATERNAL ANEMIA, ANTEPARTUM
	ICD9	64824	MTRN ANEMIA PREVIOUS PP COND
	ICD9	6483	DRUG DEPENDENCE IN PREG
	ICD9	64830	MAT RX DEPND COMPL PG CB/PP UNS EOC
	ICD9	64831	MATERNAL DRUG DEPENDENCE W/DELIVERY
	ICD9	64832	MTRN DRUG DEPEND DELIV W/CURRNT PPC
	ICD9	64833	MATERNAL DRUG DEPENDENCE ANTEPARTUM
	ICD9	64834	MTRN DRUG DEPEND PREVIOUS PP COND
	ICD9	6484	MENTAL DISORDERS IN PREG
	ICD9	64840	MAT MNTL D/O COMPL PG CB/PP UNS EOC
	ICD9	64841	MATERNAL MENTAL DISORDERS W/DELIV
	ICD9	64842	MTRN MENTAL D/O DELIV W/CURRENT PPC
	ICD9	64843	MATERNAL MENTAL DISORDERS ANTPRTM
	ICD9	64844	MTRN MENTAL D/O PREVIOUS PP COND
	ICD9	6485	MAT CONGEN CV D/O COMPL PG CB/PP
	ICD9	64850	MAT CONGN CV D/O COMP PG/PP UNS EOC
	ICD9	64851	MATERNAL CONGEN CV D/O W/DELIV
	ICD9	64852	MTRN CONGN CV D/O DELIV W/CURR PPC
	ICD9	64853	MATERNAL CONGEN CV D/O ANTPRTM
	ICD9	64854	MTRN CONGEN CV D/O PREVIOUS PP COND
	ICD9	6486	CARDIOVAS DIS NEC IN PG
	ICD9	64860	OTH MAT CV DZ COMP PG CB/PP UNS EOC
	ICD9	64861	OTH MATERNAL CV DISEASES W/DELIVERY
	ICD9	64862	OTH MTRN CV DZ DELIV W/CURRENT PPC
	ICD9	64863	OTH MATERNAL CV DISEASES ANTPRTM
	ICD9	64864	OTH MTRN CV DZ PREVIOUS PP COND
	ICD9	6487	BONE&JNT D/O MAT-COMPL PG CB/PP
	ICD9	64870	BONE&JNT D/O MAT-COMPL PG CB/PP UNS
	ICD9	64871	BN&JNT D/O MAT BACK PELV&LW LMB DEL
	ICD9	64872	BN&JNT D/O MAT W/DEL W/PP COMPL
	ICD9	64873	BN&JNT D/O MAT BACK&LW LMB ANTPRTM
	ICD9	64874	BN&JNT D/O MAT BACK PREV PP COND
	ICD9	6488	ABN MAT GLU TOLRNC COMPL PG BRTH/PP
	ICD9	64880	ABN MAT GLU TOLR COMP PG/PP UNS EOC
	ICD9	64881	ABNORMAL MTRN GLU TOLERANCE W/DELIV
	ICD9	64882	ABN MTRN GLU TOLERNC DEL W/CURR PPC
	ICD9	64883	ABNORMAL MTRN GLU TOLERANCE ANTPRTM
	ICD9	64884	ABN MTRN GLU TOLERNC PREV PP COND
	ICD9	6489	OTH CURRNT MAT COND COMPL PG CB/PP
	ICD9	64890	OTH CUR MAT CCE-COMPL PG/PP-UNS EOC

	ICD9	64891	OTH CURRENT MATERNAL CCE W/DELIVERY
	ICD9	64892	OTH CURRNT MAT CCE-W/DEL W/PP COMPL
	ICD9	64893	OTH CURRENT MATERNAL CCE ANTEPARTUM
	ICD9	64894	OTH CURRNT MATERNL CCE-PREV PP COND
	ICD9	649	OTH COND MOTHER COMP PG BIRTH/PP
	ICD9	6490	TOB USE D/O COMP PG BIRTH OR THE PP
	ICD9	64900	TOB USE D/O COMP PG CB/PP UNSPC EOC
	ICD9	64901	TOB USE D/O COMP PG BIRTH/PP DEL
	ICD9	64902	TOB USE COMP PG CB/PP DEL PP COMP
	ICD9	64903	TOB USE COMP PG CB/PP AP COND/COMP
	ICD9	64904	TOB USE D/O COMP PG CB/PP PPC/COMP
	ICD9	6491	OBES COMP PG CHILDBIRTH/PUERPERIUM
	ICD9	64910	OBES COMP PG BIRTH/PP UNSPEC EOC/NA
	ICD9	64911	OBESITY COMP PG CHILDBIRTH/PP DEL
	ICD9	64912	OBES COMP PG BIRTH/PP DEL W/PP COMP
	ICD9	64913	OBES COMP PG BIRTH/PP AP COND/COMP
	ICD9	64914	OBES COMP PG BIRTH/THE PP PPC/COMP
	ICD9	6492	BARIATRIC SURG STS COMP PG BIRTH/PP
	ICD9	64920	BARIATRC SURG COMP PG CB/PP UNS EOC
	ICD9	64921	BARIATRIC SURG COMP PG BIRTH/PP DEL
	ICD9	64922	BAR SURG COMP PG CB/PP DEL PP COMP
	ICD9	64923	BAR SURG COMP PG CB/PP AP COND/COMP
	ICD9	64924	BAR SURG COMP PG CB/PP PPC/COMP
	ICD9	6493	COAGULATION DEFEC COMP PG BIRTH/PP
	ICD9	64930	COAG DEFEC COMP PG CB/PP UNSPEC EOC
	ICD9	64931	COAGULAT DEFEC COMP PG BIRTH/PP DEL
	ICD9	64932	COAG DEF COMP PG CB/PP DEL PP COMP
	ICD9	64933	COAG DEF COMP PG CB/PP AP COND/COMP
	ICD9	64934	COAG DEFEC COMP PG CB/PP PPC/COMP
	ICD9	6494	EPILEPSY COMP PG BIRTH/PUERPERIUM
	ICD9	64940	EPIL COMP PG BIRTH/PP UNSPEC EOC/NA
	ICD9	64941	EPIL COMP PG CHILDBIRTH/THE PP DEL
	ICD9	64942	EPIL COMP PG BIRTH/PP DEL W/PP COMP
	ICD9	64943	EPIL COMP PG BIRTH/PP AP COND/COMP
	ICD9	64944	EPIL COMP PG BIRTH/PP PP COND/COMP
	ICD9	6495	SPOTTING COMPLICATING PREGNANCY
	ICD9	64950	SPOTTING COMP PG UNS EPIS CARE/NA
	ICD9	64951	SPOTTING COMPLICATING PREGNANCY DEL
	ICD9	64953	SPOTTING COMP PG ANTEPRTM COND/COMP
	ICD9	6496	UTERINE SIZE DATE DISCREPANCY
	ICD9	64960	UTERN SIZE DATE DISCREP UNSPEC EOC
	ICD9	64961	UTERINE SIZE DATE DISCREPANCY DEL
	ICD9	64962	UTERN SZ DATE DISCREP DEL W/PP COMP
	ICD9	64963	UTERN SZ DATE DISCREP AP COND/COMP
	ICD9	64964	UTERINE SZ DATE DISCREPANCY PP COMP
	ICD9	650	NORMAL DELIVERY
	ICD9	651	MULTIPLE GESTATION
	ICD9	6510	TWIN PREGNANCY
	ICD9	65100	TWIN PREGNANCY UNSPEC AS EPIS CARE
	ICD9	65101	TWIN PREGNANCY, DELIVERED
	ICD9	65103	TWIN PREGNANCY, ANTEPARTUM
	ICD9	6511	TRIPLET PREGNANCY
	ICD9	65110	TRIPLET PG UNSPEC AS EPIS CARE
	ICD9	65111	TRIPLET PREGNANCY, DELIVERED
	ICD9	65113	TRIPLET PREGNANCY, ANTEPARTUM
	ICD9	6512	QUADRUPLET PREGNANCY
	ICD9	65120	QUADRUPLET PG UNSPEC AS EPIS CARE
	ICD9	65121	QUADRUPLET PREGNANCY, DELIVERED

	ICD9	65123	QUADRUPLET PREGNANCY, ANTEPARTUM
	ICD9	6513	TWIN PG W/FETAL LOSS&RETN 1 FETUS
	ICD9	65130	TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC
	ICD9	65131	TWIN PG-FETAL LOSS&RETN 1 FETUS DEL
	ICD9	65133	TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM
	ICD9	6514	TRIPLET PG W/FETAL LOSS&RETN 1/MORE
	ICD9	65140	TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65141	TRIPLET PG W/FETL LOSS&RETN 1/> DEL
	ICD9	65143	TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM
	ICD9	6515	QUAD PG W/FETL LOSS&RETAIN 1/MOR
	ICD9	65150	QUAD PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65151	QUAD PG W/FETAL LOSS&RETN 1/> DEL
	ICD9	65153	QUAD PG-FETL LOSS&RETN 1/> ANTPRTM
	ICD9	6516	OTH MX PG W/FETAL LOSS&RETN 1/MORE
	ICD9	65160	OTH MX PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65161	OTH MX PG-FETAL LOSS&RETAIN 1/>DEL
	ICD9	65163	OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM
	ICD9	6517	MX GEST FLW ELEC FETAL REDUCTION
	ICD9	65170	MX GEST FLW FETL RDUC UNS EPIS CARE
	ICD9	65171	MX GEST FETL RDUC DEL W/WO AP COND
	ICD9	65173	MX GEST FLW FETL RDUC AP COND/COMPL
	ICD9	6518	OTHER SPECIFIED MULTIPLE GESTATION
	ICD9	65180	OTH SPEC MX GEST UNS AS EPIS CARE
	ICD9	65181	OTH SPEC MULTIPLE GESTATION DELIV
	ICD9	65183	OTH SPEC MULTIPLE GESTATION ANTPRTM
	ICD9	6519	UNSPECIFIED MULTIPLE GESTATION
	ICD9	65190	UNSPEC MX GEST UNSPEC AS EPIS CARE
	ICD9	65191	UNSPEC MULTIPLE GESTATION DELIVERED
	ICD9	65193	UNSPEC MULTIPLE GESTATION ANTPRTM
	ICD9	652	MALPOSITION&MALPRESENTATION FETUS
	ICD9	6520	UNSTABLE LIE OF FETUS
	ICD9	65200	UNSTABLE LIE FETUS UNS AS EPIS CARE
	ICD9	65201	UNSTABLE LIE OF FETUS, DELIVERED
	ICD9	65203	UNSTABLE LIE OF FETUS, ANTEPARTUM
	ICD9	6521	BREECH/OTH MALPRESNT CONVRT CEPHALC
	ICD9	65210	BREECH/OTH CONVERT-CEPHAL-UNS EOC
	ICD9	65211	BREECH/OTH CONVERT CEPHAL DEL
	ICD9	65213	BREECH/OTH CONVERT-CEPHAL-ANTPRTM
	ICD9	6522	BREECH PRESENTATION W/O VERSION
	ICD9	65220	BREECH PRSATION W/O VERSION UNS EOC
	ICD9	65221	BREECH PRSATION W/O VERSION DELIV
	ICD9	65223	BREECH PRSATION W/O VERSION ANTPRTM
	ICD9	6523	TRNS/OBLIQUE PRESENTATION FETUS
	ICD9	65230	TRNS/OBL FETL PRSATION UNS EOC
	ICD9	65231	TRNS/OBL FETAL PRESENTATION DELIV
	ICD9	65233	TRNS/OBL FETAL PRESENTATION ANTPRTM
	ICD9	6524	FETAL FACE/BROW PRESENTATION FETUS
	ICD9	65240	FETL FCE/BROW PRSATION UNS EOC
	ICD9	65241	FETAL FACE/BROW PRESENTATION DELIV
	ICD9	65243	FETAL FCE/BROW PRESENTATION ANTPRTM
	ICD9	6525	HIGH FETAL HEAD AT TERM
	ICD9	65250	HI FETAL HEAD@TERM UNS AS EPIS CARE
	ICD9	65251	HIGH FETAL HEAD AT TERM, DELIVERED
	ICD9	65253	HIGH FETAL HEAD AT TERM, ANTEPARTUM
	ICD9	6526	MX GEST W/MALPRSATION 1 FETUS/MORE
	ICD9	65260	MX GEST W/MALPRSNT 1 FETUS/>UNS EOC
	ICD9	65261	MX GEST W/MALPRESNT 1 FETUS/MOR DEL
	ICD9	65263	MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM

	ICD9	6527	PROLAPSED ARM OF FETUS
	ICD9	65270	PROLAPSD ARM FETUS UNS AS EPIS CARE
	ICD9	65271	PROLAPSED ARM OF FETUS, DELIVERED
	ICD9	65273	PROLAPSD ARM FETUS ANTPRTM COMP
	ICD9	6528	OTH SPEC MALPSTN/MALPRSATION FETUS
	ICD9	65280	OTH MALPOS/MALPRESENT FETUS UNS EOC
	ICD9	65281	OTH MALPSTN/MALPRSATION FETUS DELIV
	ICD9	65283	OTH MALPOS/MALPRESENT FETUS ANTPRTM
	ICD9	6529	UNS MALPSTN/MALPRESENTATION FETUS
	ICD9	65290	UNS MALPOS/MALPRESENT FETUS UNS EOC
	ICD9	65291	UNS MALPSTN/MALPRSATION FETUS DELIV
	ICD9	65293	UNS MALPOS/MALPRESENT FETUS ANTPRTM
	ICD9	653	DISPROPORTION IN PREGNANCY L&D
	ICD9	6530	MAJ ABN BONY PELV NOT FURTHER PG
	ICD9	65300	MAJ ABN BONY PELVIS NFS PG UNS EOC
	ICD9	65301	MAJ ABN BONY PELV NOT FURTHER DELIV
	ICD9	65303	MAJ ABN BONY PELVIS NFS ANTPRTM
	ICD9	6531	GENERALLY CONTRACTED PELV PREGNANCY
	ICD9	65310	GENLY CONTRACTED PELV PG UNS EOC PG
	ICD9	65311	GENERALLY CONTRACTED PELV PG DELIV
	ICD9	65313	GENLY CONTRACTED PELV PG ANTPRTM
	ICD9	6532	INLET CONTRACTION PELVIS PREGNANCY
	ICD9	65320	INLET CONTRAC PELV PG UNS EOC PG
	ICD9	65321	INLET CONTRACTION PELV PG DELIV
	ICD9	65323	INLET CONTRACTION PELV PG ANTPRTM
	ICD9	6533	OUTLET CONTRACTION PELVIS PREGNANCY
	ICD9	65330	OUTLET CONTRAC PELV PG UNS EOC PG
	ICD9	65331	OUTLET CONTRACTION PELV PG DELIV
	ICD9	65333	OUTLET CONTRACTION PELV PG ANTPRTM
	ICD9	6534	FETOPELVIC DISPROPORTION
	ICD9	65340	FETOPELV DISPROPRTN UNS EPIS CARE
	ICD9	65341	FETOPELVIC DISPROPORTION, DELIVERED
	ICD9	65343	FETOPELVIC DISPROPORTION ANTEPARTUM
	ICD9	6535	UNUSUALLY LG FETUS CAUS DISPROPRTN
	ICD9	65350	UNUSUAL LG FETUS DISPROPRTN UNS EOC
	ICD9	65351	UNUSUAL LG FETUS DISPROPRTION-DEL
	ICD9	65353	UNUSUAL LG FETUS DISPROPRTN ANTPRTM
	ICD9	6536	HYDROCEPHALIC FETUS CAUS DISPROPRTN
	ICD9	65360	HYDROCEPHL FETUS DISPROPRTN UNS EOC
	ICD9	65361	HYDROCEPHAL FETUS DISPROPRTN DEL
	ICD9	65363	HYDROCEPHL FETUS DISPROPRTN ANTPRTM
	ICD9	6537	OTH FETAL ABNORM CAUSING DISPROPRTN
	ICD9	65370	OTH FETAL ABN DISPROPRTN UNS EOC
	ICD9	65371	OTH FETAL ABN CAUS DISPROPRTN DELIV
	ICD9	65373	OTH FETAL ABN DISPROPRTN ANTPRTM
	ICD9	6538	FETAL DISPROPORTION OF OTHER ORIGIN
	ICD9	65380	FETL DISPROPRTN OTH ORIGIN UNS EOC
	ICD9	65381	FETAL DISPROPRTN OTH ORIGIN DELIV
	ICD9	65383	FETAL DISPROPRTN OTH ORIGIN ANTPRTM
	ICD9	6539	UNSPECIFIED FETAL DISPROPORTION
	ICD9	65390	UNS FETAL DISPROPRTN UNS EPIS CARE
	ICD9	65391	UNSPEC FETAL DISPROPRTN DELIVERED
	ICD9	65393	UNSPEC FETAL DISPROPRTN ANTEPARTUM
	ICD9	654	ABN ORGN&TISS PELV COMPL PG CB/PP
	ICD9	6540	CONGEN ABN PG UTERS COMPL PG CB/PP
	ICD9	65400	CONGN ABNORM PG UTRUS UNS EPIS CARE
	ICD9	65401	CONGEN ABNORM PREGNANT UTERUS DELIV
	ICD9	65402	CONGN ABN PG UTRUS DELIV W/ PPC

	ICD9	65403	CONGEN ABNORM PG UTERUS ANTPRTM
	ICD9	65404	CONGENITAL ABNORM PREGNANT UTERUS
	ICD9	6541	TUMORS OF BODY OF PREGNANT UTERUS
	ICD9	65410	TUMRS BDY PG UTRUS UNS EPIS CARE PG
	ICD9	65411	TUMORS OF BODY OF UTERUS, DELIVERED
	ICD9	65412	TUMRS BDY UTRUS DELIV W/MENTION PPC
	ICD9	65413	TUMRS BODY UTERUS ANTPRTM COND/COMP
	ICD9	65414	TUMORS BODY UTERUS PP COND/COMP
	ICD9	6542	PREVIOUS C-SECTION NOS
	ICD9	65420	PREV C/S DELIV UNS EOC/NOT APPLIC
	ICD9	65421	PREV C/S DEL DEL W/WO ANTPRTM COND
	ICD9	65423	PREV C/S DELIV ANTPRTM COND/COMP
	ICD9	6543	RETROVERT&INCARCERAT GRAVID UTERUS
	ICD9	65430	RETROVRT GRAVID UTERUS UNS EOC
	ICD9	65431	RETROVRT&INCARCERAT GRAVD UTRUS DEL
	ICD9	65432	RETROVRT GRAVID UTERUS DEL-PP COMPL
	ICD9	65433	RETROVERT GRAVID UETRUS ANTEPARTUM
	ICD9	65434	RETROVRT&INCARCERAT GRAVID UTRUS PP
	ICD9	6544	OTH ABN SHAPE/POS GRAVID UTERUS
	ICD9	65440	OTH ABN SHAPE GRAVID UTERUS-UNS EOC
	ICD9	65441	OTH ABN SHAPE/POS GRAV UTERUS-DEL
	ICD9	65442	OTH ABN SHAPE GRAV UTRS DEL-PP COMP
	ICD9	65443	OTH ABN SHAP/POS GRAV UTRUS ANTPRTM
	ICD9	65444	OTH ABN SHAPE/POS GRAV UTERUS PP
	ICD9	6545	CERVIX INCOMPET IN PREG
	ICD9	65450	CERV INCOMPETNCE UNS EPIS CARE PG
	ICD9	65451	CERVICAL INCOMPETENCE, DELIVERED
	ICD9	65452	CERV INCOMPETNCE DELIV W/ PPC
	ICD9	65453	CERV INCOMPETENCE ANTPRTM COND/COMP
	ICD9	65454	CERV INCOMPETENCE PP COND/COMP
	ICD9	6546	OTH CONGN/ACQ ABN CERV COMPL PG/PP
	ICD9	65460	OTH CONGN/ACQ ABN CERV UNS EOC PG
	ICD9	65461	OTH CONGEN/ACQ ABNORM CERV W/DELIV
	ICD9	65462	OTH CONGN/ACQ ABN CERV DELIV W/ PPC
	ICD9	65463	OTH CONGN/ACQ ABN CERV ANTPRTM COMP
	ICD9	65464	OTH CONGN/ACQ ABN CERV PP COND/COMP
	ICD9	6547	ABNORMAL VAGINA IN PREG
	ICD9	65470	CONGN/ACQ ABN VAG UNS EPIS CARE PG
	ICD9	65471	CONGEN/ACQ ABNORM VAGINA W/DELIVERY
	ICD9	65472	CONGN/ACQ ABN VAG DELIV W/ PPC
	ICD9	65473	CONGN/ACQ ABN VAG ANTPRTM COND/COMP
	ICD9	65474	CONGN/ACQ ABNORM VAG PP COND/COMP
	ICD9	6548	CONGEN/ACQ ABN VULVA COMPL PG CB/PP
	ICD9	65480	CONGN/ACQ ABN VULVA UNS EOC PG
	ICD9	65481	CONGEN/ACQ ABNORM VULVA W/DELIVERY
	ICD9	65482	CONGN/ACQ ABN VULVA DELIV W/ PPC
	ICD9	65483	CONGN/ACQ ABN VULVA ANTPRTM COMP
	ICD9	65484	CONGN/ACQ ABNORM VULVA PP COND/COMP
	ICD9	6549	OTH&UNS ABN ORGN&PLV COMPL PG CB&PP
	ICD9	65490	OTH&UNS ABN ORGN PELV UNS EOC PG
	ICD9	65491	UNS ABN ORGN&SFT TISS PELV DELIV
	ICD9	65492	OTH&UNS ABN ORGN&PLV DEL W/PP COMPL
	ICD9	65493	OTH&UNS ABN ORGN&PELV ANTPRTM COMPL
	ICD9	65494	UNS ABN ORGN&SFT TISS PELV PP COMP
	ICD9	655	KNOWN/SPCT FETAL ABNORM MGMT MOTH
	ICD9	6550	CNS MALFORM FETUS AFFECT MGMT MOM
	ICD9	65500	CNS MALFORMATION FETUS UNS EOC PG
	ICD9	65501	CNTRL NERV SYS MALFORM FETUS DELIV

	ICD9	65503	CNTRL NRV SYS MALFORM FETUS ANTPRTM
	ICD9	6551	CHROMOSM ABNORM FETUS MGMT MOTH
	ICD9	65510	CHROMOSOM ABN FETUS UNS EOC PG
	ICD9	65511	CHROMOSM ABN FETUS MGMT MOTH DELIV
	ICD9	65513	CHROMOSM ABN-MGMT MOM FETUS ANTPRTM
	ICD9	6552	HEREDIT DZ POSS AFFCT FTUS MGMT MOM
	ICD9	65520	HEREDIT DZ AFFCT FETUS UNS EOC PG
	ICD9	65521	HEREDIT DZ POSS AFFCT FETUS DEL
	ICD9	65523	HEREDIT DZ FETUS ANTPRTM COND/COMPL
	ICD9	6553	SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM
	ICD9	65530	SPCT DMGE FTUS D/T MAT VIRS-UNS EOC
	ICD9	65531	SPCT DAMGE FETUS VIRL DZ MOM DEL
	ICD9	65533	SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM
	ICD9	6554	SPCT DMGE FETUS-OTH DZ MOM MGMT MOM
	ICD9	65540	SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC
	ICD9	65541	SPCT DAMGE FETUS OTH DZ MOM DEL
	ICD9	65543	SPCT DMGE FETUS-OTH MAT DZ ANTPRTM
	ICD9	6555	SPCT DAMGE FETUS FROM RX MGMT MOTH
	ICD9	65550	SPCT DMGE FETUS-RX MGMT MOM UNS EOC
	ICD9	65551	SPCT DAMGE FETUS RX MGMT MOTH DELIV
	ICD9	65553	SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM
	ICD9	6556	SPCT DAMGE FETUS FROM RAD MGMT MOTH
	ICD9	65560	SPCT DMGE FTUS RAD MGMT MOM UNS EOC
	ICD9	65561	SPCT DAMGE FETUS RAD MGMT MOTH DEL
	ICD9	65563	SPCT DAMGE FETUS RAD-ANTPRTM COMPL
	ICD9	6557	DECREASED FETAL MOVEMENTS
	ICD9	65570	DECR FETAL MOVMNTS UNS AS EPIS CARE
	ICD9	65571	DECR FETAL MOVMNTS MGMT MOTH DELIV
	ICD9	65573	DCRESD FETL MOVEMENT ANTPRTM COMPL
	ICD9	6558	OTH KNWN/SPCT FETL ABN NEC-MGMT MOM
	ICD9	65580	OTH KNWN/SPCT FETL ABN NEC-UNS EOC
	ICD9	65581	OTH KNWN/SPCT FETL ABN NEC DEL
	ICD9	65583	OTH KNWN FETL ABN-NEC-ANTPRTM COMPL
	ICD9	6559	UNSPEC FETAL ABNORM AFFCT MGMT MOTH
	ICD9	65590	UNS FETL ABN MGMT MOTH UNS EOC
	ICD9	65591	UNS FETAL ABNORM MGMT MOTH DELIV
	ICD9	65593	UNS FETL ABN MGMT MOTH ANTPRTM COMP
	ICD9	656	OTH FETAL&PLACNTL PROBS MGMT MOTH
	ICD9	656	OTH KNOWN FETL&PLCNTL PROB MGMT MOM
	ICD9	6560	FETAL-MTRN HEMORR AFFECT MGMT MOTH
	ICD9	65600	FETAL-MTRN HEMORR UNS EPIS CARE PG
	ICD9	65601	FETAL-MATERNAL HEMORRHAGE W/DELIV
	ICD9	65603	FETAL-MTRN HEMORR ANTPRTM COND/COMP
	ICD9	6561	RHESUS ISOIMMUN AFFCT MGMT MOTH
	ICD9	65610	RHESUS ISOIMMUN UNS AS EPIS CARE PG
	ICD9	65611	RHESUS ISOIMMUN MGMT MOTH DELIV
	ICD9	65613	RH ISOIMMUN-MGMT MOM ANTPRTM COND
	ICD9	6562	ISOIMMUN UNS BLD-GRP INCOMPAT MOM
	ICD9	65620	ISOIMUN UNS BLD INCOMPAT UNS EOC PG
	ICD9	65621	ISOIMUN UNS BLD-GRP INCMPAT MOM DEL
	ICD9	65623	ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM
	ICD9	6563	FETAL DISTRESS AFFECT MGMT MOTH
	ICD9	65630	FETL DISTRESS MGMT MOTH UNS EOC
	ICD9	65631	FETAL DISTRESS MGMT MOTH DELIV
	ICD9	65633	FETAL DISTRESS MGMT MOTH ANTPRTM
	ICD9	6564	INTRAUTERINE DEATH AFFECT MGMT MOTH
	ICD9	65640	INTRAUTERN DEATH MGMT MOTH UNS EOC
	ICD9	65641	INTRAUTERN DEATH MGMT MOTH DELIV

	ICD9	65643	INTRAUTERN DEATH MGMT MOTH ANTPRTM
	ICD9	6565	POOR FETAL GROWTH AFFECT MGMT MOTH
	ICD9	65650	POOR FETL GROWTH MGMT MOTH UNS EOC
	ICD9	65651	POOR FETAL GROWTH MGMT MOTH DELIV
	ICD9	65653	POOR FETL GROWTH ANTPRTM COND/COMPL
	ICD9	6566	EXCESS FETAL GROWTH AFFCT MGMT MOTH
	ICD9	65660	XCESS FETL GROWTH MGMT MOTH UNS EOC
	ICD9	65661	XCESS FETAL GROWTH MGMT MOTH DELIV
	ICD9	65663	XCESS FETL GROWTH MGMT MOTH ANTPRTM
	ICD9	6567	OTH PLACNTL CONDS AFFECT MGMT MOTH
	ICD9	65670	OTH PLACNTL COND MGMT MOTH UNS EOC
	ICD9	65671	OTH PLACNTL CONDS MGMT MOTH DELIV
	ICD9	65673	OTH PLACNTL CONDS MGMT MOTH ANTPRTM
	ICD9	6568	OTH FETL&PLACNTL PROBS MGMT MOTH
	ICD9	65680	OTH SPEC FETL&PLACNTL PROBS UNS EOC
	ICD9	65681	OTH SPEC FETAL&PLACNTL PROBS DEL
	ICD9	65683	OTH SPEC FETAL&PLACNTL PROB ANTPRTM
	ICD9	6569	UNS FETAL&PLACNTL PROB MGMT MOTH
	ICD9	65690	UNS FETL&PLACNTL PROB UNS EPIS CARE
	ICD9	65691	UNS FETL&PLACNTL PROB MGMT MOTH DEL
	ICD9	65693	UNS FETAL&PLACENTAL PROB ANTEPARTUM
	ICD9	657	POLYHYDRAMNIOS
	ICD9	6570	POLYHYDRAMNIOS
	ICD9	65700	POLYHYDRAMNIOS UNSPEC AS EPIS CARE
	ICD9	65701	POLYHYDRAMNIOS, WITH DELIVERY
	ICD9	65703	POLYHYDRAMNIOS ANTPRTM COMPLICATION
	ICD9	658	OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	6580	OLIGOHYDRAMNIOS
	ICD9	65800	OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE
	ICD9	65801	OLIGOHYDRAMNIOS, DELIVERED
	ICD9	65803	OLIGOHYDRAMNIOS, ANTEPARTUM
	ICD9	6581	PREMATURE RUPTURE MEMB PREGNANCY
	ICD9	65810	PRMAT RUP MEMB PG UNS AS EPIS CARE
	ICD9	65811	PREMATURE RUPTURE MEMB PG DELIV
	ICD9	65813	PREMATURE RUPTURE MEMB PG ANTPRTM
	ICD9	6582	DELAY DEL AFTER SPONT/UNS RUP MEMB
	ICD9	65820	DLAY DEL SPONT/UNS RUP MEMB UNS EOC
	ICD9	65821	DELAY DEL SPONT/UNS RUP MEMB DEL
	ICD9	65823	DLAY DEL SPONT/UNS RUP MEMB ANTPRTM
	ICD9	6583	DELAY DELIV AFTER ARTFICL RUP MEMB
	ICD9	65830	DELAY DEL ARTFICL RUP MEMB UNS EOC
	ICD9	65831	DELAY DEL ARTFICL RUPTURE MEMB DEL
	ICD9	65833	DELAY DEL ARTFICL RUP MEMB ANTPRTM
	ICD9	6584	INFECTION OF AMNIOTIC CAVITY
	ICD9	65840	INF AMNIOTIC CAV UNS AS EPIS CARE
	ICD9	65841	INFECTION AMNIOTIC CAVITY DELIVERED
	ICD9	65843	INFECTION AMNIOTIC CAVITY ANTPRTM
	ICD9	6588	OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	65880	OTH PROBW/AMNIOTIC CAV&MEMB UNS EOC
	ICD9	65881	OTH PROBW/AMNIOTIC CAV&MEMB DELIV
	ICD9	65883	OTH PROBW/AMNIOTIC CAV&MEMB ANTPRTM
	ICD9	6589	UNS PROB ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	65890	UNS PROBW/AMNIOTIC CAV&MEMB UNS EOC
	ICD9	65891	UNS PROBW/AMNIOTIC CAV&MEMB DELIV
	ICD9	65893	UNS PROBW/AMNIOTIC CAV&MEMB ANTPRTM
	ICD9	659	OTH INDICAT CARE/INTRVN REL L&D NEC
	ICD9	6590	FAILED MECHANICAL INDUCTION LABOR
	ICD9	65900	FAILMECH INDUCT LABR UNS EPIS CARE

	ICD9	65901	FAILED MECH INDUCTION LABOR DELIV
	ICD9	65903	FAILED MECH INDUCTION LABOR ANTPRTM
	ICD9	6591	FAILMEDICAL/UNSPEC INDUCTION LABOR
	ICD9	65910	FAILMED/UNS INDUCT LABR UNS EOC
	ICD9	65911	FAILMED/UNSPEC INDUCT LABR DELIV
	ICD9	65913	FAILMED/UNSPEC INDUCT LABR ANTPRTM
	ICD9	6592	MTRN PYREXIA DURING LABOR UNSPEC
	ICD9	65920	UNS MTRN PYREXIA DUR LABR UNS EOC
	ICD9	65921	UNSPEC MTRN PYREXIA DUR LABOR DELIV
	ICD9	65923	UNSPEC MATERNAL PYREXIA ANTEPARTUM
	ICD9	6593	GENERALIZED INFECTION DURING LABOR
	ICD9	65930	GEN INF DUR LABR UNS AS EPIS CARE
	ICD9	65931	GEN INFECTION DURING LABOR DELIV
	ICD9	65933	GEN INFECTION DURING LABOR ANTPRTM
	ICD9	6594	GRAND MULTIPARITY W/CURRENT PG
	ICD9	65940	GRAND MXIPARITY W/CURR PG UNS EOC
	ICD9	65941	GRAND MULTIP DEL W/WO ANTPRTM COND
	ICD9	65943	GRAND MULTIPARITY W/CURR PG ANTPRTM
	ICD9	6595	ELDERLY PRIMIGRAVIDA
	ICD9	65950	ELDER PRIMIGRAVIDA UNS AS EPIS CARE
	ICD9	65951	ELDERLY PRIMIGRAVIDA, DELIVERED
	ICD9	65953	ELDERLY PRIMIGRAVIDA, ANTEPARTUM
	ICD9	6596	ELDERLY MULTIGRAVIDA
	ICD9	65960	ELDER MXIGRAVDA UNS EOC/NOT APPLIC
	ICD9	65961	ELDER MXIGRAVDA DEL W/ANTPRTM COND
	ICD9	65963	ELDER MXIGRAVDA W/ANTPRTM COND/COMP
	ICD9	6597	ABNORMALITY FETAL HEART RATE/RHYTHM
	ICD9	65970	ABN FETAL HEART RATE/RHYTHM UNS EOC
	ICD9	65971	ABN FETAL HEART RATE/RHYTHM DEL
	ICD9	65973	ABN FETAL HEART RATE ANTPRTM COMPL
	ICD9	6598	OTH INDICAT CARE/INTRVN REL L&D
	ICD9	65980	OTH INDCAT CARE REL L&D UNS EOC
	ICD9	65981	OTH INDICAT CARE/INTRVN REL L&D DEL
	ICD9	65983	OTH INDCAT CARE REL L&D ANTEPARTUM
	ICD9	6599	UNS INDICAT CARE/INTERVEN REL L&D
	ICD9	65990	UNS INDICAT CARE REL L&D UNS EOC
	ICD9	65991	UNS INDICAT CARE/INTRVN REL L&D DEL
	ICD9	65993	UNS INDICAT CARE REL L&D ANTPRTM
	ICD9	660	OBSTRUCTED LABOR
	ICD9	6600	OBST CAUS MALPSTN FETUS@ONSET LABR
	ICD9	66000	OBST CAUS MALPSTN FTUS@LABR UNS EOC
	ICD9	66001	OBST CAUS MALPOS FETUS@LABOR DEL
	ICD9	66003	OBST CAUS MALPOS FETUS@LABR ANTPRTM
	ICD9	6601	OBSTRUCTION BONY PELVIS DURING L&D
	ICD9	66010	OBST BONY PELV DUR L&D UNS EOC
	ICD9	66011	OBSTRUCTION BONY PELV DUR L&D DELIV
	ICD9	66013	OBST BONY PELV DUR L&D ANTPRTM
	ICD9	6602	OBST ABNORM PELV SOFT TISS DUR L&D
	ICD9	66020	OBST ABN PELV SFT TISS-L&D UNS EOC
	ICD9	66021	OBST ABN PELV SFT TISS-L&D DEL
	ICD9	66023	OBST ABN PELV SOFT TISS-L&D ANTPRTM
	ICD9	6603	DEEP TRANS ARREST-OCCIPITOPOSTR POS
	ICD9	66030	DEEP TRANS ARRST-OCCIPTPOST-UNS EOC
	ICD9	66031	DEEP TRANS ARRST-OCCIPITPOST-L&D
	ICD9	66033	DEEP TRANS ARRST-OCCIPTPOST ANTPRTM
	ICD9	6604	SHOULDER DYSTOCIA DURING L&D
	ICD9	66040	SHLDR DYSTOCIA DUR L&D UNS EOC
	ICD9	66041	SHLDR DYSTOCIA DUR LABR&DEL ER DEL

	ICD9	66043	SHLDR DYSTOCIA DURING L&D ANTPRTM
	ICD9	6605	LOCKED TWINS
	ICD9	66050	LOCKED TWINS DUR L&D UNS EOC PG
	ICD9	66051	LOCKED TWINS, DELIVERED
	ICD9	66053	LOCKED TWINS, ANTEPARTUM
	ICD9	6606	UNSPECIFIED FAILED TRIAL OF LABOR
	ICD9	66060	UNS FAILTRIAL LABR UNSIFED AS EPIS
	ICD9	66061	UNSPEC FAILED TRIAL LABOR DELIVERED
	ICD9	66063	UNSPEC FAILED TRIAL LABOR ANTPRTM
	ICD9	6607	UNSPEC FAILED FORCEPS/VAC EXT
	ICD9	66070	UNS FAILFORCEPS/VAC EXT UNS EOC
	ICD9	66071	UNSPEC FAILED FORCEPS/VAC EXT DELIV
	ICD9	66073	FAILFORCEPS/VAC EXT UNSPEC ANTPRTM
	ICD9	6608	OTHER CAUSES OF OBSTRUCTED LABOR
	ICD9	66080	OTH CAUS OBST LABR UNS AS EPIS CARE
	ICD9	66081	OTH CAUSES OBSTRUCTED LABOR DELIV
	ICD9	66083	OTH CAUSES OBSTRUCTED LABOR ANTPRTM
	ICD9	6609	UNSPECIFIED OBSTRUCTED LABOR
	ICD9	66090	UNS OBST LABR UNS AS EPIS CARE
	ICD9	66091	UNSPEC OBSTRUCTED LABOR W/DELIVERY
	ICD9	66093	UNSPEC OBSTRUCTED LABOR ANTEPARTUM
	ICD9	661	ABNORMALITY OF FORCES OF LABOR
	ICD9	6610	PRIMARY UTERINE INERTIA
	ICD9	66100	PRIM UTERN INERTIA UNS AS EPIS CARE
	ICD9	66101	PRIMARY UTERINE INERTIA W/DELIVERY
	ICD9	66103	PRIMARY UTERINE INERTIA, ANTEPARTUM
	ICD9	6611	SECONDARY UTERINE INERTIA
	ICD9	66110	SEC UTERN INERTIA UNS AS EPIS CARE
	ICD9	66111	SEC UTERINE INERTIA WITH DELIVERY
	ICD9	66113	SEC UTERINE INERTIA ANTEPARTUM
	ICD9	6612	OTHER&UNSPECIFIED UTERINE INERTIA
	ICD9	66120	OTH&UNS UTERN INERTIA UNS EPIS CARE
	ICD9	66121	OTH&UNSPEC UTERINE INERTIA W/DELIV
	ICD9	66123	OTH&UNSPEC UTERINE INERTIA ANTPRTM
	ICD9	6613	PRECIPITATE LABOR
	ICD9	66130	PRECIPITATE LABR UNS AS EPIS CARE
	ICD9	66131	PRECIPITATE LABOR, WITH DELIVERY
	ICD9	66133	PRECIPITATE LABOR, ANTEPARTUM
	ICD9	6614	HYPERTONIC/PROLONGED UTERN CONTRACT
	ICD9	66140	HYPRTON/PROLNG UTERN CNTRCT UNS EOC
	ICD9	66141	HYPERTON/PROLNG UTERN CONTRACT DEL
	ICD9	66143	HYPERTON/PROLNG UTRN CNTRCT ANTPRTM
	ICD9	6619	UNSPECIFIED ABNORMALITY OF LABOR
	ICD9	66190	UNS ABNORM LABR UNS AS EPIS CARE
	ICD9	66191	UNSPEC ABNORMALITY LABOR W/DELIVERY
	ICD9	66193	UNSPEC ABNORMALITY LABOR ANTEPARTUM
	ICD9	662	LONG LABOR
	ICD9	6620	PROLONGED FIRST STAGE OF LABOR
	ICD9	66200	PROLNG 1 STAGE LABR UNS EPIS CARE
	ICD9	66201	PROLONGED 1 STAGE LABOR DELIVERED
	ICD9	66203	PROLONGED 1 STAGE LABOR ANTEPARTUM
	ICD9	6621	UNSPECIFIED PROLONGED LABOR
	ICD9	66210	UNS PROLNG LABR UNS AS EPIS CARE
	ICD9	66211	UNSPEC PROLONGED LABOR DELIVERED
	ICD9	66213	UNSPEC PROLONGED LABOR ANTEPARTUM
	ICD9	6622	PROLONGED SECOND STAGE OF LABOR
	ICD9	66220	PROLNG 2 STAGE LABR UNS EPIS CARE
	ICD9	66221	PROLONGED 2 STAGE LABOR DELIVERED

	ICD9	66223	PROLONGED 2 STAGE LABOR ANTEPARTUM
	ICD9	6623	DELAYED DELIVERY 2 TWIN TRIPLET ETC
	ICD9	66230	DELAY DEL 2 TWIN TRIPLT ETC UNS EOC
	ICD9	66231	DELAY DELIV 2 TWIN TRIPLT ETC DELIV
	ICD9	66233	DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM
	ICD9	663	UMBILICAL CORD COMPS DURING L&D
	ICD9	6630	PROLAPSE OF CORD COMPLICATING L&D
	ICD9	66300	PROLAPS CORD COMP L&D UNS EPIS CARE
	ICD9	66301	PROLAPSE CORD COMP L&D DELIVERED
	ICD9	66303	PROLAPSE CORD COMP L&D ANTPRTM
	ICD9	6631	CORD AROUND NECK W/COMPRS COMP L&D
	ICD9	66310	CORD AROUND NECK-COMPRS UNS EOC
	ICD9	66311	CORD AROUND NECK-COMPRS DEL
	ICD9	66313	CORD AROUND NECK-COMPRS ANTPRTM
	ICD9	6632	UNS CRD ENTANGL W/COMPRS COMP L&D
	ICD9	66320	OTH& UNS CORD-COMPRESS UNS EOC
	ICD9	66321	OTH&UNS CORD-COMPPRS COMPL L&D DEL
	ICD9	66323	OTH&UNS CORD-COMPRS COMPL L&D ANTPR
	ICD9	6633	UNS CRD ENTANGL W/O COMPRS COMP L&D
	ICD9	66330	OTH&UNS CORD ENTANGLE UNS EOC
	ICD9	66331	OTH&UNS CORD ENTANGLE COMPL L&D DEL
	ICD9	66333	OTH&UNS CRD ENTANGL COMPL L&D ANTPR
	ICD9	6634	SHORT CORD COMPLICATING L&D
	ICD9	66340	SHRT CORD COMP L&D UNS AS EPIS CARE
	ICD9	66341	SHORT CORD COMP L&D DELIVERED
	ICD9	66343	SHORT CORD COMPLICATING L&D ANTPRTM
	ICD9	6635	VASA PREVIA COMPLICATING L&D
	ICD9	66350	VASA PREVIA COMP L&D UNS EPIS CARE
	ICD9	66351	VASA PREVIA COMP L&D DELIVERED
	ICD9	66353	VASA PREVIA COMP L&D ANTPRTM
	ICD9	6636	VASCULAR LESIONS CORD COMP L&D
	ICD9	66360	VASC LES CRD COMP L&D UNS EPIS CARE
	ICD9	66361	VASCULAR LES CORD COMP L&D DELIV
	ICD9	66363	VASCULAR LES CORD COMP L&D ANTPRTM
	ICD9	6638	OTH UMBILICAL CORD COMPS DURING L&D
	ICD9	66380	OTH UMB CRD COMPS DUR L&D UNS EOC
	ICD9	66381	OTH UMB CORD COMPS DURING L&D DELIV
	ICD9	66383	OTH UMB CORD COMPS DUR L&D ANTPRTM
	ICD9	6639	UNSPEC UMB CORD COMP DURING L&D
	ICD9	66390	UNS UMB CRD COMP DUR L&D UNS EOC
	ICD9	66391	UNSPEC UMB CORD COMP DUR L&D DELIV
	ICD9	66393	UNS UMB CORD COMP DUR L&D ANTPRTM
	ICD9	664	TRAUMA PERINEUM&VULVA DURING DELIV
	ICD9	6640	1-DEG PERINL LACERATION DUR DELIV
	ICD9	66400	1-DEG PERINL LAC UNS EPIS CARE PG
	ICD9	66401	1-DEG PERINEAL LACERATION W/DELIV
	ICD9	66404	1-DEG PERINL LACERATION POSTPARTUM
	ICD9	6641	2-DEG PERINL LACERATION DUR DELIV
	ICD9	66410	2-DEG PERINL LAC UNS EPIS CARE PG
	ICD9	66411	2-DEG PERINEAL LACERATION W/DELIV
	ICD9	66414	2-DEG PERINL LACERATION POSTPARTUM
	ICD9	6642	THIRD-DEG PERINL LAC DUR DELIV
	ICD9	66420	THIRD-DEG PERINL LAC UNS EOC PG
	ICD9	66421	THIRD-DEG PERINL LACERATION W/DELIV
	ICD9	66424	THIRD-DEG PERINL LACERATION PP
	ICD9	6643	FOURTH-DEG PERINL LAC DUR DELIV
	ICD9	66430	FOURTH-DEG PERINL LAC UNS EOC PG
	ICD9	66431	FOURTH-DEG PERINL LACERATION DELIV

	ICD9	66434	FOURTH-DEG PERINL LACERATION PP
	ICD9	6644	UNSPEC PERINL LACERATION DUR DELIV
	ICD9	66440	UNS PERINL LAC UNS AS EPIS CARE PG
	ICD9	66441	UNSPEC PERINEAL LACERATION W/DELIV
	ICD9	66444	UNSPEC PERINL LACERATION POSTPARTUM
	ICD9	6645	VULVAR&PERINEAL HEMAT DURING DELIV
	ICD9	66450	VULVAR&PERINL HEMAT UNS EOC PG
	ICD9	66451	VULVAR&PERINEAL HEMATOMA W/DELIVERY
	ICD9	66454	VULVAR&PERINEAL HEMATOMA POSTPARTUM
	ICD9	6646	AS TEAR COMP DEL NO ASSOC PERNL LAC
	ICD9	66460	ANAL SPHNCT TEAR CMP DEL UNS EOC/NA
	ICD9	66461	AS TEAR COMP DEL W OR W/O AP COND
	ICD9	66464	ANAL SPHINCT TEAR COMP DEL PP COND
	ICD9	6648	OTH TRAUMA PERIN&VULVA DUR DELIV
	ICD9	66480	OTH TRAUMA PERIN&VULVA UNS EOC PG
	ICD9	66481	OTH SPEC TRAUMA PERIN&VULVA W/DELIV
	ICD9	66484	OTH SPEC TRAUMA PERIN&VULVA PP
	ICD9	6649	UNSPEC TRAUMA PERIN&VULVA DUR DELIV
	ICD9	66490	UNS TRAUMA PERIN&VULVA UNS EOC PG
	ICD9	66491	UNSPEC TRAUMA PERIN&VULVA W/DELIV
	ICD9	66494	UNSPEC TRAUMA PERIN&VULVA PP
	ICD9	665	OTHER OBSTETRICAL TRAUMA
	ICD9	6650	RUPTURE UTERUS BEFORE ONSET LABOR
	ICD9	66500	RUP UTRUS BEFORE ONSET LABR UNS EOC
	ICD9	66501	RUP UTERUS BEFORE ONSET LABR DELIV
	ICD9	66503	RUP UTRUS BEFORE ONSET LABR ANTPRTM
	ICD9	6651	RUPTURE UTERUS DURING&AFTER LABOR
	ICD9	66510	RUP UTERUS DUR LABR UNSPEC AS EPIS
	ICD9	66511	RUPTURE UTERUS DURING LABOR W/DELIV
	ICD9	6652	OBSTETRICAL INVERSION OF UTERUS
	ICD9	66520	INVERSION UTRUS UNS AS EPIS CARE PG
	ICD9	66522	INVERSION UTERUS DELIVERED W/PPC
	ICD9	66524	INVERSION OF UTERUS, POSTPARTUM
	ICD9	6653	OBSTETRICAL LACERATION OF CERVIX
	ICD9	66530	LAC CERV UNSPEC AS EPIS CARE PG
	ICD9	66531	LACERATION OF CERVIX, WITH DELIVERY
	ICD9	66534	LACERATION OF CERVIX, POSTPARTUM
	ICD9	6654	HIGH VAG LACERATION DUR&AFTER LABOR
	ICD9	66540	HI VAG LAC UNSPEC AS EPIS CARE PG
	ICD9	66541	HIGH VAGINAL LACERATION W/DELIVERY
	ICD9	66544	HIGH VAGINAL LACERATION, POSTPARTUM
	ICD9	6655	OTH OB INJURY PELVIC ORGANS
	ICD9	66550	OTH INJR PELV ORGN UNS EPIS CARE PG
	ICD9	66551	OTH INJURY PELVIC ORGANS W/DELIVERY
	ICD9	66554	OTH INJURY PELVIC ORGANS POSTPARTUM
	ICD9	6656	OBSTETRICAL DAMGE PELVIC JNT&LIG
	ICD9	66560	DAMGE PELV JNT&LIG UNS EPIS CARE PG
	ICD9	66561	DAMGE PELVIC JNT&LIGAMENTS W/DELIV
	ICD9	66564	DAMGE PELVIC JNT&LIG POSTPARTUM
	ICD9	6657	OBSTETRICAL PELVIC HEMATOMA
	ICD9	66570	PELVIC HEMATOMA UNSPEC AS EPIS CARE
	ICD9	66571	PELVIC HEMATOMA, WITH DELIVERY
	ICD9	66572	PELVIC HEMATOMA DELIVERED W/PPC
	ICD9	66574	PELVIC HEMATOMA, POSTPARTUM
	ICD9	6658	OTHER SPECIFIED OBSTETRICAL TRAUMA
	ICD9	66580	OTH SPEC OB TRAUMA UNS AS EPIS CARE
	ICD9	66581	OTH SPEC OBSTETRICAL TRAUMA W/DELIV
	ICD9	66582	OTH SPEC OB TRAUMA DELIV W/PP

	ICD9	66583	OTH SPEC OBSTETRICAL TRAUMA ANTPRTM
	ICD9	66584	OTH SPEC OB TRAUMA POSTPARTUM
	ICD9	6659	UNSPECIFIED OBSTETRICAL TRAUMA
	ICD9	66590	UNS OB TRAUMA UNS AS EPIS CARE
	ICD9	66591	UNSPEC OBSTETRICAL TRAUMA W/DELIV
	ICD9	66592	UNSPEC OB TRAUMA DELIV W/PPC
	ICD9	66593	UNSPEC OBSTETRICAL TRAUMA ANTPRTM
	ICD9	66594	UNSPEC OB TRAUMA POSTPARTUM
	ICD9	666	POSTPARTUM HEMORRHAGE
	ICD9	6660	THIRD-STAGE POSTPARTUM HEMORRHAGE
	ICD9	66600	THIRD-STAGE PP HEMORR UNS EPIS CARE
	ICD9	66602	THIRD-STAGE PP HEMORR W/DELIV
	ICD9	66604	THIRD-STAGE PP HEMORR PP
	ICD9	6661	OTH IMMEDIATE POSTPARTUM HEMORRHAGE
	ICD9	66610	OTH IMMED PP HEMORR UNS EPIS CARE
	ICD9	66612	OTH IMMEDIATE PP HEMORR W/DELIV
	ICD9	66614	OTH IMMEDIATE PP HEMORR PP
	ICD9	6662	DELAYED&SEC POSTPARTUM HEMORRHAGE
	ICD9	66620	DELAY&SEC PP HEMORR UNS EPIS CARE
	ICD9	66622	DELAY&SEC POSTPARTUM HEMORR W/DELIV
	ICD9	66624	DELAY&SEC PP HEMORR PP
	ICD9	6663	POSTPARTUM COAGULATION DEFECTS
	ICD9	66630	PP COAGULAT DEFEC UNS AS EPIS CARE
	ICD9	66632	POSTPARTUM COAGULAT DEFEC W/DELIV
	ICD9	66634	PP COAGULAT DEFEC PP
	ICD9	667	RETAIN PLACENTA/MEMB WITHOUT HEMORR
	ICD9	6670	RETAINED PLACENTA WITHOUT HEMORR
	ICD9	66700	RETN PLACNTA W/O HEMOR UNS EOC
	ICD9	66702	RETN PLACNTA W/O HEMOR DELIV W/ PPC
	ICD9	66704	RETN PLACNTA W/O HEMOR PP COND/COMP
	ICD9	6671	RETN PRTNS PLACNTA/MEMB W/O HEMORR
	ICD9	66710	RETN PLACNTA/MEMB NO HEM UNS EOC
	ICD9	66712	RETN PLCNTA/MEMB NO HEM DEL W/COMPL
	ICD9	66714	RETN PLACNTA/MEMB NO HEM PP COMPL
	ICD9	668	COMPS ADMN ANESTHETIC/OTH SEDAT L&D
	ICD9	6680	PULM COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66800	PULM COMPL ADMN ANES L&D UNS EOC
	ICD9	66801	PULM COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66802	PULM COMPL ADMIN ANES DEL W/PPC
	ICD9	66803	PULM COMPL ADMN ANES L&D ANTPRTM
	ICD9	66804	PULM COMPL ADMIN ANES L&D PP
	ICD9	6681	CARD COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66810	CARD COMPL ADMN ANES L&D UNS EOC
	ICD9	66811	CARD COMPL ADMIN ANES L&D DEL
	ICD9	66812	CARD COMPL ADMIN ANES L&D-DEL W/PPC
	ICD9	66813	CARD COMPL ADMN ANES L&D ANTPARTUM
	ICD9	66814	CARD COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6682	CNA COMPL ADMIN ANES/SEDAT L&D
	ICD9	66820	CNA COMPL ADMN ANES L&D DEL UNS EOC
	ICD9	66821	CNA COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66822	CNA COMPL ADMIN ANES L&D DEL W/PPC
	ICD9	66823	CNA COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66824	CNA COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6688	OTH COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66880	OTH COMPL ADMN ANES L&D UNS EOC
	ICD9	66881	OTH COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66882	OTH COMPL ADMN ANES/SEDAT-DEL W/PPC
	ICD9	66883	OTH COMPL ADMIN ANES L&D ANTEPARTUM

	ICD9	66884	OTH COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6689	UNS COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66890	UNS COMPL ADMIN ANES L&D UNS EOC
	ICD9	66891	UNS COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66892	UNS COMPL ADMN ANES/SEDAT DEL W/PPC
	ICD9	66893	UNS COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66894	UNS COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	669	OTHER COMPLICATIONS OF L&D NEC
	ICD9	6690	MATERNAL DISTRESS
	ICD9	66900	MTRN DISTRESS COMP L&D UNS EOC
	ICD9	66901	MTRN DISTRSS DEL W/WO ANTPRTM COND
	ICD9	66902	MTRN DISTRESS W/DELIV W/MENTION PPC
	ICD9	66903	MTRN DISTRESS COMP L&D ANTPRTM COMP
	ICD9	66904	MTRN DISTRESS COMP L&D PP COND/COMP
	ICD9	6691	SHOCK DURING OR FOLLOWING L&D
	ICD9	66910	SHOCK DUR/FOLLOW L&D UNS EPIS CARE
	ICD9	66911	SHOCK DURING/FOLLOW L&D W/DELIVERY
	ICD9	66912	SHOCK DUR/FLW L&D DELIV W/ PPC
	ICD9	66913	SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK
	ICD9	66914	SHOCK DURING/FOLLOW L&D PP SHOCK
	ICD9	6692	MATERNAL HYPOTENSION SYNDROME
	ICD9	66920	MTRN HYPOTENS SYND COMP L&D UNS EOC
	ICD9	66921	MATERNL HYPOTENSION SYNDROME W/DEL
	ICD9	66922	MTRN HYPOTENS SYND DELIV W/ PPC
	ICD9	66923	MATERNAL HYPOTENS SYNDROME ANTPRTM
	ICD9	66924	MTRN HYPOTENS SYNDROME POSTPARTUM
	ICD9	6693	ACUTE RENAL FAILURE FOLLOWING L&D
	ICD9	66930	ACUT RENL FAIL FLW L&D UNS EOC
	ICD9	66932	ACUT RENAL FAIL DELIV W/MENTION PPC
	ICD9	66934	ACUT RENL FAIL FLW L&D PP COND/COMP
	ICD9	6694	OTH COMPS OBSTETRICAL SURGERY&PROC
	ICD9	66940	OTH COMPS OB SURG&PROC UNS EOC
	ICD9	66941	OTH COMPL OB SURG&PROC W/DELIVERY
	ICD9	66942	OTH COMPS OB SURG&PROC DELIV W/ PPC
	ICD9	66943	OTH COMPS OB SURG&PROC ANTPRTM COMP
	ICD9	66944	OTH COMPS OB SURG&PROC PP COND/COMP
	ICD9	6695	FORCEPS/VAC EXT DELIV W/O INDICAT
	ICD9	66950	FORCP/VAC EXT DEL NO INDICT UNS EOC
	ICD9	66951	FORCEPS/VAC EXT DEL NO INDICAT DEL
	ICD9	6696	BREECH EXTRAC W/O MENTION INDICAT
	ICD9	66960	BREECH XTRAC W/O INDICAT UNS EOC
	ICD9	66961	BREECH XTRAC W/O MEN INDICAT DEL
	ICD9	6697	C-SECT DELIV W/O MENTION INDICAT
	ICD9	66970	C/S DELIV W/O INDICAT UNS EPIS CARE
	ICD9	66971	C/S DEL W/O MEN INDICAT DELIVERED
	ICD9	6698	OTHER COMPLICATIONS OF L&D
	ICD9	66980	OTH COMP L&D UNSPEC AS EPISODE CARE
	ICD9	66981	OTH COMP L&D DEL W/WO ANTPRTM COND
	ICD9	66982	OTH COMP L&D DELIV W/MENTION PPC
	ICD9	66983	OTH COMP L&D ANTPRTM COND/COMP
	ICD9	66984	OTH COMP L&D POSTPARTUM COND/COMP
	ICD9	6699	UNSPECIFIED COMPLICATION OF L&D
	ICD9	66990	UNSPEC COMP L&D UNSPEC AS EPIS CARE
	ICD9	66991	UNS COMP L&D DEL W/WO ANTPRTM COND
	ICD9	66992	UNSPEC COMP L&D DELIV W/MENTION PPC
	ICD9	66993	UNSPEC COMP L&D ANTPRTM COND/COMP
	ICD9	66994	UNSPEC COMP L&D PP COND/COMP
	ICD9	670	MAJOR PUERPERAL INFECTION

	ICD9	6700	MAJOR PUERPERAL INFECTION
	ICD9	67000	MAJ PUERPERAL INF UNS AS EPIS CARE
	ICD9	67002	MAJ PUERPERAL INF DELIV W/ PPC
	ICD9	67004	MAJOR PUERPERAL INF POSTPARTUM
	ICD9	671	VENOUS COMPS PG&THE PUERPERIUM
	ICD9	6710	VARICOSE VNS LEGS PG&THE PUERPERIUM
	ICD9	67100	VARICOS VNS LEGS COMP PG&PP UNS EOC
	ICD9	67101	VARICOSE VEINS LEGS W/DELIVERY
	ICD9	67102	VARICOSE VNS LEGS DELIV W/ PPC
	ICD9	67103	VARICOSE VEINS OF LEGS, ANTEPARTUM
	ICD9	67104	VARICOSE VEINS OF LEGS, POSTPARTUM
	ICD9	6711	VARICOS VNS VULVA&PERIN PG&PP
	ICD9	67110	VRICOS VNS VULV COMPL PG&PP UNS EOC
	ICD9	67111	VARICOSE VEINS VULVA&PERINEUM W/DEL
	ICD9	67112	VARICOS VNS VULVA&PERIN DELIV W/PPC
	ICD9	67113	VARICOSE VEINS VULVA&PERIN ANTPRTM
	ICD9	67114	VARICOSE VEINS VULVA&PERIN PP
	ICD9	6712	SUP THROMBOPHLEB PG&THE PUERPERIUM
	ICD9	67120	SUP THROMBOPHLEB COMP PG&PP UNS EOC
	ICD9	67121	SUPERFICIAL THROMBOPHLEBITIS W/DEL
	ICD9	67122	SUP THROMBOPHLEB DELIV W/ PPC
	ICD9	67123	SUP THROMBOPHLEBITIS ANTPRTM
	ICD9	67124	SUPERFICIAL THROMBOPHLEBITIS PP
	ICD9	6713	DEEP PHLEBOTHROMBOSIS ANTEPARTUM
	ICD9	67130	DP PHLEBOTHROMB ANTPRTM UNS EOC
	ICD9	67131	DEEP PHLEBOTHROMB ANTPRTM W/DELIV
	ICD9	67133	DP PHLEBOTHROMBOS ANTPRTM-COND/COMP
	ICD9	6714	DEEP PHLEBOTHROMBOSIS POSTPARTUM
	ICD9	67140	DP PHLEBOTHROMB PP UNS AS EPIS CARE
	ICD9	67142	DEEP PHLEBOTHROMBOSIS PP W/DELIV
	ICD9	67144	DP PHLEBOTHROMBOSIS PP-PP COND/COMP
	ICD9	6715	OTH PHLEBITIS&THROMB PG&PP
	ICD9	67150	OTH PHLEB&THRMB COMPL PG&PP UNS EOC
	ICD9	67151	OTH PHLEBITIS&THROMBOSIS W/DELIVERY
	ICD9	67152	OTH PHLEBITIS&THROMB DELIV W/ PPC
	ICD9	67153	OTH ANTEPARTUM PHLEBITIS&THROMBOSIS
	ICD9	67154	OTH POSTPARTUM PHLEBITIS&THROMBOSIS
	ICD9	6718	OTH VENOUS COMPS PG&THE PUERPERIUM
	ICD9	67180	OTH VENUS COMP PG&PP UNS EOC
	ICD9	67181	OTH VENOUS COMPLICATIONS W/DELIVERY
	ICD9	67182	OTH VENOUS COMP DELIV W/MENTION PPC
	ICD9	67183	OTH VENOUS COMPLICATION ANTEPARTUM
	ICD9	67184	OTH VENOUS COMPLICATION POSTPARTUM
	ICD9	6719	UNS VENOUS COMP PG&THE PUERPERIUM
	ICD9	67190	UNS VENUS COMP PG&PP UNS EOC
	ICD9	67191	UNS VENOUS COMPLICATIONS W/DELIVERY
	ICD9	67192	UNS VENOUS COMP DELIV W/MENTION PPC
	ICD9	67193	UNSPEC VENOUS COMPLICATION ANTPRTM
	ICD9	67194	UNSPEC VENOUS COMP POSTPARTUM
	ICD9	672	PYREXIA UNKN ORIG DUR THE PURPERIUM
	ICD9	6720	PYREXIA UNKN ORIG DUR THE PURPERIUM
	ICD9	67200	PUERPERL PYREXIA UNKN ORIGN UNS EOC
	ICD9	67202	PUERPERL PYREX UNKN ORIGN DEL W/PPC
	ICD9	67204	PUERPERAL PYREXIA UNKNOWN ORIGIN PP
	ICD9	673	OBSTETRICAL PULMONARY EMBOLISM
	ICD9	6730	OBSTETRICAL AIR EMBOLISM
	ICD9	67300	OB AIR EMBO UNSPEC AS EPIS CARE
	ICD9	67301	OB AIR EMBO DELIV W/WO ANTPRTM COND

	ICD9	67302	OB AIR EMBO W/DELIV W/MENTION PPC
	ICD9	67303	OB AIR EMBO ANTPRTM COND/COMP
	ICD9	67304	OB AIR EMBO POSTPARTUM COND/COMP
	ICD9	6731	AMNIOTIC FLUID EMBOLISM
	ICD9	67310	AMNIOTIC FL EMBO UNS AS EPIS CARE
	ICD9	67311	AMNIOTIC FLUID EMBOLISM W/DELIVERY
	ICD9	67312	AMNIOTIC FL EMBO DELIV W/ PPC
	ICD9	67313	AMNIOTIC FL EMBO ANTPRTM COND/COMP
	ICD9	67314	AMNIOTIC FL EMBO PP COND/COMP
	ICD9	6732	OBSTETRICAL BLOOD-CLOT EMBOLISM
	ICD9	67320	OB BLD-CLOT EMBO UNS AS EPIS CARE
	ICD9	67321	OB BLOOD-CLOT EMBOLISM W/DELIVERY
	ICD9	67322	OB BLD-CLOT EMBO W/MENTION PPC
	ICD9	67323	OBSTETRICAL BLD-CLOT EMBO ANTPRTM
	ICD9	67324	OB BLD-CLOT EMBO POSTPARTUM
	ICD9	6733	OBSTETRICAL PYEMIC&SEPTIC EMBOLISM
	ICD9	67330	OB PYEMIC&SEPTIC EMBO UNS EPIS CARE
	ICD9	67331	OB PYEMIC&SEPTIC EMBOLISM W/DEL
	ICD9	67332	OB PYEMIC&SEPTIC EMBO DEL W/PPC
	ICD9	67333	OB PYEMIC&SEPTIC EMBO ANTPRTM
	ICD9	67334	OB PYEMIC&SEPTIC EMBO POSTPARTUM
	ICD9	6738	OTH OBSTETRICAL PULMONARY EMBOLISM
	ICD9	67380	OTH OB PULM EMBO UNS AS EPIS CARE
	ICD9	67381	OTH OB PULMARY EMBOLISM W/DELIVERY
	ICD9	67382	OTH OB PULM EMBO DELIV W/ PPC
	ICD9	67383	OTH OB PULMONARY EMBO ANTPRTM
	ICD9	67384	OTH OB PULMONARY EMBO POSTPARTUM
	ICD9	674	OTH&UNSPEC COMPS PUERPERIUM NEC
	ICD9	6740	CEREBRVASC DISORDERS PUERPERIUM
	ICD9	67400	CERBVASC D/O OCCUR PG CB/PP UNS EOC
	ICD9	67401	CERBVASC D/O DEL W/WO ANTPRTM COND
	ICD9	67402	CEREBRVASC D/O DELIV W/MENTION PPC
	ICD9	67403	CEREBROVASCULAR DISORDER ANTEPARTUM
	ICD9	67404	CEREBROVASCULAR DISORDER POSTPARTUM
	ICD9	6741	DISRUPTION OF CESAREAN WOUND
	ICD9	67410	DISRUPT C/S WOUND UNS AS EPIS CARE
	ICD9	67412	DISRUPT C/S WND DELIV W/MENTION PPC
	ICD9	67414	DISRUPTION C-SECT WOUND POSTPARTUM
	ICD9	6742	DISRUPT OBSTETRICAL PERINEAL WOUND
	ICD9	67420	DISRUPT PERINL WND UNS EPIS CARE PG
	ICD9	67422	DISRUPT PERINL WOUND DEL W/PP COMPL
	ICD9	67424	DISRUPT PERINEAL WOUND POSTPARTUM
	ICD9	6743	OTH COMPS OB SURGICAL WOUNDS
	ICD9	67430	OTH COMP OB SURG WNDS UNS EPIS CARE
	ICD9	67432	OTH COMP OB SURG WNDS DELIV W/ PPC
	ICD9	67434	OTH COMP OB SURG WNDS PP COND/COMP
	ICD9	6744	PLACENTAL POLYP
	ICD9	67440	PLACENTAL POLYP UNSPEC AS EPIS CARE
	ICD9	67442	PLACNTL POLYP W/DELIV W/MENTION PPC
	ICD9	67444	PLACENTAL POLYP, POSTPARTUM
	ICD9	67450	PERIPARTUM CARDIOMYOPATHY UNS EOC
	ICD9	67451	PERIPARTUM CARDIOMYOPATHY DELIVERED
	ICD9	67452	PERIPARTM CARDIOMYPATH DEL PP COND
	ICD9	67453	PERIPARTM CARDIOMYPATH ANTPRTM COMP
	ICD9	67454	PERIPARTUM CARDIOMYOPATHY PP COMP
	ICD9	6748	OTHER COMPLICATIONS THE PUERPERIUM
	ICD9	67480	OTH COMP PUERPERIUM UNS EPIS CARE
	ICD9	67482	OTH COMP PUERPERIUM DELIV W/ PPC

	ICD9	67484	OTHER COMPLICATION OF PUERPERIUM
	ICD9	6749	UNSPEC COMPLICATIONS PUERPERIUM
	ICD9	67490	UNS COMPS PUERPERIUM UNS EPIS CARE
	ICD9	67492	UNS COMPS PUERPERIUM DELIV W/ PPC
	ICD9	67494	UNSPEC COMPLICATIONS PUERPERIUM
	ICD9	675	INF BRST&NIPPLE ASSOC W/CHILDBIRTH
	ICD9	6750	INFECTION NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67500	INF NIPPLEW/CHLDBRTH UNS EPIS CARE
	ICD9	67501	INFECT NIPPLE W/CHLDBRTH DELIVERED
	ICD9	67502	INF NIPPLEW/CHLDBRTH DELIV W/ PPC
	ICD9	67503	INFECTION OF NIPPLE, ANTEPARTUM
	ICD9	67504	INFECTION OF NIPPLE, POSTPARTUM
	ICD9	6751	ABSC BREAST ASSOCIATED W/CHILDBIRTH
	ICD9	67510	ABSC BRSTW/CHLDBRTH UNS EPIS CARE
	ICD9	67511	ABSCES BREAST W/CHLDBRTH DELIVERED
	ICD9	67512	ABSC BRSTW/CHLDBRTH DELIV W/ PPC
	ICD9	67513	ABSCESS OF BREAST, ANTEPARTUM
	ICD9	67514	ABSCESS OF BREAST, POSTPARTUM
	ICD9	6752	NONPURULENT MASTITISW/CHLDBRTH
	ICD9	67520	NONPURULENT MASTITIS UNS EOC
	ICD9	67521	NONPURULENT MASTITIS DELIVERED
	ICD9	67522	NONPURULENT MASTITIS DELIV W/ PPC
	ICD9	67523	NONPURULENT MASTITIS, ANTEPARTUM
	ICD9	67524	NONPURULENT MASTITIS, POSTPARTUM
	ICD9	6758	OTH SPEC INF BRST&NIPPLEW/CHLDBRTH
	ICD9	67580	OTH SPEC INF BRST&NPPL W/CB UNS EOC
	ICD9	67581	OTH SPEC BRST&NIPPLE INF W/CB-DEL
	ICD9	67582	OTH INF BRST&NIPPLE W/CB DEL W/PPC
	ICD9	67583	OTH SPEC INF BREAST&NIPPLE ANTPRTM
	ICD9	67584	OTH SPEC INF BREAST&NIPPLE PP
	ICD9	6759	UNS INF BRST&NIPPLEW/CHLDBRTH
	ICD9	67590	UNS INF BREAST UNS PRE/POSTNAT EOC
	ICD9	67591	UNS INFECT BREAST&NIPPLE DELIVERED
	ICD9	67592	UNS INF BRST&NIPPLE DELIV W/ PPC
	ICD9	67593	UNSPEC INF BREAST&NIPPLE ANTPRTM
	ICD9	67594	UNSPEC INF BREAST&NIPPLE POSTPARTUM
	ICD9	676	ENGORGE BRSTS UNS PRE/POSTNATAL EOC
	ICD9	6760	RETRACTED NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67600	RETRCT NIPPLE UNS PRE/POSTNATAL EOC
	ICD9	67601	RETRACTED NIPPLE DELIVERED
	ICD9	67602	RETRACTED NIPPLE DELIV W/ PPC
	ICD9	67603	RETRACTED NIPPLE ANTPRTM COND/COMP
	ICD9	67604	RETRACTED NIPPLE PP COND/COMP
	ICD9	6761	CRACKED NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67610	CRACKED NIPPLE UNS PRE/POSTNATL EOC
	ICD9	67611	CRACKED NIPPLE-DELIVERED
	ICD9	67612	CRACKED NIPPLE DELIV W/MENTION PPC
	ICD9	67613	CRACKED NIPPLE ANTPRTM COND/COMP
	ICD9	67614	CRACKED NIPPLE POSTPARTUM COND/COMP
	ICD9	6762	ENGORGEMENT BRSTS ASSOC W/CHILDBRTH
	ICD9	67620	BREAST ENGORGE-UNSPEC
	ICD9	67621	ENGORGE BRSTS DEL W/WO ANTPRTM COND
	ICD9	67622	ENGORGEMENT BRSTS DELIV W/ PPC
	ICD9	67623	ENGORGEMENT OF BREAST, ANTEPARTUM
	ICD9	67624	ENGOREMENT OF BREAST, POSTPARTUM
	ICD9	6763	OTH&UNS D/O BRST ASSOC W/CHLDBRTH
	ICD9	67630	UNS D/O BRSTW/CHLDBRTH UNS EOC
	ICD9	67631	UNS D/O BREAST W/CB DELIVERED

	ICD9	67632	UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC
	ICD9	67633	UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP
	ICD9	67634	UNS D/O BRSTW/CHLDBRTH PP COND/COMP
	ICD9	6764	FAILURE OF LACTATION
	ICD9	67640	FAIL LACTATION UNSPEC AS EPIS CARE
	ICD9	67641	FAILED LACTATION W/DELIVERY
	ICD9	67642	FAIL LACTATION DELIV W/MENTION PPC
	ICD9	67643	FAILURE LACTATION ANTPRTM COND/COMP
	ICD9	67644	FAIL LACTATION POSTPARTUM COND/COMP
	ICD9	6765	SUPPRESSED LACTATION
	ICD9	67650	SUPPRESSED LACTATION UNS EPIS CARE
	ICD9	67651	SUPPRESSED LACTATION W/DELIVERY
	ICD9	67652	SUPPRESSED LACTATION DELIV W/ PPC
	ICD9	67653	SUPPRSSED LACTATION ANTPRTM COMP
	ICD9	67654	SUPPRESSED LACTATION PP COND/COMP
	ICD9	6766	GALACTORRHEA
	ICD9	67660	GALACTORRHEAW/CHLDBRTH UNS EOC
	ICD9	67661	GALACTORRHEA DEL W/WO ANTPRTM COND
	ICD9	67662	GALACTORRHEA W/DELIV W/MENTION PPC
	ICD9	67663	GALACTORRHEA ANTPRTM COND/COMP
	ICD9	67664	GALACTORRHEA POSTPARTUM COND/COMP
	ICD9	6768	OTHER DISORDERS OF LACTATION
	ICD9	67680	OTH D/O LACTATION UNS AS EPIS CARE
	ICD9	67681	OTH D/O LACTATION W/DELIVERY
	ICD9	67682	OTH D/O LACTATION DELIV W/ PPC
	ICD9	67683	OTH D/O LACTATION ANTPRTM COND/COMP
	ICD9	67684	OTH DISORDER LACTATION PP COND/COMP
	ICD9	6769	UNSPECIFIED DISORDER OF LACTATION
	ICD9	67690	UNS D/O LACTATION UNS AS EPIS CARE
	ICD9	67691	UNS D/O LACTATION DELIVERY
	ICD9	67692	UNS D/O LACTATION DELIV W/ PPC
	ICD9	67693	UNS D/O LACTATION ANTPRTM COND/COMP
	ICD9	67694	UNSPEC D/O LACTATION PP COND/COMP
	ICD9	677	LATE EFF COMP PREG-PUERP
	ICD9	7923	NONSPECIFIC ABNORM FIND AMNIOTIC FL
	ICD9	V22	NORMAL PREGNANCY
	ICD9	V220	SUPERVISION NORMAL FIRST PREGNANCY
	ICD9	V221	SUPERVISION OTHER NORMAL PREGNANCY
	ICD9	V222	PREGNANT STATE, INCIDENTAL
	ICD9	V23	SUPERVISION OF HIGH-RISK PREGNANCY
	ICD9	V230	PREGNANCY W/HISTORY OF INFERTILITY
	ICD9	V231	PG W/HX TROPHOBLASTIC DISEASE
	ICD9	V232	PREGNANCY WITH HISTORY OF ABORTION
	ICD9	V233	PREGNANCY WITH GRAND MULTIPARITY
	ICD9	V234	PREGNANCY W/OTH POOR OBSTETRIC HX
	ICD9	V2341	SUPERVISION PG W/HX PRE-TERM LABOR
	ICD9	V2349	SUP PG W/OTH POOR OBSTETRIC HX
	ICD9	V235	PG W/OTH POOR REPRODUCTIVE HX
	ICD9	V237	INSUFFICIENT PRENATAL CARE
	ICD9	V238	SUPERVISION OTH HIGH-RISK PREGNANCY
	ICD9	V238	OTHER HIGH-RISK PREGNANCY
	ICD9	V239	UNSPECIFIED HIGH-RISK PREGNANCY
	ICD9	V24	POSTPARTUM CARE AND EXAMINATION
	ICD9	V240	PP CARE&EXAM IMMED AFTER DELIV
	ICD9	V241	PP CARE&EXAMINATION LACTATING MOTH
	ICD9	V242	ROUTINE POSTPARTUM FOLLOW-UP
	ICD9	V27	OUTCOME OF DELIVERY
	ICD9	V270	OUTCOME OF DELIVERY SINGLE LIVEBORN

ICD9	V271	OUTCOME DELIVERY SINGLE STILLBORN
ICD9	V272	OUTCOME DELIV TWINS BOTH LIVEBORN
ICD9	V273	OUTCOME DEL TWINS 1 LIVEB&1 STILLB
ICD9	V274	OUTCOME DELIV TWINS BOTH STILLBORN
ICD9	V275	OUTCOME DELIV OTH MX BRTH ALL LIVEB
ICD9	V276	OUTCOME DEL OTH MX BRTH SOME LIVEB
ICD9	V277	OUTCOME DEL OTH MX BRTH ALL STILLB
ICD9	V279	OUTCOME OF DELIVERY, UNSPECIFIED
ICD9	V617	OTHER UNWANTED PREGNANCY

Hemorrhagic tendencies (Diagnosis)

Type	Code	Description
ICD9	286	COAGULATION DEFECTS
ICD9	2860	CONGENITAL FACTOR VIII DISORDER
ICD9	2861	CONGENITAL FACTOR IX DISORDER
ICD9	2862	CONGENITAL FACTOR XI DEFICIENCY
ICD9	2863	CONGENITAL DEFIC OTH CLOT FACTORS
ICD9	2864	VON WILLEBRANDS DISEASE
ICD9	2865	HEMORR D/O D/T INTRIN CIRC ANTICOAG
ICD9	2866	DEFIBRINATION SYNDROME
ICD9	2867	ACQUIRED COAGULATION FACTOR DEFIC
ICD9	2869	OTHER&UNSPEC COAGULATION DEFECTS
ICD9	2871	QUALITATIVE PLATELET DEFECTS
ICD9	2873	PRIMARY THROMBOCYTOPENIA
ICD9	28730	PRIMARY THROMBOCYTOPENIA UNS
ICD9	28731	IMMUNE THROMBOCYTOPENIC PURPURA
ICD9	28732	EVANS SYNDROME
ICD9	28733	CNGN&HEREDTRY THROMBOCYTOPN PURPURA
ICD9	28739	OTHER PRIMARY THROMBOCYTOPENIA
ICD9	2878	OTHER SPEC HEMORRHAGIC CONDITIONS
ICD9	2879	UNSPECIFIED HEMORRHAGIC CONDITIONS

Head trauma (Diagnosis)

Type	Code	Description
ICD9	800	FRACTURE OF VAULT OF SKULL
ICD9	8000	CLOS FX VAULT SKULL W/O ICI
ICD9	80000	CLOS FX VALT SKULL W/O ICI UNS SOC
ICD9	80001	CLOS FX VALT SKULL W/O ICI NO LOC
ICD9	80002	CLOS FX VALT SKUL W/O ICIR BRF LOC
ICD9	80003	CLOS FX VALT SKULL W/O ICI MOD LOC
ICD9	80004	CLOS FX VLT SKUL NO ICI LOC&RETURN
ICD9	80005	CLOS FX VLT SKUL NO ICI LOC NO RTRN
ICD9	80006	CLOS FX VLT SKL NO ICI COMA UNS DUR
ICD9	80009	CLOS FX VLT SKL NO ICI UNS CONCUSS
ICD9	8001	CLOS FX VLT SKUL-CERBRL LAC&CONTUS
ICD9	80010	CLOS FX VLT SKUL-CERBRL LAC UNS SOC
ICD9	80011	CLOS FX VLT SKULL LAC&CONTUS NO LOC
ICD9	80012	CLOS FX VLT SKUL-LAC&CONTUS BRF LOC
ICD9	80013	CLOS FX VLT SKUL-LAC&CONTUS MOD LOC
ICD9	80014	CLOS FX VLT SKUL-LOC>24 HR & RETRN
ICD9	80015	CLOS FX VLT SKUL-LOC>24 HR&NO RETRN
ICD9	80016	CLOS FX VLT SKULL FX-LOC UNS DUR
ICD9	80019	CLOS FX VLT SKUL UNS CONCUSSION
ICD9	8002	CLOS FX VLT SKUL-SUB&XTRADURL HEMOR

	ICD9	80020	CLOS FX VLT SKUL-DURL HEMOR UNS SOC
	ICD9	80021	CLOS FX VLT SKUL-DURAL HEMOR NO LOC
	ICD9	80022	CLOS FX VLT SKUL-DURL HEMOR BRF LOC
	ICD9	80023	CLOS FX VLT SKUL-DURL HEM MOD LOC
	ICD9	80024	CLOS FX VLT SKUL-HEMOR LOC>24&RTRN
	ICD9	80025	CLOS FX VLT SKUL-HEMOR LOC NO RTRN
	ICD9	80026	CLOS FX VLT SKUL-HEMOR LOC UNS DUR
	ICD9	80029	CLOS FX VLT SKL-HEMOR UNS CONCUS
	ICD9	8003	CLOS FX VLT SKULL OTH&UNS ICH
	ICD9	80030	CLOS FX VLT SKULL OTH ICH UNS SOC
	ICD9	80031	CLOS FX VLT SKULL OTH ICH NO LOC
	ICD9	80032	CLOS FX VLT SKULL W/UNS ICH BRF LOC
	ICD9	80033	CLOS FX VLT SKULL-OTH ICH MOD LOC
	ICD9	80034	CLOS FX VLT SKL-OTH ICH LOC>24-RTRN
	ICD9	80035	CLOS FX VLT SKL-OTH ICH LOC NO RTRN
	ICD9	80036	CLOS FX VLT SKL-ICH LOC UNS DUR
	ICD9	80039	CLOS FX VLT SKUL-UNS ICH UNS CONCUS
	ICD9	8004	CLOS FX VLT SKULL W/ICI UNS NATURE
	ICD9	80040	CLOS FX VLT SKULL-ICI UNS NATR-SOC
	ICD9	80041	CLOS FX VLT SKL-ICI UNS NATR NO LOC
	ICD9	80042	CLOS FX VLT SKULL-ICI BRIEF LOC
	ICD9	80043	CLOS FX VLT SKULL-ICI MOD LOC
	ICD9	80044	CLOS FX VLT SKUL W/OTH ICI LOC&RTRN
	ICD9	80045	CLOS FX VLT SKL OTH ICI LOC NO RTRN
	ICD9	80046	CLOS FX VLT SKULL-ICI LOC UNS DUR
	ICD9	80049	CLOS FX VLT SKULL W/ICI UNS CONCUS
	ICD9	8005	OPEN FX VAULT SKULL W/O ICI
	ICD9	80050	OPEN FX VAULT SKUL W/O ICI UNS SOC
	ICD9	80051	OPEN FX VAULT SKULL W/O ICI NO LOC
	ICD9	80052	OPEN FX VALT SKUL W/O ICIR BRF LOC
	ICD9	80053	OPEN FX VAULT SKULL W/O ICI MOD LOC
	ICD9	80054	OPN FX VLT SKUL NO ICI LOC>24&RTRN
	ICD9	80055	OPN FX VLT SKL W/O ICI LOC NO RTRN
	ICD9	80056	OPN FX VLT SKL W/O ICI-LOC UNS DUR
	ICD9	80059	OPN FX VLT SKL W/O ICI-UNS CONCUS
	ICD9	8006	OPN FX VLT SKL-CERBRL LAC&CONTUS
	ICD9	80060	OPN FX VLT SKL FX-CEREB LAC UNS SOC
	ICD9	80061	OPN FX VLT SKUL-CERBRL LAC NO LOC
	ICD9	80062	OPN FX VLT SKUL-CERBRL LAC BRF LOC
	ICD9	80063	OPN FX VLT SKUL-CERBRL LAC MOC LOC
	ICD9	80064	OPN FX VLT SKL-CEREB LAC LOC&RTRN
	ICD9	80065	OPN FX VLT SKL-CERB LAC LOC NO RTRN
	ICD9	80066	OPN FX VLT SKL-CERB LAC LOC UNS DUR
	ICD9	80069	OPN FX VLT SKL-CEREB LAC UNS CONCUS
	ICD9	8007	OPN FX VLT SKL-SUB&XTRADURL HEMOR
	ICD9	80070	OPN FX VLT SKL-DURL HEMOR UNS SOC
	ICD9	80071	OPN FX VLT SKL-DURL HEMOR NO LOC
	ICD9	80072	OPN FX VLT SKL-DURL HEMORR BRF LOC
	ICD9	80073	OPN FX VLT SKL-DURL HEMORR MOD LOC
	ICD9	80074	OPN FX VLT SKL-DURL HEM LOC>24 RTRN
	ICD9	80075	OPN FX VLT SKL-DURL HEM LOC NO RTRN
	ICD9	80076	OPN FX VLT SKL-DURL HEM LOC UNS DUR
	ICD9	80079	OPN FX VLT SKL-DURL HEM UNS CONCUSS
	ICD9	8008	OPN FX VAULT SKULL-OTH&UNS ICH
	ICD9	80080	OPN FX VAULT SKULL-OTH ICH UNS SOC
	ICD9	80081	OPN FX VAULT SKULL-OTH ICH NO LOC
	ICD9	80082	OPN FX VAULT SKULL-OTH ICH BRF LOC
	ICD9	80083	OPN FX VAULT SKULL-OTH ICH MOD LOC

	ICD9	80084	OPN FX VLT SKL-OTH ICH LOC>24&RTRN
	ICD9	80085	OPN FX VLT SKL-OTH ICH LOC NO RTRN
	ICD9	80086	OPN FX VLT SKL-UNS ICH LOC UNS DUR
	ICD9	80089	OPN FX VLT SKL W/UNS ICH UNS CONCUS
	ICD9	8009	OPEN FX VALT SKUL W/ICI UNS NATR
	ICD9	80090	OPN FX VLT SKL-ICI UNS NATR UNS SOC
	ICD9	80091	OPN FX VLT SKL-ICI UNS NATUR NO LOC
	ICD9	80092	OPN FX VLT SKL-ICI UNS NATR BRF LOC
	ICD9	80093	OPN FX VLT SKL-ICI UNS NATR MOC LOC
	ICD9	80094	OPN FX VLT SKL-OTH ICI LOC>24&RETRN
	ICD9	80095	OPN FX VLT SKL-OTH ICI LOC NO RETRN
	ICD9	80096	OPN FX VLT SKL-ICI LOC UNS DUR
	ICD9	80099	OPN FX VLT SKL-ICI UNS CONCUS
	ICD9	801	FRACTURE OF BASE OF SKULL
	ICD9	8010	CLOS FX BASE SKULL W/O ICI
	ICD9	80100	CLOS FX BASE SKULL W/O ICI UNS SOC
	ICD9	80101	CLOS FX BASE SKULL W/O ICI NO LOC
	ICD9	80102	CLOS FX BASE SKUL W/O ICIR BRF LOC
	ICD9	80103	CLOS FX BASE SKULL W/O ICI MOD LOC
	ICD9	80104	CLOS FX BASE SKL NO ICI LOC&RTRN
	ICD9	80105	CLOS FX BASE SKL NO ICI LOC NO RTRN
	ICD9	80106	CLOS FX BASE SKL NO ICI LOC UNS DUR
	ICD9	80109	CLOS FX BASE SKL-NO ICI UNS CONCUSS
	ICD9	8011	CLOS FX BASE SKL CEREB LAC & CONTUS
	ICD9	80110	CLOS FX BASE SKL-CERBRL LAC UNS SOC
	ICD9	80111	CLOS FX BASE SKL-CERBRL LAC NO LOC
	ICD9	80112	CLOS FX BASE SKL-CERBRL LAC BRF LOC
	ICD9	80113	CLOS FX BASE SKL-CERBRL LAC MOD LOC
	ICD9	80114	CLOS FX BASE SKL-CRBRL LAC LOC&RTRN
	ICD9	80115	CLOS FX BASE SKL-CERBRL LAC NO RTRN
	ICD9	80116	CLOS FX BASE SKL-CERBRL LAC UNS LOC
	ICD9	80119	CLOS FX BASE SKL-CERBRL LAC CONCUSS
	ICD9	8012	CLOS FX BASE SKL-SUB&XTRADURL HEMOR
	ICD9	80120	CLOS FX BASE SKL-DURL HEMOR UNS SOC
	ICD9	80121	CLOS FX BASE SKUL-DURL HEMOR NO LOC
	ICD9	80122	CLOS FX BASE SKL-DURAL HEM BRF LOC
	ICD9	80123	CLOS FX BASE SKL-DURAL HEM MOD LOC
	ICD9	80124	CLOS FX BASE SKL-DURL HEM LOC&RTRN
	ICD9	80125	CLOS FX BASE SKL-DURL HEM NO RTRN
	ICD9	80126	CLOS FX BASE SKL-DURL HEM LOC UNS
	ICD9	80129	CLOS FX BASE SKL-DURL HEM CONCUSS
	ICD9	8013	CLOSED FX BASE SKULL-OTH & UNS ICH
	ICD9	80130	CLOS FX BASE SKULL-OTH ICH UNS SOC
	ICD9	80131	CLOS FX BASE SKULL-OTH ICH NO LOC
	ICD9	80132	CLOS FX BASE SKUL-UNS ICH BRF LOC
	ICD9	80133	CLOS FX BASE SKUL-OTH ICH MOD LOC
	ICD9	80134	CLOS FX BASE SKUL-OTH ICH LOC&RETRN
	ICD9	80135	CLOS FX BASE SKL-ICH LOC&NO RTRN
	ICD9	80136	CLOS FX BASE SKL-ICH LOC UNS DUR
	ICD9	80139	CLOS FX BASE SKL-UNS ICH UNS CONCUS
	ICD9	8014	CLOS FX BASE SKUL W/ICIR UNS NATR
	ICD9	80140	CLOS FX BASE SKULL-ICI UNS SOC
	ICD9	80141	CLOS FX BASE SKULL-ICI NO LOC
	ICD9	80142	CLOS FX BASE SKULL-ICI BRIEF LOC
	ICD9	80143	CLOS FX BASE SKULL-ICI MODERATE LOC
	ICD9	80144	CLOS FX BASE SKUL-ICI LOC & RETURN
	ICD9	80145	CLOS FX BASE SKUL-ICI LOC NO RETURN
	ICD9	80146	CLOS FX BASE SKULL-ICI LOC UNS DUR

	ICD9	80149	CLOS FX BASE SKULL-ICI UNS CONCUS
	ICD9	8015	OPEN FX BASE SKUL W/O ICI
	ICD9	80150	OPEN FX BASE SKUL W/O ICI UNS SOC
	ICD9	80151	OPEN FX BASE SKUL W/O ICI NO LOC
	ICD9	80152	OPEN FX BASE SKUL W/O ICIR BRF LOC
	ICD9	80153	OPEN FX BASE SKUL W/O ICI MOD LOC
	ICD9	80154	OPN FX BASE SKL NO ICI LOC>24&RTRN
	ICD9	80155	OPN FX BASE SKL W/O ICI LOC NO RTRN
	ICD9	80156	OPN FX BASE SKL-W/O ICI LOC UNS DUR
	ICD9	80159	OPN FX BASE SKL-W/O ICI UNS CONCUSS
	ICD9	8016	OPN FX BASE SKL-CERBRL LAC&CONTUS
	ICD9	80160	OPN FX BASE SKL-CERBRL LAC UNS SOC
	ICD9	80161	OPN FX BASE SKL-CERBRL LAC NO LOC
	ICD9	80162	OPN FX BASE SKL-CERBRL LAC BRF LOC
	ICD9	80163	OPN FX BASE SKL-CERBRL LAC MOD LOC
	ICD9	80164	OPN FX BASE SKL-CERBRL LAC >24&RTRN
	ICD9	80165	OPN FX BASE SKL-CERBRL LAC NO RTRN
	ICD9	80166	OPN FX BASE SKL-CERBRL LAC LOC UNS
	ICD9	80169	OPN FX BASE SKL-CERBRL LAC CONCUSS
	ICD9	8017	OPN FX BASE SKL-SUB&XTRADURL HEMOR
	ICD9	80170	OPN FX BASE SKL-DURL HEMOR UNS SOC
	ICD9	80171	OPN FX BASE SKL-DURL HEM LOC NO LOC
	ICD9	80172	OPN FX BASE SKL-DURL HEM BRIEF LOC
	ICD9	80173	OPN FX BASE SKL-DURL HEM MOD LOC
	ICD9	80174	OPN FX BASE SKL DURL HEM LOC& RTRN
	ICD9	80175	OPN FX BASE SKL-DURAL HEM NO RTRN
	ICD9	80176	OPN FX BASE SKL-DURL HEMOR LOC UNS
	ICD9	80179	OPN FX BASE SKL-DURL HEM UNS CONCUS
	ICD9	8018	OPN FX BASE SKULL-OTH&UNS ICH
	ICD9	80180	OPN FX BASE SKULL-OTH ICH UNS SOC
	ICD9	80181	OPN FX BASE SKULL-OTH ICH NO LOC
	ICD9	80182	OPN FX BASE SKULL-OTH ICH BRIEF LOC
	ICD9	80183	OPN FX BASE SKULL-OTH ICH MOD LOC
	ICD9	80184	OPN FX BASE SKL-OTH ICH LOC&RTRN
	ICD9	80185	OPN FX BASE SKL-OTH ICH LOC NO RTRN
	ICD9	80186	OPN FX BASE SKL-UNS ICH LOC UNS DUR
	ICD9	80189	OPN FX BASE SKUL-UNS ICH UNS CONCUS
	ICD9	8019	OPEN FX BASE SKUL W/ICI UNS NATR
	ICD9	80190	OPN FX BASE SKULL-ICI UNS SOC
	ICD9	80191	OPN FX BASE SKULL-ICI NO LOC
	ICD9	80192	OPN FX BASE SKULL-ICI BRIEF LOC
	ICD9	80193	OPN FX BASE SKULL-ICI MODERATE LOC
	ICD9	80194	OPN FX BASE SKUL-OTH ICI LOC & RTRN
	ICD9	80195	OPN FX BASE SKL-OTH ICI LOC NO RTRN
	ICD9	80196	OPN FX BASE SKULL-ICI LOC UNS DUR
	ICD9	80199	OPN FX BASE SKULL-ICI UNS CONCUS
	ICD9	802	FRACTURE OF FACE BONES
	ICD9	8020	NASAL BONES, CLOSED FRACTURE
	ICD9	8021	NASAL BONES, OPEN FRACTURE
	ICD9	8022	MANDIBLE, CLOSED FRACTURE
	ICD9	80220	CLOS FRACTURE UNSPEC SITE MANDIBLE
	ICD9	80221	CLOS FRACTURE CONDYLR PROCESS MAND
	ICD9	80222	CLOS FX SUBCONDYLR PROCESS MAND
	ICD9	80223	CLOS FRACTURE CORONOID PROCESS MAND
	ICD9	80224	CLOS FX UNSPEC PART RAMUS MAND
	ICD9	80225	CLOSED FRACTURE OF ANGLE OF JAW
	ICD9	80226	CLOS FRACTURE SYMPHYSIS BODY MAND
	ICD9	80227	CLOS FX ALVEOL BORDER BDY MAND

	ICD9	80228	CLOS FX OTH&UNSPEC PART BDY MAND
	ICD9	80229	CLOS FRACTURE MULTIPLE SITES MAND
	ICD9	8023	MANDIBLE, OPEN FRACTURE
	ICD9	80230	OPEN FRACTURE UNSPEC SITE MANDIBLE
	ICD9	80231	OPEN FRACTURE CONDYLR PROCESS MAND
	ICD9	80232	OPEN FX SUBCONDYLR PROCESS MAND
	ICD9	80233	OPEN FRACTURE CORONOID PROCESS MAND
	ICD9	80234	OPEN FX UNSPEC PART RAMUS MAND
	ICD9	80235	OPEN FRACTURE OF ANGLE OF JAW
	ICD9	80236	OPEN FRACTURE SYMPHYSIS BODY MAND
	ICD9	80237	OPEN FX ALVEOL BORDER BDY MAND
	ICD9	80238	OPEN FX OTH&UNSPEC PART BDY MAND
	ICD9	80239	OPEN FRACTURE MULTIPLE SITES MAND
	ICD9	8024	MALAR&MAX BONES CLOSED FRACTURE
	ICD9	8025	MALAR&MAXILLARY BONES OPEN FRACTURE
	ICD9	8026	ORBITAL FLOOR , CLOSED FRACTURE
	ICD9	8027	ORBITAL FLOOR , OPEN FRACTURE
	ICD9	8028	OTHER FACIAL BONES, CLOSED FRACTURE
	ICD9	8029	OTHER FACIAL BONES, OPEN FRACTURE
	ICD9	803	OTHER&UNQUALIFIED SKULL FRACTURES
	ICD9	8030	OTH CLO SKUL FX W/O INTRACRAN INJR
	ICD9	80300	OTH CLO SKUL FX W/O ICI UNS SOC
	ICD9	80301	OTH CLO SKUL FX W/O ICI NO LOC
	ICD9	80302	OTH CLO SKUL FX W/O ICI BRIEF LOC
	ICD9	80303	OTH CLO SKUL FX W/O ICI MOD LOC
	ICD9	80304	OTH CLOS SKL FX NO ICI LOC>24&RTRN
	ICD9	80305	OTH CLOS SKUL FX NO ICI LOC NO RTRN
	ICD9	80306	OTH CLOS SKL FX-NO ICI LOC UNS DUR
	ICD9	80309	OTH CLO SKUL FX W/O ICI UNS CONCUSS
	ICD9	8031	OTH CLO SKUL FX W/CERBRL LAC&CONTUS
	ICD9	80310	OTH CLOS SKL FX-CERBRL LAC UNS SOC
	ICD9	80311	OTH CLOS SKL FX-CERBRL LAC NO LOC
	ICD9	80312	OTH CLOS SKL FX-CERBRL LAC BRF LOC
	ICD9	80313	OTH CLOS SKL FX-CERBRL LAC MOD LOC
	ICD9	80314	OTH CLOS SKL FX-CERBRL LAC LOC&RTRN
	ICD9	80315	OTH CLOS SKL FX-CERBRL LAC NO RTRN
	ICD9	80316	OTH CLOS SKL FX-CERBRL LAC UNS LOC
	ICD9	80319	OTH CLO SKL FX-CERBL LAC UNS CONCUS
	ICD9	8032	OTH CLOS SKL FX-SUB&XTRADURL HEMOR
	ICD9	80320	OTH CLOS SKL FX-DURL HEMOR UNS SOC
	ICD9	80321	OTH CLOS SKL FX-DURL HEMOR NO LOC
	ICD9	80322	OTH CLOS SKL FX-DURL HEM BRIEF LOC
	ICD9	80323	OTH CLOS SKL FX-DURL HEM MOD LOC
	ICD9	80324	OTH CLOS SKL FX-DURL HEMOR LOC&RTRN
	ICD9	80325	OTH CLO SKL FX-DURL HEM LOC NO RTRN
	ICD9	80326	OTH CLOS SKL FX-DURL HEMOR LOC UNS
	ICD9	80329	OTH CLOS SKL FX-DURL HEM UNS CONCUS
	ICD9	8033	CLOS SKUL FX W/UNS INTRACRAN HEMOR
	ICD9	80330	OTH CLOS SKULL FX-OTH ICH UNS LOC
	ICD9	80331	OTH CLOS SKULL FX-OTH ICH NO LOC
	ICD9	80332	OTH CLOS SKULL FX-OTH ICH BRF LOC
	ICD9	80333	OTH CLOS SKULL FX-OTH ICH MOD LOC
	ICD9	80334	OTH CLOS SKL FX-OTH ICH LOC&RTRN
	ICD9	80335	OTH CLOS SKUL FOTH ICH LOC NO RTRN
	ICD9	80336	OTH CLOS SKL FX-OTH ICH LOC UNS DUR
	ICD9	80339	OTH CLOS SKL FX-OTH ICH UNS CONCUSS
	ICD9	8034	OTH CLO SKUL FX W/ICIR UNS NATR
	ICD9	80340	OTH CLOS SKULL FX-ICI UNS SOC

	ICD9	80341	OTH CLOS SKL FX-ICI UNS NATR NO LOC
	ICD9	80342	OTH CLOS SKL FX-ICI UNS BRIEF LOC
	ICD9	80343	OTH CLOS SKL FX-ICI UNS MOD LOC
	ICD9	80344	OTH CLOS SKULL FX-OTH ICI LOC&RTRN
	ICD9	80345	OTH CLOS SKL FX-OTH ICI LOC NO RTRN
	ICD9	80346	OTH CLOS SKULL FX-ICI LOC UNS DUR
	ICD9	80349	OTH CLOS SKULL FX-ICI UNS CONCUS
	ICD9	8035	OTH OPN SKUL FX W/O INTRACRAN INJR
	ICD9	80350	OTH OPEN SKULL FX W/O ICI SOC UNS
	ICD9	80351	OTH OPEN SKULL FX W/O ICI NO LOC
	ICD9	80352	OTH OPEN SKULL FX W/O ICI BRIEF LOC
	ICD9	80353	OTH OPEN SKULL FX W/O ICI MOD LOC
	ICD9	80354	OTH OPN SKL FX NO ICI LOC>24&RTRN
	ICD9	80355	OTH OPN SKL FX NO ICI LOC NO RTRN
	ICD9	80356	OTH OPN SKUL FX W/O ICI LOC UNS DUR
	ICD9	80359	OTH OPN SKUL FX W/O ICI UNS CONCUSS
	ICD9	8036	OTH OPN SKUL FX W/CERBRL LAC&CONTUS
	ICD9	80360	OTH OPN SKL FX-CERBRL LAC UNS SOC
	ICD9	80361	OTH OPN SKL FX-CERBRL LAC NO LOC
	ICD9	80362	OTH OPN SKL FX-CERBRL LAC BRF LOC
	ICD9	80363	OTH OPN SKL FX-CERBRL LAC MOD LOC
	ICD9	80364	OTH OPN SKL FX-CERBRL LAC LOC&RTRN
	ICD9	80365	OTH OPN SKL FX CERBRL LAC NO RTRN
	ICD9	80366	OTH OPN SKL FX CERBRL LAC LOC UNS
	ICD9	80369	OTH OPN SKL FX CRBRL LAC UNS CONCUS
	ICD9	8037	OTH OPN SKL FX-SUB&XTRADURAL HEMORR
	ICD9	80370	OTH OPN SKL FX-DURL HEMOR UNS SOC
	ICD9	80371	OTH OPN SKL FX-DURL HEMO NO LOS
	ICD9	80372	OTH OPN SKL FX-DURAL HEM BRF LOC
	ICD9	80373	OTH OPN SKL FX-DURAL HEM MOD LOC
	ICD9	80374	OTH OPN SKL FX-DURL HEMOR LOC&RTRN
	ICD9	80375	OTH OPN SKL FX-DURL HEM LOC NO RTRN
	ICD9	80376	OTH OPN SKL FX-DURL HEMOR LOC UNS
	ICD9	80379	OTH OPN SKL FX-DURL HEM UNS CONCUSS
	ICD9	8038	OTH OPN SKUL FX OTH&UNS ICH
	ICD9	80380	OTH OPN SKUL FX OTH&UNS ICH UNS SOC
	ICD9	80381	OTH OPN SKUL FX OTH&UNS ICH NO LOC
	ICD9	80382	OTH OPN SKUL FX OTH&UNS ICH BRF LOC
	ICD9	80383	OTH OPN SKUL FX OTH&UNS ICH MOD LOC
	ICD9	80384	OTH OPN SKL FX-UNS ICH LOC>24&RTRN
	ICD9	80385	OTH OPN SKL FX-UNS ICH LOC&NO RTRN
	ICD9	80386	OTH OPN SKL FX-UNS ICH LOC UNS DUR
	ICD9	80389	OPN SKULL FX CONCUSS
	ICD9	8039	OTH OPN SKUL FX W/ICI UNS NATR
	ICD9	80390	OTH OPN SKL FX-ICI UN NATR UNS SOC
	ICD9	80391	OTH OPN SKL FX-ICI UNS NATR NO LOC
	ICD9	80392	OTH OPN SKL FX-ICI UNS NATR BRF LOC
	ICD9	80393	OTH OPN SKL FX-ICI UNS NATR MOD LOC
	ICD9	80394	OTH OPN SKL FX-OTH ICI LOC>24&RTRN
	ICD9	80395	OTH OPN SKL FX-OTH ICI LOC NO RTRN
	ICD9	80396	OTH OPN SKULL FX-ICI LOC UNS DUR
	ICD9	80399	OTH OPN SKULL FX-ICI UNS CONCUS
	ICD9	804	MX FX INVLV SKULL/FACE W/OTH BNS
	ICD9	8040	CLOS FXS SKULL/FACE-OTH BNS NO ICI
	ICD9	80400	CLOS FXS SKULL/FACE NO ICI UNS SOC
	ICD9	80401	CLOS FXS SKULL/FACE NO ICI NO LOC
	ICD9	80402	CLOS FXS SKULL/FACE NO ICI LOC<1 HR
	ICD9	80403	CLOS FXS SKULL/FACE NO ICI MOD LOC

	ICD9	80404	CLOS FXS SKL/FCE NO ICI LOC&RETURN
	ICD9	80405	CLOS FXS SKL/FCE NO ICI LOC NO RTRN
	ICD9	80406	CLOS FXS SKULL/FACE NO ICI LOC UNS
	ICD9	80409	CLOS FXS SKL/FCE NO ICI UNS CONCUSS
	ICD9	8041	CLOS FXS SKL/FACE CERBRL LAC CONTUS
	ICD9	80410	CLOS FXS SKL/FACE CEREB LAC UNS SOC
	ICD9	80411	CLOS FXS SKL/FACE CERBRL LAC NO LOC
	ICD9	80412	CLOS FXS SKL/FCE CERBRL LAC BRF LOC
	ICD9	80413	CLOS FXS SKL/FCE CERBRL LAC MOD LOC
	ICD9	80414	CLOS FXS SKL/FCE CERBRL LAC>24&RTRN
	ICD9	80415	CLOS FXS SKL/FCE CERBRL LAC NO RTRN
	ICD9	80416	CLOS FXS SKL/FCE CERBRL LAC LOC UNS
	ICD9	80419	CL SKUL W OTH FX-CONCUSS
	ICD9	8042	CLOS FXS SKL/FCE SUB&XTRDURL HEMORR
	ICD9	80420	CLOS FXS SKL/FACE DURL HEM UNS SOC
	ICD9	80421	CLOS FXS SKULL/FACE DURL HEM NO LOC
	ICD9	80422	CLOS FXS SKUL/FACE DURL HEM BRF LOC
	ICD9	80423	CLOS FXS SKUL/FACE DURL HEM MOD LOC
	ICD9	80424	CLOS FXS SKUL/FCE DURL HEM>24&RTRN
	ICD9	80425	CLOS FXS SKUL/FCE DURL HEM NO RTRN
	ICD9	80426	CLOS FXS SKUL/FCE DURL HEM LOC UNS
	ICD9	80429	CLOS FXS SKL/FCE DURL HEM UNS CNCUS
	ICD9	8043	CLOS FXS INVOLV SKUL/FACE W/UNS ICH
	ICD9	80430	CLOS FXS SKL/FCE-OTH ICH-UNS SOC
	ICD9	80431	CLOS FXS SKL/FCE-OTH&UNS ICH NO LOC
	ICD9	80432	CLOS FXS SKL/FCE-OTH ICH BRIEF LOC
	ICD9	80433	CLOS FXS SKULL/FACE-OTH ICH MOD LOC
	ICD9	80434	CLOS FXS SKUL/FACE-OTH ICH LOC&RTRN
	ICD9	80435	CLOS FXS SKL/FCE-OTH ICH-LOC NO RTN
	ICD9	80436	CLOS FXS SKL/FCE-OTH ICH-UNS LOC
	ICD9	80439	CLOS FXS SKL/FCE-OTH ICH UNS CONCUS
	ICD9	8044	CLOS FXS SKULL/FACE-ICI UNS NATURE
	ICD9	80440	CLOS FXS SKUL/FACE-OTH ICI-UNS SOC
	ICD9	80441	CLOS FXS SKL/FCE-OTH&UNS ICI-NO LOC
	ICD9	80442	CLOS FXS SKL/FCE-OTH ICI-BRF LOC
	ICD9	80443	CLOS FXS SKL/FCE-OTH ICI-MOD LOC
	ICD9	80444	CLOS FXS SKL/FCE-OTH ICI LOC&RETURN
	ICD9	80445	CLOS FXS SKL-OTH ICI-LOC NO RTRN
	ICD9	80446	CLOS FXS SKL/FCE-OTH ICI-UNS LOC
	ICD9	80449	CLOS FXS SKL/FCE-OTH ICI UNS CONCUS
	ICD9	8045	OPN FXS SKULL/FACE-OTH BNS W/O ICI
	ICD9	80450	OPN FXS SKULL/FACE NO ICI UNS SOC
	ICD9	80451	OPN FXS SKULL/FACE W/O ICI NO LOC
	ICD9	80452	OPEN FXS SKULL/FACE NO ICI BRF LOC
	ICD9	80453	OPN FXS SKULL/FACE NO ICI MOD LOC
	ICD9	80454	OPN FXS SKL/FCE NO ICI LOC>24&RTURN
	ICD9	80455	OPEN FXS SKL/FCE NO ICI LOC NO RTRN
	ICD9	80456	OPEN FXS SKULL/FACE NO ICI LOC UNS
	ICD9	80459	OPEN FXS SKL/FCE NO ICI UNS CONCUSS
	ICD9	8046	OPEN FXS SKUL/FCE-CERBRL LAC&CONTUS
	ICD9	80460	OPN SKULL/FACE-CERBRL LAC UNS SOC
	ICD9	80461	OPEN FXS SKL/FCE-CERBRL LAC NO LOC
	ICD9	80462	OPN FXS SKL/FCE-CERBRL LAC BRF LOC
	ICD9	80463	OPN FXS SKL/FCE-CERBRL LAC-MOD LOC
	ICD9	80464	OPN FXS SKL/FCE-CERBRL LAC LOC&RTRN
	ICD9	80465	OPN FXS SKL CERBRL LAC LOC NO RTRN
	ICD9	80466	OPN FXS SKL/FCE-CERBRL LAC LOC UNS
	ICD9	80469	OPN SKL/FCE-CERBRL LAC UNS CONCUSS

	ICD9	8047	OPN FXS SKL/FCE SUBARACH-DURAL HEM
	ICD9	80470	OPN FXS SKL/FCE-DURL HEMORR-UNS SOC
	ICD9	80471	OPN FXS SKL/FCE-DURAL HEMORR NO LOC
	ICD9	80472	OPN FXS SKL/FCE-DURAL HEM BRIEF LOC
	ICD9	80473	OPN FXS SKL/FCE-DURAL HEM-MOD LOC
	ICD9	80474	OPN FXS SKL/FCE-DURL HEM LOC&RTRN
	ICD9	80475	OPN FXS SKL/FCE-DURL HEM-LOC NO RTN
	ICD9	80476	OPN FXS SKL/FCE-DURL HEMORR LOC UNS
	ICD9	80479	OPN FXS SKL/FCE-DURL HEM UNS CONCUS
	ICD9	8048	OPN FXS SKULL/FACE-OTH&UNS ICH
	ICD9	80480	OPN FXS SKL/FCE-OTH&UNS ICH UNS SOC
	ICD9	80481	OPN FXS SKUL/FCE-OTH&UNS ICH NO LOC
	ICD9	80482	OPN FXS SKL/FCE OTH&UNS ICH BRF LOC
	ICD9	80483	OPN FXS SKL/FCE-OTH&UNS ICH MOD LOC
	ICD9	80484	OPN FXS SKL/FCE-OTH ICH LOC&RETURN
	ICD9	80485	OPN FXS SKL/FCE-OTH ICH LOC NO RTRN
	ICD9	80486	OPN FXS SKL/FCE-OTH&UNS ICH LOC UNS
	ICD9	80489	OPN FXS SKL/FCE-OTH ICH UNS CONCUSS
	ICD9	8049	OPN FXS SKULL/FACE-OTH ICI UNS NATR
	ICD9	80490	OPN FXS SKL/FCE-OTH&UNS ICI UNS SOC
	ICD9	80491	OPN FXS SKL/FCE-OTH&UNS ICI NO LOC
	ICD9	80492	OPN FXS SKL/FCE OTH&UNS ICI-BRF LOC
	ICD9	80493	OPN FXS SKL/FCE-OTH&UNS ICI MOD LOC
	ICD9	80494	OPN FXS SKL/FCE-OTH ICI LOC&RTRN
	ICD9	80495	OPN FXS SKL/FCE-OTH ICI LOC NO RTRN
	ICD9	80496	OPN FXS SKL/FCE-OTH&UNS ICI LOC UNS
	ICD9	80499	OPN FXS SKL/FCE-OTH ICI UNS CONCUSS
	ICD9	850	CONCUSSION
	ICD9	8500	CONCUSSION WITH NO LOC
	ICD9	8501	CONCUSSION WITH BRIEF LOC
	ICD9	85011	CONCUSSION W/LOC 30 MINUTES OR LESS
	ICD9	85012	CONCUSSION W/LOC FROM 31 59 MINUTES
	ICD9	8502	CONCUSSION WITH MODERATE LOC
	ICD9	8503	CONCUS W/LOC&RTRN PREV CONSC LEVL
	ICD9	8504	CONCUSW/LOC-NO RTRN PREV LEVEL
	ICD9	8505	CONCUSSION W/LOC UNSPEC DURATION
	ICD9	8509	UNSPECIFIED CONCUSSION
	ICD9	851	CEREBRAL LACERATION AND CONTUSION
	ICD9	8510	CORTX CONTUS W/O MENTION OPN ICW
	ICD9	85100	CORTX CONTUS W/O OPN ICW SOC UNS
	ICD9	85101	CORTX CONTUS W/O OPN ICW NO LOC
	ICD9	85102	CORTX CONTUS W/O OPN ICW BRF LOC
	ICD9	85103	CORTX CONTUS W/O OPN ICW MOD LOC
	ICD9	85104	CORTX CONTUS NO OPN ICW LOC&RTRN
	ICD9	85105	CORTX CONTUS NO OPN ICW NO RETURN
	ICD9	85106	CORTX CONTUS W/O OP ICW LOC UNS DUR
	ICD9	85109	CORTX CONTUS W/O OPN ICW UNS CONCUS
	ICD9	8511	CORTX CONTUS W/OPEN INTRACRAN WOUND
	ICD9	85110	CORTX CONTUS W/OPEN ICW UNS SOC
	ICD9	85111	CORTX CONTUS W/OPEN ICW NO LOC
	ICD9	85112	CORTX CONTUS W/OPEN ICW BRF LOC
	ICD9	85113	CORTX CONTUS W/OPEN ICW MOD LOC
	ICD9	85114	CORTX CONTUS-OPN ICW LOC>24 HR&RTRN
	ICD9	85115	CORTX CONTUS-OPN ICW LOC>24 NO RTRN
	ICD9	85116	CORTX CONTUS W/OPEN ICW LOC UNS DUR
	ICD9	85119	CORTX CONTUS W/OPEN ICW UNS CONCUS
	ICD9	8512	CORTX LAC W/O MENTION OPN ICW
	ICD9	85120	CORTX LAC W/O OPN ICW UNS SOC

	ICD9	85121	CORTX LAC W/O OPN ICW NO LOC
	ICD9	85122	CORTX LAC W/O OPN ICW BRF LOC
	ICD9	85123	CORTX LAC W/O OPN ICW MOD LOC
	ICD9	85124	CORTEX LAC NO OPN ICW LOC>24&RTRN
	ICD9	85125	CORTEX LAC NO OPN ICW LOC NO RTRN
	ICD9	85126	CORTX LAC W/O OPN ICW LOC UNS DUR
	ICD9	85129	CORTX LAC W/O OPN ICW UNS CONCUS
	ICD9	8513	CORTX LAC W/OPEN INTRACRAN WOUND
	ICD9	85130	CORTX LAC W/OPEN ICW UNS SOC
	ICD9	85131	CORTX LAC W/OPEN ICW NO LOC
	ICD9	85132	CORTX LAC W/OPEN ICW BRF LOC
	ICD9	85133	CORTX LAC W/OPEN ICW MOD LOC
	ICD9	85134	CORTX LAC-OPN ICW LOC>24 HR&RETRUN
	ICD9	85135	CORTX LAC-OPN ICW LOC NO RETURN
	ICD9	85136	CORTX LAC W/OPEN ICW LOC UNS DUR
	ICD9	85139	CORTX LAC W/OPEN ICW UNS CONCUS
	ICD9	8514	CERBLLR/BRAIN STM CONTUS-NO OPN ICW
	ICD9	85140	CERBLLR CONTUS-NO OPN ICW UNS SOC
	ICD9	85141	CERBLLR CONTUS NO OPN ICW NO LOC
	ICD9	85142	CERBLLR CONTUS NO OPN ICW BRF LOC
	ICD9	85143	CERBLLR CONTUS NO OPN ICW MOD LOC
	ICD9	85144	CERBLLR CONTUS NO OPN ICW LOC&RTRN
	ICD9	85145	CRBLLR CNTUS NO OPN ICW LOC NO RTRN
	ICD9	85146	CERBLLR CONTUS NO OPN ICW UNS DUR
	ICD9	85149	CERBLLR CONTUS NO OPN ICW UNS CNCUS
	ICD9	8515	CEREBEL CONTUS W OPN WND
	ICD9	85150	CERBLLR CONTUS-OPN ICW UNS SOC
	ICD9	85151	CERBLLR CONTUS-OPN ICU NO LOC
	ICD9	85152	CERBLLR CONTUS-OPN ICW BRF LOC
	ICD9	85153	CERBLLR CONTUS-OPN ICW MOD LOC
	ICD9	85154	CERBLLR CONTUS-OPN ICW LOC & RETURN
	ICD9	85155	CERBLLR CONTUS-OPN ICW LOC NO RTURN
	ICD9	85156	CERBLLR CONTUS-OPN ICW LOC UNS DUR
	ICD9	85159	CERBLLR CONTUS-OPN ICW UNS CONCUSS
	ICD9	8516	CERBLLR/BRAIN STEM LAC W/O OPN ICW
	ICD9	85160	CERBLLR LAC NO OPN ICW UNS SOC
	ICD9	85161	CERBLLR LAC NO OPN ICW NO LOC
	ICD9	85162	CERBLLR LAC NO OPN ICW BRIEF LOC
	ICD9	85163	CERBLLR LAC NO OPN ICW MODERATE LOC
	ICD9	85164	CERBLLR LAC NO OPN ICW LOC & RETURN
	ICD9	85165	CERBLLR LAC NO OPN ICW LOC NO RTURN
	ICD9	85166	CERBLLR LAC NO OPN ICW LOC UNS DUR
	ICD9	85169	CERBLLR LAC NO OPN ICW UNS CONCUSS
	ICD9	8517	CERBLLR/BRAIN STEM LAC W/OPEN ICW
	ICD9	85170	CERBLLR LAC W/OPN ICW SOC UNS
	ICD9	85171	CERBLLR LAC W/OPN ICW NO LOC
	ICD9	85172	CERBLLR LAC W/OPN ICW BRIEF LOC
	ICD9	85173	CERBLLR LAC W/OPN ICW MODERATE LOC
	ICD9	85174	CERBLLR LAC W/OPN ICW LOC & RETURN
	ICD9	85175	CERBLLR LAC W/OPN ICW LOC NO RETURN
	ICD9	85176	CERBLLR LAC W/OPN ICW LOC UNS DUR
	ICD9	85179	CERBLLR LAC W/OPN ICW UNS CONCUSS
	ICD9	8518	UNS CERBRL LAC&CONTUS W/O OPN ICW
	ICD9	85180	OTH&UNS CERB LAC NO ICW UNS SOC
	ICD9	85181	OTH&UNS CERB LAC NO OPN ICW NO LOC
	ICD9	85182	OTH&UNS CERB LAC N-OPN ICW BRF LOC
	ICD9	85183	OTH&UNS CERB LAC N-OPN ICW MOD LOC
	ICD9	85184	OTH&UNS CERB LAC NO OPN ICW LOC&RTN

	ICD9	85185	OTH&UNS CERB LAC NO ICW LOC NO RTN
	ICD9	85186	OTH&UNS CERB LAC NO ICW LOC UNS DUR
	ICD9	85189	OTH&UNS CERB LAC NO ICW UNS CNCUS
	ICD9	8519	OTH&UNS CERBRL LAC&CONTUS-OPN ICW
	ICD9	85190	OTH&UNS CERBRL LAC-OPN ICW UNS SOC
	ICD9	85191	OTH&UNS CERBRL LAC-OPN ICW NO LOC
	ICD9	85192	OTH&UNS CERBRL LAC-OPN ICW BRF LOC
	ICD9	85193	OTH&UNS CERBRL LAC-OPN ICW MOD LOC
	ICD9	85194	OTH&UNS CERBRL LAC-OPN ICW LOC&RTRN
	ICD9	85195	OTH&UNS CERB LAC-OPN ICW LOC NO RTN
	ICD9	85196	OTH&UNS CERB LAC-OPN ICW LOC UNS DR
	ICD9	85199	OTH&UNS CERB LAC-OPN ICW UNS CONCUS
	ICD9	852	SUBARACH SUB&XTRADURL HEMOR FLW INJ
	ICD9	8520	SUBARACH HEMOR FLW INJR W/O OPN ICW
	ICD9	85200	SUBARACH HEMOR INJURY
	ICD9	85201	SUBARACH HEMOR NO LOC
	ICD9	85202	SUBARACH HEMOR BRIEF LOC
	ICD9	85203	SUBARACH HEMOR MOD LOC
	ICD9	85204	SUBARACH HEMOR LOC>24 RETRN
	ICD9	85205	SUBARACH HEMOR LOC>24 NO RETRN
	ICD9	85206	SUBARACH HEMOR LOC UNS DURAT
	ICD9	85209	SUBARACH HEMOR CONCUSSION
	ICD9	8521	SUBARACH HEMOR FLW INJR W/OPEN ICW
	ICD9	85210	SUBARACH HEMOR W/OPN ICW UNS LOC
	ICD9	85211	SUBARACH HEMOR W/OPN ICW NO LOC
	ICD9	85212	SUBARACH HEMOR W/OPN ICW BRIEF LOC
	ICD9	85213	SUBARACH HEMOR W/OPN ICW MOD LOC
	ICD9	85214	SUBARAC HEMOR W/OPN ICW LOC>24 RTRN
	ICD9	85215	SUBARAC HEMOR OP ICW LOC>24 NO RTRN
	ICD9	85216	SUBARACH HEMOR W/OPN ICW UNS DUR
	ICD9	85219	SUBARAC HEM W/OPN ICW UNS CONCUSS
	ICD9	8522	SUBDURAL HEMOR FLW INJR W/O OPN ICW
	ICD9	85220	SUBDURAL HEMOR W/O OPN ICW UNS LOC
	ICD9	85221	SUBDURAL HEMOR W/O OPN ICW NO LOC
	ICD9	85222	SUBDURL HEMOR W/O OPN ICW BRIEF LOC
	ICD9	85223	SUBDURAL HEMOR W/O OPN ICW MOD LOC
	ICD9	85224	SUBDR HEMOR W/O OPN ICW LOC>24 RTRN
	ICD9	85225	SUBDURAL HEMOR LOC>24 NO RETURN
	ICD9	85226	SUBDURAL HEMOR LOC UNS DURATION
	ICD9	85229	SUBDUR HEMOR W/O OP ICW UNS CONCUS
	ICD9	8523	SUBDURAL HEMOR FLW INJR W/OPEN ICW
	ICD9	85230	SUBDURAL HEMOR W/OPN ICW SOC UNS
	ICD9	85231	SUBDURAL HEMOR W/OPN ICW NO LOC
	ICD9	85232	SUBDURAL HEMOR W/OPN ICW BRIEF LOC
	ICD9	85233	SUBDURAL HEMOR W/OPN ICW MOD LOC
	ICD9	85234	SUBDURL HEMOR W/OPN ICW LOC>24 RTRN
	ICD9	85235	SUBDRL HEM W/OPN ICW LOC>24 NO RTRN
	ICD9	85236	SUBDURL HEMOR W/OPN ICW LOC UNS DUR
	ICD9	85239	SUBDURL HEM W/OPN ICW UNS CONCUSS
	ICD9	8524	XTRADURL HEMOR FLW INJR W/O OPN ICW
	ICD9	85240	XTRADURL HEMOR W/O OPN ICW LOC UNS
	ICD9	85241	XTRADURL HEMOR W/O OPN ICW NO LOC
	ICD9	85242	XTRADUR HEMOR W/O OPN ICW BRIEF LOC
	ICD9	85243	XTRADURL HEMOR W/O OPN ICW MOD LOC
	ICD9	85244	XTRADUR HEMOR W/O ICW LOC>24 RETURN
	ICD9	85245	XTRADUR HEMOR WO ICW LOC>24 NO RTRN
	ICD9	85246	XTRADURAL HEMOR W/O ICW LOC UNS DUR
	ICD9	85249	XTRADURAL HEMOR W/O ICW UNS CONCUSS

	ICD9	8525	XTRADURL HEMOR FLW INJR W/OPEN ICW
	ICD9	85250	XTRADURAL HEMOR W/OPN ICW SOC UNS
	ICD9	85251	XTRADURAL HEMOR W/OPN ICW NO LOC
	ICD9	85252	XTRADURAL HEMOR W/OPN ICW BRIEF LOC
	ICD9	85253	XTRADURAL HEMOR W/OPN ICW MOD LOC
	ICD9	85254	XTRADUR HEMOR W/ICW LOC>24 RETURN
	ICD9	85255	XTRADUR HEMOR W/ICW LOC>24 NO RTRN
	ICD9	85256	XTRADUR HEMOR W/OPN ICW LOC UNS DUR
	ICD9	85259	XTRADUR HEMOR W/OPN ICW UNS CONCUSS
	ICD9	853	OTH&UNS INTRACRAN HEMOR FLW INJURY
	ICD9	8530	OTH&UNS ICH W/O OPEN INTRACRAN WND
	ICD9	85300	OTH&UNS ICH W/O OPEN ICW UNS SOC
	ICD9	85301	OTH&UNS ICH W/O OPEN ICW NO LOC
	ICD9	85302	OTH&UNS ICH W/O OPEN ICW BRIEF LOC
	ICD9	85303	OTH&UNS ICH W/O OPEN ICW MOD LOC
	ICD9	85304	OTH&UNS ICH W/O OPN ICW >24 LOC RTN
	ICD9	85305	OTH&UNS ICH W/O ICW >24 LOC NO RTN
	ICD9	85306	OTH&UNS ICH W/O OPN ICW LOC UNS DUR
	ICD9	85309	OTH&UNS ICH W/O OPN ICW UNS CONCUSS
	ICD9	8531	OTH&UNS ICH W/OPEN INTRACRAN WND
	ICD9	85310	OTH&UNS ICH W/OPEN ICW UNS SOC
	ICD9	85311	OTH&UNS ICH W/OPEN ICW NO LOC
	ICD9	85312	OTH&UNS ICH WOPEN ICW BRIEF LOC
	ICD9	85313	OTH&UNS ICH W/OPEN ICW MOD LOC
	ICD9	85314	OTH&UNS ICH W/OPEN ICW >24 LOC RTRN
	ICD9	85315	OTH&UNS ICH W/ICW >24 LOC NO RTRN
	ICD9	85316	OTH&UNS ICH W/OPN ICW LOC UNS DUR
	ICD9	85319	OTH&UNS ICH W/OPN ICW UNS CONCUSS
	ICD9	854	INTRACRAN INJURY OTH&UNSPEC NATURE
	ICD9	8540	ICI OTH&UNS NATR W/O OPEN ICW
	ICD9	85400	ICI OTH&UNS NAT W/O OPN ICW UNS SOC
	ICD9	85401	ICI OTH&UNS NATR W/O OPN ICW NO LOC
	ICD9	85402	ICI OTH&UNS W/O OPN ICW BRIEF LOC
	ICD9	85403	ICI OTH&UNS W/O OPN ICW MOD LOC
	ICD9	85404	ICI OTH&UNS W/O OPN ICW LOC>24 RTN
	ICD9	85405	ICI OTH&UNS W/O ICW LOC>24 NO RTRN
	ICD9	85406	ICI OTH&UNS W/O OPN ICW LOC UNS DUR
	ICD9	85409	ICI OTH&UNS W/O OPN ICW UNS CONCUSS
	ICD9	8541	ICI OTH&UNS NATR W/OPEN ICW
	ICD9	85410	ICI OTH&UNS NATR W/OPEN ICW UNS SOC
	ICD9	85411	ICI OTH&UNS NATR W/OPEN ICW NO LOC
	ICD9	85412	ICI OTH&UNS W/OPEN ICW BRIEF LOC
	ICD9	85413	ICI OTH&UNS W/OPEN ICW MOD LOC
	ICD9	85414	ICI OTH&UNS W/OPEN ICW LOC>24 RTRN
	ICD9	85415	ICI OTH&UNS W/ICW LOC>24 NO RTRN
	ICD9	85416	ICI OTH&UNS W/OPEN ICW LOC UNS DUR
	ICD9	85419	ICI OTH&UNS W/OPEN ICW UNS CONCUSS
	ICD9	870	OPEN WOUND OF OCULAR ADNEXA
	ICD9	8700	LAC SKIN EYELD&PERIOCULR AREA
	ICD9	8701	LAC EYELD NOT INVOLV LACRIML PASSAG
	ICD9	8702	LACERATION EYELD INVLV LAC PASSAGES
	ICD9	8703	PENETRATING WND ORBIT W/O FB
	ICD9	8704	PENETRATING WOUND ORBIT W/FB
	ICD9	8708	OTHER SPEC OPEN WOUND OCULAR ADNEXA
	ICD9	8709	UNSPEC OPEN WOUND OCULAR ADNEXA
	ICD9	871	OPEN WOUND OF EYEBALL
	ICD9	8710	OCULR LAC W/O PROLAP INTRAOCLR TISS
	ICD9	8711	OCULR LAC W/PROLAP/EXPOS OCULR TISS

	ICD9	8712	RUP EYE W/PART LOSS INTRAOCULR TISS
	ICD9	8713	AVULSION OF EYE
	ICD9	8714	UNSPECIFIED LACERATION OF EYE
	ICD9	8715	PENETRATION EYEBALL W/MAGNETIC FB
	ICD9	8716	PENETRATION EYEBALL W/FOREIGN BODY
	ICD9	8717	UNSPECIFIED OCULAR PENETRATION
	ICD9	8719	UNSPECIFIED OPEN WOUND OF EYEBALL
	ICD9	872	OPEN WOUND OF EAR
	ICD9	8720	OPEN WOUND EXT EAR W/O MENTION COMP
	ICD9	87200	OPEN WND EXT EAR UNS SITE W/O COMP
	ICD9	87201	OPEN WOUND AURICLE W/O MENTION COMP
	ICD9	87202	OPEN WND AUDITRY CANAL W/O COMP
	ICD9	8721	OPEN WOUND EXTERNAL EAR COMPLICATED
	ICD9	87210	OPEN WOUND EXT EAR UNSPEC SITE COMP
	ICD9	87211	OPEN WOUND OF AURICLE, COMPLICATED
	ICD9	87212	OPEN WOUND AUDITRY CANAL COMP
	ICD9	8726	OPEN WND OTH SPEC PART EAR W/O COMP
	ICD9	87261	OPEN WND EAR DRUM W/O MENTION COMP
	ICD9	87262	OPEN WND OSSICLES W/O MENTION COMP
	ICD9	87263	OPEN WND EUSTACHIAN TUBE W/O COMP
	ICD9	87264	OPEN WOUND COCHLEA W/O MENTION COMP
	ICD9	87269	OPEN WND OTH&MX SITE W/O COMP
	ICD9	8727	OPEN WOUND OTH SPEC PARTS EAR COMP
	ICD9	87271	OPEN WOUND OF EAR DRUM, COMPLICATED
	ICD9	87272	OPEN WOUND OF OSSICLES, COMPLICATED
	ICD9	87273	OPEN WOUND EUSTACHIAN TUBE COMP
	ICD9	87274	OPEN WOUND OF COCHLEA, COMPLICATED
	ICD9	87279	OPEN WOUND OTH&MULTIPLE SITES COMP
	ICD9	8728	OPEN WND EAR PART UNS W/O COMP
	ICD9	8729	OPEN WOUND EAR PART UNSPEC COMP
	ICD9	873	OTHER OPEN WOUND OF HEAD
	ICD9	8730	OPEN WOUND SCLP W/O MENTION COMP
	ICD9	8731	OPEN WOUND OF SCALP, COMPLICATED
	ICD9	8732	OPEN WOUND NSE WITHOUT MENTION COMP
	ICD9	87320	OPEN WND NSE UNS SITE W/O COMP
	ICD9	87321	OPEN WND NASL SEPTUM W/O COMP
	ICD9	87322	OPEN WND NASL CAV W/O MENTION COMP
	ICD9	87323	OPEN WND NASL SINUS W/O COMP
	ICD9	87329	OPEN WND NSE MX SITE W/O COMP
	ICD9	8733	OPEN WOUND OF NOSE, COMPLICATED
	ICD9	87330	OPEN WOUND NOSE UNSPEC SITE COMP
	ICD9	87331	OPEN WOUND NASAL SEPTUM COMPLICATED
	ICD9	87332	OPEN WOUND NASAL CAVITY COMPLICATED
	ICD9	87333	OPEN WOUND NASAL SINUS COMPLICATED
	ICD9	87339	OPEN WOUND NOSE MULTIPLE SITES COMP
	ICD9	8734	OPEN WOUND FCE WITHOUT MENTION COMP
	ICD9	87340	OPEN WND FCE UNS SITE W/O COMP
	ICD9	87341	OPEN WOUND CHEEK W/O MENTION COMP
	ICD9	87342	OPEN WND FOREHEAD W/O MENTION COMP
	ICD9	87343	OPEN WOUND LIP WITHOUT MENTION COMP
	ICD9	87344	OPEN WOUND JAW WITHOUT MENTION COMP
	ICD9	87349	OPEN WND FCE OTH&MX SITE W/O COMP
	ICD9	8735	OPEN WOUND OF FACE, COMPLICATED
	ICD9	87350	OPEN WOUND FACE UNSPEC SITE COMP
	ICD9	87351	OPEN WOUND OF CHEEK, COMPLICATED
	ICD9	87352	OPEN WOUND OF FOREHEAD, COMPLICATED
	ICD9	87353	OPEN WOUND OF LIP, COMPLICATED
	ICD9	87354	OPEN WOUND OF JAW, COMPLICATED

	ICD9	87359	OPEN WOUND FACE OTH&MX SITES COMP
	ICD9	8736	OPEN WND INTRL STRCT MOUTH W/O COMP
	ICD9	87360	OPEN WND MOUTH UNS SITE W/O COMP
	ICD9	87361	OPEN WND BUCCAL MUCOS W/O COMP
	ICD9	87362	OPEN WOUND GUM WITHOUT MENTION COMP
	ICD9	87363	OPEN WOUND TOOTH W/O MENTION COMP
	ICD9	87364	OPEN WND TONGUE&FLR MOUTH W/O COMP
	ICD9	87365	OPEN WOUND PALATE W/O MENTION COMP
	ICD9	87369	OPEN WND MOUTH OTH&MX SITE W/O COMP
	ICD9	8737	OPEN WOUND INTRL STRCT MOUTH COMP
	ICD9	87370	OPEN WOUND MOUTH UNSPEC SITE COMP
	ICD9	87371	OPEN WOUND BUCCAL MUCOSA COMP
	ICD9	87372	OPEN WOUND OF GUM , COMPLICATED
	ICD9	87373	OPEN WOUND OF TOOTH , COMPLICATED
	ICD9	87374	OPEN WOUND TONGUE&FLOOR MOUTH COMP
	ICD9	87375	OPEN WOUND OF PALATE, COMPLICATED
	ICD9	87379	OPEN WOUND MOUTH OTH&MX SITES COMP
	ICD9	8738	OTH&UNS OPN WND HEAD W/O COMP
	ICD9	8739	OTH&UNSPEC OPEN WOUND HEAD COMP
	ICD9	9070	LATE EFF INTRACRAN INJR W/O SKUL FX
	ICD9	9251	CRUSHING INJURY OF FACE AND SCALP
	ICD9	9300	FOREIGN BODY IN CORNEA
	ICD9	9301	FOREIGN BODY IN CONJUNCTIVAL SAC
	ICD9	9302	FOREIGN BODY IN LACRIMAL PUNCTUM
	ICD9	94130	FULL-THICK SKN LOSS-BURN FCE&HEAD
	ICD9	94131	FULL-THICK SKIN LOSS DUE BURN EAR
	ICD9	94132	FULL-THICK SKIN LOSS DUE BURN EYE
	ICD9	94133	FULL-THICK SKIN LOSS DUE BURN LIP
	ICD9	94134	FULL-THICK SKIN LOSS DUE BURN CHIN
	ICD9	94135	FULL-THICK SKIN LOSS DUE BURN NOSE
	ICD9	94136	FULL-THICK SKIN LOSS DUE BURN SCLP
	ICD9	94137	FULL-THCK SKN LOSS-BRN-FORHED&CHEEK
	ICD9	94138	FULL-THICK SKIN LOSS DUE BURN NECK
	ICD9	94139	FULL-THCK SKN LOSS-BRN-MX-HEAD&NECK
	ICD9	94140	DEEP 3 DEG-UNS SITE FCE&HED NO LOBP
	ICD9	94141	DEEP 3RD DEG BURN-EAR W/O LOBP
	ICD9	94142	DEEP 3RD DEG BURN-EYE W/O LOBP
	ICD9	94143	DEEP 3RD DEG BURN-LIP W/O LOBP
	ICD9	94144	DEEP 3RD DEG BURN-CHIN W/O LOBP
	ICD9	94145	DEEP 3RD DEG BURN-NOSE W/O LOBP
	ICD9	94146	DEEP 3RD DEG BURN-SCALP W/O LOBP
	ICD9	94147	DEEP 3RD DEG-FORHEAD&CHEEK NO LOBP
	ICD9	94148	DEEP 3RD DEG BURN-NECK W/O LOBP
	ICD9	94149	DEEP 3RD DEG-MX-FCE HED&NCK NO LOBP
	ICD9	94150	DEEP 3RD DEG-FACE&HEAD UNS W/LOBP
	ICD9	94151	DEEP 3RD DEGREE BURN-EAR W/LOBP
	ICD9	94152	DEEP 3RD DEGREE BURN-EYE W/LOBP
	ICD9	94153	DEEP 3RD DEGREE BURN-LIP W/LOBP
	ICD9	94154	DEEP 3RD DEGREE BURN-CHIN W/LOBP
	ICD9	94155	DEEP 3RD DEGREE BURN-NOSE W/LOBP
	ICD9	94156	DEEP 3RD DEGREE BURN-SCALP W/LOBP
	ICD9	94157	DEEP 3RD DEG BURN-FORHED&CHK W/LOBP
	ICD9	94158	DEEP 3RD DEGREE BURN-NECK W/LOBP
	ICD9	94159	DEEP 3RD DEG-MX FCE HEAD&NCK W/LOBP
	ICD9	950	INJURY TO OPTIC NERVE AND PATHWAYS
	ICD9	9500	OPTIC NERVE INJURY
	ICD9	9501	INJURY TO OPTIC CHIASM
	ICD9	9502	INJURY TO OPTIC PATHWAYS

	ICD9 9503 INJURY TO VISUAL CORTEX ICD9 9509 INJURY UNSPEC OPTIC NERVE&PATHWAYS ICD9 951 INJURY TO OTHER CRANIAL NERVE ICD9 9510 INJURY TO OCULOMOTOR NERVE ICD9 9511 INJURY TO TROCHLEAR NERVE ICD9 9512 INJURY TO TRIGEMINAL NERVE ICD9 9513 INJURY TO ABDUCENS NERVE ICD9 9514 INJURY TO FACIAL NERVE ICD9 9515 INJURY TO ACOUSTIC NERVE ICD9 9516 INJURY TO ACCESSORY NERVE ICD9 9517 INJURY TO HYPOGLOSSAL NERVE ICD9 9518 INJURY OTHER SPEC CRANIAL NERVES
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? No **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** diagnosis, procedure, pharmacy claims **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☐ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☐ Data are coded using recognized data standards ☐ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☒ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: It is reasonable to allow physicians to submit definitive evidence that a particular service was provided to a patient. For example, a lab result from a testing facility would indicate that that lab test was performed. A notation in a patient chart that the test was ordered, in contrast, would not provide definitive evidence that the test was performed.

Instrument/survey attached ☐ **OR** Web page URL:

12 (2a) **Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.*
Minimum sample size: 10

Instructions: We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumptions that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required.

13 (2a) **Type of Measure:** Process ► If "Other", please describe:

► If part of a composite or paired with another measure, please identify composite or paired measure

14 (2a) **Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.*

- ☐ Can be measured at all levels
- ☒ Individual clinician (e.g., physician, nurse)
- ☒ Group of clinicians (e.g., facility department/unit, group practice)
- ☐ Facility (e.g., hospital, nursing home)
- ☒ Integrated delivery system
- ☒ Health plan
- ☒ Community/Population
- ☐ Other (*Please describe*):

15 (2a) **Applicable Care Settings** *Check all that apply*

- ☐ Can be used in all healthcare settings
- ☒ Ambulatory Care (office/clinic)
- ☐ Behavioral Healthcare
- ☒ Community Healthcare
- ☐ Dialysis Facility
- ☐ Emergency Department
- ☐ EMS emergency medical services
- ☒ Health Plan
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital
- ☐ Long term acute care hospital
- ☐ Nursing home/ Skilled Nursing Facility (SNF)
- ☐ Prescription Drug Plan
- ☐ Rehabilitation Facility
- ☐ Substance Use Treatment Program/Center
- ☐ Other (*Please describe*):

IMPORTANCE TO MEASURE AND REPORT

Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.

16 (1a) **Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*:

17 (1a) **If not related to NPP goal, identify high impact aspect of healthcare** (select one)

Summary of Evidence:

Citations[2] for Evidence:

18 (1b) **Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.*
Summary of Evidence:

numerator Denominator proportion
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[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	121 271 44.6% **Citations for Evidence:** RHI testing experience
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Not applicable **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system*)**:** A **Summary of Evidence** (*provide guideline information below*)**:** American College of Chest Physicians (ACCP) **Citations for Evidence:** Hirsh J, Guyatt G, Ablers GW, et al. Executive Summary: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition): Antithrombotic and Thrombolytic Therapy. Chest 2008; 133; 71-109. Drug labeling information for Coumadin (warfarin). FDA Center for Drug Evaluation and Research. Bristol-Myers Squibb Company, Princeton, New Jersey. Revised August 2007.
21	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation*

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

(1c)	*related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Hirsh J, Guyatt G, Ablers GW, et al. Executive Summary: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition): Antithrombotic and Thrombolytic Therapy. Chest 2008; 133; 71-109. **Specific guideline recommendation:** For patients with DVT secondary to a transient (reversible) risk factor, we recommend treatment with a VKA [vitamin K antagonist] for 3 months over treatment for shorter periods (Grade 1A). For patients with unprovoked DVT, we recommend treatment with a VKA [vitamin K antagonist] for at least 3 months (Grade 1A). **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: A **Rationale for using this guideline over others:** This measure is based on the American College of Chest Physicians (ACCP) guidelines concerning antithrombotic and thrombolytic therapy. The ACCP is the leading resource for the improvement in cardiopulmonary health and critical care worldwide.
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** By identifying specific patients in whom care is not consistent with the clinical practice guideline underlying the measure, the measure will facilitate improvement in the care for those patients by highlighting the patient-specific QI opportunity for the patient's physician(s). In addition, the feedback physicians will receive on their overall performance on this measure will help focus their attention on the underlying care issue and improve their performance on that issue across all of their patients. If performance measurement is combined with some sort of financial incentive, such as in a pay for performance program, the QI impact may be increased.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** The validity of a physician quality score describes how accurately it estimates the true value. Reliability is the stability or consistency of an estimator from one data set to the next. Both are important in assessing the performance of the quality score. We have used the following measure as an indication of the reliability of each of our measures: 1 minus [(the variance of the posterior distribution of the physician quality score) divided by (the variance of the true physician quality score)], which is the reduction in the variance of a doctor's performance score (posterior distribution) obtained by using his or

	her performance data, expressed as a fraction of the total variance before any data is collected. **Testing Results:** The reliability of a physician quality score depends on the number of observations available for a given physician, how the physician performs relative to all other physician, and the overall variance in physician quality scores. As a result, reliability varies with the population of MDs in whom the measure is used. In our experience, reliability is in the range of 0.5 to >0.7.
26 (2c)	**Validity Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** We have employed several approaches to ensure the validity of this measure: 1) we've ensured that the technical specifications for this measure are valid reflections of the underlying clinical practice guideline; 2) we have obtained feedback on the validity of the measure from several physician panels that were assembled by either Care Focused Purchasing or the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative, or both, and 3) we have systematically collected feedback from physicians and health plan members to whom we have sent messages regarding this measure. **Testing Results:** This measure is considered to be valid by the physician panels that have reviewed it. (More information regarding the panels is provided elsewhere in this document.) In addition, the measure has been considered to be valid by the medical directors of 17 different health plans. In addition, the fact that thousands of physicians have received results based on this measure without indicating that they don't believe the measure is valid attests to its validity.
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:** There is no need to risk adjust results from this measure. To the extent that the measure applies only to patients in a particular risk category, that has been taken into account in the specifications for the denominator or exclusions for this measure.
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:**

	Results:
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from current use **Data/sample:** **Group Insurance Commission (GIC):** In 2003, the Massachusetts Group Insurance Commission GIC launched the Clinical Performance Improvement initiative, requiring health plans under contract with the GIC to incorporate provider "tiering"—differential payments based on value—into their GIC product. For this initiative, RHI evaluates physician performance on a set of quality measures using administrative claims data from approximately 2.2 million health plan members. **Care Focused Purchasing (CFP)** Care Focused Purchasing, Inc. (CFP) is the largest private or public clinical performance measurement initiative in the nation, representing a coalition of major insurance carriers and more than 50 national self-insured employers. Since CFP's incorporation in 2005, RHI has analyzed medical and pharmacy claims data to assess the quality of care provided by physicians to 29 million CFP employees and members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required. We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008. **Results:** Pooled results: numerator denominator proportion ---------- 1,947 8,569 22.72%
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** Not applicable ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use* *If in use, how widely used State* ► *If "other," please describe:* ☒ *Used in a public reporting initiative, name of initiative: Group Insurance Commission of Massachusetts Clinical Practice Improvement Initiative* *Sample report attached* ☐ *OR Web page URL: http://www.mass.gov/gic/annualreportb.htm*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans.

	Methods: The results have been provided to the medical directors of the 18 health plans, all of whom have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. In addition, results have been presented to HR directors from >60 national employers. **Results:** Both the health plan medical directors and the HR personnel from the employers have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. We do not have data on the extent to which individual physicians understand the measure result, but we presume that, since health plan medical directors and non-medical personnel from employers understand the result, that physicians and lay people will also so long that adequate explanation is provided.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** This measure can be used exclusively with enriched administrative data
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☐ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☐ *Other, Please describe:*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure: As with any type of clinical performance measure, and with any source of data used to operationalize the measure, there will be some instances in which the data used to compute the measure are incomplete or inaccurate. We try to minimize the impact of such errors or omissions through the way we have constructed the technical specifications for the measure. There is no data source for performance measurement that is completely accurate. Two studies have shown that physician performance tends to be better when assessed using claims data compared to via chart abstraction.* *Describe how could these potential problems be audited: Potential data errors of omission or*

	commission could be audited through chart abstraction, or feedback from physicians and patients. However, as mentioned above, each of these alternative sources of information also are susceptible to error and thus are not true gold standards. *Did you audit for these potential problems during testing? Yes If yes, provide results: Through feedback from physicians whose performance has been evaluated*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.resolutionhealth.com*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Alan **MI:** **Last Name:** Lefkowitz **Credentials (MD, MPH, etc.):** **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** alefkowitz@resolutionhealth.com **Telephone:** 240-295-5834 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: Over the past several years, two formal workgroups -- one organized by the Care Focused Purchasing initiative and one organized by the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative -- and several ad hoc experts have provided useful input to our measure development and refinement processes. In each case, we have provided the Work Group Members with details regarding each of our performance measures and members of the work group (not always all members) have provided feedback on the validity of the clinical practice guideline underlying the measure and suggestions regarding potential ways to improve the technical specifications for the measure. In some instances, we have eliminated measures based on feedback from the work groups. In other instances, work group members have proposed new

	measures. We try to get feedback from work group members and selected clinical experts on an annual basis. ►Provide a list of workgroup/panel members' names and organizations: **Care Focused Purchasing Clinical Advisory Panel** Bobbie Berg -BCBS -IL Dow Briggs - BCBS- AL Joe Calderella - Cigna Carl Cameron - Preferred Care Steven Goldberg – Humana Tom James – Humana Don Liss – Aetna Catherine MacLean – WellPoint Zak Ramadan–Jradi – Regence Fred Volkman – Avidyn Health Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health **Massachusetts Group Insurance Commission Physician Advisory Panel** Jim Glauber – Neighborhood Health Plan Lyn Laurenco - Neighborhood Health Plan Anton Dodek - Tufts Barbara Chase - Fallon Jonathan Scott Coblyn – Brigham and Women's Hospital Tom Ebert - Health New England Elaine Wilson - Harvard Pilgrim Health Care Jennifer St. Thomas – Tufts Jennifer Lavigne – Fallon Michael O'Shea - Baycare Health Neil Minkoff - Harvard Pilgrim Health Care Paul Mendis- Neighborhood Health Plan Bob Jordan - Neighborhood Health Plan Bob Sorrenti – Unicare Constance Williams – Unicare Laura Syron - Neighborhood Health Plan Susan Tiffany – Unicare Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health David Gregg – Mercer Russ Robinson - Mercer
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2006* *Month and Year of most recent revision: October 2008* *What is the frequency for review/update of this measure? Annual Review* *When is the next scheduled review/update for this measure? Summer 2009*
47	**Copyright statement/disclaimers:** Copyright © 2008 – Resolution Health, Inc. All rights reserved. The material submitted is confidential and proprietary. No use of this material is permitted other than in accordance with the Agreement with Measure Stewards between National Quality Forum and Resolution Health, Inc.
48	**Additional Information:** None
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒

50	**Date of Submission** (*MM/DD/YY*)**:** 11/20/2008

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

	(for NQF staff use) NQF Review #: EC-061-08 NQF Project: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY): 6/19/09*
2	*Title of Measure: Pulmonary Embolism Anticoagulation >= 3 Months*
3	**Brief description of measure [1]:** This measure identifies patients with pulmonary embolism (PE) on anticoagulation for at least 3 months after the diagnosis.
4 (2a)	**Numerator Statement:** Patients in the denominator who had at least 3 months of anticoagulation after acute pulmonary embolism **Time Window:** **Numerator Details** (Definitions, codes with description): - Continuous use of 'heparins' at >= 80% medication possession ratio during the period of 90 days after onset date of Pulmonary Embolism (PE); OR - >= 1 Rx claim for 'Coumarin Anticoagulants' within the period of 30 days after PE onset date AND [(>=1 claim for 'Home PT Monitor' within 90 days after PE onset date) OR (>=3 claims for 'Prothrombin Time' within 90 days after PE onset date)]

Heparins (Medispan Drug)

Type	GPI Code	Description
GPI	83100020202001	Heparin Sodium (Porcine) Lock Flush IV Soln 1 Unit/ML
GPI	83100020202002	Heparin Sodium (Porcine) Lock Flush IV Soln 2 Unit/ML
GPI	83100020202005	Heparin Sodium (Porcine) Lock Flush Soln 10 Unit/ML
GPI	83100020202007	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML
GPI	83100020202010	Heparin Sodium (Porcine) Lock Flush Soln 100 Unit/ML
GPI	83100020202012	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML
GPI	83100020202015	Heparin Sodium (Porcine) Inj 1000 Unit/ML
GPI	83100020202018	Heparin Sodium (Porcine) Inj 2000 Unit/ML
GPI	83100020202020	Heparin Sodium (Porcine) Inj 2500 Unit/ML
GPI	83100020202025	Heparin Sodium (Porcine) Inj 5000 Unit/ML
GPI	83100020202035	Heparin Sodium (Porcine) Inj 10000 Unit/ML
GPI	83100020202045	Heparin Sodium (Porcine) Inj 20000 Unit/ML
GPI	83100020206405	Heparin Sodium (Porcine) w/ NaCl Lock Flush Kit 10 Unit/ML
GPI	83100020206410	Heparin Sodium (Porcine) w/ NaCl Lock Flush Kit 100 Unit/ML
GPI	83100020212015	Heparin Sodium (Bovine) Inj 1000 Unit/ML
GPI	83100020222005	Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%
GPI	83100020222010	Heparin Sodium (Porcine) 10 Unit/ML in Sodium Chloride 0.9%
GPI	83100020222015	Heparin Sodium (Porcine) 50 Unit/ML in Sodium Chloride 0.45%
GPI	83100020222020	Heparin Sodium (Porcine) 100 Unt/ML in Sodium Chloride 0.45%
GPI	83100020222030	Heparin Sodium (Porcine) 100 Unit/ML in Sodium Chloride 0.9%
GPI	83100020252005	Heparin Sodium (Porcine) 40 Unit/ML in D5W
GPI	83100020252010	Heparin Sodium (Porcine) 50 Unit/ML in D5W

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	GPI	83100020252020	Heparin Sodium (Porcine) 100 Unit/ML in D5W
	GPI	83101010102215	Dalteparin Sodium Inj 10000 Unit/ML
	GPI	83101010102220	Dalteparin Sodium Inj 2500 Unit/0.2ML
	GPI	83101010102240	Dalteparin Sodium Inj 5000 Unit/0.2ML (25000 Unit/ML)
	GPI	83101020102010	Enoxaparin Sodium Inj 10 MG/0.1ML (100 MG/ML)
	GPI	83101020102020	Enoxaparin Sodium Inj 150 MG/ML
	GPI	83101080102040	Tinzaparin Sodium Inj 20000 anti-Xa Unit/ML
	GPI	83103030102020	Fondaparinux Sodium Inj 2.5 MG/0.5ML
	GPI	83103030102030	Fondaparinux Sodium Inj 2.5 MG/0.2ML

Coumarin Anticoagulants (Medispan Drug)

Type	GPI Code	Description
GPI	83200030200303	Warfarin Sodium Tab 1 MG
GPI	83200030200305	Warfarin Sodium Tab 2 MG
GPI	83200030200310	Warfarin Sodium Tab 2.5 MG
GPI	83200030200311	Warfarin Sodium Tab 3 MG
GPI	83200030200313	Warfarin Sodium Tab 4 MG
GPI	83200030200315	Warfarin Sodium Tab 5 MG
GPI	83200030200317	Warfarin Sodium Tab 6 MG
GPI	83200030200320	Warfarin Sodium Tab 7.5 MG
GPI	83200030200325	Warfarin Sodium Tab 10 MG
GPI	83200030202102	Warfarin Sodium For Inj 5 MG
GPI	83200030202900	Warfarin Sodium Powder
GPI	83334020002120	Bivalirudin For IV Soln 250 MG
GPI	83334050102120	Lepirudin For IV Soln 50 MG
GPI	83337015002020	Argatroban Inj 100 MG/ML (For IV Infusion)

Home PT Monitor

Type	HCPCS Code	Description
HCPCS	G0248	Home PT Monitor
HCPCS	G0249	Home PT Monitor
HCPCS	GO250	Home PT Monitor

Prothrombin Time

Type	GPI Code	Description
ICD9	85610	Prothrombin Time
ICD9	85611	Prothrombin Time
ICD9	99363	Prothrombin Time
ICD9	99364	Prothrombin Time

5 (2a)

Denominator Statement: Patients diagnosed with a PE during the first 9 months of the measurement year, who do not have contraindications to warfarin therapy (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma during or 1 year prior to the measurement year)

Time Window:

Denominator Details (Definitions, codes with description):
- >=1 claim for acute pulmonary embolism during the first 9 months of the measurement year
- AND has service eligibility beginning two years before the end of the measurement year through 90 days

after the onset of acute PE

Pulmonary Embolism (Diagnosis)

Type	Code	Description
ICD9	41511	IATROGENIC PULMONARY EMBO&INFARCT
ICD9	41519	OTH PULMONARY EMBOLISM&INFARCTION

6

(2a, 2d)

Denominator Exclusions: Does not have contraindications to warfarin, which includes evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma anytime during the two years prior to the end of the measurement year through 90 days following onset of PE

Denominator Exclusion Details (Definitions, codes with description): Does not have warfarin contraindication, which is defined as:

- >= 1 claims for 'Neurologic Surgery' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
- OR >=1 claims for 'Eye Surgery' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
- OR >=1 claims for 'GI Bleed' in any position from the office, inpatient or ER setting over the past 2 years;
- OR >=1 claims for 'Aortic dissection' in any position the office, inpatient or ER setting over the past 2 years;
- OR >=1 claims for 'Cerebral aneurysm' in any position from the office, inpatient or ER setting over the past 2 years;
- OR >=1 claims for 'Pericarditis' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
- OR >=1 claims for 'Bacterial Endocarditis' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT;
- OR >=1 claims for 'Pregnancy' in any position from the office, inpatient or ER setting within 1 year before the onset of DVT;
- OR >=1 claims for 'Hemorrhagic Tendencies' in any position from the office, inpatient or ER setting over the past 2 years;
- OR >=1 claims for 'Head trauma' in any position from the office, inpatient or ER setting within 90 days before the onset of DVT.

Aortic dissection (Diagnosis)

Type	Code	Description
ICD9	441	AORTIC ANEURYSM AND DISSECTION
ICD9	4410	DISSECTION OF AORTA
ICD9	44100	DISSECTING AORTIC ANEUR UNSPEC SITE
ICD9	44101	DISSECTING AORTIC ANEURYSM THORACIC
ICD9	44102	DISSECTING AORTIC ANEURYSM ABD
ICD9	44103	DISSECTING AORTIC ANEUR THORACOABD
ICD9	4411	THORACIC ANEURYSM, RUPTURED
ICD9	4412	THOR ANEUR WITHOUT MENTION RUPTURE
ICD9	4413	ABDOMINAL ANEURYSM, RUPTURED
ICD9	4414	ABD ANEUR WITHOUT MENTION RUPTURE
ICD9	4415	AORTIC ANEUR UNSPEC SITE RUPTURED
ICD9	4416	THORACOABDOMINAL ANEURYSM, RUPTURED
ICD9	4417	THORACOABD ANEUR W/O MENTION RUP
ICD9	4419	AORTC ANEUR UNS SITE W/O RUP

Bacterial endocarditis (Diagnosis)

Type	Code	Description

Type	Code	Description
ICD9	03642	MENINGOCOCCAL ENDOCARDITIS
ICD9	09320	UNSPEC SYPHILITIC ENDOCARDITIS VALV
ICD9	09321	SYPHILITIC ENDOCARDITIS MITRAL VALV
ICD9	09322	SYPHILITIC ENDOCARDITIS AORTIC VALV
ICD9	09323	SYPHLIT ENDOCARDITIS TRICUSPID VALV
ICD9	09324	SYPHILITIC ENDOCARDITIS PULM VALVE
ICD9	09884	GONOCOCCAL ENDOCARDITIS
ICD9	4210	ACUTE&SUBACUTE BACTERL ENDOCARDITIS
ICD9	4211	AC&SUBACUT INFECTV ENDOCARDIT DZ CE
ICD9	4219	UNSPECIFIED ACUTE ENDOCARDITIS

Cerebral aneurysm (Diagnosis)

Type	Code	Description
ICD9	09487	SYPHILITIC RUPTURED CEREBRAL ANEUR
ICD9	430	SUBARACHNOID HEMORRHAGE
ICD9	4373	CEREBRAL ANEURYSM, NONRUPTURED
ICD9	74781	CONGEN ANOMALY CEREBRVASC SYSTEM

Eye Surg (Procedure)

Type	Code	Description
ICD9P	08	OPERATIONS ON EYELIDS
ICD9P	080	INCISION OF EYELID
ICD9P	0801	INCISION OF LID MARGIN
ICD9P	0801	Inpatient Renal Dialysis
ICD9P	0802	Inpatient Renal Dialysis
ICD9P	0802	SEVERING OF BLEPHARORRHAPHY
ICD9P	0809	OTHER INCISION OF EYELID
ICD9P	0809	Inpatient Renal Dialysis
ICD9P	081	DIAGNOSTIC PROCEDURES ON EYELID
ICD9P	0811	BIOPSY OF EYELID
ICD9P	0811	Organ Acquisition
ICD9P	0819	OTHER DIAGNOSTIC PROCEDURES EYELID
ICD9P	0819	Organ Acquisition
ICD9P	082	EXC/DESTRUC LESION/TISSUE EYELID
ICD9P	0820	REMOVAL OF LESION OF EYELID NOS
ICD9P	0820	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0821	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0821	EXCISION OF CHALAZION
ICD9P	0822	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0822	EXCISION OTHER MINOR LESION EYELID
ICD9P	0823	EXC MAJ LESION EYELID PART-THICK
ICD9P	0823	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0824	Hemodialysis - Outpatient or Home Dialysis
ICD9P	0824	EXC MAJ LESION EYELID FULL-THICK
ICD9P	0825	DESTRUCTION OF LESION OF EYELID
ICD9P	0825	Hemodialysis - Outpatient or Home Dialysis
ICD9P	083	REPAIR BLEPHAROPT&LID RETRACTION
ICD9P	0831	REPR BLEPHAROPT-FRONTALIS MUSC-SUT
ICD9P	0831	Peritoneal Dialysis - Outpatient or Home
ICD9P	0832	Peritoneal Dialysis - Outpatient or Home
ICD9P	0832	REPR BLEPHAROPT-FRONTALIS MUS-SLING

	ICD9P	0833	Peritoneal Dialysis - Outpatient or Home
	ICD9P	0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT
	ICD9P	0834	Peritoneal Dialysis - Outpatient or Home
	ICD9P	0834	REPR BLEPHAROPT-OTH LEVATOR MUSC
	ICD9P	0835	REPAIR BLEPHAROPT TARSAL TECHNIQUE
	ICD9P	0835	Peritoneal Dialysis - Outpatient or Home
	ICD9P	0836	REPAIR BLEPHAROPT OTH TECHNIQUES
	ICD9P	0837	REDUCTION OVERCORRECTION PTOSIS
	ICD9P	0838	CORRECTION OF LID RETRACTION
	ICD9P	084	REPAIR OF ENTROPION OR ECTROPION
	ICD9P	0841	REPR ENTROPION/ECTROPION THERMOCAUT
	ICD9P	0841	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0842	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0842	REPR ENTROPION/ECTROPION SUT TECH
	ICD9P	0843	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0843	REP ENTROPION/ECTROPION W/WEDGE RES
	ICD9P	0844	REPR ENTROPION/ECTROP W/LID RECON
	ICD9P	0844	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	0849	OTHER REPAIR ENTROPION OR ECTROPION
	ICD9P	0849	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient
	ICD9P	085	OTHER ADJUSTMENT OF LID POSITION
	ICD9P	0851	CANTHOTOMY
	ICD9P	0851	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
	ICD9P	0852	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
	ICD9P	0852	BLEPHARORRHAPHY
	ICD9P	0859	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient
	ICD9P	0859	OTHER ADJUSTMENT OF LID POSITION
	ICD9P	086	RECONSTRUCT EYELID W/FLAPS/GRAFTS
	ICD9P	0861	RECONSTRUCT EYELID W/SKIN FLP/GRAFT
	ICD9P	0862	RECNSTR EYELD W/MUCOS MEMB FLP/GFT
	ICD9P	0863	RECNSTR EYELD W/HAIR FOLLICLE GRAFT
	ICD9P	0864	RECNSTR EYELID W/TARSOCONJUNCT FLP
	ICD9P	0869	OTH RECONSTRUCT EYELID W/FLPS/GFT
	ICD9P	087	OTHER RECONSTRUCTION OF EYELID
	ICD9P	0870	RECONSTRUCTION OF EYELID NOS
	ICD9P	0871	RECON LID INVOLV MARGIN-PART-THICK
	ICD9P	0872	OTH RECONSTRUCT EYELID PART-THICK
	ICD9P	0873	RECON LID INVOLV MARGIN-FULL-THICK
	ICD9P	0874	OTH RECONSTRUCT EYELID FULL-THICK
	ICD9P	088	OTHER REPAIR OF EYELID
	ICD9P	0881	LINR REPR LACERATION EYELID/EYEBROW
	ICD9P	0881	Miscellaneous Dialysis
	ICD9P	0882	Miscellaneous Dialysis
	ICD9P	0882	REP LAC INVLV LID MARGIN PART-THICK
	ICD9P	0883	OTH REPR LAC EYELD PART-THICK
	ICD9P	0884	REPR LAC EYELID-LID MARGN FULL-THCK
	ICD9P	0885	OTH REPR LAC EYELD FULL-THICK
	ICD9P	0886	LOWER EYELID RHYTIDECTOMY
	ICD9P	0887	UPPER EYELID RHYTIDECTOMY
	ICD9P	0889	Miscellaneous Dialysis
	ICD9P	0889	OTHER EYELID REPAIR
	ICD9P	089	OTHER OPERATIONS ON EYELIDS
	ICD9P	0891	ELECTROSURGICAL EPILATION OF EYELID
	ICD9P	0892	CRYOSURGICAL EPILATION OF EYELID
	ICD9P	0893	OTHER EPILATION OF EYELID
	ICD9P	0899	OTHER OPERATIONS ON EYELIDS
	ICD9P	09	OPERATIONS ON LACRIMAL SYSTEM
	ICD9P	090	INCISION OF LACRIMAL GLAND

	ICD9P	091	DIAGNOSTIC PROC LACRIMAL SYSTEM
	ICD9P	0911	BIOPSY OF LACRIMAL GLAND
	ICD9P	0911	Behavioral Health Treatment/Services-Extension of 090X
	ICD9P	0912	Behavioral Health Treatment/Services-Extension of 090X
	ICD9P	0912	BIOPSY OF LACRIMAL SAC
	ICD9P	0919	OTH DIAGNOSTIC PROC LACRIMAL SYSTEM
	ICD9P	0919	Behavioral Health Treatment/Services-Extension of 090X
	ICD9P	092	EXCISION LESION/TISSUE LAC GLAND
	ICD9P	0920	Other Diagnostic Services
	ICD9P	0920	EXCISION OF LACRIMAL GLAND NOS
	ICD9P	0921	EXCISION LESION LACRIMAL GLAND
	ICD9P	0921	Other Diagnostic Services
	ICD9P	0922	Other Diagnostic Services
	ICD9P	0922	OTHER PARTIAL DACRYOADENECTOMY
	ICD9P	0923	TOTAL DACRYOADENECTOMY
	ICD9P	0923	Other Diagnostic Services
	ICD9P	093	OTHER OPERATIONS ON LACRIMAL GLAND
	ICD9P	094	MANIPULATION OF LACRIMAL PASSAGE
	ICD9P	0941	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0941	PROBING OF LACRIMAL PUNCTUM
	ICD9P	0942	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0942	PROBING OF LACRIMAL CANALICULI
	ICD9P	0943	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0943	PROBING OF NASOLACRIMAL DUCT
	ICD9P	0944	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	0944	INTUBATION OF NASOLACRIMAL DUCT
	ICD9P	0949	OTHER MANIPULATION LACRIMAL PASSAGE
	ICD9P	0949	"Other Therapeutic Services (also See 095X, an extension of 094X)"
	ICD9P	095	INCISION OF LACRIMAL SAC&PASSAGES
	ICD9P	0951	INCISION OF LACRIMAL PUNCTUM
	ICD9P	0951	Other Therapeutic Services-Extension of 094X
	ICD9P	0952	INCISION OF LACRIMAL CANALICULI
	ICD9P	0952	Other Therapeutic Services-Extension of 094X
	ICD9P	0953	INCISION OF LACRIMAL SAC
	ICD9P	0959	OTHER INCISION OF LACRIMAL PASSAGES
	ICD9P	096	EXCISION OF LACRIMAL SAC&PASSAGE
	ICD9P	097	REPAIR OF CANALICULUS AND PUNCTUM
	ICD9P	0971	CORRECTION OF EVERTED PUNCTUM
	ICD9P	0971	Professional Fees - Extension of 096X
	ICD9P	0972	OTHER REPAIR OF PUNCTUM
	ICD9P	0972	Professional Fees - Extension of 096X
	ICD9P	0973	REPAIR OF CANALICULUS
	ICD9P	0973	Professional Fees - Extension of 096X
	ICD9P	098	FISTULIZ LAC TRACT NASAL CAVITY
	ICD9P	0981	DACRYOCYSTORHINOSTOMY
	ICD9P	0981	Professional Fees - Extension of 096X & 097X
	ICD9P	0982	CONJUNCTIVOCYSTORHINOSTOMY
	ICD9P	0982	Professional Fees - Extension of 096X & 097X
	ICD9P	0983	CONJUNCTIVORHINOSTOMY W/TUBE/STENT
	ICD9P	0983	Professional Fees - Extension of 096X & 097X
	ICD9P	099	OTHER OPERATIONS ON LACRIMAL SYSTEM
	ICD9P	0991	Patient Convenience Items
	ICD9P	0991	OBLITERATION OF LACRIMAL PUNCTUM
	ICD9P	0999	Patient Convenience Items
	ICD9P	0999	OTHER OPERATIONS ON LACRIMAL SYSTEM
	ICD9P	10	OPERATIONS ON CONJUNCTIVA
	ICD9P	100	REMOVL EMBEDDED FB CONJUNCT INCI
	ICD9P	101	OTHER INCISION OF CONJUNCTIVA

	ICD9P	102	DIAGNOSTIC PROCEDURES CONJUNCTIVA
	ICD9P	1021	BIOPSY OF CONJUNCTIVA
	ICD9P	1029	OTHER DIAGNOSTIC PROC CONJUNCTIVA
	ICD9P	103	EXC/DESTRUC LESION/TISSUE CONJUNCT
	ICD9P	1031	EXCISION LESION/TISSUE CONJUNCTIVA
	ICD9P	1032	DESTRUCTION LESION CONJUNCTIVA
	ICD9P	1033	OTHER DESTRUCTIVE PROC CONJUNCTIVA
	ICD9P	104	CONJUNCTIVOPLASTY
	ICD9P	1041	REPAIR OF SYMBLEPHARON W/FREE GRAFT
	ICD9P	1042	RECON CONJ CUL-DE-SAC W/FREE GFT
	ICD9P	1043	OTH RECONSTRUCT CONJUNCT CUL-DE-SAC
	ICD9P	1044	OTHER FREE GRAFT TO CONJUNCTIVA
	ICD9P	1049	OTHER CONJUNCTIVOPLASTY
	ICD9P	105	LYSIS ADHESIONS CONJUNCTIVA&EYELID
	ICD9P	106	REPAIR OF LACERATION OF CONJUNCTIVA
	ICD9P	109	OTHER OPERATIONS ON CONJUNCTIVA
	ICD9P	1091	SUBCONJUNCTIVAL INJECTION
	ICD9P	1099	OTHER OPERATIONS ON CONJUNCTIVA
	ICD9P	11	OPERATIONS ON CORNEA
	ICD9P	110	MAGNETIC REMOVL EMBEDDED FB CORN
	ICD9P	111	INCISION OF CORNEA
	ICD9P	1121	SCRAPING OF CORNEA SMEAR OR CULTURE
	ICD9P	1122	BIOPSY OF CORNEA
	ICD9P	1129	OTHER DIAGNOSTIC PROCEDURES CORNEA
	ICD9P	1131	TRANSPOSITION OF PTERYGIUM
	ICD9P	1132	EXCISION PTERYGIUM W/CORNEAL GRAFT
	ICD9P	1139	OTHER EXCISION OF PTERYGIUM
	ICD9P	1141	MECH REMOVAL CORNEAL EPITHELIUM
	ICD9P	1142	THERMOCAUTERIZATION CORNEAL LESION
	ICD9P	1143	CRYOTHERAPY OF CORNEAL LESION
	ICD9P	1149	OTH REMOVAL/DESTRUC CORNEAL LESION
	ICD9P	1151	SUTURE OF CORNEAL LACERATION
	ICD9P	1152	REPAIR POSTOP WOUND DEHIS CORNEA
	ICD9P	1153	REPR CORNL LAC/WOUND W/CONJUNCT FLP
	ICD9P	1159	OTHER REPAIR OF CORNEA
	ICD9P	1160	CORNEAL TRANSPLANT NOS
	ICD9P	1161	LAMELLAR KERATOPLASTY W/AUTOGRAFT
	ICD9P	1162	OTHER LAMELLAR KERATOPLASTY
	ICD9P	1163	PKP WITH AUTOGRAFT
	ICD9P	1164	OTHER PENETRATING KERATOPLASTY
	ICD9P	1169	OTHER CORNEAL TRANSPLANT
	ICD9P	1171	KERATOMILEUSIS
	ICD9P	1172	KERATOPHAKIA
	ICD9P	1173	KERATOPROSTHESIS
	ICD9P	1174	THERMOKERATOPLASTY
	ICD9P	1175	RADIAL KERATOTOMY
	ICD9P	1176	EPIKERATOPHAKIA
	ICD9P	1179	OTHER RECONSTRUCTIVE SURGERY CORNEA
	ICD9P	1191	TATTOOING OF CORNEA
	ICD9P	1192	REMOVAL ARTFICL IMPLANT FROM CORNEA
	ICD9P	1199	OTHER OPERATIONS ON CORNEA
	ICD9P	12	OPER IRIS-CILIARY-SCLERA-ANT CHAMBR
	ICD9P	1200	REMOV INTRAOCCU FB ANT SEGMT-NOS
	ICD9P	1201	REMOV INTRAOCCU FB ANT SEGMT-MAGNET
	ICD9P	1202	REMOV INTRAOCCU FB ANT SGMT W/O MAG
	ICD9P	1211	IRIDOTOMY WITH TRANSFIXION
	ICD9P	1212	OTHER IRIDOTOMY
	ICD9P	1213	EXCISION OF PROLAPSED IRIS

	ICD9P	1214	OTHER IRIDECTOMY
	ICD9P	1221	DIAGNOSTIC ASPIRATION ANT CHAMB EYE
	ICD9P	1222	BIOPSY OF IRIS
	ICD9P	1229	OTH DX IRIS CILIRY SCLRA&ANT CHMB
	ICD9P	1231	LYSIS OF GONIOSYNECHIAE
	ICD9P	1232	LYSIS OF OTHER ANTERIOR SYNECHIAE
	ICD9P	1233	LYSIS OF POSTERIOR SYNECHIAE
	ICD9P	1234	LYSIS OF CORNEOVITREAL ADHESIONS
	ICD9P	1235	COREOPLASTY
	ICD9P	1239	OTHER IRIDOPLASTY
	ICD9P	1240	REMOVAL LESION ANT SEGMENT EYE NOS
	ICD9P	1241	DESTRUC LESION IRIS NONEXCISIONAL
	ICD9P	1242	EXCISION OF LESION OF IRIS
	ICD9P	1243	DESTRUC LESION CILIARY BODY NONEXC
	ICD9P	1244	EXCISION OF LESION OF CILIARY BODY
	ICD9P	1251	GONIOPUNCTURE WITHOUT GONIOTOMY
	ICD9P	1252	GONIOTOMY WITHOUT GONIOPUNCTURE
	ICD9P	1253	GONIOTOMY WITH GONIOPUNCTURE
	ICD9P	1254	TRABECULOTOMY AB EXTERNO
	ICD9P	1255	CYCLODIALYSIS
	ICD9P	1259	OTH FACILITATION INTRAOCULAR CIRC
	ICD9P	1261	TREPHINATION OF SCLERA W/IRIDECTOMY
	ICD9P	1262	THERMOCAUT SCLERA W/IRIDECTOMY
	ICD9P	1263	IRIDENCLEISIS AND IRIDOTASIS
	ICD9P	1264	TRABECULECTOMY AB EXTERNO
	ICD9P	1265	OTH SCLERAL FISTULIZ W/IRIDECTOMY
	ICD9P	1266	POSTOP REV SCLERAL FISTULIZ PROC
	ICD9P	1269	OTHER SCLERAL FISTULIZING PROCEDURE
	ICD9P	1271	CYCLODIATHERMY
	ICD9P	1272	CYCLOCRYOTHERAPY
	ICD9P	1273	CYCLOPHOTOCOAGULATION
	ICD9P	1274	DIMINUTION OF CILIARY BODY NOS
	ICD9P	1279	OTHER GLAUCOMA PROCEDURES
	ICD9P	1281	SUTURE OF LACERATION OF SCLERA
	ICD9P	1282	REPAIR OF SCLERAL FISTULA
	ICD9P	1283	REV OPERATIVE WOUND ANT SEGMENT NEC
	ICD9P	1284	EXCISION/DESTRUCTION LESION SCLERA
	ICD9P	1285	REPAIR SCLERAL STAPHYLOMA W/GRAFT
	ICD9P	1286	OTHER REPAIR OF SCLERAL STAPHYLOMA
	ICD9P	1287	SCLERAL REINFORCEMENT WITH GRAFT
	ICD9P	1288	OTHER SCLERAL REINFORCEMENT
	ICD9P	1289	OTHER OPERATIONS ON SCLERA
	ICD9P	1291	THERAPEUTIC EVACUATION ANT CHAMBER
	ICD9P	1292	INJECTION INTO ANTERIOR CHAMBER
	ICD9P	1293	REMOV/DESTRUC EPITHEL-ANT CHAMBR
	ICD9P	1297	OTHER OPERATIONS ON IRIS
	ICD9P	1298	OTHER OPERATIONS ON CILIARY BODY
	ICD9P	1299	OTHER OPERATIONS ANTERIOR CHAMBER
	ICD9P	13	OPERATIONS ON LENS
	ICD9P	1300	REMOVAL FOREIGN BODY FROM LENS NOS
	ICD9P	1301	REMOVAL FB FROM LENS W/USE MAGNET
	ICD9P	1302	REMOVAL FB FROM LENS W/O USE MAGNET
	ICD9P	1311	INTRACAP EXTRCT LENS-TEMPORAL ROUTE
	ICD9P	1319	OTHER INTRACAPSULAR EXTRACTION LENS
	ICD9P	132	EXTRACAP EXTRCT LENS-LINEAR EXTRACT
	ICD9P	133	EXTRACAP EXTRACT LENS-SIMPL ASPIR
	ICD9P	1341	PHACOEMULSIFICATION&ASPIR CATARACT
	ICD9P	1342	MECH PHACOFRAG-ASPIR CATARACT-POST

	ICD9P	1343	MECH PHACOFRAG-OTH ASPIR CATARACT
	ICD9P	1351	XTRACAP EXTRCT LENS-TEMPORAL INFER
	ICD9P	1359	OTHER EXTRACAPSULAR EXTRACTION LENS
	ICD9P	1364	DISCISSION OF SECONDARY MEMBRANE
	ICD9P	1365	EXCISION OF SECONDARY MEMBRANE
	ICD9P	1366	MECH FRAGMENTATION SEC MEMBRANE
	ICD9P	1369	OTHER CATARACT EXTRACTION
	ICD9P	1370	INSERTION OF PSEUDOPHAKOS NOS
	ICD9P	1371	INSRT IOL-CATARACT EXTRACT-1 STAGE
	ICD9P	1372	SEC INSRTION INTRAOCULR LENS PROSTH
	ICD9P	138	REMOVAL OF IMPLANTED LENS
	ICD9P	1390	OPERATION ON LENS NEC
	ICD9P	1391	IMPL INTRAOCULAR TELESCOPE PROSTH
	ICD9P	14	OP RETINA-CHOROID-VIT-POST CHAMBR
	ICD9P	1400	REMOVL FB FROM POST SEGMENT EYE NOS
	ICD9P	1401	REMOVL FB POST SEG EYE W/USE MAGNET
	ICD9P	1402	REMOVL FB POST SEG EYE W/O MAGNET
	ICD9P	1411	DIAGNOSTIC ASPIRATION OF VITREOUS
	ICD9P	1419	OTH RETINA-CHOROID-VIT-POST CHAMBR
	ICD9P	1421	DESTRUC CHORIORETINAL LES DIATHERMY
	ICD9P	1422	DESTRUC CHORIORETINAL LES CRYOTHAPY
	ICD9P	1423	DEST CHORIORETIN LES-XENON ARC
	ICD9P	1424	DEST CHORIORETIN LES-LASER PHOTO
	ICD9P	1425	DEST CHORIORETIN LES-PHOTOCOAG-UNS
	ICD9P	1426	DESTRUC CHORIORETINAL LESION RAD TX
	ICD9P	1427	DESTRUC CHORIORET LES IMPL RAD SRC
	ICD9P	1429	OTH DESTRUC CHORIORETINAL LESION
	ICD9P	1431	REPAIR OF RETINAL TEAR BY DIATHERMY
	ICD9P	1432	REPAIR OF RETINAL TEAR CRYOTHERAPY
	ICD9P	1433	REPR RET TEAR XENON ARC PHOTOCOAG
	ICD9P	1434	REPAIR RETINAL TEAR LASER PHOTOCOAG
	ICD9P	1435	REPR RET TEAR PHOTOCOAG UNSPEC TYPE
	ICD9P	1439	OTHER REPAIR OF RETINAL TEAR
	ICD9P	1441	SCLERAL BUCKLING WITH IMPLANT
	ICD9P	1449	OTHER SCLERAL BUCKLING
	ICD9P	1451	REPAIR RET DETACH W/DIATHERMY
	ICD9P	1452	REPAIR RET DETACH W/CRYOTHERAPY
	ICD9P	1453	REPR RETINAL DETACH-XENON ARC
	ICD9P	1454	REPAIR RET DETACH W/LASER PHOTOCOAG
	ICD9P	1455	REP RET DETACH W/PHOTOCOAG UNS TYPE
	ICD9P	1459	OTHER REPAIR OF RETINAL DETACHMENT
	ICD9P	146	REMOV SURG IMPLNT MAT-POST SEGMT
	ICD9P	1471	REMOVAL VITREOUS ANTERIOR APPROACH
	ICD9P	1472	OTHER REMOVAL OF VITREOUS
	ICD9P	1473	MECH VITRECTOMY ANTERIOR APPROACH
	ICD9P	1474	OTHER MECHANICAL VITRECTOMY
	ICD9P	1475	INJECTION OF VITREOUS SUBSTITUTE
	ICD9P	1479	OTHER OPERATIONS ON VITREOUS
	ICD9P	15	OPERATIONS ON EXTRAOCULAR MUSCLES
	ICD9P	1501	BIOPSY EXTRAOCULAR MUSCLE OR TENDON
	ICD9P	1509	OTH DX PROC XTRAOCULR MUSC&TENDONS
	ICD9P	1511	RECESSION OF ONE EXTRAOCULAR MUSCLE
	ICD9P	1512	ADVANCEMENT ONE EXTRAOCULAR MUSCLE
	ICD9P	1513	RESECTION OF ONE EXTRAOCULAR MUSCLE
	ICD9P	1519	OTH 1 EXTRAOCULR MUSC-TEMP DETACH
	ICD9P	1521	LENGTHENING PROC 1 XTRAOCULR MUSCLE
	ICD9P	1522	SHORTENING PROC 1 XTRAOCULR MUSCLE
	ICD9P	1529	OTH OPERATIONS 1 EXTRAOCULAR MUSCLE

	ICD9P	153	OP>=2 XTROCLR MUSC-TEMP DTCH-1/BOTH
	ICD9P	154	OTH OP>=2 XTRAOCULR MUSC-1/BOTH
	ICD9P	155	TRANSPOSITION EXTRAOCULAR MUSCLES
	ICD9P	156	REVISION EXTRAOCULAR MUSCLE SURGERY
	ICD9P	157	REPAIR INJURY EXTRAOCULAR MUSCLE
	ICD9P	159	OTH OP XTRAOCULR MUSC&TENDONS
	ICD9P	16	OPERATIONS ON ORBIT AND EYEBALL
	ICD9P	1601	ORBITOTOMY WITH BONE FLAP
	ICD9P	1602	ORBITOTOMY W/INSERTION ORB IMPLANT
	ICD9P	1609	OTHER ORBITOTOMY
	ICD9P	161	REMOVAL PENETRATING FB FROM EYE NOS
	ICD9P	162	DIAGNOSTIC PROCEDURES ORBIT&EYEBALL
	ICD9P	1621	OPHTHALMOSCOPY
	ICD9P	1622	DIAGNOSTIC ASPIRATION OF ORBIT
	ICD9P	1623	BIOPSY OF EYEBALL AND ORBIT
	ICD9P	1629	OTHER DIAGNOSTIC PROC ORBIT&EYEBALL
	ICD9P	163	EVISCERATION OF EYEBALL
	ICD9P	1631	REMOV OCULAR CONTENTS-IMPLNT SHELL
	ICD9P	1639	OTHER EVISCERATION OF EYEBALL
	ICD9P	1641	ENUCLEATE EYE-IMPLNT TENON S CAP
	ICD9P	1642	ENUCLEATE EYE W/OTH SYNCH IMPLNT
	ICD9P	1649	OTHER ENUCLEATION OF EYEBALL
	ICD9P	165	EXENTERATION OF ORBITAL CONTENTS
	ICD9P	1651	EXENTERAT ORBIT-REMOV ADJ STRUCT
	ICD9P	1652	EXENTERAT ORBIT-REMOV ORBIT BONE
	ICD9P	1659	OTHER EXENTERATION OF ORBIT
	ICD9P	166	SEC PROC AFTER REMOVAL EYEBALL
	ICD9P	1661	SEC INSERTION OF OCULAR IMPLANT
	ICD9P	1662	REVISION&REINSERTION OCULAR IMPLANT
	ICD9P	1663	REVISION ENUCLEATION SOCKET W/GRAFT
	ICD9P	1664	OTHER REVISION ENUCLEATION SOCKET
	ICD9P	1665	SEC GRAFT TO EXENTERATION CAVITY
	ICD9P	1666	OTHER REVISION EXENTERATION CAVITY
	ICD9P	1669	OTH SEC PROC AFTER REMOVAL EYEBALL
	ICD9P	1671	REMOVAL OF OCULAR IMPLANT
	ICD9P	1672	REMOVAL OF ORBITAL IMPLANT
	ICD9P	168	REPAIR OF INJURY OF EYEBALL&ORBIT
	ICD9P	1681	REPAIR OF WOUND OF ORBIT
	ICD9P	1682	REPAIR OF RUPTURE OF EYEBALL
	ICD9P	1689	OTHER REPAIR INJURY EYEBALL/ORBIT
	ICD9P	1691	RETROBULBAR INJ THERAPEUTIC AGT
	ICD9P	1692	EXCISION OF LESION OF ORBIT
	ICD9P	1693	EXC LESION EYE UNSPEC STRUCTURE
	ICD9P	1698	OTHER OPERATIONS ON ORBIT
	ICD9P	1699	OTHER OPERATIONS ON EYEBALL
	CPT4	0016T	DESTRC LES CHOROID TRNSPUP THERMOTX
	CPT4	0099T	IMPLANT CORNEAL RING
	CPT4	0099T	IMPL INTRASTROMAL CORNEAL RING SEG
	CPT4	0123T	SCLERAL FISTULIZATION
	CPT4	0176T	AQU CANAL DILAT W/O RETENT
	CPT4	0177T	AQU CANAL DILAT W RETENT
	CPT4	65091	EVISC OCULR CONTENTS; W/O IMPLANT
	CPT4	65093	EVISC OCULR CONTENTS; W/IMPLANT
	CPT4	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT
	CPT4	65103	ENUCLEAT EYE; MUSC NO ATTACH-IMPLT
	CPT4	65105	ENUCLEAT EYE; MUSC ATTACHED-IMPLNT
	CPT4	65110	EXENTERATION ORBITAL CONTENTS; ONLY
	CPT4	65112	XENTERAT ORBIT CONTNTS; W/REMV BONE

	CPT4	65114	XENTERAT ORBIT CONTNTS; W/MUSC FLAP
	CPT4	65125	MOD OCULR IMPL W/PLCMT/REPLCMT PEGS
	CPT4	65130	INSRT OCULAR IMPLNT 2ND; AFTR EVISC
	CPT4	65135	INSRT OCULAR IMPLNT 2ND; AFTR ENUCL
	CPT4	65140	INSRT OCULAR IMPLNT; MUSC ATTACH
	CPT4	65150	REINS OCULR IMPL; W/WO CONJUNCT GFT
	CPT4	65155	REINSRT OCULAR IMPLNT; W/REINFORCE
	CPT4	65175	REMOVAL OF OCULAR IMPLANT
	CPT4	65205	REMOVAL FB EXT EYE; CONJUNCT SUP
	CPT4	65210	REMV FB EXT EYE; CONJUNC EMBEDDED
	CPT4	65220	REMV FB EXT EYE; CORNEAL W/O LAMP
	CPT4	65222	REMV FB EXT EYE; CORNEAL W/LAMP
	CPT4	65235	REMV FB IO; ANT CHAMBER EYE/LENS
	CPT4	65260	REMV FB IO; POST SEGMT MAGNETIC
	CPT4	65265	REMV FB IO; POST SEGMT NONMAGNETC
	CPT4	65270	REPR LACERAT; CONJUNC W/WO SCLERA
	CPT4	65272	REPR LACERAT; CONJUNC WO HOSP
	CPT4	65273	REPR LACERAT; CONJUNC W/HOSP
	CPT4	65275	REPR LACERAT; CORNEA NONPERFORAT
	CPT4	65280	REPR LACERAT; CORNEA PERFORATING
	CPT4	65285	REPR LACERAT; CORNEA W/REPOSIT TISS
	CPT4	65286	REPR LACERAT; APPLIC TISS GLUE
	CPT4	65290	REPR WOUND EXTRAOCULAR MUSCL/TENDON
	CPT4	65400	EXCISION LESION CORNEA NO PTERYGIUM
	CPT4	65410	BIOPSY OF CORNEA
	CPT4	65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT
	CPT4	65426	EXC/TRANSPOSITION PTERYGIUM; W/GFT
	CPT4	65430	SCRAPING CORNEA DX SMEAR &OR CULT
	CPT4	65435	REMOV CORNEAL EPITHEL; W/WO CHEMOCA
	CPT4	65436	REMOV CORNEAL EPITHELIUM; W/CHELAT
	CPT4	65450	DESTRCT LES CORNEA-CRYOTHERAPY
	CPT4	65600	MULTIPLE PUNCTURES ANTERIOR CORNEA
	CPT4	65710	KERATOPLASTY; LAMELLAR
	CPT4	65730	KERATOPLSTY; PENETRAT NOT APHAKIA
	CPT4	65750	KERATOPLASTY; PENETRATING APHAKIA
	CPT4	65755	KERTOPLSTY; PENETRAT PSEUDOPHAKIA
	CPT4	65760	KERATOMILEUSIS
	CPT4	65765	KERATOPHAKIA
	CPT4	65767	EPIKERATOPLASTY
	CPT4	65770	KERATOPROSTHESIS
	CPT4	65771	RADIAL KERATOTOMY
	CPT4	65772	CORNEAL RELAXING INCS-ASTIGMATISM
	CPT4	65775	CORNEAL WEDGE RESECT-ASTIGMATISM
	CPT4	65780	OCULR RECNSTR; AMNIOTIC MEMB TPLNT
	CPT4	65781	OCULR RECNSTR;LMBL STEM CELL ALLGFT
	CPT4	65782	OCULR RECNSTR;LIMBL CONJNCT AUTOGFT
	CPT4	65800	PARACEN ANT CHAMBR-SP; W/DX ASPIR
	CPT4	65805	PARACEN ANT CHAMB-SP; RELS AQUEOS
	CPT4	65810	PARACEN ANT CHAMB-SP; W/REMV VITRUS
	CPT4	65815	PARACEN ANT CHAMB-SP; W/REMV BLOOD
	CPT4	65820	GONIOTOMY
	CPT4	65850	TRABECULOTOMY AB EXTERNO
	CPT4	65855	TRABECULOPLSTY-LASER-1/MORE SESSION
	CPT4	65860	SEVERING ADHES ANT SEG LASR TECH
	CPT4	65865	SEVER ADHES-SEP PROC; GONIOSYNCHIAE
	CPT4	65870	SEVER ADHES-SEP PROC; ANT SYNECHIAE
	CPT4	65875	SEVER ADHES-SEP PROC; POST SYNCHIAE
	CPT4	65880	SEVER ADHES-SEP PROC; CORNEOVITREAL

	CPT4	65900	REMV EPITHL DNGRWTH ANT CHAMBER EYE
	CPT4	65920	REMOVAL IMPL MATL ANT SEGMENT EYE
	CPT4	65930	REMOVAL BLOOD CLOT ANT SEGMENT EYE
	CPT4	66020	INJ ANT CHAMB EYE SEP PROC; AIR/LIQ
	CPT4	66030	INJ ANT CHAMB OF EYE SEP PROC; MED
	CPT4	66130	EXCISION OF LESION SCLERA
	CPT4	66150	FISTULIZ SCLERA; TREPHINAT W/IRIDEC
	CPT4	66155	FISTULIZAT SCLERA; THERMOCAUTERIZAT
	CPT4	66160	FISTULIZAT SCLERA; SCLERECT W/PUNCH
	CPT4	66165	FISTULIZAT SCLERA; IRIDENCLEISIS
	CPT4	66170	FISTULIZ SCLER; TRABECULECT AB EXT
	CPT4	66172	FISTULIZAT SCLERA; TRABECULECT
	CPT4	66180	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR
	CPT4	66185	REV AQUEOUS SHUNT XTRAOCULR RESRVOR
	CPT4	66220	REPR SCLERAL STAPHYLOMA; W/O GRAFT
	CPT4	66225	REPAIR SCLERAL STAPHYLOMA; W/GRAFT
	CPT4	66250	REVIS OPERATIVE WOUND ANT SEGMT
	CPT4	66500	IRIDOTOMY-SEP PROC; NO TRANSFIXION
	CPT4	66505	IRIDOTOMY-SEP PROC; W/TRANSFIXION
	CPT4	66600	IRIDECTOMY W/CORNEO SECT; REMOV LES
	CPT4	66605	IRIDECTOMY W/CORNEO SECT; W/CYCLECT
	CPT4	66625	IRIDECT-CORNL SECT;PERIPH GLAUC-SP
	CPT4	66630	IRIDECT-CORNL SECT;SECTOR GLAUC-SP
	CPT4	66635	IRIDECT-CORNL SEC; OPTICAL-SEP PROC
	CPT4	66680	REPAIR OF IRIS CILIARY BODY
	CPT4	66682	SUTURE IRIS CILIARY BODY-SEP PROC
	CPT4	66700	CILIARY BODY DESTRUCTION; DIATHERMY
	CPT4	66710	CILIARY DESTRC; CYCLO-PC TRNSSCLRAL
	CPT4	66711	CILIARY BDY DESTRUC; CYCLO-PC ENDO
	CPT4	66720	CILIARY BODY DESTRUCTION; CRYOTHAPY
	CPT4	66740	CILIARY BODY DESTRUC; CYCLODIALYSIS
	CPT4	66761	IRIDOTOMY/IRIDECTOMY LASER SURGERY
	CPT4	66762	IRIDOPLASTY BY PHOTOCOAGULATION
	CPT4	66770	DESTRUC CYST/LES IRIS/CILIARY BDY
	CPT4	66820	DISCISSION 2ND CATARACT; STAB INCS
	CPT4	66821	DISCISSION 2ND CATARACT; LASER SURG
	CPT4	66825	REPSTN IO LENS REQ INCI-SEP PROC
	CPT4	66830	REMV 2ND CATARACT W/CORNEO-SCLERAL
	CPT4	66840	REMV LENS MAT; ASPIRT TECH 1/MORE
	CPT4	66850	REMV LENS MAT; PHACOFRAGMENTAT
	CPT4	66852	REMV LENS MAT; PARS PLANA APPROACH
	CPT4	66920	REMOVAL LENS MATERIAL; INTRACAPSLR
	CPT4	66930	REMV LENS MATL;INTRACAP-DISLOC LENS
	CPT4	66940	REMOVAL LENS MATERIAL; XTRACAPSLR
	CPT4	66982	EXTRACAP CATARACT REMV W/IOL-CMPLX
	CPT4	66983	INTRACAPSULAR CATARACT EXTRAC W/IOL
	CPT4	66984	EXTRACAPSULAR CATARACT REMV IOL
	CPT4	66985	INSERT IOL PROSTH SECONDARY IMPLANT
	CPT4	66986	EXCHANGE OF INTRAOCULAR LENS
	CPT4	66990	USE OF OPHTHALMIC ENDOSCOPE
	CPT4	66999	UNLISTED PROC ANTERIOR SEGMENT EYE
	CPT4	67005	REMV VITREOUS ANT APPROACH; PART
	CPT4	67010	REMV VITREOUS ANT; SUBTL REMOV
	CPT4	67015	ASPIRAT VITREOUS/SUBRETINAL FLUID
	CPT4	67025	INJ VITREOUS SUBSTITUTE-SEP PROC
	CPT4	67027	IMPLANT INTRAVITREAL DRUG DEL SYS
	CPT4	67028	INTRAVITREAL INJ PHARMACOLOGIC AGT
	CPT4	67030	DISCISSION VITREOUS STRANDS

	CPT4	67031	SEVERING VITREOUS STRANDS-LASER
	CPT4	67036	VITRECTOMY MECH PARS PLANA APPRCH;
	CPT4	67038	VITRECTOMY MECH; W/MEMBRANE STRIP
	CPT4	67039	VITRECTOMY MECH; W/FOCAL ENDOLASER
	CPT4	67040	VITRECTOMY MECH; W/PANRETINAL PHOTO
	CPT4	67041	VIT FOR MACULAR PUCKER
	CPT4	67042	VIT FOR MACULAR HOLE
	CPT4	67043	VIT FOR MEMBRANE DISSECT
	CPT4	67101	REPR RETINAL DETACH; CRYOTHERAPY
	CPT4	67105	REPR RETINAL DETACH; PHOTOCOAGULAT
	CPT4	67107	REPR RETINAL DETACH; SCLERAL BUCKL
	CPT4	67108	REPR RETINAL DETACH; W/VITRECTOMY
	CPT4	67110	REPR RET DETACH; INJ AIR/OTH GAS
	CPT4	67112	REPR RETINAL DETACH; PREV RET REPR
	CPT4	67113	REPAIR RETINAL DETACH, CPLX
	CPT4	67115	RELEASE OF ENCIRCLING MATERIAL
	CPT4	67120	REMV IMPLNT MATL; EXTRAOCULAR
	CPT4	67121	REMV IMPLNT MATL POST SEGMT; IO
	CPT4	67141	PROPHYLAXIS RETINAL DETACH; CRYOTX
	CPT4	67145	PROPHYLAXIS RET DETACH; PHOTOCOAG
	CPT4	67208	DESTRCT LES RETINA; CRYOTHERAPY
	CPT4	67210	DESTRCT LES RETINA; PHOTOCOAGULAT
	CPT4	67218	DESTRCT LES RETINA; RADIATION-IMPLT
	CPT4	67220	DESTRUC LES CHOROID; 1/>SESSION
	CPT4	67221	DESTRUC LES CHOROID; PHOTODYNAMC TX
	CPT4	67225	DSTRUC LES CHROID;PHOTODYN TX 2 EYE
	CPT4	67227	DESTRCT RETINOPATHY; CRYOTHERAPY
	CPT4	67227	TREATMENT OF RETINAL LESION
	CPT4	67228	DESTRCT RETINOPATHY; PHOTOCOAGULAT
	CPT4	67228	TREATMENT OF RETINAL LESION
	CPT4	67229	TR RETINAL LES PRETERM INF
	CPT4	67250	SCLERAL REINFORCEMENT; W/O GRAFT
	CPT4	67255	SCLERAL REINFORCEMENT; WITH GRAFT
	CPT4	67299	UNLISTED PROC POSTERIOR SEGMENT
	CPT4	67311	STRABISMUS SURG; 1 HORIZONTAL MUSC
	CPT4	67312	STRABISMUS SURG; 2 HORIZONTAL MUSC
	CPT4	67314	STRAB SURG R/R PROC; 1 VERTICL MUSC
	CPT4	67316	STRABISMUS SURG; 2/> VERTICAL MUSC
	CPT4	67318	STRAB SURG ANY PROC SUP OBL MUSC
	CPT4	67320	TRANSPSTN PROC ANY XTRAOCULR MUSC
	CPT4	67331	STRABISMUS SURG-PT W/PREV EYE SURG
	CPT4	67332	STRABISMUS SURG-PT W/SCARRING MUSC
	CPT4	67334	STRABISMUS SURG-POST FIX SUT TECH
	CPT4	67335	PLCMT ADJUSTABLE SUTURE-STRABISMUS
	CPT4	67340	STRABISMUS SURG EXPL&/REPR MUSC
	CPT4	67343	RELEASE EXTEN SCAR TISS-SEP PROC
	CPT4	67345	CHEMODENERVATION EXTRAOCULAR MUSCLE
	CPT4	67350	BIOPSY OF EXTRAOCULAR MUSCLE
	CPT4	67399	UNLISTED PROCEDURE OCULAR MUSCLE
	CPT4	67400	ORBITOT W/O BONE FLP; EXPL W/WO BX
	CPT4	67405	ORBITOT W/O BONE FLP; W/DRAIN ONLY
	CPT4	67412	ORBITOT W/O BN FLP; W/REMOVAL LES
	CPT4	67413	ORBITOT W/O BONE FLP; W/REMOVAL FB
	CPT4	67414	ORBITOTOMY WO FLAP; W/REMV BONE
	CPT4	67415	FINE NDLE ASPIRATION ORB CONTENTS
	CPT4	67420	ORBITOTOMY W/BONE FLAP; W/REMV LES
	CPT4	67430	ORBITOTOMY W/BONE FLAP; W/REMV FB
	CPT4	67440	ORBITOTOMY W/BONE FLAP; W/DRAIN

	CPT4	67445	ORBITOTOMY W/BONE FLP; W/REMV BONE
	CPT4	67450	ORBITOTOMY W/BN FLAP; EXPLORATION
	CPT4	67500	RETROBULBAR INJECTION; MEDICATION
	CPT4	67505	RETROBULBAR INJECTION; ALCOHOL
	CPT4	67515	INJ MED/OTH SUBSTANCE IN TENONS CAP
	CPT4	67550	ORBITAL IMPLANT; INSERTION
	CPT4	67560	ORBITAL IMPLANT; REMOVAL/REVISION
	CPT4	67570	OPTIC NERVE DECOMPRESSION
	CPT4	67599	UNLISTED PROCEDURE ORBIT
	CPT4	67700	BLEPHAROTOMY DRAINAGE ABSC EYELID
	CPT4	67710	SEVERING OF TARSORRHAPHY
	CPT4	67715	CANTHOTOMY
	CPT4	67800	EXCISION OF CHALAZION; SINGLE
	CPT4	67801	EXCISION CHALAZION; MX SAME LID
	CPT4	67805	EXC CHALAZION; MX DIFFERENT LIDS
	CPT4	67808	EXC CHALAZION; GEN ANES &/ RQR HOSP
	CPT4	67810	BIOPSY OF EYELID
	CPT4	67820	CORRECT TRICHIASIS; EPILAT-FORCEPS
	CPT4	67825	CORREC TRICHIASIS; EPILAT NO FORCPS
	CPT4	67830	CORR TRICHIASIS; INCI LID MARGIN
	CPT4	67835	CORRECT TRICHIASIS; INCS LID W/GFT
	CPT4	67840	EXC LES LID NO CLOS/W SMPL DIR CLOS
	CPT4	67850	DESTRUCTION OF LESION OF LID MARGIN
	CPT4	67875	TEMPORARY CLOSURE OF EYELIDS SUTURE
	CPT4	67880	CONSTRUCT INTERMARGINAL ADHESIONS
	CPT4	67882	CONSTRCT ADHESIONS; W/TRANSPOSIT
	CPT4	67900	REPAIR OF BROW PTOSIS
	CPT4	67901	REPR BLEPHAROPTOSIS; W/SUT/OTH MATL
	CPT4	67901	REPAIR EYELID DEFECT
	CPT4	67902	REPAIR EYELID DEFECT
	CPT4	67902	REPR BLEPHAROPTOSIS; W/FASCIAL SLNG
	CPT4	67903	REPR BLEPHAROPTOSIS; RESECT-INT
	CPT4	67904	REPR BLEPHAROPTOSIS; RESECT-EXT
	CPT4	67906	REPR BLEPHAROPTOSIS; SUPER RECTUS
	CPT4	67908	REPR BLEPHAROPTOSIS; CONJUNC-TARSO
	CPT4	67909	REDUCTION OVERCORRECTION PTOSIS
	CPT4	67911	CORRECTION OF LID RETRACTION
	CPT4	67912	CORR LAGOPHTHALMOS IMPL UP EYELD
	CPT4	67914	REPAIR OF ECTROPION; SUTURE
	CPT4	67915	REPAIR ECTROPION; THERMOCAUT
	CPT4	67916	REPAIR ECTROPION; EXC TARSAL WEDGE
	CPT4	67917	REPAIR OF ECTROPION; EXTENSIVE
	CPT4	67921	REPAIR OF ENTROPION; SUTURE
	CPT4	67922	REPAIR ENTROPION; THERMOCAUT
	CPT4	67923	REPAIR ENTROPION; EXC TARSAL WEDGE
	CPT4	67924	REPAIR OF ENTROPION; EXTENSIVE
	CPT4	67930	SUTURE RECENT WOUND LID; PART THICK
	CPT4	67935	SUTURE RECENT WOUND LID; FULL THICK
	CPT4	67938	REMOVAL EMBEDDED FB EYELID
	CPT4	67950	CANTHOPLASTY
	CPT4	67961	EXC & REPR LID; TO 1/4 LID MARGIN
	CPT4	67966	EXC & REPR EYELID > 1/4 LID MARGIN
	CPT4	67971	RECON LID; UP TO 2/3 LID 1 STAGE
	CPT4	67973	RECON LID; TOT LID LOWER 1 STAGE
	CPT4	67974	RECON LID; TOT LID UPPER 1 STAGE
	CPT4	67975	RECON LID-TRANSF FLAP; 2ND STAGE
	CPT4	67999	UNLISTED PROCEDURE EYELIDS
	CPT4	68020	INCISION CONJUNCTIVA DRAINAGE CYST

CPT4	68040	EXPRESSION CONJUNCTIVAL FOLLICLES
CPT4	68100	BIOPSY OF CONJUNCTIVA
CPT4	68110	EXCISION LESION CONJUNCT; UP 1 CM
CPT4	68115	EXCISION LESION CONJUNCT; OVER 1 CM
CPT4	68130	EXC LESION CONJUNCT; W/ADJ SCLERA
CPT4	68135	DESTRUCTION OF LESION CONJUNCTIVA
CPT4	68200	SUBCONJUNCTIVAL INJECTION
CPT4	68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT
CPT4	68325	CONJUNCTIVOPLASTY; W/BUCCAL GFT
CPT4	68326	CONJUNCTIVOPLASTY CUL-DE-SAC; W/GFT
CPT4	68328	CONJUNCTIVOPL CUL-DE-SAC; BUCCL GFT
CPT4	68330	REPR SYMBLEPHARON; CONJUNCTIVOPLSTY
CPT4	68335	REPR SYMBLEPHARON; W/FREE GFT
CPT4	68340	REPR SYMBLEPHARON; DIVIS SYMBLEPHAR
CPT4	68360	CONJUNCTIVAL FLAP; BRIDGE/PARTIAL
CPT4	68362	CONJUNCTIVAL FLAP; TOTAL
CPT4	68399	UNLISTED PROCEDURE CONJUNCTIVA
CPT4	68400	INCISION DRAINAGE OF LACRIMAL GLAND
CPT4	68420	INCISION DRAINAGE OF LACRIMAL SAC
CPT4	68440	SNIP INCISION OF LACRIMAL PUNCTUM
CPT4	68500	EXCISION LAC GLAND NO TUMOR; TOTAL
CPT4	68505	EXCISION LAC GLAND NO TUMOR; PART
CPT4	68510	BIOPSY OF LACRIMAL GLAND
CPT4	68520	EXCISION OF LACRIMAL SAC
CPT4	68525	BIOPSY OF LACRIMAL SAC
CPT4	68530	REMOVAL FB/DACRYOLITH LAC PASSAGES
CPT4	68540	EXC LAC GLAND TUMR; FRNTL APPRCH
CPT4	68550	EXC LAC GLAND TUMR; INVLV OSTEOT
CPT4	68700	PLASTIC REPAIR OF CANALICULI
CPT4	68705	CORRECTION EVERTED PUNCTUM CAUTERY
CPT4	68720	DACRYOCYSTORHINOSTOMY
CPT4	68745	CONJUNCTIVORHINOSTOMY; WITHOUT TUBE
CPT4	68750	CONJUNCTIVORHINOSTOMY; W/INSRT TUBE
CPT4	68760	CLO LACRIMAL PUNCTUM; THERMOCAUT
CPT4	68761	CLOSURE LACRIMAL PUNCTUM; PLUG EACH
CPT4	68770	CLOSURE OF LACRIMAL FISTULA
CPT4	68801	DILAT LAC PUNCTUM W/WO IRRIGATION
CPT4	68810	PROBING OF NLD W/WO IRRIGATION;
CPT4	68811	PROBE NASOLACRIM DUCT; REQ GEN ANES
CPT4	68815	PROBE NASOLAC DUCT; W/INSERT TUBE
CPT4	68816	PROBE NL DUCT W/BALLOON
CPT4	68840	PROBING LAC CANALICULI W/WO IRRIG
CPT4	68850	INJ CONTRST MEDIUM DACRYOCYSTGRPH
CPT4	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
HCPCS	G0186	DESTRUC LES CHOROID; PHOTOCOAG FEDR

GI Bleed (Diagnosis)

Type	Code	Description
ICD9	4560	ESOPHAGEAL VARICES WITH BLEEDING
ICD9	45620	ESOPH VARICES W/BLEED DZ CLASS ELSW
ICD9	53082	ESOPHAGEAL HEMORRHAGE
ICD9	5310	ACUTE GASTRIC ULCER WITH HEMORRHAGE
ICD9	53100	ACUT GASTR ULCR W/HEM W/O OBST
ICD9	53101	ACUT GASTR ULCER W/HEMORR&OBST
ICD9	5312	ACUTE GASTRIC ULCER W/HEMORR&PERF

	ICD9	53120	AC GASTR ULCR W/HEMOR&PERF W/O OBST
	ICD9	53121	ACUT GASTR ULCER W/HEMORR PERF&OBST
	ICD9	5314	CHRON/UNSPEC GASTRIC ULCER W/HEMORR
	ICD9	53140	CHRN/UNS GASTR ULCR W/HEM W/O OBST
	ICD9	53141	CHRON/UNS GASTR ULCR W/HEMORR&OBST
	ICD9	5316	CHRON/UNS GASTR ULCR W/HEMORR&PERF
	ICD9	53160	CHRN/UNS GASTR ULCER W/HEMORR&PREF
	ICD9	53161	CHRN/UNS GASTR ULCR W/HEM PERF&OBST
	ICD9	5320	ACUTE DUODENAL ULCER W/HEMORRHAGE
	ICD9	53200	ACUT DUOD ULCR W/HEM W/O OBST
	ICD9	53201	ACUT DUOD ULCER W/HEMORR&OBST
	ICD9	5322	ACUTE DUODEN ULCER W/HEMORR&PERF
	ICD9	53220	AC DUOD ULCR W/HEMOR&PERF W/O OBST
	ICD9	53221	ACUT DUOD ULCER W/HEMORR PERF&OBST
	ICD9	5324	CHRON/UNSPEC DUODEN ULCER W/HEMORR
	ICD9	53240	CHRN/UNS DUOD ULCR W/HEM W/O OBST
	ICD9	53241	CHRON/UNS DUOD ULCR W/HEMORR&OBST
	ICD9	5326	CHRON/UNS DUOD ULCR W/HEMORR&PERF
	ICD9	53260	CHRN/UNS DUOD ULCR W/HEMORR&PERF
	ICD9	53261	CHRN/UNS DUOD ULCR W/HEM PERF&OBST
	ICD9	5330	ACUT PEPTC ULCR UNS SITE W/HEMORR
	ICD9	53300	ACUT PEPTC ULCR W/HEM W/O OBST
	ICD9	53301	ACUT PEPTC ULCR W/HEMORR&OBST
	ICD9	5332	ACUT PEPTC ULCR W/HEMORR&PERF
	ICD9	53320	ACUT PEP ULCR W/HEMOR&PERF W/O OBST
	ICD9	53321	ACUT PEPTC ULCR W/HEM PERF&OBST
	ICD9	5334	CHRN/UNS PEPTC ULCR W/HEMORR
	ICD9	53340	CHRN/UNS PEPTC ULCR W/HEM W/O OBST
	ICD9	53341	CHRN/UNS PEPTC ULCR W/HEMORR&OBST
	ICD9	5336	CHRN/UNS PEPTC ULCR W/HEMORR&PERF
	ICD9	53360	CHRN/UNS PEPTC ULCR W/HEMORR&PERF
	ICD9	53361	CHRN/UNS PEPTC ULCR W/HEM PERF&OBST
	ICD9	5340	ACUTE GASTROJEJUN ULCER W/HEMORR
	ICD9	53400	ACUT GASTROJEJ ULCR W/HEM W/O OBST
	ICD9	53401	ACUT GASTROJEJUN ULCR W/HEMORR&OBST
	ICD9	5342	ACUT GASTROJEJUN ULCR W/HEMORR&PERF
	ICD9	53420	ACUTE GASTROJEJ ULCR W/HEMORR&PERF
	ICD9	53421	ACUT GASTROJEJ ULCR W/HEM PERF&OBST
	ICD9	5344	CHRON/UNS GASTROJEJUN ULCR W/HEMORR
	ICD9	53440	CHRN/UNS GSTROJEJ ULCR W/HEMORR
	ICD9	53441	CHRON/UNS GSTROJEJ ULCR W/HMOR&OBST
	ICD9	5346	CHRN/UNS GSTROJEJ ULCR W/HEMOR&PERF
	ICD9	53460	CHRN/UNS GSTROJEJ ULCR W/HEMOR&PERF
	ICD9	53461	CHRN/UNS GSTROJEJ ULCR W/HMOR&OBST
	ICD9	53783	ANGIODYSPLAS STOMACH&DUOD W/HEMORR
	ICD9	53784	DIEULAFOY LESION STOMACH&DUODENUM
	ICD9	56202	DIVERTICULOSIS SM INTEST W/HEMORR
	ICD9	56203	DIVERTULITIS SM INTESTINE W/HEMORR
	ICD9	56212	DIVERTICULOSIS COLON W/HEMORRHAGE
	ICD9	56213	DIVERTICULITIS COLON W/HEMORRHAGE
	ICD9	5693	HEMORRHAGE OF RECTUM AND ANUS
	ICD9	56985	ANGIODYSPLASIA INTESTINE W/HEMORR
	ICD9	56986	DIEULAFOY LESION OF INTESTINE
	ICD9	578	GASTROINTESTINAL HEMORRHAGE
	ICD9	5780	HEMATEMESIS
	ICD9	5781	BLOOD IN STOOL
	ICD9	5789	UNSPEC HEMORRHAGE GI TRACT

Head trauma (Diagnosis)

Type	Code	Description
ICD9	800	FRACTURE OF VAULT OF SKULL
ICD9	8000	CLOS FX VAULT SKULL W/O ICI
ICD9	80000	CLOS FX VALT SKULL W/O ICI UNS SOC
ICD9	80001	CLOS FX VALT SKULL W/O ICI NO LOC
ICD9	80002	CLOS FX VALT SKUL W/O ICIR BRF LOC
ICD9	80003	CLOS FX VALT SKULL W/O ICI MOD LOC
ICD9	80004	CLOS FX VLT SKUL NO ICI LOC&RETURN
ICD9	80005	CLOS FX VLT SKUL NO ICI LOC NO RTRN
ICD9	80006	CLOS FX VLT SKL NO ICI COMA UNS DUR
ICD9	80009	CLOS FX VLT SKL NO ICI UNS CONCUSS
ICD9	8001	CLOS FX VLT SKUL-CERBRL LAC&CONTUS
ICD9	80010	CLOS FX VLT SKUL-CERBRL LAC UNS SOC
ICD9	80011	CLOS FX VLT SKULL LAC&CONTUS NO LOC
ICD9	80012	CLOS FX VLT SKUL-LAC&CONTUS BRF LOC
ICD9	80013	CLOS FX VLT SKUL-LAC&CONTUS MOD LOC
ICD9	80014	CLOS FX VLT SKUL-LOC>24 HR & RETRN
ICD9	80015	CLOS FX VLT SKUL-LOC>24 HR&NO RETRN
ICD9	80016	CLOS FX VLT SKULL FX-LOC UNS DUR
ICD9	80019	CLOS FX VLT SKUL UNS CONCUSSION
ICD9	8002	CLOS FX VLT SKUL-SUB&XTRADURL HEMOR
ICD9	80020	CLOS FX VLT SKUL-DURL HEMOR UNS SOC
ICD9	80021	CLOS FX VLT SKUL-DURAL HEMOR NO LOC
ICD9	80022	CLOS FX VLT SKUL-DURL HEMOR BRF LOC
ICD9	80023	CLOS FX VLT SKUL-DURL HEM MOD LOC
ICD9	80024	CLOS FX VLT SKUL-HEMOR LOC>24&RTRN
ICD9	80025	CLOS FX VLT SKUL-HEMOR LOC NO RTRN
ICD9	80026	CLOS FX VLT SKUL-HEMOR LOC UNS DUR
ICD9	80029	CLOS FX VLT SKL-HEMOR UNS CONCUS
ICD9	8003	CLOS FX VLT SKULL OTH&UNS ICH
ICD9	80030	CLOS FX VLT SKULL OTH ICH UNS SOC
ICD9	80031	CLOS FX VLT SKULL OTH ICH NO LOC
ICD9	80032	CLOS FX VLT SKULL W/UNS ICH BRF LOC
ICD9	80033	CLOS FX VLT SKULL-OTH ICH MOD LOC
ICD9	80034	CLOS FX VLT SKL-OTH ICH LOC>24-RTRN
ICD9	80035	CLOS FX VLT SKL-OTH ICH LOC NO RTRN
ICD9	80036	CLOS FX VLT SKL-ICH LOC UNS DUR
ICD9	80039	CLOS FX VLT SKUL-UNS ICH UNS CONCUS
ICD9	8004	CLOS FX VLT SKULL W/ICI UNS NATURE
ICD9	80040	CLOS FX VLT SKULL-ICI UNS NATR-SOC
ICD9	80041	CLOS FX VLT SKL-ICI UNS NATR NO LOC
ICD9	80042	CLOS FX VLT SKULL-ICI BRIEF LOC
ICD9	80043	CLOS FX VLT SKULL-ICI MOD LOC
ICD9	80044	CLOS FX VLT SKUL W/OTH ICI LOC&RTRN
ICD9	80045	CLOS FX VLT SKL OTH ICI LOC NO RTRN
ICD9	80046	CLOS FX VLT SKULL-ICI LOC UNS DUR
ICD9	80049	CLOS FX VLT SKULL W/ICI UNS CONCUS
ICD9	8005	OPEN FX VAULT SKULL W/O ICI
ICD9	80050	OPEN FX VAULT SKUL W/O ICI UNS SOC
ICD9	80051	OPEN FX VAULT SKULL W/O ICI NO LOC
ICD9	80052	OPEN FX VALT SKUL W/O ICIR BRF LOC
ICD9	80053	OPEN FX VAULT SKULL W/O ICI MOD LOC
ICD9	80054	OPN FX VLT SKUL NO ICI LOC>24&RTRN
ICD9	80055	OPN FX VLT SKL W/O ICI LOC NO RTRN

	ICD9	80056	OPN FX VLT SKL W/O ICI-LOC UNS DUR
	ICD9	80059	OPN FX VLT SKL W/O ICI-UNS CONCUS
	ICD9	8006	OPN FX VLT SKL-CERBRL LAC&CONTUS
	ICD9	80060	OPN FX VLT SKL FX-CEREB LAC UNS SOC
	ICD9	80061	OPN FX VLT SKUL-CERBRL LAC NO LOC
	ICD9	80062	OPN FX VLT SKUL-CERBRL LAC BRF LOC
	ICD9	80063	OPN FX VLT SKUL-CERBRL LAC MOC LOC
	ICD9	80064	OPN FX VLT SKL-CEREB LAC LOC&RTRN
	ICD9	80065	OPN FX VLT SKL-CERB LAC LOC NO RTRN
	ICD9	80066	OPN FX VLT SKL-CERB LAC LOC UNS DUR
	ICD9	80069	OPN FX VLT SKL-CEREB LAC UNS CONCUS
	ICD9	8007	OPN FX VLT SKL-SUB&XTRADURL HEMOR
	ICD9	80070	OPN FX VLT SKL-DURL HEMOR UNS SOC
	ICD9	80071	OPN FX VLT SKL-DURL HEMOR NO LOC
	ICD9	80072	OPN FX VLT SKL-DURL HEMORR BRF LOC
	ICD9	80073	OPN FX VLT SKL-DURL HEMORR MOD LOC
	ICD9	80074	OPN FX VLT SKL-DURL HEM LOC>24 RTRN
	ICD9	80075	OPN FX VLT SKL-DURL HEM LOC NO RTRN
	ICD9	80076	OPN FX VLT SKL-DURL HEM LOC UNS DUR
	ICD9	80079	OPN FX VLT SKL-DURL HEM UNS CONCUSS
	ICD9	8008	OPN FX VAULT SKULL-OTH&UNS ICH
	ICD9	80080	OPN FX VAULT SKULL-OTH ICH UNS SOC
	ICD9	80081	OPN FX VAULT SKULL-OTH ICH NO LOC
	ICD9	80082	OPN FX VAULT SKULL-OTH ICH BRF LOC
	ICD9	80083	OPN FX VAULT SKULL-OTH ICH MOD LOC
	ICD9	80084	OPN FX VLT SKL-OTH ICH LOC>24&RTRN
	ICD9	80085	OPN FX VLT SKL-OTH ICH LOC NO RTRN
	ICD9	80086	OPN FX VLT SKL-UNS ICH LOC UNS DUR
	ICD9	80089	OPN FX VLT SKL W/UNS ICH UNS CONCUS
	ICD9	8009	OPEN FX VALT SKUL W/ICI UNS NATR
	ICD9	80090	OPN FX VLT SKL-ICI UNS NATR UNS SOC
	ICD9	80091	OPN FX VLT SKL-ICI UNS NATUR NO LOC
	ICD9	80092	OPN FX VLT SKL-ICI UNS NATR BRF LOC
	ICD9	80093	OPN FX VLT SKL-ICI UNS NATR MOC LOC
	ICD9	80094	OPN FX VLT SKL-OTH ICI LOC>24&RETRN
	ICD9	80095	OPN FX VLT SKL-OTH ICI LOC NO RETRN
	ICD9	80096	OPN FX VLT SKL-ICI LOC UNS DUR
	ICD9	80099	OPN FX VLT SKL-ICI UNS CONCUS
	ICD9	801	FRACTURE OF BASE OF SKULL
	ICD9	8010	CLOS FX BASE SKULL W/O ICI
	ICD9	80100	CLOS FX BASE SKULL W/O ICI UNS SOC
	ICD9	80101	CLOS FX BASE SKULL W/O ICI NO LOC
	ICD9	80102	CLOS FX BASE SKUL W/O ICIR BRF LOC
	ICD9	80103	CLOS FX BASE SKULL W/O ICI MOD LOC
	ICD9	80104	CLOS FX BASE SKL NO ICI LOC&RTRN
	ICD9	80105	CLOS FX BASE SKL NO ICI LOC NO RTRN
	ICD9	80106	CLOS FX BASE SKL NO ICI LOC UNS DUR
	ICD9	80109	CLOS FX BASE SKL-NO ICI UNS CONCUSS
	ICD9	8011	CLOS FX BASE SKL CEREB LAC & CONTUS
	ICD9	80110	CLOS FX BASE SKL-CERBRL LAC UNS SOC
	ICD9	80111	CLOS FX BASE SKL-CERBRL LAC NO LOC
	ICD9	80112	CLOS FX BASE SKL-CERBRL LAC BRF LOC
	ICD9	80113	CLOS FX BASE SKL-CERBRL LAC MOD LOC
	ICD9	80114	CLOS FX BASE SKL-CRBRL LAC LOC&RTRN
	ICD9	80115	CLOS FX BASE SKL-CERBRL LAC NO RTRN
	ICD9	80116	CLOS FX BASE SKL-CERBRL LAC UNS LOC
	ICD9	80119	CLOS FX BASE SKL-CERBRL LAC CONCUSS
	ICD9	8012	CLOS FX BASE SKL-SUB&XTRADURL HEMOR

	ICD9	80120	CLOS FX BASE SKL-DURL HEMOR UNS SOC
	ICD9	80121	CLOS FX BASE SKUL-DURL HEMOR NO LOC
	ICD9	80122	CLOS FX BASE SKL-DURAL HEM BRF LOC
	ICD9	80123	CLOS FX BASE SKL-DURAL HEM MOD LOC
	ICD9	80124	CLOS FX BASE SKL-DURL HEM LOC&RTRN
	ICD9	80125	CLOS FX BASE SKL-DURL HEM NO RTRN
	ICD9	80126	CLOS FX BASE SKL-DURL HEM LOC UNS
	ICD9	80129	CLOS FX BASE SKL-DURL HEM CONCUSS
	ICD9	8013	CLOSED FX BASE SKULL-OTH & UNS ICH
	ICD9	80130	CLOS FX BASE SKULL-OTH ICH UNS SOC
	ICD9	80131	CLOS FX BASE SKULL-OTH ICH NO LOC
	ICD9	80132	CLOS FX BASE SKUL-UNS ICH BRF LOC
	ICD9	80133	CLOS FX BASE SKUL-OTH ICH MOD LOC
	ICD9	80134	CLOS FX BASE SKUL-OTH ICH LOC&RETRN
	ICD9	80135	CLOS FX BASE SKL-ICH LOC&NO RTRN
	ICD9	80136	CLOS FX BASE SKL-ICH LOC UNS DUR
	ICD9	80139	CLOS FX BASE SKL-UNS ICH UNS CONCUS
	ICD9	8014	CLOS FX BASE SKUL W/ICIR UNS NATR
	ICD9	80140	CLOS FX BASE SKULL-ICI UNS SOC
	ICD9	80141	CLOS FX BASE SKULL-ICI NO LOC
	ICD9	80142	CLOS FX BASE SKULL-ICI BRIEF LOC
	ICD9	80143	CLOS FX BASE SKULL-ICI MODERATE LOC
	ICD9	80144	CLOS FX BASE SKUL-ICI LOC & RETURN
	ICD9	80145	CLOS FX BASE SKUL-ICI LOC NO RETURN
	ICD9	80146	CLOS FX BASE SKULL-ICI LOC UNS DUR
	ICD9	80149	CLOS FX BASE SKULL-ICI UNS CONCUS
	ICD9	8015	OPEN FX BASE SKUL W/O ICI
	ICD9	80150	OPEN FX BASE SKUL W/O ICI UNS SOC
	ICD9	80151	OPEN FX BASE SKUL W/O ICI NO LOC
	ICD9	80152	OPEN FX BASE SKUL W/O ICIR BRF LOC
	ICD9	80153	OPEN FX BASE SKUL W/O ICI MOD LOC
	ICD9	80154	OPN FX BASE SKL NO ICI LOC>24&RTRN
	ICD9	80155	OPN FX BASE SKL W/O ICI LOC NO RTRN
	ICD9	80156	OPN FX BASE SKL-W/O ICI LOC UNS DUR
	ICD9	80159	OPN FX BASE SKL-W/O ICI UNS CONCUSS
	ICD9	8016	OPN FX BASE SKL-CERBRL LAC&CONTUS
	ICD9	80160	OPN FX BASE SKL-CERBRL LAC UNS SOC
	ICD9	80161	OPN FX BASE SKL-CERBRL LAC NO LOC
	ICD9	80162	OPN FX BASE SKL-CERBRL LAC BRF LOC
	ICD9	80163	OPN FX BASE SKL-CERBRL LAC MOD LOC
	ICD9	80164	OPN FX BASE SKL-CERBRL LAC >24&RTRN
	ICD9	80165	OPN FX BASE SKL-CERBRL LAC NO RTRN
	ICD9	80166	OPN FX BASE SKL-CERBRL LAC LOC UNS
	ICD9	80169	OPN FX BASE SKL-CERBRL LAC CONCUSS
	ICD9	8017	OPN FX BASE SKL-SUB&XTRADURL HEMOR
	ICD9	80170	OPN FX BASE SKL-DURL HEMOR UNS SOC
	ICD9	80171	OPN FX BASE SKL-DURL HEM LOC NO LOC
	ICD9	80172	OPN FX BASE SKL-DURL HEM BRIEF LOC
	ICD9	80173	OPN FX BASE SKL-DURL HEM MOD LOC
	ICD9	80174	OPN FX BASE SKL DURL HEM LOC& RTRN
	ICD9	80175	OPN FX BASE SKL-DURAL HEM NO RTRN
	ICD9	80176	OPN FX BASE SKL-DURL HEMOR LOC UNS
	ICD9	80179	OPN FX BASE SKL-DURL HEM UNS CONCUS
	ICD9	8018	OPN FX BASE SKULL-OTH&UNS ICH
	ICD9	80180	OPN FX BASE SKULL-OTH ICH UNS SOC
	ICD9	80181	OPN FX BASE SKULL-OTH ICH NO LOC
	ICD9	80182	OPN FX BASE SKULL-OTH ICH BRIEF LOC
	ICD9	80183	OPN FX BASE SKULL-OTH ICH MOD LOC

	ICD9	80184	OPN FX BASE SKL-OTH ICH LOC&RTRN
	ICD9	80185	OPN FX BASE SKL-OTH ICH LOC NO RTRN
	ICD9	80186	OPN FX BASE SKL-UNS ICH LOC UNS DUR
	ICD9	80189	OPN FX BASE SKUL-UNS ICH UNS CONCUS
	ICD9	8019	OPEN FX BASE SKUL W/ICI UNS NATR
	ICD9	80190	OPN FX BASE SKULL-ICI UNS SOC
	ICD9	80191	OPN FX BASE SKULL-ICI NO LOC
	ICD9	80192	OPN FX BASE SKULL-ICI BRIEF LOC
	ICD9	80193	OPN FX BASE SKULL-ICI MODERATE LOC
	ICD9	80194	OPN FX BASE SKUL-OTH ICI LOC & RTRN
	ICD9	80195	OPN FX BASE SKL-OTH ICI LOC NO RTRN
	ICD9	80196	OPN FX BASE SKULL-ICI LOC UNS DUR
	ICD9	80199	OPN FX BASE SKULL-ICI UNS CONCUS
	ICD9	802	FRACTURE OF FACE BONES
	ICD9	8020	NASAL BONES, CLOSED FRACTURE
	ICD9	8021	NASAL BONES, OPEN FRACTURE
	ICD9	8022	MANDIBLE, CLOSED FRACTURE
	ICD9	80220	CLOS FRACTURE UNSPEC SITE MANDIBLE
	ICD9	80221	CLOS FRACTURE CONDYLR PROCESS MAND
	ICD9	80222	CLOS FX SUBCONDYLR PROCESS MAND
	ICD9	80223	CLOS FRACTURE CORONOID PROCESS MAND
	ICD9	80224	CLOS FX UNSPEC PART RAMUS MAND
	ICD9	80225	CLOSED FRACTURE OF ANGLE OF JAW
	ICD9	80226	CLOS FRACTURE SYMPHYSIS BODY MAND
	ICD9	80227	CLOS FX ALVEOL BORDER BDY MAND
	ICD9	80228	CLOS FX OTH&UNSPEC PART BDY MAND
	ICD9	80229	CLOS FRACTURE MULTIPLE SITES MAND
	ICD9	8023	MANDIBLE, OPEN FRACTURE
	ICD9	80230	OPEN FRACTURE UNSPEC SITE MANDIBLE
	ICD9	80231	OPEN FRACTURE CONDYLR PROCESS MAND
	ICD9	80232	OPEN FX SUBCONDYLR PROCESS MAND
	ICD9	80233	OPEN FRACTURE CORONOID PROCESS MAND
	ICD9	80234	OPEN FX UNSPEC PART RAMUS MAND
	ICD9	80235	OPEN FRACTURE OF ANGLE OF JAW
	ICD9	80236	OPEN FRACTURE SYMPHYSIS BODY MAND
	ICD9	80237	OPEN FX ALVEOL BORDER BDY MAND
	ICD9	80238	OPEN FX OTH&UNSPEC PART BDY MAND
	ICD9	80239	OPEN FRACTURE MULTIPLE SITES MAND
	ICD9	8024	MALAR&MAX BONES CLOSED FRACTURE
	ICD9	8025	MALAR&MAXILLARY BONES OPEN FRACTURE
	ICD9	8026	ORBITAL FLOOR , CLOSED FRACTURE
	ICD9	8027	ORBITAL FLOOR , OPEN FRACTURE
	ICD9	8028	OTHER FACIAL BONES, CLOSED FRACTURE
	ICD9	8029	OTHER FACIAL BONES, OPEN FRACTURE
	ICD9	803	OTHER&UNQUALIFIED SKULL FRACTURES
	ICD9	8030	OTH CLO SKUL FX W/O INTRACRAN INJR
	ICD9	80300	OTH CLO SKUL FX W/O ICI UNS SOC
	ICD9	80301	OTH CLO SKUL FX W/O ICI NO LOC
	ICD9	80302	OTH CLO SKUL FX W/O ICI BRIEF LOC
	ICD9	80303	OTH CLO SKUL FX W/O ICI MOD LOC
	ICD9	80304	OTH CLOS SKL FX NO ICI LOC>24&RTRN
	ICD9	80305	OTH CLOS SKUL FX NO ICI LOC NO RTRN
	ICD9	80306	OTH CLOS SKL FX-NO ICI LOC UNS DUR
	ICD9	80309	OTH CLO SKUL FX W/O ICI UNS CONCUSS
	ICD9	8031	OTH CLO SKUL FX W/CERBRL LAC&CONTUS
	ICD9	80310	OTH CLOS SKL FX-CERBRL LAC UNS SOC
	ICD9	80311	OTH CLOS SKL FX-CERBRL LAC NO LOC
	ICD9	80312	OTH CLOS SKL FX-CERBRL LAC BRF LOC

	ICD9	80313	OTH CLOS SKL FX-CERBRL LAC MOD LOC
	ICD9	80314	OTH CLOS SKL FX-CERBRL LAC LOC&RTRN
	ICD9	80315	OTH CLOS SKL FX-CERBRL LAC NO RTRN
	ICD9	80316	OTH CLOS SKL FX-CERBRL LAC UNS LOC
	ICD9	80319	OTH CLO SKL FX-CERBL LAC UNS CONCUS
	ICD9	8032	OTH CLOS SKL FX-SUB&XTRADURL HEMOR
	ICD9	80320	OTH CLOS SKL FX-DURL HEMOR UNS SOC
	ICD9	80321	OTH CLOS SKL FX-DURL HEMOR NO LOC
	ICD9	80322	OTH CLOS SKL FX-DURL HEM BRIEF LOC
	ICD9	80323	OTH CLOS SKL FX-DURL HEM MOD LOC
	ICD9	80324	OTH CLOS SKL FX-DURL HEMOR LOC&RTRN
	ICD9	80325	OTH CLO SKL FX-DURL HEM LOC NO RTRN
	ICD9	80326	OTH CLOS SKL FX-DURL HEMOR LOC UNS
	ICD9	80329	OTH CLOS SKL FX-DURL HEM UNS CONCUS
	ICD9	8033	CLOS SKUL FX W/UNS INTRACRAN HEMOR
	ICD9	80330	OTH CLOS SKULL FX-OTH ICH UNS LOC
	ICD9	80331	OTH CLOS SKULL FX-OTH ICH NO LOC
	ICD9	80332	OTH CLOS SKULL FX-OTH ICH BRF LOC
	ICD9	80333	OTH CLOS SKULL FX-OTH ICH MOD LOC
	ICD9	80334	OTH CLOS SKL FX-OTH ICH LOC&RTRN
	ICD9	80335	OTH CLOS SKUL FOTH ICH LOC NO RTRN
	ICD9	80336	OTH CLOS SKL FX-OTH ICH LOC UNS DUR
	ICD9	80339	OTH CLOS SKL FX-OTH ICH UNS CONCUSS
	ICD9	8034	OTH CLO SKUL FX W/ICIR UNS NATR
	ICD9	80340	OTH CLOS SKULL FX-ICI UNS SOC
	ICD9	80341	OTH CLOS SKL FX-ICI UNS NATR NO LOC
	ICD9	80342	OTH CLOS SKL FX-ICI UNS BRIEF LOC
	ICD9	80343	OTH CLOS SKL FX-ICI UNS MOD LOC
	ICD9	80344	OTH CLOS SKULL FX-OTH ICI LOC&RTRN
	ICD9	80345	OTH CLOS SKL FX-OTH ICI LOC NO RTRN
	ICD9	80346	OTH CLOS SKULL FX-ICI LOC UNS DUR
	ICD9	80349	OTH CLOS SKULL FX-ICI UNS CONCUS
	ICD9	8035	OTH OPN SKUL FX W/O INTRACRAN INJR
	ICD9	80350	OTH OPEN SKULL FX W/O ICI SOC UNS
	ICD9	80351	OTH OPEN SKULL FX W/O ICI NO LOC
	ICD9	80352	OTH OPEN SKULL FX W/O ICI BRIEF LOC
	ICD9	80353	OTH OPEN SKULL FX W/O ICI MOD LOC
	ICD9	80354	OTH OPN SKL FX NO ICI LOC>24&RTRN
	ICD9	80355	OTH OPN SKL FX NO ICI LOC NO RTRN
	ICD9	80356	OTH OPN SKUL FX W/O ICI LOC UNS DUR
	ICD9	80359	OTH OPN SKUL FX W/O ICI UNS CONCUSS
	ICD9	8036	OTH OPN SKUL FX W/CERBRL LAC&CONTUS
	ICD9	80360	OTH OPN SKL FX-CERBRL LAC UNS SOC
	ICD9	80361	OTH OPN SKL FX-CERBRL LAC NO LOC
	ICD9	80362	OTH OPN SKL FX-CERBRL LAC BRF LOC
	ICD9	80363	OTH OPN SKL FX-CERBRL LAC MOD LOC
	ICD9	80364	OTH OPN SKL FX-CERBRL LAC LOC&RTRN
	ICD9	80365	OTH OPN SKL FX CERBRL LAC NO RTRN
	ICD9	80366	OTH OPN SKL FX CERBRL LAC LOC UNS
	ICD9	80369	OTH OPN SKL FX CRBRL LAC UNS CONCUS
	ICD9	8037	OTH OPN SKL FX-SUB&XTRADURAL HEMORR
	ICD9	80370	OTH OPN SKL FX-DURL HEMOR UNS SOC
	ICD9	80371	OTH OPN SKL FX-DURL HEMO NO LOS
	ICD9	80372	OTH OPN SKL FX-DURAL HEM BRF LOC
	ICD9	80373	OTH OPN SKL FX-DURAL HEM MOD LOC
	ICD9	80374	OTH OPN SKL FX-DURL HEMOR LOC&RTRN
	ICD9	80375	OTH OPN SKL FX-DURL HEM LOC NO RTRN
	ICD9	80376	OTH OPN SKL FX-DURL HEMOR LOC UNS

	ICD9	80379	OTH OPN SKL FX-DURL HEM UNS CONCUSS
	ICD9	8038	OTH OPN SKUL FX OTH&UNS ICH
	ICD9	80380	OTH OPN SKUL FX OTH&UNS ICH UNS SOC
	ICD9	80381	OTH OPN SKUL FX OTH&UNS ICH NO LOC
	ICD9	80382	OTH OPN SKUL FX OTH&UNS ICH BRF LOC
	ICD9	80383	OTH OPN SKUL FX OTH&UNS ICH MOD LOC
	ICD9	80384	OTH OPN SKL FX-UNS ICH LOC>24&RTRN
	ICD9	80385	OTH OPN SKL FX-UNS ICH LOC&NO RTRN
	ICD9	80386	OTH OPN SKL FX-UNS ICH LOC UNS DUR
	ICD9	80389	OPN SKULL FX CONCUSS
	ICD9	8039	OTH OPN SKUL FX W/ICI UNS NATR
	ICD9	80390	OTH OPN SKL FX-ICI UN NATR UNS SOC
	ICD9	80391	OTH OPN SKL FX-ICI UNS NATR NO LOC
	ICD9	80392	OTH OPN SKL FX-ICI UNS NATR BRF LOC
	ICD9	80393	OTH OPN SKL FX-ICI UNS NATR MOD LOC
	ICD9	80394	OTH OPN SKL FX-OTH ICI LOC>24&RTRN
	ICD9	80395	OTH OPN SKL FX-OTH ICI LOC NO RTRN
	ICD9	80396	OTH OPN SKULL FX-ICI LOC UNS DUR
	ICD9	80399	OTH OPN SKULL FX-ICI UNS CONCUS
	ICD9	804	MX FX INVLV SKULL/FACE W/OTH BNS
	ICD9	8040	CLOS FXS SKULL/FACE-OTH BNS NO ICI
	ICD9	80400	CLOS FXS SKULL/FACE NO ICI UNS SOC
	ICD9	80401	CLOS FXS SKULL/FACE NO ICI NO LOC
	ICD9	80402	CLOS FXS SKULL/FACE NO ICI LOC<1 HR
	ICD9	80403	CLOS FXS SKULL/FACE NO ICI MOD LOC
	ICD9	80404	CLOS FXS SKL/FCE NO ICI LOC&RETURN
	ICD9	80405	CLOS FXS SKL/FCE NO ICI LOC NO RTRN
	ICD9	80406	CLOS FXS SKULL/FACE NO ICI LOC UNS
	ICD9	80409	CLOS FXS SKL/FCE NO ICI UNS CONCUSS
	ICD9	8041	CLOS FXS SKL/FACE CERBRL LAC CONTUS
	ICD9	80410	CLOS FXS SKL/FACE CEREB LAC UNS SOC
	ICD9	80411	CLOS FXS SKL/FACE CERBRL LAC NO LOC
	ICD9	80412	CLOS FXS SKL/FCE CERBRL LAC BRF LOC
	ICD9	80413	CLOS FXS SKL/FCE CERBRL LAC MOD LOC
	ICD9	80414	CLOS FXS SKL/FCE CERBRL LAC>24&RTRN
	ICD9	80415	CLOS FXS SKL/FCE CERBRL LAC NO RTRN
	ICD9	80416	CLOS FXS SKL/FCE CERBRL LAC LOC UNS
	ICD9	80419	CL SKUL W OTH FX-CONCUSS
	ICD9	8042	CLOS FXS SKL/FCE SUB&XTRDURL HEMORR
	ICD9	80420	CLOS FXS SKL/FACE DURL HEM UNS SOC
	ICD9	80421	CLOS FXS SKULL/FACE DURL HEM NO LOC
	ICD9	80422	CLOS FXS SKUL/FACE DURL HEM BRF LOC
	ICD9	80423	CLOS FXS SKUL/FACE DURL HEM MOD LOC
	ICD9	80424	CLOS FXS SKUL/FCE DURL HEM>24&RTRN
	ICD9	80425	CLOS FXS SKUL/FCE DURL HEM NO RTRN
	ICD9	80426	CLOS FXS SKUL/FCE DURL HEM LOC UNS
	ICD9	80429	CLOS FXS SKL/FCE DURL HEM UNS CNCUS
	ICD9	8043	CLOS FXS INVOLV SKUL/FACE W/UNS ICH
	ICD9	80430	CLOS FXS SKL/FCE-OTH ICH-UNS SOC
	ICD9	80431	CLOS FXS SKL/FCE-OTH&UNS ICH NO LOC
	ICD9	80432	CLOS FXS SKL/FCE-OTH ICH BRIEF LOC
	ICD9	80433	CLOS FXS SKULL/FACE-OTH ICH MOD LOC
	ICD9	80434	CLOS FXS SKUL/FACE-OTH ICH LOC&RTRN
	ICD9	80435	CLOS FXS SKL/FCE-OTH ICH-LOC NO RTN
	ICD9	80436	CLOS FXS SKL/FCE-OTH ICH-UNS LOC
	ICD9	80439	CLOS FXS SKL/FCE-OTH ICH UNS CONCUS
	ICD9	8044	CLOS FXS SKULL/FACE-ICI UNS NATURE
	ICD9	80440	CLOS FXS SKUL/FACE-OTH ICI-UNS SOC

	ICD9	80441	CLOS FXS SKL/FCE-OTH&UNS ICI-NO LOC
	ICD9	80442	CLOS FXS SKL/FCE-OTH ICI-BRF LOC
	ICD9	80443	CLOS FXS SKL/FCE-OTH ICI-MOD LOC
	ICD9	80444	CLOS FXS SKL/FCE-OTH ICI LOC&RETURN
	ICD9	80445	CLOS FXS SKL-OTH ICI-LOC NO RTRN
	ICD9	80446	CLOS FXS SKL/FCE-OTH ICI-UNS LOC
	ICD9	80449	CLOS FXS SKL/FCE-OTH ICI UNS CONCUS
	ICD9	8045	OPN FXS SKULL/FACE-OTH BNS W/O ICI
	ICD9	80450	OPN FXS SKULL/FACE NO ICI UNS SOC
	ICD9	80451	OPN FXS SKULL/FACE W/O ICI NO LOC
	ICD9	80452	OPEN FXS SKULL/FACE NO ICI BRF LOC
	ICD9	80453	OPN FXS SKULL/FACE NO ICI MOD LOC
	ICD9	80454	OPN FXS SKL/FCE NO ICI LOC>24&RTURN
	ICD9	80455	OPEN FXS SKL/FCE NO ICI LOC NO RTRN
	ICD9	80456	OPEN FXS SKULL/FACE NO ICI LOC UNS
	ICD9	80459	OPEN FXS SKL/FCE NO ICI UNS CONCUSS
	ICD9	8046	OPEN FXS SKUL/FCE-CERBRL LAC&CONTUS
	ICD9	80460	OPN SKULL/FACE-CERBRL LAC UNS SOC
	ICD9	80461	OPEN FXS SKL/FCE-CERBRL LAC NO LOC
	ICD9	80462	OPN FXS SKL/FCE-CERBRL LAC BRF LOC
	ICD9	80463	OPN FXS SKL/FCE-CERBRL LAC-MOD LOC
	ICD9	80464	OPN FXS SKL/FCE-CERBRL LAC LOC&RTRN
	ICD9	80465	OPN FXS SKL CERBRL LAC LOC NO RTRN
	ICD9	80466	OPN FXS SKL/FCE-CERBRL LAC LOC UNS
	ICD9	80469	OPN SKL/FCE-CERBRL LAC UNS CONCUSS
	ICD9	8047	OPN FXS SKL/FCE SUBARACH-DURAL HEM
	ICD9	80470	OPN FXS SKL/FCE-DURL HEMORR-UNS SOC
	ICD9	80471	OPN FXS SKL/FCE-DURAL HEMORR NO LOC
	ICD9	80472	OPN FXS SKL/FCE-DURAL HEM BRIEF LOC
	ICD9	80473	OPN FXS SKL/FCE-DURAL HEM-MOD LOC
	ICD9	80474	OPN FXS SKL/FCE-DURL HEM LOC&RTRN
	ICD9	80475	OPN FXS SKL/FCE-DURL HEM-LOC NO RTN
	ICD9	80476	OPN FXS SKL/FCE-DURL HEMORR LOC UNS
	ICD9	80479	OPN FXS SKL/FCE-DURL HEM UNS CONCUS
	ICD9	8048	OPN FXS SKULL/FACE-OTH&UNS ICH
	ICD9	80480	OPN FXS SKL/FCE-OTH&UNS ICH UNS SOC
	ICD9	80481	OPN FXS SKUL/FCE-OTH&UNS ICH NO LOC
	ICD9	80482	OPN FXS SKL/FCE OTH&UNS ICH BRF LOC
	ICD9	80483	OPN FXS SKL/FCE-OTH&UNS ICH MOD LOC
	ICD9	80484	OPN FXS SKL/FCE-OTH ICH LOC&RETURN
	ICD9	80485	OPN FXS SKL/FCE-OTH ICH LOC NO RTRN
	ICD9	80486	OPN FXS SKL/FCE-OTH&UNS ICH LOC UNS
	ICD9	80489	OPN FXS SKL/FCE-OTH ICH UNS CONCUSS
	ICD9	8049	OPN FXS SKULL/FACE-OTH ICI UNS NATR
	ICD9	80490	OPN FXS SKL/FCE-OTH&UNS ICI UNS SOC
	ICD9	80491	OPN FXS SKL/FCE-OTH&UNS ICI NO LOC
	ICD9	80492	OPN FXS SKL/FCE OTH&UNS ICI-BRF LOC
	ICD9	80493	OPN FXS SKL/FCE-OTH&UNS ICI MOD LOC
	ICD9	80494	OPN FXS SKL/FCE-OTH ICI LOC&RTRN
	ICD9	80495	OPN FXS SKL/FCE-OTH ICI LOC NO RTRN
	ICD9	80496	OPN FXS SKL/FCE-OTH&UNS ICI LOC UNS
	ICD9	80499	OPN FXS SKL/FCE-OTH ICI UNS CONCUSS
	ICD9	850	CONCUSSION
	ICD9	8500	CONCUSSION WITH NO LOC
	ICD9	8501	CONCUSSION WITH BRIEF LOC
	ICD9	85011	CONCUSSION W/LOC 30 MINUTES OR LESS
	ICD9	85012	CONCUSSION W/LOC FROM 31 59 MINUTES
	ICD9	8502	CONCUSSION WITH MODERATE LOC

	ICD9	8503	CONCUS W/LOC&RTRN PREV CONSC LEVL
	ICD9	8504	CONCUSW/LOC-NO RTRN PREV LEVEL
	ICD9	8505	CONCUSSION W/LOC UNSPEC DURATION
	ICD9	8509	UNSPECIFIED CONCUSSION
	ICD9	851	CEREBRAL LACERATION AND CONTUSION
	ICD9	8510	CORTX CONTUS W/O MENTION OPN ICW
	ICD9	85100	CORTX CONTUS W/O OPN ICW SOC UNS
	ICD9	85101	CORTX CONTUS W/O OPN ICW NO LOC
	ICD9	85102	CORTX CONTUS W/O OPN ICW BRF LOC
	ICD9	85103	CORTX CONTUS W/O OPN ICW MOD LOC
	ICD9	85104	CORTX CONTUS NO OPN ICW LOC&RTRN
	ICD9	85105	CORTX CONTUS NO OPN ICW NO RETURN
	ICD9	85106	CORTX CONTUS W/O OP ICW LOC UNS DUR
	ICD9	85109	CORTX CONTUS W/O OPN ICW UNS CONCUS
	ICD9	8511	CORTX CONTUS W/OPEN INTRACRAN WOUND
	ICD9	85110	CORTX CONTUS W/OPEN ICW UNS SOC
	ICD9	85111	CORTX CONTUS W/OPEN ICW NO LOC
	ICD9	85112	CORTX CONTUS W/OPEN ICW BRF LOC
	ICD9	85113	CORTX CONTUS W/OPEN ICW MOD LOC
	ICD9	85114	CORTX CONTUS-OPN ICW LOC>24 HR&RTRN
	ICD9	85115	CORTX CONTUS-OPN ICW LOC>24 NO RTRN
	ICD9	85116	CORTX CONTUS W/OPEN ICW LOC UNS DUR
	ICD9	85119	CORTX CONTUS W/OPEN ICW UNS CONCUS
	ICD9	8512	CORTX LAC W/O MENTION OPN ICW
	ICD9	85120	CORTX LAC W/O OPN ICW UNS SOC
	ICD9	85121	CORTX LAC W/O OPN ICW NO LOC
	ICD9	85122	CORTX LAC W/O OPN ICW BRF LOC
	ICD9	85123	CORTX LAC W/O OPN ICW MOD LOC
	ICD9	85124	CORTEX LAC NO OPN ICW LOC>24&RTRN
	ICD9	85125	CORTEX LAC NO OPN ICW LOC NO RTRN
	ICD9	85126	CORTX LAC W/O OPN ICW LOC UNS DUR
	ICD9	85129	CORTX LAC W/O OPN ICW UNS CONCUS
	ICD9	8513	CORTX LAC W/OPEN INTRACRAN WOUND
	ICD9	85130	CORTX LAC W/OPEN ICW UNS SOC
	ICD9	85131	CORTX LAC W/OPEN ICW NO LOC
	ICD9	85132	CORTX LAC W/OPEN ICW BRF LOC
	ICD9	85133	CORTX LAC W/OPEN ICW MOD LOC
	ICD9	85134	CORTX LAC-OPN ICW LOC>24 HR&RETRUN
	ICD9	85135	CORTX LAC-OPN ICW LOC NO RETURN
	ICD9	85136	CORTX LAC W/OPEN ICW LOC UNS DUR
	ICD9	85139	CORTX LAC W/OPEN ICW UNS CONCUS
	ICD9	8514	CERBLLR/BRAIN STM CONTUS-NO OPN ICW
	ICD9	85140	CERBLLR CONTUS-NO OPN ICW UNS SOC
	ICD9	85141	CERBLLR CONTUS NO OPN ICW NO LOC
	ICD9	85142	CERBLLR CONTUS NO OPN ICW BRF LOC
	ICD9	85143	CERBLLR CONTUS NO OPN ICW MOD LOC
	ICD9	85144	CERBLLR CONTUS NO OPN ICW LOC&RTRN
	ICD9	85145	CRBLLR CNTUS NO OPN ICW LOC NO RTRN
	ICD9	85146	CERBLLR CONTUS NO OPN ICW UNS DUR
	ICD9	85149	CERBLLR CONTUS NO OPN ICW UNS CNCUS
	ICD9	8515	CEREBEL CONTUS W OPN WND
	ICD9	85150	CERBLLR CONTUS-OPN ICW UNS SOC
	ICD9	85151	CERBLLR CONTUS-OPN ICU NO LOC
	ICD9	85152	CERBLLR CONTUS-OPN ICW BRF LOC
	ICD9	85153	CERBLLR CONTUS-OPN ICW MOD LOC
	ICD9	85154	CERBLLR CONTUS-OPN ICW LOC & RETURN
	ICD9	85155	CERBLLR CONTUS-OPN ICW LOC NO RTURN
	ICD9	85156	CERBLLR CONTUS-OPN ICW LOC UNS DUR

	ICD9	85159	CERBLLR CONTUS-OPN ICW UNS CONCUSS
	ICD9	8516	CERBLLR/BRAIN STEM LAC W/O OPN ICW
	ICD9	85160	CERBLLR LAC NO OPN ICW UNS SOC
	ICD9	85161	CERBLLR LAC NO OPN ICW NO LOC
	ICD9	85162	CERBLLR LAC NO OPN ICW BRIEF LOC
	ICD9	85163	CERBLLR LAC NO OPN ICW MODERATE LOC
	ICD9	85164	CERBLLR LAC NO OPN ICW LOC & RETURN
	ICD9	85165	CERBLLR LAC NO OPN ICW LOC NO RTURN
	ICD9	85166	CERBLLR LAC NO OPN ICW LOC UNS DUR
	ICD9	85169	CERBLLR LAC NO OPN ICW UNS CONCUSS
	ICD9	8517	CERBLLR/BRAIN STEM LAC W/OPEN ICW
	ICD9	85170	CERBLLR LAC W/OPN ICW SOC UNS
	ICD9	85171	CERBLLR LAC W/OPN ICW NO LOC
	ICD9	85172	CERBLLR LAC W/OPN ICW BRIEF LOC
	ICD9	85173	CERBLLR LAC W/OPN ICW MODERATE LOC
	ICD9	85174	CERBLLR LAC W/OPN ICW LOC & RETURN
	ICD9	85175	CERBLLR LAC W/OPN ICW LOC NO RETURN
	ICD9	85176	CERBLLR LAC W/OPN ICW LOC UNS DUR
	ICD9	85179	CERBLLR LAC W/OPN ICW UNS CONCUSS
	ICD9	8518	UNS CERBRL LAC&CONTUS W/O OPN ICW
	ICD9	85180	OTH&UNS CERB LAC NO ICW UNS SOC
	ICD9	85181	OTH&UNS CERB LAC NO OPN ICW NO LOC
	ICD9	85182	OTH&UNS CERB LAC N-OPN ICW BRF LOC
	ICD9	85183	OTH&UNS CERB LAC N-OPN ICW MOD LOC
	ICD9	85184	OTH&UNS CERB LAC NO OPN ICW LOC&RTN
	ICD9	85185	OTH&UNS CERB LAC NO ICW LOC NO RTN
	ICD9	85186	OTH&UNS CERB LAC NO ICW LOC UNS DUR
	ICD9	85189	OTH&UNS CERB LAC NO ICW UNS CNCUS
	ICD9	8519	OTH&UNS CERBRL LAC&CONTUS-OPN ICW
	ICD9	85190	OTH&UNS CERBRL LAC-OPN ICW UNS SOC
	ICD9	85191	OTH&UNS CERBRL LAC-OPN ICW NO LOC
	ICD9	85192	OTH&UNS CERBRL LAC-OPN ICW BRF LOC
	ICD9	85193	OTH&UNS CERBRL LAC-OPN ICW MOD LOC
	ICD9	85194	OTH&UNS CERBRL LAC-OPN ICW LOC&RTRN
	ICD9	85195	OTH&UNS CERB LAC-OPN ICW LOC NO RTN
	ICD9	85196	OTH&UNS CERB LAC-OPN ICW LOC UNS DR
	ICD9	85199	OTH&UNS CERB LAC-OPN ICW UNS CONCUS
	ICD9	852	SUBARACH SUB&XTRADURL HEMOR FLW INJ
	ICD9	8520	SUBARACH HEMOR FLW INJR W/O OPN ICW
	ICD9	85200	SUBARACH HEMOR INJURY
	ICD9	85201	SUBARACH HEMOR NO LOC
	ICD9	85202	SUBARACH HEMOR BRIEF LOC
	ICD9	85203	SUBARACH HEMOR MOD LOC
	ICD9	85204	SUBARACH HEMOR LOC>24 RETRN
	ICD9	85205	SUBARACH HEMOR LOC>24 NO RETRN
	ICD9	85206	SUBARACH HEMOR LOC UNS DURAT
	ICD9	85209	SUBARACH HEMOR CONCUSSION
	ICD9	8521	SUBARACH HEMOR FLW INJR W/OPEN ICW
	ICD9	85210	SUBARACH HEMOR W/OPN ICW UNS LOC
	ICD9	85211	SUBARACH HEMOR W/OPN ICW NO LOC
	ICD9	85212	SUBARACH HEMOR W/OPN ICW BRIEF LOC
	ICD9	85213	SUBARACH HEMOR W/OPN ICW MOD LOC
	ICD9	85214	SUBARAC HEMOR W/OPN ICW LOC>24 RTRN
	ICD9	85215	SUBARAC HEMOR OP ICW LOC>24 NO RTRN
	ICD9	85216	SUBARACH HEMOR W/OPN ICW UNS DUR
	ICD9	85219	SUBARAC HEM W/OPN ICW UNS CONCUSS
	ICD9	8522	SUBDURAL HEMOR FLW INJR W/O OPN ICW
	ICD9	85220	SUBDURAL HEMOR W/O OPN ICW UNS LOC

	ICD9	85221	SUBDURAL HEMOR W/O OPN ICW NO LOC
	ICD9	85222	SUBDURL HEMOR W/O OPN ICW BRIEF LOC
	ICD9	85223	SUBDURAL HEMOR W/O OPN ICW MOD LOC
	ICD9	85224	SUBDR HEMOR W/O OPN ICW LOC>24 RTRN
	ICD9	85225	SUBDURAL HEMOR LOC>24 NO RETURN
	ICD9	85226	SUBDURAL HEMOR LOC UNS DURATION
	ICD9	85229	SUBDUR HEMOR W/O OP ICW UNS CONCUS
	ICD9	8523	SUBDURAL HEMOR FLW INJR W/OPEN ICW
	ICD9	85230	SUBDURAL HEMOR W/OPN ICW SOC UNS
	ICD9	85231	SUBDURAL HEMOR W/OPN ICW NO LOC
	ICD9	85232	SUBDURAL HEMOR W/OPN ICW BRIEF LOC
	ICD9	85233	SUBDURAL HEMOR W/OPN ICW MOD LOC
	ICD9	85234	SUBDURL HEMOR W/OPN ICW LOC>24 RTRN
	ICD9	85235	SUBDRL HEM W/OPN ICW LOC>24 NO RTRN
	ICD9	85236	SUBDURL HEMOR W/OPN ICW LOC UNS DUR
	ICD9	85239	SUBDURL HEM W/OPN ICW UNS CONCUSS
	ICD9	8524	XTRADURL HEMOR FLW INJR W/O OPN ICW
	ICD9	85240	XTRADURL HEMOR W/O OPN ICW LOC UNS
	ICD9	85241	XTRADURL HEMOR W/O OPN ICW NO LOC
	ICD9	85242	XTRADUR HEMOR W/O OPN ICW BRIEF LOC
	ICD9	85243	XTRADURL HEMOR W/O OPN ICW MOD LOC
	ICD9	85244	XTRADUR HEMOR W/O ICW LOC>24 RETURN
	ICD9	85245	XTRADUR HEMOR WO ICW LOC>24 NO RTRN
	ICD9	85246	XTRADURAL HEMOR W/O ICW LOC UNS DUR
	ICD9	85249	XTRADURAL HEMOR W/O ICW UNS CONCUSS
	ICD9	8525	XTRADURL HEMOR FLW INJR W/OPEN ICW
	ICD9	85250	XTRADURAL HEMOR W/OPN ICW SOC UNS
	ICD9	85251	XTRADURAL HEMOR W/OPN ICW NO LOC
	ICD9	85252	XTRADURAL HEMOR W/OPN ICW BRIEF LOC
	ICD9	85253	XTRADURAL HEMOR W/OPN ICW MOD LOC
	ICD9	85254	XTRADUR HEMOR W/ICW LOC>24 RETURN
	ICD9	85255	XTRADUR HEMOR W/ICW LOC>24 NO RTRN
	ICD9	85256	XTRADUR HEMOR W/OPN ICW LOC UNS DUR
	ICD9	85259	XTRADUR HEMOR W/OPN ICW UNS CONCUSS
	ICD9	853	OTH&UNS INTRACRAN HEMOR FLW INJURY
	ICD9	8530	OTH&UNS ICH W/O OPEN INTRACRAN WND
	ICD9	85300	OTH&UNS ICH W/O OPEN ICW UNS SOC
	ICD9	85301	OTH&UNS ICH W/O OPEN ICW NO LOC
	ICD9	85302	OTH&UNS ICH W/O OPEN ICW BRIEF LOC
	ICD9	85303	OTH&UNS ICH W/O OPEN ICW MOD LOC
	ICD9	85304	OTH&UNS ICH W/O OPN ICW >24 LOC RTN
	ICD9	85305	OTH&UNS ICH W/O ICW >24 LOC NO RTN
	ICD9	85306	OTH&UNS ICH W/O OPN ICW LOC UNS DUR
	ICD9	85309	OTH&UNS ICH W/O OPN ICW UNS CONCUSS
	ICD9	8531	OTH&UNS ICH W/OPEN INTRACRAN WND
	ICD9	85310	OTH&UNS ICH W/OPEN ICW UNS SOC
	ICD9	85311	OTH&UNS ICH W/OPEN ICW NO LOC
	ICD9	85312	OTH&UNS ICH WOPEN ICW BRIEF LOC
	ICD9	85313	OTH&UNS ICH W/OPEN ICW MOD LOC
	ICD9	85314	OTH&UNS ICH W/OPEN ICW >24 LOC RTRN
	ICD9	85315	OTH&UNS ICH W/ICW >24 LOC NO RTRN
	ICD9	85316	OTH&UNS ICH W/OPN ICW LOC UNS DUR
	ICD9	85319	OTH&UNS ICH W/OPN ICW UNS CONCUSS
	ICD9	854	INTRACRAN INJURY OTH&UNSPEC NATURE
	ICD9	8540	ICI OTH&UNS NATR W/O OPEN ICW
	ICD9	85400	ICI OTH&UNS NAT W/O OPN ICW UNS SOC
	ICD9	85401	ICI OTH&UNS NATR W/O OPN ICW NO LOC
	ICD9	85402	ICI OTH&UNS W/O OPN ICW BRIEF LOC

	ICD9	85403	ICI OTH&UNS W/O OPN ICW MOD LOC
	ICD9	85404	ICI OTH&UNS W/O OPN ICW LOC>24 RTN
	ICD9	85405	ICI OTH&UNS W/O ICW LOC>24 NO RTRN
	ICD9	85406	ICI OTH&UNS W/O OPN ICW LOC UNS DUR
	ICD9	85409	ICI OTH&UNS W/O OPN ICW UNS CONCUSS
	ICD9	8541	ICI OTH&UNS NATR W/OPEN ICW
	ICD9	85410	ICI OTH&UNS NATR W/OPEN ICW UNS SOC
	ICD9	85411	ICI OTH&UNS NATR W/OPEN ICW NO LOC
	ICD9	85412	ICI OTH&UNS W/OPEN ICW BRIEF LOC
	ICD9	85413	ICI OTH&UNS W/OPEN ICW MOD LOC
	ICD9	85414	ICI OTH&UNS W/OPEN ICW LOC>24 RTRN
	ICD9	85415	ICI OTH&UNS W/ICW LOC>24 NO RTRN
	ICD9	85416	ICI OTH&UNS W/OPEN ICW LOC UNS DUR
	ICD9	85419	ICI OTH&UNS W/OPEN ICW UNS CONCUSS
	ICD9	870	OPEN WOUND OF OCULAR ADNEXA
	ICD9	8700	LAC SKIN EYELD&PERIOCULR AREA
	ICD9	8701	LAC EYELD NOT INVOLV LACRIML PASSAG
	ICD9	8702	LACERATION EYELD INVLV LAC PASSAGES
	ICD9	8703	PENETRATING WND ORBIT W/O FB
	ICD9	8704	PENETRATING WOUND ORBIT W/FB
	ICD9	8708	OTHER SPEC OPEN WOUND OCULAR ADNEXA
	ICD9	8709	UNSPEC OPEN WOUND OCULAR ADNEXA
	ICD9	871	OPEN WOUND OF EYEBALL
	ICD9	8710	OCULR LAC W/O PROLAP INTRAOCLR TISS
	ICD9	8711	OCULR LAC W/PROLAP/EXPOS OCULR TISS
	ICD9	8712	RUP EYE W/PART LOSS INTRAOCULR TISS
	ICD9	8713	AVULSION OF EYE
	ICD9	8714	UNSPECIFIED LACERATION OF EYE
	ICD9	8715	PENETRATION EYEBALL W/MAGNETIC FB
	ICD9	8716	PENETRATION EYEBALL W/FOREIGN BODY
	ICD9	8717	UNSPECIFIED OCULAR PENETRATION
	ICD9	8719	UNSPECIFIED OPEN WOUND OF EYEBALL
	ICD9	872	OPEN WOUND OF EAR
	ICD9	8720	OPEN WOUND EXT EAR W/O MENTION COMP
	ICD9	87200	OPEN WND EXT EAR UNS SITE W/O COMP
	ICD9	87201	OPEN WOUND AURICLE W/O MENTION COMP
	ICD9	87202	OPEN WND AUDITRY CANAL W/O COMP
	ICD9	8721	OPEN WOUND EXTERNAL EAR COMPLICATED
	ICD9	87210	OPEN WOUND EXT EAR UNSPEC SITE COMP
	ICD9	87211	OPEN WOUND OF AURICLE, COMPLICATED
	ICD9	87212	OPEN WOUND AUDITRY CANAL COMP
	ICD9	8726	OPEN WND OTH SPEC PART EAR W/O COMP
	ICD9	87261	OPEN WND EAR DRUM W/O MENTION COMP
	ICD9	87262	OPEN WND OSSICLES W/O MENTION COMP
	ICD9	87263	OPEN WND EUSTACHIAN TUBE W/O COMP
	ICD9	87264	OPEN WOUND COCHLEA W/O MENTION COMP
	ICD9	87269	OPEN WND OTH&MX SITE W/O COMP
	ICD9	8727	OPEN WOUND OTH SPEC PARTS EAR COMP
	ICD9	87271	OPEN WOUND OF EAR DRUM, COMPLICATED
	ICD9	87272	OPEN WOUND OF OSSICLES, COMPLICATED
	ICD9	87273	OPEN WOUND EUSTACHIAN TUBE COMP
	ICD9	87274	OPEN WOUND OF COCHLEA, COMPLICATED
	ICD9	87279	OPEN WOUND OTH&MULTIPLE SITES COMP
	ICD9	8728	OPEN WND EAR PART UNS W/O COMP
	ICD9	8729	OPEN WOUND EAR PART UNSPEC COMP
	ICD9	873	OTHER OPEN WOUND OF HEAD
	ICD9	8730	OPEN WOUND SCLP W/O MENTION COMP
	ICD9	8731	OPEN WOUND OF SCALP, COMPLICATED

	ICD9	8732	OPEN WOUND NSE WITHOUT MENTION COMP
	ICD9	87320	OPEN WND NSE UNS SITE W/O COMP
	ICD9	87321	OPEN WND NASL SEPTUM W/O COMP
	ICD9	87322	OPEN WND NASL CAV W/O MENTION COMP
	ICD9	87323	OPEN WND NASL SINUS W/O COMP
	ICD9	87329	OPEN WND NSE MX SITE W/O COMP
	ICD9	8733	OPEN WOUND OF NOSE, COMPLICATED
	ICD9	87330	OPEN WOUND NOSE UNSPEC SITE COMP
	ICD9	87331	OPEN WOUND NASAL SEPTUM COMPLICATED
	ICD9	87332	OPEN WOUND NASAL CAVITY COMPLICATED
	ICD9	87333	OPEN WOUND NASAL SINUS COMPLICATED
	ICD9	87339	OPEN WOUND NOSE MULTIPLE SITES COMP
	ICD9	8734	OPEN WOUND FCE WITHOUT MENTION COMP
	ICD9	87340	OPEN WND FCE UNS SITE W/O COMP
	ICD9	87341	OPEN WOUND CHEEK W/O MENTION COMP
	ICD9	87342	OPEN WND FOREHEAD W/O MENTION COMP
	ICD9	87343	OPEN WOUND LIP WITHOUT MENTION COMP
	ICD9	87344	OPEN WOUND JAW WITHOUT MENTION COMP
	ICD9	87349	OPEN WND FCE OTH&MX SITE W/O COMP
	ICD9	8735	OPEN WOUND OF FACE, COMPLICATED
	ICD9	87350	OPEN WOUND FACE UNSPEC SITE COMP
	ICD9	87351	OPEN WOUND OF CHEEK, COMPLICATED
	ICD9	87352	OPEN WOUND OF FOREHEAD, COMPLICATED
	ICD9	87353	OPEN WOUND OF LIP, COMPLICATED
	ICD9	87354	OPEN WOUND OF JAW, COMPLICATED
	ICD9	87359	OPEN WOUND FACE OTH&MX SITES COMP
	ICD9	8736	OPEN WND INTRL STRCT MOUTH W/O COMP
	ICD9	87360	OPEN WND MOUTH UNS SITE W/O COMP
	ICD9	87361	OPEN WND BUCCAL MUCOS W/O COMP
	ICD9	87362	OPEN WOUND GUM WITHOUT MENTION COMP
	ICD9	87363	OPEN WOUND TOOTH W/O MENTION COMP
	ICD9	87364	OPEN WND TONGUE&FLR MOUTH W/O COMP
	ICD9	87365	OPEN WOUND PALATE W/O MENTION COMP
	ICD9	87369	OPEN WND MOUTH OTH&MX SITE W/O COMP
	ICD9	8737	OPEN WOUND INTRL STRCT MOUTH COMP
	ICD9	87370	OPEN WOUND MOUTH UNSPEC SITE COMP
	ICD9	87371	OPEN WOUND BUCCAL MUCOSA COMP
	ICD9	87372	OPEN WOUND OF GUM , COMPLICATED
	ICD9	87373	OPEN WOUND OF TOOTH , COMPLICATED
	ICD9	87374	OPEN WOUND TONGUE&FLOOR MOUTH COMP
	ICD9	87375	OPEN WOUND OF PALATE, COMPLICATED
	ICD9	87379	OPEN WOUND MOUTH OTH&MX SITES COMP
	ICD9	8738	OTH&UNS OPN WND HEAD W/O COMP
	ICD9	8739	OTH&UNSPEC OPEN WOUND HEAD COMP
	ICD9	9070	LATE EFF INTRACRAN INJR W/O SKUL FX
	ICD9	9251	CRUSHING INJURY OF FACE AND SCALP
	ICD9	9300	FOREIGN BODY IN CORNEA
	ICD9	9301	FOREIGN BODY IN CONJUNCTIVAL SAC
	ICD9	9302	FOREIGN BODY IN LACRIMAL PUNCTUM
	ICD9	94130	FULL-THICK SKN LOSS-BURN FCE&HEAD
	ICD9	94131	FULL-THICK SKIN LOSS DUE BURN EAR
	ICD9	94132	FULL-THICK SKIN LOSS DUE BURN EYE
	ICD9	94133	FULL-THICK SKIN LOSS DUE BURN LIP
	ICD9	94134	FULL-THICK SKIN LOSS DUE BURN CHIN
	ICD9	94135	FULL-THICK SKIN LOSS DUE BURN NOSE
	ICD9	94136	FULL-THICK SKIN LOSS DUE BURN SCLP
	ICD9	94137	FULL-THCK SKN LOSS-BRN-FORHED&CHEEK
	ICD9	94138	FULL-THICK SKIN LOSS DUE BURN NECK

ICD9	94139	FULL-THCK SKN LOSS-BRN-MX-HEAD&NECK
ICD9	94140	DEEP 3 DEG-UNS SITE FCE&HED NO LOBP
ICD9	94141	DEEP 3RD DEG BURN-EAR W/O LOBP
ICD9	94142	DEEP 3RD DEG BURN-EYE W/O LOBP
ICD9	94143	DEEP 3RD DEG BURN-LIP W/O LOBP
ICD9	94144	DEEP 3RD DEG BURN-CHIN W/O LOBP
ICD9	94145	DEEP 3RD DEG BURN-NOSE W/O LOBP
ICD9	94146	DEEP 3RD DEG BURN-SCALP W/O LOBP
ICD9	94147	DEEP 3RD DEG-FORHEAD&CHEEK NO LOBP
ICD9	94148	DEEP 3RD DEG BURN-NECK W/O LOBP
ICD9	94149	DEEP 3RD DEG-MX-FCE HED&NCK NO LOBP
ICD9	94150	DEEP 3RD DEG-FACE&HEAD UNS W/LOBP
ICD9	94151	DEEP 3RD DEGREE BURN-EAR W/LOBP
ICD9	94152	DEEP 3RD DEGREE BURN-EYE W/LOBP
ICD9	94153	DEEP 3RD DEGREE BURN-LIP W/LOBP
ICD9	94154	DEEP 3RD DEGREE BURN-CHIN W/LOBP
ICD9	94155	DEEP 3RD DEGREE BURN-NOSE W/LOBP
ICD9	94156	DEEP 3RD DEGREE BURN-SCALP W/LOBP
ICD9	94157	DEEP 3RD DEG BURN-FORHED&CHK W/LOBP
ICD9	94158	DEEP 3RD DEGREE BURN-NECK W/LOBP
ICD9	94159	DEEP 3RD DEG-MX FCE HEAD&NCK W/LOBP
ICD9	950	INJURY TO OPTIC NERVE AND PATHWAYS
ICD9	9500	OPTIC NERVE INJURY
ICD9	9501	INJURY TO OPTIC CHIASM
ICD9	9502	INJURY TO OPTIC PATHWAYS
ICD9	9503	INJURY TO VISUAL CORTEX
ICD9	9509	INJURY UNSPEC OPTIC NERVE&PATHWAYS
ICD9	951	INJURY TO OTHER CRANIAL NERVE
ICD9	9510	INJURY TO OCULOMOTOR NERVE
ICD9	9511	INJURY TO TROCHLEAR NERVE
ICD9	9512	INJURY TO TRIGEMINAL NERVE
ICD9	9513	INJURY TO ABDUCENS NERVE
ICD9	9514	INJURY TO FACIAL NERVE
ICD9	9515	INJURY TO ACOUSTIC NERVE
ICD9	9516	INJURY TO ACCESSORY NERVE
ICD9	9517	INJURY TO HYPOGLOSSAL NERVE
ICD9	9518	INJURY OTHER SPEC CRANIAL NERVES

Hemorrhagic tendencies (Diagnosis)

Type	Code	Description
ICD9	286	COAGULATION DEFECTS
ICD9	2860	CONGENITAL FACTOR VIII DISORDER
ICD9	2861	CONGENITAL FACTOR IX DISORDER
ICD9	2862	CONGENITAL FACTOR XI DEFICIENCY
ICD9	2863	CONGENITAL DEFIC OTH CLOT FACTORS
ICD9	2864	VON WILLEBRANDS DISEASE
ICD9	2865	HEMORR D/O D/T INTRIN CIRC ANTICOAG
ICD9	2866	DEFIBRINATION SYNDROME
ICD9	2867	ACQUIRED COAGULATION FACTOR DEFIC
ICD9	2869	OTHER&UNSPEC COAGULATION DEFECTS
ICD9	2871	QUALITATIVE PLATELET DEFECTS
ICD9	2873	PRIMARY THROMBOCYTOPENIA
ICD9	28730	PRIMARY THROMBOCYTOPENIA UNS
ICD9	28731	IMMUNE THROMBOCYTOPENIC PURPURA
ICD9	28732	EVANS SYNDROME

ICD9	28733	CNGN&HEREDTRY THROMBOCYTOPN PURPURA
ICD9	28739	OTHER PRIMARY THROMBOCYTOPENIA
ICD9	2878	OTHER SPEC HEMORRHAGIC CONDITIONS
ICD9	2879	UNSPECIFIED HEMORRHAGIC CONDITIONS

Neurologic Surg (Procedure)

Type	Code	Description
ICD9P	01	INCI&EXC SKUL BRAIN&CERBRL MENINGES
ICD9P	010	CRANIAL PUNCTURE
ICD9P	0101	CISTERNAL PUNCTURE
ICD9P	0101	All Inclusive Rate
ICD9P	0102	VENTRICULOPUNCT THRU PREV IMPL CATH
ICD9P	0109	OTHER CRANIAL PUNCTURE
ICD9P	011	DX PROC SKULL BRAIN&CERBRL MENINGES
ICD9P	0111	Room & Board - Private (Medical or General)
ICD9P	0111	CLOSED BIOPSY OF CEREBRAL MENINGES
ICD9P	0112	OPEN BIOPSY OF CEREBRAL MENINGES
ICD9P	0112	Room & Board - Private (Medical or General)
ICD9P	0113	Room & Board - Private (Medical or General)
ICD9P	0113	CLOSED BIOPSY OF BRAIN
ICD9P	0114	Room & Board - Private (Medical or General)
ICD9P	0114	OPEN BIOPSY OF BRAIN
ICD9P	0115	BIOPSY OF SKULL
ICD9P	0115	Room & Board - Private (Medical or General)
ICD9P	0118	Room & Board - Private (Medical or General)
ICD9P	0118	OTH DX PROC BRAIN&CERBRL MENINGES
ICD9P	0119	OTHER DIAGNOSTIC PROCEDURES SKULL
ICD9P	0119	Room & Board - Private (Medical or General)
ICD9P	012	CRANIOTOMY AND CRANIECTOMY
ICD9P	0121	I&D OF CRANIAL SINUS
ICD9P	0121	Room & Board - Semi-private Two Beds (Medical or General)
ICD9P	0122	Room & Board - Semi-private Two Beds (Medical or General)
ICD9P	0122	REMOVAL INTRACRAN NEUROSTIM LEAD(S)
ICD9P	0123	Room & Board - Semi-private Two Beds (Medical or General)
ICD9P	0123	REOPENING OF CRANIOTOMY SITE
ICD9P	0124	Room & Board - Semi-private Two Beds (Medical or General)
ICD9P	0124	OTHER CRANIOTOMY
ICD9P	0125	OTHER CRANIECTOMY
ICD9P	0125	Room & Board - Semi-private Two Beds (Medical or General)
ICD9P	013	INCISION OF BRAIN&CEREBRAL MENINGES
ICD9P	0131	INCISION OF CEREBRAL MENINGES
ICD9P	0131	Semi-Private - Three and Four Beds (Medical or General)
ICD9P	0132	LOBOTOMY AND TRACTOTOMY
ICD9P	0132	Semi-Private - Three and Four Beds (Medical or General)
ICD9P	0139	Semi-Private - Three and Four Beds (Medical or General)
ICD9P	0139	OTHER INCISION OF BRAIN
ICD9P	014	OPERATIONS THALAMUS&GLOBUS PALLIDUS
ICD9P	0141	OPERATIONS ON THALAMUS
ICD9P	0141	Private (Deluxe) (Medical or General)
ICD9P	0142	Private (Deluxe) (Medical or General)
ICD9P	0142	OPERATIONS ON GLOBUS PALLIDUS
ICD9P	015	OTH EXCISION/DESTRUC BRAIN&MENINGES
ICD9P	0151	EXC LESION/TISSUE CERBRL MENINGES
ICD9P	0151	Room & Board Ward (Medical or General)
ICD9P	0152	Room & Board Ward (Medical or General)

	ICD9P	0152	HEMISPHERECTOMY
	ICD9P	0153	Room & Board Ward (Medical or General)
	ICD9P	0153	LOBECTOMY OF BRAIN
	ICD9P	0159	OTH EXC/DESTRUC LESION/TISSUE BRAIN
	ICD9P	0159	Room & Board Ward (Medical or General)
	ICD9P	016	EXCISION OF LESION OF SKULL
	ICD9P	02	OTH OP SKULL BRAIN&CERBRL MENINGES
	ICD9P	020	CRANIOPLASTY
	ICD9P	0201	OPENING OF CRANIAL SUTURE
	ICD9P	0201	Intensive Care
	ICD9P	0202	ELEVATION SKULL FRACTURE FRAGMENTS
	ICD9P	0202	Intensive Care
	ICD9P	0203	FORMATION OF CRANIAL BONE FLAP
	ICD9P	0203	Intensive Care
	ICD9P	0204	BONE GRAFT TO SKULL
	ICD9P	0204	Intensive Care
	ICD9P	0205	INSERTION OF SKULL PLATE
	ICD9P	0206	OTHER CRANIAL OSTEOPLASTY
	ICD9P	0206	Intensive Care
	ICD9P	0207	Intensive Care
	ICD9P	0207	REMOVAL OF SKULL PLATE
	ICD9P	021	REPAIR OF CEREBRAL MENINGES
	ICD9P	0211	Coronary Care
	ICD9P	0211	SIMPLE SUTURE DURA MATER BRAIN
	ICD9P	0212	Coronary Care
	ICD9P	0212	OTHER REPAIR OF CEREBRAL MENINGES
	ICD9P	0213	Coronary Care
	ICD9P	0213	LIGATION OF MENINGEAL VESSEL
	ICD9P	0214	CHOROID PLEXECTOMY
	ICD9P	0214	Coronary Care
	ICD9P	022	VENTRICULOSTOMY
	ICD9P	023	EXTRACRANIAL VENTRICULAR SHUNT
	ICD9P	0231	Incremental Nursing Charge Rate
	ICD9P	0231	VENTRICULAR SHNT STRUCTURE HEAD&NCK
	ICD9P	0232	Incremental Nursing Charge Rate
	ICD9P	0232	VENTRICULAR SHUNT CIRC SYSTEM
	ICD9P	0233	VENTRICULAR SHUNT THORACIC CAVITY
	ICD9P	0233	Incremental Nursing Charge Rate
	ICD9P	0234	VENTRICULAR SHUNT ABD CAVITY&ORGANS
	ICD9P	0234	Incremental Nursing Charge Rate
	ICD9P	0235	Incremental Nursing Charge Rate
	ICD9P	0235	VENTRICULAR SHUNT TO URINARY SYSTEM
	ICD9P	0239	Incremental Nursing Charge Rate
	ICD9P	0239	OTH OP ESTABLISH DRAIN VENTRICLE
	ICD9P	024	REV REMOVAL&IRRIG VENTRICULAR SHNT
	ICD9P	0241	All Inclusive Ancillary
	ICD9P	0241	IRRIGATION&EXPL VENTRICULAR SHUNT
	ICD9P	0242	All Inclusive Ancillary
	ICD9P	0242	REPLACEMENT OF VENTRICULAR SHUNT
	ICD9P	0243	REMOVAL OF VENTRICULAR SHUNT
	ICD9P	0243	All Inclusive Ancillary
	ICD9P	029	OTH OP SKULL BRAIN&CERBRL MENINGES
	ICD9P	0291	LYSIS OF CORTICAL ADHESIONS
	ICD9P	0291	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0292	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0292	REPAIR OF BRAIN
	ICD9P	0293	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0293	IMPL/REPL INTRACRAN NEUROSTIM LEAD

	ICD9P	0294	INSRT/REPLCMT SKULL TONGS/HALO
	ICD9P	0294	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0295	REMOVL SKULL TONGS/HALO TRAC DEVICE
	ICD9P	0296	INSERTION OF SPHENOIDAL ELECTRODES
	ICD9P	0299	Durable Medical Equipment (DME) (Other Than Renal)
	ICD9P	0299	OTH OP SKULL BRAIN&CERBRL MENINGES
	ICD9P	03	OP SPINAL CORD&SPINAL CANAL STRCT
	ICD9P	030	EXPL&DECOMPRS SPINAL CANAL STRCT
	ICD9P	0301	REMOVAL FB FROM SPINAL CANAL
	ICD9P	0301	Laboratory
	ICD9P	0302	Laboratory
	ICD9P	0302	REOPENING OF LAMINECTOMY SITE
	ICD9P	0309	Laboratory
	ICD9P	0309	OTH EXPL&DECOMPRS SPINAL CANAL
	ICD9P	031	DIVISION OF INTRASPINAL NERVE ROOT
	ICD9P	032	CHORDOTOMY
	ICD9P	0321	Radiology - Diagnostic
	ICD9P	0321	PERCUTANEOUS CHORDOTOMY
	ICD9P	0329	Radiology - Diagnostic
	ICD9P	0329	OTHER CHORDOTOMY
	ICD9P	033	DX PROC SP CORD&SP CANAL STRCT
	ICD9P	0331	Radiology - Therapeutic
	ICD9P	0331	SPINAL TAP
	ICD9P	0332	Radiology - Therapeutic
	ICD9P	0332	BIOPSY SPINAL CORD/SPINAL MENINGES
	ICD9P	0339	Radiology - Therapeutic
	ICD9P	0339	OTH DX PROC SP CORD&SP CANAL STRCT
	ICD9P	034	EXC/DESTRUC LES SP CORD/SP MENINGES
	ICD9P	035	PLASTIC OP SPINAL CORD STRUCTURES
	ICD9P	0351	REPAIR OF SPINAL MENINGOCELE
	ICD9P	0351	Computed Tomographic (CT) Scan
	ICD9P	0352	Computed Tomographic (CT) Scan
	ICD9P	0352	REPAIR OF SPINAL MYELOMENINGOCELE
	ICD9P	0353	REPAIR OF VERTEBRAL FRACTURE
	ICD9P	0359	Computed Tomographic (CT) Scan
	ICD9P	0359	OTH REPR&PLSTC OP SPINAL CORD STRCT
	ICD9P	036	LYSIS ADHES SPINAL CORD&NERVE ROOTS
	ICD9P	037	SHUNT OF SPINAL THECA
	ICD9P	0371	Anesthesia
	ICD9P	0371	SPINAL SUBARACHNOID-PERITON SHUNT
	ICD9P	0372	Anesthesia
	ICD9P	0372	SPINAL SUBARACHNOID-URETERAL SHUNT
	ICD9P	0379	Anesthesia
	ICD9P	0379	OTHER SHUNT OF SPINAL THECA
	ICD9P	038	INJ DESTRUC AGT IN SPINAL CANAL
	ICD9P	039	OTH OP SP CORD&SP CANAL STRCT
	ICD9P	0390	INSRT SPINAL CANAL INFUS CATH
	ICD9P	0390	Blood Storage and Processing
	ICD9P	0391	Blood Storage and Processing
	ICD9P	0391	INJECTION ANES-SPINAL CANAL ANALG
	ICD9P	0392	INJECTION OTH AGT INTO SPINAL CANAL
	ICD9P	0393	IMPL/REPL SPINAL NEUROSTIM LEAD(S)
	ICD9P	0394	REMV SPINAL NEUROSTIMULATOR LEAD(S)
	ICD9P	0395	SPINAL BLOOD PATCH
	ICD9P	0396	PERCUTANEOUS DENERVATION OF FACET
	ICD9P	0397	REVISION OF SPINAL THECAL SHUNT
	ICD9P	0398	REMOVAL OF SPINAL THECAL SHUNT
	ICD9P	0399	Blood Storage and Processing

	ICD9P	0399	OTH OP SP CORD&SP CANAL STRCT
	ICD9P	04	OPERATIONS CRANIAL&PERIPHERAL NERV
	ICD9P	040	INCISION DIV&EXC CRANIL&PERIPH NERV
	ICD9P	0401	Other Imaging Services
	ICD9P	0401	EXCISION OF ACOUSTIC NEUROMA
	ICD9P	0402	DIVISION OF TRIGEMINAL NERVE
	ICD9P	0402	Other Imaging Services
	ICD9P	0403	DIV/CRUSHING OTH CRANIL&PERIPH NERV
	ICD9P	0403	Other Imaging Services
	ICD9P	0404	OTH INCISION CRANIAL&PERIPH NERV
	ICD9P	0404	Other Imaging Services
	ICD9P	0405	GASSERIAN GANGLIONECTOMY
	ICD9P	0406	OTH CRANIAL/PERIPHERAL GANGECTOMY
	ICD9P	0407	OTH EXC/AVUL CRANIL&PERIPH NERV
	ICD9P	041	DX PROC PERIPHERAL NERVOUS SYSTEM
	ICD9P	0411	CLOS BX CRANIAL/PERIPH NERVE/GANG
	ICD9P	0412	Respiratory Services
	ICD9P	0412	OPEN BX CRANIAL/PERIPH NERVE/GANG
	ICD9P	0419	OTH DX PROC CRANL-PERIPH NERV-GANGL
	ICD9P	0419	Respiratory Services
	ICD9P	042	DESTRUC CRANIAL&PERIPHERAL NERVES
	ICD9P	043	SUTURE OF CRANIAL&PERIPHERAL NERVES
	ICD9P	044	LYSIS ADHES-DECOMP CRANL-PERIPH NRV
	ICD9P	0441	DECOMPRESSION TRIGEMINAL NERVE ROOT
	ICD9P	0441	Speech-Language Pathology
	ICD9P	0442	Speech-Language Pathology
	ICD9P	0442	OTHER CRANIAL NERVE DECOMPRESSION
	ICD9P	0443	RELEASE OF CARPAL TUNNEL
	ICD9P	0443	Speech-Language Pathology
	ICD9P	0444	Speech-Language Pathology
	ICD9P	0444	RELEASE OF TARSAL TUNNEL
	ICD9P	0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS
	ICD9P	0449	Speech-Language Pathology
	ICD9P	045	CRANIAL OR PERIPHERAL NERVE GRAFT
	ICD9P	046	TRANSPOSITION CRANIAL&PERIPH NERV
	ICD9P	047	OTH CRANIAL/PERIPHERAL NEUROPLASTY
	ICD9P	0471	HYPOGLOSSAL-FACIAL ANASTOMOSIS
	ICD9P	0471	Audiology
	ICD9P	0472	Audiology
	ICD9P	0472	ACCESSORY-FACIAL ANASTOMOSIS
	ICD9P	0473	ACCESSORY-HYPOGLOSSAL ANASTOMOSIS
	ICD9P	0474	OTH ANASTOM CRANIAL/PERIPH NERVE
	ICD9P	0475	REV PREV REPR CRANIL&PERIPH NERV
	ICD9P	0476	REPR OLD TRAUMA CRANIAL-PERIPH NERV
	ICD9P	0479	Audiology
	ICD9P	0479	OTHER NEUROPLASTY
	ICD9P	048	INJECTION INTO PERIPHERAL NERVE
	ICD9P	0480	PERIPHERAL NERVE INJECTION NOS
	ICD9P	0480	Cardiology
	ICD9P	0481	Cardiology
	ICD9P	0481	INJECTION ANESIN PERIPH NERVE ANALG
	ICD9P	0489	Cardiology
	ICD9P	0489	INJECTION OTH AGT EXCEPT NEUROLYTIC
	ICD9P	049	OTH OP CRANIAL&PERIPHERAL NERV
	ICD9P	0491	NEURECTASIS
	ICD9P	0492	IMPL/REPL PERIPH NEUROSTIM LEAD(S)
	ICD9P	0493	REMV PERIPH NEUROSTIMULATOR LEAD(S)
	ICD9P	0499	Ambulatory Surgical Care

	ICD9P	0499	OTH OP CRANIAL&PERIPHERAL NERV
	ICD9P	05	OPERATIONS SYMPATHETIC NERV/GANGLIA
	ICD9P	050	DIVISION SYMPATHETIC NERVE/GANGLION
	ICD9P	051	DX PROC SYMPATHETIC NERVES/GANGLIA
	ICD9P	0511	BIOPSY SYMPATHETIC NERVE/GANGLION
	ICD9P	0511	Clinic
	ICD9P	0519	OTH DX PROC SYMPATHET NERV/GANGLIA
	ICD9P	0519	Clinic
	ICD9P	052	SYMPATHECTOMY
	ICD9P	0521	Free-Standing Clinic
	ICD9P	0521	SPHENOPALATINE GANGLIONECTOMY
	ICD9P	0522	CERVICAL SYMPATHECTOMY
	ICD9P	0522	Free-Standing Clinic
	ICD9P	0523	LUMBAR SYMPATHECTOMY
	ICD9P	0523	Free-Standing Clinic
	ICD9P	0524	PRESACRAL SYMPATHECTOMY
	ICD9P	0524	Visit by RHC/FQHC Practitioner
	ICD9P	0525	PERIARTERIAL SYMPATHECTOMY
	ICD9P	0529	OTHER SYMPATHECTOMY&GANGLIONECTOMY
	ICD9P	0529	Free-Standing Clinic
	ICD9P	053	INJECTION IN SYMPATHETIC NERVE/GANG
	ICD9P	0531	INJ ANESIN SYMPATHETIC NERVE ANALG
	ICD9P	0531	Osteopathic Services
	ICD9P	0532	INJ NEURLYT AGT IN SYMPATHETIC NERV
	ICD9P	0539	Osteopathic Services
	ICD9P	0539	OTH INJ IN SYMPATHETIC NERVE/GANG
	ICD9P	058	OTH OP SYMPATHETIC NERV/GANGLIA
	ICD9P	0581	Other Visits (Home Health)
	ICD9P	0581	REPAIR SYMPATHETIC NERVE/GANGLION
	ICD9P	0589	Other Visits (Home Health)
	ICD9P	0589	OTH OP SYMPATHETIC NERV/GANGLIA
	ICD9P	059	OTHER OPERATIONS ON NERVOUS SYSTEM
	CPT4	61000	SUBDURAL TAP-FONTANEL INFANT; INIT
	CPT4	61001	SUBDRL TAP-FNTANL INFNT;SUBSQT TAPS
	CPT4	61020	VENTRICULAR PUNCT-SUTURE; W/O INJ
	CPT4	61026	VENTRICULAR PUNCT; W/INJ MED-DX/TX
	CPT4	61050	CISTERNAL/LAT CERV PUNCT; W/O INJ
	CPT4	61070	PUNCT SHUNT TUBE/RESERVOIR-ASPIRAT
	CPT4	61105	TWIST DRILL HOLE
	CPT4	61105	TWIST DRILL HOLE SUBDUR/VENT PUNCT;
	CPT4	61107	DRILL SKULL FOR IMPLANTATION
	CPT4	61107	TWIST DRILL HOLE; IMPLNT VENT CATH
	CPT4	61108	TWIST DRILL HOLE; EVACUAT HEMATOMA
	CPT4	61120	BURR HOLE FOR VENTRICULAR PUNCTURE
	CPT4	61140	BURR HOLE/TREPHINE; W/BX-BRAIN/LES
	CPT4	61150	BURR HOLE; W/DRN BRAIN ABSC/CYST
	CPT4	61151	BURR HOLE; W/SUBSQT TAP ABSC/CYST
	CPT4	61154	BURR HOLE W/EVAC &/ DRAIN HEMATOMA
	CPT4	61156	BURR HOLE; W/ASPIR-HEMATAMOA/CYST
	CPT4	61210	BURR HOLE; IMPLNT VNTRICULR CATH-SP
	CPT4	61210	PIERCE SKULL, IMPLANT DEVICE
	CPT4	61215	INSRT SUBQ RESERVOIR PUMP/INFUS SYS
	CPT4	61250	BURR HOLE SUPRATENTOR-NO OTHER SURG
	CPT4	61253	BURR HOLE-INFRATENTORIAL-UNI/BIL
	CPT4	61304	CRANIECT/CRANIOT EXPL; SUPRATENTOR
	CPT4	61305	CRANIECT/CRANIOT EXPL; INFRATENTOR
	CPT4	61312	CRANIECTMY-SUPRATEN; EXTRA/SUBDURAL
	CPT4	61313	CRANIECTMY-SUPRATEN; INTRACEREBRAL

	CPT4	61314	CRANIECTOMY-INFRATEN; EXTRA/SUBDURL
	CPT4	61315	CRANIECT-INFRATENT; INTRACEREBELLAR
	CPT4	61316	INCI & SUBQ PLCMT CRANIAL BONE GFT
	CPT4	61320	CRANIECT DRAIN ABSCESS; SUPRATENT
	CPT4	61321	CRANIECT DRAIN ABSCESS; INFRATENTOR
	CPT4	61322	CRANI/CRNIOT NO EVAC HEMAT;NO LOBCT
	CPT4	61323	CRANI/CRANIOT NO EVAC HEMAT; LOBECT
	CPT4	61330	DECOMP ORBIT ONLY TRANSCRAN APPROCH
	CPT4	61332	EXPLORATION OF ORBIT; WITH BIOPSY
	CPT4	61333	EXPLORATION ORBIT; W/REMOVAL LESION
	CPT4	61334	EXPL ORBIT; W/REMOVAL FOREIGN BODY
	CPT4	61340	SUBTEMPORAL CRANIAL DECOMPRESSION
	CPT4	61343	CRANIECTOMY-SUBOCCIPIT W/LAMINEC
	CPT4	61345	OTH CRANIAL DECOMPRS POST FOSSA
	CPT4	61440	CRANIOT SECTION TENTORIUM CEREBELLI
	CPT4	61450	CRANIECT-SUBTEMP-SECT GASSRIAN GANG
	CPT4	61458	CRANIECT SUBOCCIPITAL; EXPLOR NERV
	CPT4	61460	CRANIECT SUBOCCIPIT; SECT CRAN NERV
	CPT4	61470	CRANIECT SUBOCCIP; MEDULRY TRACTOT
	CPT4	61480	CRANIECT SUBOCCIPIT; PEDUNCULOTOMY
	CPT4	61490	CRANIOT LOBOTOMY INCL CINGULOTOMY
	CPT4	61500	CRANI; W/EXC TUMR/OTH BN LES SKUL
	CPT4	61501	CRANIECTOMY; FOR OSTEOMYELITIS
	CPT4	61510	CRANIECT; EXC BRAIN TUMR SUPRATENT
	CPT4	61512	CRANIECTMY; EXC MENINGOMA-SUPRATENT
	CPT4	61514	CRANIECTOMY; EXC ABSCESS-SUPRATENT
	CPT4	61516	CRANIECTOMY; EXC CYST-SUPRATENT
	CPT4	61517	IMPL BRAIN INTRACAVITARY CHEMO AGT
	CPT4	61518	CRANIECT-POST FOSSA; NOT MENINGIOMA
	CPT4	61519	CRANIECT-POST FOSSA; MENINGIOMA
	CPT4	61520	CRANIECT-POST FOSA; CEREBELLOPONTIN
	CPT4	61521	CRANIECT; MIDLINE TUMOR BASE SKULL
	CPT4	61522	CRANIECTOMY INFRATENT; EXC ABSCESS
	CPT4	61524	CRANIECTOMY INFRATENT; EXC CYST
	CPT4	61526	CRANIECT-TRANSTEMP; EXC CPA TUMOR
	CPT4	61530	CRANIEC; COMBO W/POST FOSSA CRANIOT
	CPT4	61531	SUBDURAL IMPLNT STRIP ELECTRODES
	CPT4	61533	CRANIOTOMY W/FLAP; IMPLNT ELECTRODE
	CPT4	61534	CRANIOT W/FLAP; EXC EPILEPTOG FOCUS
	CPT4	61535	CRANIOT W/FLP; REMOV ELECT SEP PROC
	CPT4	61536	CRANIOT W/FLAP; EXC CEREBRAL EPILEP
	CPT4	61538	CRANIOT W/FLAP; LOBECTOMY TEMP LOBE
	CPT4	61539	CRANIOT W/FLAP;LOBECT-NOT TEMP LOBE
	CPT4	61541	CRANIOTMY; TRANSECT CORPUS CALLOSUM
	CPT4	61542	CRANIOTOMY; TOT HEMISPHERECTOMY
	CPT4	61543	CRANIOTOMY; PART HEMISPHERECTOMY
	CPT4	61544	CRANIOT; COAGULATION CHOROID PLEXUS
	CPT4	61545	CRANIOTOMY; CRANIOPHARYNGIOMA
	CPT4	61546	CRANIOTOMY-HYPOPHYSECTOMY-INTRACRAN
	CPT4	61548	HYPOPHYSECT-TRNSNASL NONSTREOTACTIC
	CPT4	61550	CRANI CRANIOSYNOSTOS; 1 CRANIL SUT
	CPT4	61552	CRANIEC CRANIOSYNOSTOSIS; MX SUTURE
	CPT4	61556	CRANIOT CRANIOSYNOSTOS;FRNTL BN FLP
	CPT4	61557	CRANIOT CRANIOSYNOSTOSIS; BIFRONTAL
	CPT4	61558	EXTEN CRANIEC-CRANIOSYNOS; NO GFT
	CPT4	61559	EXTEN CRANIEC; RECONTOUR W/OSTEOTOM
	CPT4	61563	EXC BEN TUMR; W/O OPTIC NERV DECOMP
	CPT4	61564	EXC BEN TUMOR; W/OPTIC NERV DECOMP

	CPT4	61570	CRANI/CRANIOT; W/EXC FB FROM BRAIN
	CPT4	61571	CRANIECT; W/TX PENETRAT WOUND BRAIN
	CPT4	61575	TRANSORAL APPROACH SKULL BASE-BX
	CPT4	61576	TRANSORL-SKULL BASE; W/SPLIT TONGUE
	CPT4	61580	CRANIOFAC-ANT CRAN; W/O MAXILLECTMY
	CPT4	61581	CRANIOFAC-ANT CRAN; INCL MAXILLECT
	CPT4	61582	CRANIOFAC APPROACH; ELEV FRONT LOBE
	CPT4	61583	CRANIOFAC APPROACH; RESEC FRONT LOB
	CPT4	61584	ORBITOCRANL APPRCH; W/O ORBIT EXENT
	CPT4	61585	ORBITOCRANIAL APPRCH; W/ORBIT EXENT
	CPT4	61586	BICORON/TRANSZYGO APPRCH-ANT CRANIA
	CPT4	61590	INFRATEMP APPRCH INCL PAROTIDECTOMY
	CPT4	61591	INFRATEMP APPRCH INCL MASTOIDECTOMY
	CPT4	61592	ORBITOCRAN ZYGOMAT APPRCH OSTEOTOMY
	CPT4	61595	TRANSTEMP APPRCH INCL MASTOIDECTOMY
	CPT4	61596	TRANSCOCHLR APPRCH W/LABYRINTHECT
	CPT4	61597	TRNSCONDYL APPRCH INCL RES C1-C3
	CPT4	61598	TRNSPETROSAL APPRCH INCL LIG SINUS
	CPT4	61600	RES/EXC INF LES ANT FOSSA; XTRADURL
	CPT4	61601	RES/EXC INF LES ANT FOSSA; INTRDURL
	CPT4	61605	RES/EXC LES INFRATEMP; EXTRADURAL
	CPT4	61606	RES/EXC LES INFRATEMP; INTRADURAL
	CPT4	61607	RES/EXC LES PARASELLAR; EXTRADURAL
	CPT4	61608	RES/EXC LES PARASELLAR; INTRADURAL
	CPT4	61609	TRANSECT/LIG CAROTID ART; W/O REPR
	CPT4	61610	TRANSECT/LIG CAROTID ART; W/REPR
	CPT4	61611	TRANSECT CAROTID-PETROUS; W/O REPR
	CPT4	61612	TRANSEC CAROTID-PETROUS; W/REPR-GFT
	CPT4	61613	OBLIT CAROTID ANEURY/FIST-DISSECT
	CPT4	61615	RES/EXC INF LES POST FOSSA; XTRDURL
	CPT4	61616	RES/EXC INF LES POST FOSSA;INTRDURL
	CPT4	61618	SECONDARY REPR DURA; FREE TISS GFT
	CPT4	61619	SECONDARY REPR DURA; LOCAL/REG FLP
	CPT4	61623	ENDOVSC TMP BALLN ART OCCL HEAD/NCK
	CPT4	61624	TRNSCATH PERM OCCL/EMBOLIZ PERQ;CNS
	CPT4	61626	TRNSCATH PERM OCCL PERQ; NON-CNS
	CPT4	61680	SURG AV MALFORM; SUPRATENT-SIMPLE
	CPT4	61682	SURG AV MALFORM; SUPRATENT COMPLEX
	CPT4	61684	SURG AV MALFORM; INFRATENT SIMPLE
	CPT4	61686	SURG AV MALFORM; INFRATENT COMPLEX
	CPT4	61690	SURG AV MALFORM; DURAL SIMPLE
	CPT4	61692	SURG AV MALFORM; DURAL COMPLEX
	CPT4	61697	COMPLX ANEUR INTRACRAN; CAROTD CIRC
	CPT4	61698	COMPLX ANEUR INTRACRAN; VERTEB-BASL
	CPT4	61700	SIMPL ANEUR INTRACRAN; CAROTID CIRC
	CPT4	61702	SIMPL ANEUR INTRACRAN; VERTEB-BASLR
	CPT4	61703	SURG ANEURY-CERV-APPLIC CLAMP-CAROT
	CPT4	61705	SURG ANEURY; INTRACRAN OCCLUS CAROT
	CPT4	61708	SURG ANEURY; INTRACRAN ELECTROTHROM
	CPT4	61710	SURG ANEURY; INTRA-ART EMBOLIZATION
	CPT4	61711	ANASTOM ART XTRACRAN-INTRACRAN ART
	CPT4	61720	CREAT LES-STEREOTAC; GLOBUS PALLIDS
	CPT4	61735	CREAT LES-STEREOTACTIC; SUBCORTICAL
	CPT4	61750	STEREOTACTIC BX/EXC INTRACRAN LES
	CPT4	61751	STREOTAC BX ASPIR/EXC IC LES;CT&/MR
	CPT4	61760	STEREOTAC IMPLNT-ELECTRODE-CEREBRUM
	CPT4	61770	STERTAC LOCALIZ-CATH-PLC RAD SOURCE
	CPT4	61790	CREAT LES-STEREOTAC; GASSERIAN GANG

	CPT4	61791	CREAT LES-STEREOTAC; TRIGEM MEDULRY
	CPT4	61793	STEREOTAC RADIOSURG 1/MORE SESSIONS
	CPT4	61795	STEREOTAC VOL-INTRA/EXTRACRAN/SPINL
	CPT4	61850	IMPLNT NEUROSTIM ELECTRODES-CORTICL
	CPT4	61860	CRANIEC-IMPLNT NEUROSTIM-CEREB-CORT
	CPT4	61863	TWST DRL BURR CRANIOT NO REC;1 ARAY
	CPT4	61867	TWST DRL BURR CRANIOT W/REC;1 ARRAY
	CPT4	61868	TWST DRL BURR CRANIOT W/REC; EA ADD
	CPT4	61870	CRANIECT-ELECTROD CEREBELLAR; CORTI
	CPT4	61875	CRANIECT-ELECTROD CEREBELLAR; SUBCO
	CPT4	61880	REV/REMOVL INTRACRAN NEUROSTIM ELEC
	CPT4	61885	INSRT/REPL CRAN NEUROSTIM; 1 ARRAY
	CPT4	61886	INSRT/REPL CRAN NEUROSTM; 2/>ARRAYS
	CPT4	61888	REVIS/REMOV CRANIAL NEUROSTIM GEN
	CPT4	62000	ELEV DPRSD SKULL FX; SMPL XTRADURL
	CPT4	62005	ELEVAT SKULL FX; COMPOUND EXTRADURL
	CPT4	62010	ELEVAT DPRSD SKULL FX; W/REPR DURA
	CPT4	62100	CRANIOT-REPR CSF LEAK W/SURG-OTORRH
	CPT4	62115	RDUC CRANIOMEGALIC SKULL; W/O GFT
	CPT4	62116	RDUC CRANIOMEGALIC SKULL; W/PLSTY
	CPT4	62117	RDUC CRANIOMEGALIC; W/CRANIOTOMY
	CPT4	62120	REPR ENCEPHALOCELE INCL CRANIOPLSTY
	CPT4	62121	CRANIOT REP ENCEPHALOCELE SKUL BASE
	CPT4	62140	CRANIPLSTY SKUL DEFEC; UP 5 CM DIAM
	CPT4	62141	CRANIOPLASTY SKULL DEFECT; > 5 CM
	CPT4	62142	REMOVL BN FLP/PROSTHETIC PLAT SKULL
	CPT4	62143	REPLCMT BN FLP/PROSTH PLAT SKULL
	CPT4	62145	CRANIOPLSTY-DEFEC W/REPR BRAIN SURG
	CPT4	62146	CRANIPLSTY W/AUTOGFT; UP 5 CM DIAM
	CPT4	62147	CRANIOPLASTY W/AUTOGFT; > 5 CM
	CPT4	62148	INCI&RETREV SUBQ CRANL BG CRANIPLST
	CPT4	62160	NEUROENDO IC PLCMT VENT CATH SHNT
	CPT4	62161	NEUROENDO IC;DISSCT ADHS FENS SEPTM
	CPT4	62162	NEUROENDO IC;EXC COLLOID CYST CATH
	CPT4	62163	NEUROENDO INTRACRAN; W/RETRIEVAL FB
	CPT4	62164	NEUROENDO IC; EXC BRAIN TUMR CATH
	CPT4	62165	NEUROENDO IC; EXC PITUIT TUMR
	CPT4	62180	VENTRICULOCISTERNOSTOMY
	CPT4	62190	CREATION SHUNT; SUBARACHNOD/SUBDURL
	CPT4	62192	CREATION SHUNT; SUBDURAL-PERITONEAL
	CPT4	62194	REPLAC/IRRIGA SUBARACHNOID CATHETER
	CPT4	62200	VENTRICULOCISTERNOSTOMY1/3VENT;
	CPT4	62201	VENTRCULOCISTRNOST 3RD VENT;STEREOT
	CPT4	62220	CREATION SHUNT; VENTRICULO-ATRIAL
	CPT4	62223	CREATION SHUNT; VENTRICULO-PERITONL
	CPT4	62225	REPLCMT/IRRIGATION VENTRICULAR CATH
	CPT4	62230	REPLAC/REVIS CSF SHUNT/OBST VALVE
	CPT4	62252	REPROG PROG CEREBROSPINAL SHUNT
	CPT4	62256	REMV CMPL CSF SHUNT; W/O REPLAC
	CPT4	62258	REMV CMPL CSF SHUNT; W/REPLACEMENT
	CPT4	62263	PERQ LYSIS EPID ADHES MX; 2/> DAY
	CPT4	62264	PERQ LYSIS EPIDURL ADHES MX; 1 DAY
	CPT4	62268	PERQ ASPIR SPINAL CORD CYST/SYRINX
	CPT4	62269	BX SPINAL CORD PERCUTANEOUS NEEDLE
	CPT4	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC
	CPT4	62272	SP PUNCT TX DRAIN CEREBROSP FL
	CPT4	62273	INJECTION EPIDURAL BLOOD/CLOT PATCH
	CPT4	62280	INJ NEUROLY W/WO OTH SUB; SUBARACH

	CPT4	62281	INJ NEUROLY W/WO OTH SUBST;EPID C/T
	CPT4	62282	INJ NEUROLY W/WO OTH SUBST;EPID L/S
	CPT4	62287	ASPIR/DECOMPRESS-NUC PULPOS-LUMB
	CPT4	62292	INJ PROC-CHEMONUCLEOLYSIS; 1/MX LUM
	CPT4	62294	INJ PROC ART OCCL AV MALFORM SPINAL
	CPT4	62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/THOR
	CPT4	62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/SAC
	CPT4	62318	INJ NOT NEUROLYTIC-EPID; CERV/THOR
	CPT4	62319	INJ NOT NEUROLYTIC-EPID; LUMB/SAC
	CPT4	62350	IMPLANT EPID CATH-MEDS; W/O LAMINEC
	CPT4	62351	IMPLANT EPID CATH-MEDS; W/LAMINECT
	CPT4	62355	REMOV PREV IMPLNT INTHEC/EPID CATH
	CPT4	62360	IMPLANT/REPLAC DEVICE-EPID; RESVOIR
	CPT4	62361	IMPLANT/REPLC DEVICE-EPID; NONPROGM
	CPT4	62362	IMPLANT/REPLAC DEVICE-EPID; PROGMBL
	CPT4	62365	REMOV PREV IMPLNT SUBQ RESVOIR/PUMP
	CPT4	62367	ELEC ANALY PROGRM PUMP; NO REPROGRM
	CPT4	62368	ELEC ANALYS PROGRM PUMP; W/REPROGRM
	CPT4	63001	LAMINECT W/EXPLOR 1-2 VERTEB; CERV
	CPT4	63003	LAMINECT W/EXPLOR 1-2 VERTEB; THORA
	CPT4	63005	LAMINECT W/EXPLOR; LUMBAR EX SPONDY
	CPT4	63011	LAMINECT W/EXPLOR 1-2 SEGMT; SACRAL
	CPT4	63012	LAMINECT W/REMOV ABNL FACETS-LUMBAR
	CPT4	63015	LAMINECT W/EXPLOR > 2 SEGMT; CERV
	CPT4	63016	LAMINECT W/EXPLOR > 2 SEGMT; THORAC
	CPT4	63017	LAMINECT W/EXPLOR > 2 SEGMT; LUMBAR
	CPT4	63020	LAMINOT W/DECOMP; 1 INTERSPACE CERV
	CPT4	63030	LAMINOT W/ DECOMP; 1 INTERSPACE LUM
	CPT4	63035	LAMINOT; EA ADD INTERSPAC CERV/LUMB
	CPT4	63040	LAMINOT W/DECOMP RE-EXPLOR-1; CERV
	CPT4	63042	LAMINOT W/DECOMP RE-EXPLOR-1; LUMB
	CPT4	63043	LAMINOT RE-EXPLOR SNGL; EA ADD CERV
	CPT4	63044	LAMINOT REEXPLOR SINGL; EA ADD LUMB
	CPT4	63045	LAMINECT 1 VERT SEGMT-UNI/BIL; CERV
	CPT4	63046	LAMINECT 1 VERT SEGMT-UNI/BIL; THOR
	CPT4	63047	LAMINECT 1 VERT SEGMT-UNI/BIL; LUMB
	CPT4	63048	LAMINECT 1 SEGMT-UNI/BIL; EA ADD
	CPT4	63051	LAMINPLST CERV 2/>SEG;RECON POST BN
	CPT4	63055	TRANSPEDIC W/DECOM 1 SEG; THORACIC
	CPT4	63056	TRANSPEDIC W/DECOM 1 SEG; LUMBAR
	CPT4	63057	TRANSPEDIC W/DECOM 1 SEG; EA ADD
	CPT4	63064	COSTOVERTEBRAL THORACIC; SINGLE SEG
	CPT4	63066	COSTOVERTEB THORACIC; EA ADD SEG
	CPT4	63075	DISKECT ANT; CERVICAL 1 INTERSPACE
	CPT4	63076	DISKECT ANT; CERV EA ADD INTERSPACE
	CPT4	63077	DISKECT ANT; THORACIC 1 INTERSPACE
	CPT4	63078	DISKECT; THORACIC EA ADD INTERSPACE
	CPT4	63081	VERTEBRAL CORPECTOMY; CERV 1 SEG
	CPT4	63082	VERTEBRAL CORPECT; CERV EA AD SEG
	CPT4	63085	VERTEBRAL CORPECT; THORACIC 1 SEG
	CPT4	63086	VERTEBRAL CORPECT; THORAC EA AD SEG
	CPT4	63087	VERTEB CORPECT LOW THORACIC/LUMB; 1
	CPT4	63088	VERTEB CORPECT THORAC/LUMB; EA ADD
	CPT4	63090	VERTEBRAL CORPECTOMY LUMB/SACRAL; 1
	CPT4	63091	VERTEB CORPECT LUMB/SACRAL; EA ADD
	CPT4	63170	LAMINECT W/MYELOTOMY CERV/THORACIC
	CPT4	63172	LAMINECT W/DRAIN CYST; SUBARACHNOID
	CPT4	63173	LAMINECT DRAIN CYST;PERITON/PLEURAL

	CPT4	63180	LAMINECT & SECT LIGAMNT CERV; 1-2
	CPT4	63182	LAMINECT & SECT LIGAMNT CERV; >2
	CPT4	63185	LAMINECT W/RHIZOTOMY; 1/TWO SEG
	CPT4	63190	LAMINECT W/RHIZOTOMY; > 2 SEGMENTS
	CPT4	63191	LAMINECT W/SECTION SPINAL ACSS NERV
	CPT4	63194	LAMINECTOMY W/1 SPINOTHALAMIC; CERV
	CPT4	63195	LAMINECT W/1 SPINOTHALAM; THORACIC
	CPT4	63196	LAMINECT W/BOTH SPINOTHALAMIC; CERV
	CPT4	63197	LAMINECT W/BOTH SPINOTHALAM; THORAC
	CPT4	63198	LAMINECT-2 STAGES W/IN 14 DAY; CERV
	CPT4	63199	LAMINECT-2 STAGE W/IN 14 DA; THORAC
	CPT4	63200	LAMINECTOMY W/RLSE SPINAL CORD LUMB
	CPT4	63250	LAMINECTOMY-EXC AV MALFORM; CERV
	CPT4	63251	LAMINECT-EXC AV MALFORM; THORACIC
	CPT4	63252	LAMINECT-EXC AV MALFORM; THORACOLUM
	CPT4	63265	LAMINECT-EXC LES-EXTRADURAL; CERV
	CPT4	63266	LAMINECT-EXC LES-EXTRADURAL; THORAC
	CPT4	63267	LAMINECT EXC LES-EXTRADURAL; LUMBAR
	CPT4	63268	LAMINECT-EXC LES-EXTRADURAL; SACRAL
	CPT4	63270	LAMINECT-EXC LES-INTRADURAL; CERV
	CPT4	63271	LAMINECT-EXC LES-INTRADURAL; THORAC
	CPT4	63272	LAMINECT-EXC LES-INTRADURAL; LUMBAR
	CPT4	63273	LAMINECT-EXC LES-INTRADURAL; SACRAL
	CPT4	63275	LAMINECT BX NEOPLSM; EXTRADURL-CERV
	CPT4	63276	LAMINECT BX NEOPLSM; EXTRADURL-THOR
	CPT4	63277	LAMINECT BX NEOPLSM; EXTRADURL-LUMB
	CPT4	63278	LAMINECT BX NEOPLSM; EXTRADUR-SACRL
	CPT4	63280	LAMINECT; INTRADUR EXTRAMEDUL CERV
	CPT4	63281	LAMINECT; INTRADUR EXTRAMED THORAC
	CPT4	63282	LAMINECT; INTRADUR EXTRAMEDUL LUMB
	CPT4	63283	LAMINECT-BX NEOPLSM; INTRADUR SACRL
	CPT4	63285	LAMINECT; INTRADUR INTRAMEDUL CERV
	CPT4	63286	LAMINECT; INTRADUR INTRAMEDUL THORA
	CPT4	63287	LAMINECT; INTRAMEDULLARY THORACULUM
	CPT4	63290	LAMINECTOMY; COMBO EXTRA-INTRADURL
	CPT4	63300	VERTEBRAL CORPECT; EXTRADURAL CERV
	CPT4	63301	VERTEB CORPECT 1 SEG;XTRADUR THORAC
	CPT4	63302	VERTEB CORPECT 1 SEG;THORACOLUMBAR
	CPT4	63303	VERTEB CORPECT 1 SEG; TRANSPERITONL
	CPT4	63304	VERTEB CORPECT 1 SEG; INTRADUR CERV
	CPT4	63305	VERTEB CORPECT; INTRADUR-TRANSTHORA
	CPT4	63306	VERTEB CORPEC; INTRADUR-THORACOLUMB
	CPT4	63307	VERTEB CORPECT; INTRADUR-TRANSPERIT
	CPT4	63308	VERTEBRAL CORPECT; EA ADD SEGMT
	CPT4	63600	CREATION LES-CORD-STEREOTACTIC PERQ
	CPT4	63610	STEREOTACT STIM-CORD PERQ-SEP PROC
	CPT4	63615	STEREOTAC BX ASPIR/EXC LES SP CORD
	CPT4	63650	PERQ IMPLANT ELECT ARRAY EPIDURAL
	CPT4	63655	LAMINECT IMPLANT ELECTRODE EPIDURAL
	CPT4	63660	REVIS/REMOV SPINAL ELECTRODE/ARRAY
	CPT4	63685	INSRT/REPL SP NEUROSTIM GEN/RECV
	CPT4	63688	REVIS IMPLANT SPINAL NEUROSTIM GEN
	CPT4	63700	REPAIR MENINGOCELE; < 5 CM DIAMETER
	CPT4	63702	REP MENINGOCELE; LGR THAN 5 CM DIAM
	CPT4	63704	REPR MYELOMENINGOCELE; < 5 CM DIAM
	CPT4	63706	REPR MYELOMENINGOCELE; > 5 CM DIAM
	CPT4	63707	REP DURAL/CSF LEAK NOT RQR LAMINECT
	CPT4	63709	REPR DURAL/CSF LEAK W/LAMINECT

	CPT4	63710	DURAL GRAFT SPINAL
	CPT4	63740	CREAT SHUNT LUMBAR; W/LAMINECT
	CPT4	63741	CREAT SHUNT LUMB; PERQ W/O LAMINECT
	CPT4	63744	REPLAC LUMBOSUBARACHNOID SHUNT
	CPT4	63746	REMOV LUMBOSUBARACH SHUNT SYS
	CPT4	64400	INJ ANES AGT; TRIGEMINL NERV DIV/BR
	CPT4	64402	INJECTION ANESTHETIC AGT; FCE NERVE
	CPT4	64405	INJECTION ANES AGT; GT OCCIP NERVE
	CPT4	64408	INJECTION ANES AGT; VAGUS NERVE
	CPT4	64410	INJECTION ANES AGT; PHRENIC NERVE
	CPT4	64412	INJ ANES AGT; SPINAL ACSS NERVE
	CPT4	64413	INJECTION ANES AGT; CERV PLEXUS
	CPT4	64415	INJ ANESAGT; BRACH PLEXUS SINGLE
	CPT4	64416	INJ ANES AGT; BRACH PLEX CATH DAILY
	CPT4	64417	INJECTION ANESTHETIC AGT; AX NERVE
	CPT4	64418	INJECTION ANES AGT; SUPRASCAP NERVE
	CPT4	64420	INJ ANES AGT; INTERCOSTAL NERV 1
	CPT4	64421	INJ ANES AGENT; INTERCOSTAL NERV-MX
	CPT4	64425	INJ ANES AGENT; ILIOINGUINAL NERV
	CPT4	64430	INJECTION ANES AGT; PUDENDAL NERVE
	CPT4	64435	INJECTION ANES AGT; PARACERV NERVE
	CPT4	64445	INJ ANESAGT; SCIATIC NERVE SINGLE
	CPT4	64446	INJ ANES AGT; SCIATC NRV CATH DAILY
	CPT4	64447	INJ ANES AGT; FEMORAL NERVE SINGLE
	CPT4	64448	INJ ANES AGT; FEM NRV CATH DAILY
	CPT4	64450	INJ ANES AGT; OTH PERIPH NERVE/BR
	CPT4	64470	INJ ANES FACET JT; CERV/THOR-1LEVEL
	CPT4	64472	INJ ANES FACET JT; CERV/THOR-EA ADD
	CPT4	64475	INJ ANES FACET JT; LUMB/SAC-1LEVEL
	CPT4	64476	INJ ANES FACET JT; LUMB/SAC-EA ADD
	CPT4	64479	INJ ANES EPIDURL; CERV/THOR 1 LEVEL
	CPT4	64480	INJ ANES EPIDURL; CERV/THOR-EA ADD
	CPT4	64483	INJ ANES EPIDURL; LUMB/SAC 1 LEVEL
	CPT4	64484	INJ ANES EPIDURL; LUMB/SAC-EA ADD
	CPT4	64505	INJ ANESAGT; SPHENOPALATINE GANG
	CPT4	64508	INJ ANES AGT;CAROTID SINUS-SEP PROC
	CPT4	64510	INJECTION ANES AGT; STELLATE GANG
	CPT4	64517	INJ ANES AGT; SUP HYPOGASTR PLEXUS
	CPT4	64520	INJECTION ANES AGT; LUMBAR/THOR
	CPT4	64530	INJ ANES AGENT; CELIAC PLEXUS
	CPT4	64550	APPLICATION SURFACE NEUROSTIMULATOR
	CPT4	64553	PERQ IMPLNT ELECTRODE; CRANIAL NERV
	CPT4	64555	PERQ IMPLNT ELECTRODES; PERIPHERAL
	CPT4	64560	PERQ IMPLNT ELECTRODES; AUTONOMIC
	CPT4	64561	PERQ IMPL NEUROSTIM ELEC; SAC NERV
	CPT4	64565	PERQ IMPL NEUROSTIM ELEC; NEUROMUSC
	CPT4	64573	INCI IMPLNT ELECTRODE; CRANIAL NERV
	CPT4	64575	INCI IMPLNT ELECTRODES; PERIPHERAL
	CPT4	64577	INCI IMPLNT ELECTRODES; AUTONOMIC
	CPT4	64580	INCI IMPL NEUROSTIM ELEC; NEUROMUSC
	CPT4	64581	INCI IMPL NEUROSTIM ELEC; SAC NERVE
	CPT4	64585	REV/REMOVAL PERIPH NEUROSTIM ELEC
	CPT4	64590	INSRT/REPL PERIPH NEUROSTM GEN/RECV
	CPT4	64590	INSRT/REDO PN/GASTR STIMUL
	CPT4	64595	REVISE/RMV PN/GASTR STIMUL
	CPT4	64595	REV/REMV PERIPHERAL PULSE GEN
	CPT4	64600	DESTRCT TRIGEMINAL; SUPRAORBITAL
	CPT4	64605	DESTRCT TRIGEMOMAL; 2ND & 3RD DIV

	CPT4	64610	DESTRCT TRIGEMINAL; W/RAD MONITOR
	CPT4	64612	CHEMODENERV MUSC; INNERV FACIAL NRV
	CPT4	64613	DESTROY NERVE, NECK MUSCLE
	CPT4	64613	CHEMODENERVATION MUSC; CERV SP MUSC
	CPT4	64614	CHEMODNERV MUSC; EXTREM&/TRUNK MUSC
	CPT4	64620	DESTRUC NEURLYT AGT INTERCOSTAL NRV
	CPT4	64622	DESTRUC FACET JT NRV; L/S-1 LEVEL
	CPT4	64623	DESTRUC FACET JT NRV; L/S-EA AD LEV
	CPT4	64626	DESTRUC FACET NRV; CERV/THOR 1 LEV
	CPT4	64627	DESTRUC FACET NRV; CRV/THOR-EA ADD
	CPT4	64630	DESTRUC NEURLYT AGT; PUDENDAL NERVE
	CPT4	64640	DESTRUC NEUROLYTIC; OTH PERIPH NERV
	CPT4	64680	DESTRCT W/WO RAD MON; CELIAC PLEXUS
	CPT4	64702	NEURPLSTY; DIGTL 1/BOTH SAME DIGIT
	CPT4	64704	NEUROPLASTY; NERVE OF HAND OR FOOT
	CPT4	64708	NEUROPLSTY PERIPHRL NERV; NOT SPEC
	CPT4	64712	NEUROPLSTY PERIPH NERV; SCIATC NERV
	CPT4	64713	NEUROPLSTY PERIPH; BRACHIAL PLEXS
	CPT4	64714	NEUROPLSTY PERIPH; LUMBAR PLEXUS
	CPT4	64716	NEURPLSTY &OR TRANSPSTN; CRANIL NRV
	CPT4	64718	NEUROPLASTY; ULNAR NERV AT ELBOW
	CPT4	64722	DECOMPRESSION; UNSPECIFIED NERVE
	CPT4	64726	DECOMPRS; PLANTAR DIGITAL NERVE
	CPT4	64727	INTRL NEUROLYSIS RQR USE OP MIC
	CPT4	64732	TRANSECTION/AVUL OF; SUPRAORB NERVE
	CPT4	64734	TRANSECTION/AVUL OF; INFRAORB NERVE
	CPT4	64736	TRANSECTION/AVUL OF; MENTAL NERVE
	CPT4	64738	TRANSECT INFERIOR ALVEOLAR NERV
	CPT4	64740	TRANSECTION/AVUL OF; LINGUAL NERVE
	CPT4	64742	TRANSECT/AVUL OF; FCE NRV DIFF/CMPL
	CPT4	64744	TRANSECTION/AVUL OF; GT OCCIP NERVE
	CPT4	64746	TRANSECTION/AVUL OF; PHRENIC NERVE
	CPT4	64752	TRANSECT VAGUS NERV TRANSTHORACIC
	CPT4	64755	TRNSECT VAGUS NERV LTD-PROX STOMACH
	CPT4	64760	TRANSECTION/AVUL OF; VAGUS NERV ABD
	CPT4	64761	TRANSECTION/AVUL OF; PUDENDAL NERVE
	CPT4	64763	TRANSECT OBTURATOR NERV EXTRAPELVIC
	CPT4	64766	TRANSECT OBTURATOR NERV INTRAPELVIC
	CPT4	64771	TRANSECT OTH CRANIAL NERV EXTRADUR
	CPT4	64772	TRANSECT/AVUL OTH SP NERV XTRADURL
	CPT4	64774	EXC NEUROMA; CUT NERVE SURGLY ID
	CPT4	64776	EXC NEUROMA; DIGIT NERV 1/BOTH SAME
	CPT4	64778	EXC NEUROMA; DIGTL NRV EA ADD DIGIT
	CPT4	64782	EXC NEUROMA; HND/FOOT NO DIGTL NERV
	CPT4	64783	EXC NEUROMA; HAND/FT EA ADD NERV
	CPT4	64784	EXC NEUROMA; MAJOR NERV NOT SCIATIC
	CPT4	64786	EXCISION OF NEUROMA; SCIATIC NERVE
	CPT4	64787	IMPL NERVE END INTO BONE/MUSCLE
	CPT4	64788	EXC NEUROFIBROMA; CUT NERV
	CPT4	64790	EXC NEUROFIBROMA; MAJ PERIPH NERV
	CPT4	64792	EXC NEUROFIBROMA/NEUROLEMMOMA; EXT
	CPT4	64795	BIOPSY OF NERVE
	CPT4	64802	SYMPATHECTOMY CERVICAL
	CPT4	64804	SYMPATHECTOMY CERVICOTHORACIC
	CPT4	64809	SYMPATHECTOMY THORACOLUMBAR
	CPT4	64818	SYMPATHECTOMY LUMBAR
	CPT4	64820	SYMPATHECTOMY; DIGITAL ART EA DIGIT
	CPT4	64821	SYMPATHECTOMY; RADIAL ARTERY

CPT4	64823	SYMPATHECTOMY; SUP PALMAR ARCH
CPT4	64831	SUT DIGTL NERVE HAND/FOOT; 1 NERVE
CPT4	64832	SUTURE DIGITAL NERV HAND/FT; EA ADD
CPT4	64834	REPAIR OF HAND OR FOOT NERVE
CPT4	64834	SUT 1 NERV HND/FOOT; CMN SENSY NERV
CPT4	64835	REPAIR OF HAND OR FOOT NERVE
CPT4	64835	SUTURE 1 NERV HAND/FT; MED MOTOR
CPT4	64836	SUT 1 NERVE HAND/FOOT; ULNAR MOTOR
CPT4	64836	REPAIR OF HAND OR FOOT NERVE
CPT4	64837	SUTURE EA ADD NERVE HAND/FOOT
CPT4	64840	SUTURE OF POSTERIOR TIBIAL NERVE
CPT4	64856	SUT MAJ NERV ARM/LEG; W/TRANSPSTN
CPT4	64857	SUT MAJ NERV ARM/LEG; NO TRANSPSTN
CPT4	64858	SUTURE OF SCIATIC NERVE
CPT4	64859	SUTURE EA ADD MAJOR PERIPH NERVE
CPT4	64861	SUTURE OF; BRACHIAL PLEXUS
CPT4	64862	SUTURE OF; LUMBAR PLEXUS
CPT4	64864	SUTURE FACIAL NERVE; EXTRACRANIAL
CPT4	64865	SUT FCE NERV; INFRATEMPORL W/WO GFT
CPT4	64866	ANASTOMOSIS; FACIAL-SPINAL ACCESS
CPT4	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL
CPT4	64870	ANASTOMOSIS; FACIAL-PHRENIC
CPT4	64872	SUTURE NERVE; RQR SEC/DELAY SUTURE
CPT4	64874	SUTURE NERV; REQ EXTEN MOBILIZAT
CPT4	64876	SUTURE NERVE; RQR SHRT BONE EXTREM
CPT4	64885	NERVE GFT HEAD/NCK; UP 4 CM LENGTH
CPT4	64886	NERVE GRAFT HEAD/NCK; > 4 CM LENGTH
CPT4	64890	NERV GFT 1 STRAND HAND/FT; TO 4 CM
CPT4	64891	NERV GFT 1 STRAND HAND/FT; > 4 CM
CPT4	64892	NERV GFT 1 STRAND ARM/LEG; TO 4 CM
CPT4	64893	NERV GFT 1 STRAND ARM/LEG; > 4 CM
CPT4	64895	NERV GFT MX STRAND HAND/FT; TO 4 CM
CPT4	64896	NERV GFT MX STRAND HAND/FT; > 4 CM
CPT4	64897	NERV GFT MX STRAND ARM/LEG; TO 4 CM
CPT4	64898	NERV GFT MX STRAND ARM/LEG; > 4 CM
CPT4	64901	NERV GFT EA ADD NERV; SINGLE STRAND
CPT4	64902	NERVE GFT EA ADD NERVE; MX STRANDS
CPT4	64905	NERVE PEDICLE TRANSFER; FIRST STAGE
CPT4	64907	NERVE PEDICLE TRANSFER; 2 STAGE
CPT4	64999	UNLISTED PROCEDURE NERVOUS SYSTEM
CPT4	68371	HARV CONJUNCT ALLOGFT LIVING DONR
HCPCS	D9212	TRIGEMINAL DIVISION BLOCK ANES

Pericarditis (Diagnosis)

Type	Code	Description
ICD9	03641	MENINGOCOCCAL PERICARDITIS
ICD9	07421	COXSACKIE PERICARDITIS
ICD9	09381	SYPHILITIC PERICARDITIS
ICD9	09883	GONOCOCCAL PERICARDITIS
ICD9	11593	UNSPEC HISTOPLASMOSIS PERICARDITIS
ICD9	3910	ACUTE RHEUMATIC PERICARDITIS
ICD9	3920	RHEUMATIC CHOREA W/HEART INVLV
ICD9	393	CHRONIC RHEUMATIC PERICARDITIS
ICD9	4110	POSTMYOCARDIAL INFARCTION SYNDROME
ICD9	420	ACUTE PERICARDITIS

ICD9	4200	ACUTE PERICARDITIS DZ CLASS ELSW
ICD9	4209	OTHER&UNSPEC ACUTE PERICARDITIS
ICD9	42090	UNSPECIFIED ACUTE PERICARDITIS
ICD9	42091	ACUTE IDIOPATHIC PERICARDITIS
ICD9	42099	OTHER ACUTE PERICARDITIS
ICD9	4230	HEMOPERICARDIUM
ICD9	4231	ADHESIVE PERICARDITIS
ICD9	4232	CONSTRICTIVE PERICARDITIS
ICD9	4238	OTHER SPEC DISEASES PERICARDIUM
ICD9	4239	UNSPECIFIED DISEASE OF PERICARDIUM

Pregnancy (Diagnosis)

Type	Code	Description
ICD9	630	HYDATIDIFORM MOLE
ICD9	631	OTHER ABNORMAL PRODUCT CONCEPTION
ICD9	632	MISSED ABORTION
ICD9	633	ECTOPIC PREGNANCY
ICD9	6330	ABDOMINAL PREGNANCY
ICD9	63300	ABD PG WITHOUT INTRAUTERINE PG
ICD9	63301	ABD PG W/INTRAUTERINE PG
ICD9	6331	TUBAL PREGNANCY
ICD9	63310	TUBAL PG WITHOUT INTRAUTERINE PG
ICD9	63311	TUBAL PG W/INTRAUTERINE PG
ICD9	6332	OVARIAN PREGNANCY
ICD9	63320	OVARIAN PG WITHOUT INTRAUTERINE PG
ICD9	63321	OVARIAN PG W/INTRAUTERINE PG
ICD9	6338	OTHER ECTOPIC PREGNANCY
ICD9	63380	OTH ECTOPIC PG W/O INTRAUTERINE PG
ICD9	63381	OTH ECTOPIC PG W/INTRAUTERINE PG
ICD9	6339	UNSPECIFIED ECTOPIC PREGNANCY
ICD9	63390	UNS ECTOPIC PG W/O INTRAUTERINE PG
ICD9	63391	UNSPEC ECTOPIC PG W/INTRAUTERINE PG
ICD9	634	SPONTANEOUS ABORTION
ICD9	6340	SPONT AB COMP GENIT TRACT&PELV INF
ICD9	63400	UNSAB COMP GENIT TRACT&PELV INF
ICD9	63401	INCPLAB COMP GENIT TRACT&PELV INF
ICD9	63402	CMPLAB COMP GENIT TRACT&PELV INF
ICD9	6341	SPONT AB COMP DELAY/EXCESS HEMORR
ICD9	63410	UNS SPONT AB COMP DELAY/XCESS HEMOR
ICD9	63411	INCPLAB COMP DELAY/XCESS HEMOR
ICD9	63412	CMPLAB COMP DELAY/XCESS HEMOR
ICD9	6342	SPONT AB COMP DAMGE PELV ORGN/TISS
ICD9	63420	UNSAB COMP DAMGE PELV ORGN/TISS
ICD9	63421	INCPLAB COMP DAMGE PELV ORGN/TISS
ICD9	63422	CMPLAB COMP DAMGE PELV ORGN/TISS
ICD9	6343	SPONTANEOUS AB COMP RENAL FAILURE
ICD9	63430	UNSPEC SPONT AB COMP RENAL FAIL
ICD9	63431	INCPL SPONT AB COMP RENAL FAIL
ICD9	63432	COMPLETE SPONT AB COMP RENAL FAIL
ICD9	6344	SPONTANEOUS AB COMP METAB DISORDER
ICD9	63440	UNSPEC SPONT AB COMP METAB DISORDER
ICD9	63441	INCPL SPONT AB COMP METAB DISORDER
ICD9	63442	CMPL SPONT AB COMP METAB DISORDER
ICD9	6345	SPONTANEOUS AB COMPLICATED SHOCK
ICD9	63450	UNSPEC SPONTANEOUS AB COMP SHOCK

	ICD9	63451	INCPL SPONTANEOUS AB COMP SHOCK
	ICD9	63452	COMPLETE SPONTANEOUS AB COMP SHOCK
	ICD9	6346	SPONTANEOUS AB COMPLICATED EMBOLISM
	ICD9	63460	UNSPEC SPONTANEOUS AB COMP EMBOLISM
	ICD9	63461	INCOMPLETE SPONTANEOUS AB COMP EMBO
	ICD9	63462	COMPLETE SPONTANEOUS AB COMP EMBO
	ICD9	6347	SPONTANEOUS AB W/OTH SPEC COMPS
	ICD9	63470	UNSPEC SPONT AB W/OTH SPEC COMPS
	ICD9	63471	INCPL SPONT AB W/OTH SPEC COMPS
	ICD9	63472	COMPLETE SPONT AB W/OTH SPEC COMPS
	ICD9	6348	SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63480	UNSPEC SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63481	INCPL SPONTANEOUS AB W/UNSPEC COMP
	ICD9	63482	COMPLETE SPONT AB W/UNSPEC COMP
	ICD9	6349	SPONTANEOUS AB WITHOUT MENTION COMP
	ICD9	63490	UNSPEC SPONT AB W/O MENTION COMP
	ICD9	63491	INCPL SPONT AB WITHOUT MENTION COMP
	ICD9	63492	COMPLETE SPONT AB W/O MENTION COMP
	ICD9	635	LEGALLY INDUCED ABORTION
	ICD9	6350	LEGAL AB COMPL GENIT TRACT&PELV INF
	ICD9	63500	UNS LEGL AB COMPL GEN TRCT&PELV INF
	ICD9	63501	INCMPL LEGL AB COMPL GENIT&PELV INF
	ICD9	63502	CMPL LEGL AB COMPL GENITAL&PELV INF
	ICD9	6351	LEGL AB COMPL DELAY/EXCESS HEMORR
	ICD9	63510	UNS LEGL AB COMPL DELAY/EXCESS HEM
	ICD9	63511	INCMPL LEGL AB COMPL DELAY/XCSS HEM
	ICD9	63512	CMPL LEGL AB COMPL DELAY/EXCESS HEM
	ICD9	6352	LEGL AB COMPL DAMGE PELV ORGN/TISS
	ICD9	63520	UNS LEGL AB COMPL DAMGE PELV ORGN
	ICD9	63521	LEGL AB COMPL DMGE PELV ORGN INCMPL
	ICD9	63522	CMPL LEGL AB COMPL DAMGE PELV ORGN
	ICD9	6353	LEGALLY INDUCED AB COMP RENAL FAIL
	ICD9	63530	UNS LEGL INDUCD AB COMP RENL FAIL
	ICD9	63531	INCPL LEGL INDUCD AB COMP RENL FAIL
	ICD9	63532	CMPL LEGL INDUCD AB COMP RENAL FAIL
	ICD9	6354	LEGL INDUCD AB COMP METAB DISORDER
	ICD9	63540	UNS LEGL INDUCD AB COMP METAB D/O
	ICD9	63541	INCPL LEGL INDUCD AB COMP METAB D/O
	ICD9	63542	CMPL LEGL INDUCD AB COMP METAB D/O
	ICD9	6355	LEGALLY INDUCED AB COMP SHOCK
	ICD9	63550	UNSPEC LEGALLY INDUCD AB COMP SHOCK
	ICD9	63551	LEGALLY INDUCED AB COMP SHOCK INCPL
	ICD9	63552	COMPLETE LEGL INDUCD AB COMP SHOCK
	ICD9	6356	LEGALLY INDUCED AB COMP EMBOLISM
	ICD9	63560	UNSPEC LEGALLY INDUCED AB COMP EMBO
	ICD9	63561	INCPL LEGALLY INDUCED AB COMP EMBO
	ICD9	63562	COMPLETE LEGL INDUCD AB COMP EMBO
	ICD9	6357	LEGALLY INDUCED AB W/OTH SPEC COMPS
	ICD9	63570	UNS LEGL INDUCD AB W/OTH SPEC COMPS
	ICD9	63571	INCPL LEGL INDUCD AB W/OTH COMPS
	ICD9	63572	CMPL LEGL INDUCD AB W/OTH COMPS
	ICD9	6358	LEGALLY INDUCED AB W/UNSPEC COMP
	ICD9	63580	UNSPEC LEGL INDUCD AB W/UNSPEC COMP
	ICD9	63581	INCPL LEGL INDUCD AB W/UNSPEC COMP
	ICD9	63582	CMPL LEGL INDUCD AB W/UNSPEC COMP
	ICD9	6359	LEGL INDUCD AB WITHOUT MENTION COMP
	ICD9	63590	UNS LEGL INDUCD AB W/O MENTION COMP
	ICD9	63591	INCPL LEGL INDUCD AB W/O COMP

	ICD9	63592	CMPL LEGL INDUCD AB W/O COMP
	ICD9	636	ILLEGALLY INDUCED ABORTION
	ICD9	6360	ILEG AB COMP GENIT TRACT&PELVIC INF
	ICD9	63600	UNS ILEG AB COMPL GEN TRCT&PELV INF
	ICD9	63601	INCMPL ILEG AB COMPL GENIT&PELV INF
	ICD9	63602	CMPL ILEG AB COMPL GENITAL&PELV INF
	ICD9	6361	ILEG AB COMPL DELAY/EXCESS HEMORR
	ICD9	63610	UNS ILEG AB COMPL DELAY/EXCESS HEM
	ICD9	63611	INCMPL ILEG AB COMPL DELAY/XCSS HEM
	ICD9	63612	CMPL ILEG AB COMPL DELAY/EXCESS HEM
	ICD9	6362	ILEG AB COMPL DAMGE PELV ORGN/TISS
	ICD9	63620	UNS ILEG AB COMPL DAMGE PELV ORGN
	ICD9	63621	INCMPL ILEG AB COMPL DMGE PELV ORGN
	ICD9	63622	CMPL ILEG AB COMPL DAMGE PELV ORGN
	ICD9	6363	ILEG INDUCED AB COMP RENAL FAIL
	ICD9	63630	UNS ILEG INDUCD AB COMP RENL FAIL
	ICD9	63631	INCPL ILEG INDUCD AB COMP RENL FAIL
	ICD9	63632	CMPL ILEG INDUCD AB COMP RENAL FAIL
	ICD9	6364	ILEG INDUCD AB COMP METAB DISORDER
	ICD9	63640	UNS ILEG AB COMPL METABOLIC D/O
	ICD9	63641	INCPL ILEG INDUCD AB COMP METAB D/O
	ICD9	63642	CMPL ILEG INDUCD AB COMP METAB D/O
	ICD9	6365	ILLEGALLY INDUCED AB COMP SHOCK
	ICD9	63650	UNSPEC ILEG INDUCED AB COMP SHOCK
	ICD9	63651	INCPL ILEG INDUCED AB COMP SHOCK
	ICD9	63652	COMPLETE ILEG INDUCED AB COMP SHOCK
	ICD9	6366	ILLEGALLY INDUCED AB COMP EMBOLISM
	ICD9	63660	UNSPEC ILEG INDUCED AB COMP EMBO
	ICD9	63661	INCPL ILEG INDUCED AB COMP EMBO
	ICD9	63662	COMPLETE ILEG INDUCED AB COMP EMBO
	ICD9	6367	ILEG INDUCED AB W/OTH SPEC COMPS
	ICD9	63670	UNS ILEG INDUCD AB W/OTH SPEC COMPS
	ICD9	63671	INCPL ILEG INDUCD AB W/OTH COMPS
	ICD9	63672	CMPL ILEG INDUCD AB W/OTH COMPS
	ICD9	6368	ILLEGALLY INDUCED AB W/UNSPEC COMP
	ICD9	63680	UNSPEC ILEG INDUCD AB W/UNSPEC COMP
	ICD9	63681	INCPL ILEG INDUCED AB W/UNSPEC COMP
	ICD9	63682	CMPL ILEG INDUCD AB W/UNSPEC COMP
	ICD9	6369	ILEG INDUCD AB WITHOUT MENTION COMP
	ICD9	63690	UNS ILEG INDUCD AB W/O MENTION COMP
	ICD9	63691	INCPL ILEG INDUCD AB W/O COMP
	ICD9	63692	CMPL ILEG INDUCD AB W/O COMP
	ICD9	637	LEGALLY UNSPECIFIED ABORTION
	ICD9	6370	LEGL UNS AB COMP GNT TRACT&PELV INF
	ICD9	63700	AB UNS-CMPL/LEGL COMPL GEN&PELV INF
	ICD9	63701	LEGL UNS AB INCMPL COMPL PELV INF
	ICD9	63702	LEGL UNS AB CMPL COMPL GEN&PELV INF
	ICD9	6371	LEGL UNS AB COMP DELAY/XCESS HEMORR
	ICD9	63710	AB UNS CMPL/LEGL COMPL DELAY HEM
	ICD9	63711	LEGL UNS AB INCMPL COMPL DELAY HEM
	ICD9	63712	LEGL UNS AB CMPL COMPL DELAY HEM
	ICD9	6372	LEGL UNS AB COMPL DAMGE PELV ORGN
	ICD9	63720	AB UNS CMPL/LEGL COMPL DAMGE PELVIC
	ICD9	63721	LEGL UNS AB INCMPL COMPL DAMGE PELV
	ICD9	63722	LEGL UNS AB CMPL COMPL DAMGE PELV
	ICD9	6373	LEGALLY UNSPEC AB COMP RENAL FAIL
	ICD9	63730	AB UNS AS CMPL/LEGL COMP RENL FAIL
	ICD9	63731	LEGL UNSPEC AB INCPL COMP RENL FAIL

	ICD9	63732	LEGL UNSPEC AB CMPL COMP RENAL FAIL
	ICD9	6374	LEGL UNSPEC AB COMP METAB DISORDER
	ICD9	63740	AB UNS CMPLNESS/LEGL COMP METAB D/O
	ICD9	63741	LEGL UNSPEC AB INCPL COMP METAB D/O
	ICD9	63742	LEGL UNSPEC AB CMPL COMP METAB D/O
	ICD9	6375	LEGALLY UNSPEC AB COMPLICATED SHOCK
	ICD9	63750	AB UNSPEC AS CMPL/LEGL COMP SHOCK
	ICD9	63751	LEGALLY UNSPEC AB INCPL COMP SHOCK
	ICD9	63752	LEGL UNSPEC AB COMPLETE COMP SHOCK
	ICD9	6376	LEGALLY UNSPEC AB COMP EMBOLISM
	ICD9	63760	AB UNSPEC AS CMPL/LEGL COMP EMBO
	ICD9	63761	LEGALLY UNSPEC AB INCPL COMP EMBO
	ICD9	63762	LEGL UNSPEC AB COMPLETE COMP EMBO
	ICD9	6377	LEGALLY UNSPEC AB W/OTH SPEC COMPS
	ICD9	63770	AB UNS CMPL/LEGL W/OTH SPEC COMPS
	ICD9	63771	LEGL UNS AB INCPL W/OTH SPEC COMPS
	ICD9	63772	LEGL UNS AB CMPL W/OTH SPEC COMPS
	ICD9	6378	LEGALLY UNSPEC AB W/UNSPEC COMP
	ICD9	63780	AB UNS AS CMPL/LEGL W/UNS COMP
	ICD9	63781	LEGL UNSPEC AB INCPL W/UNSPEC COMP
	ICD9	63782	LEGL UNSPEC AB CMPL W/UNSPEC COMP
	ICD9	6379	LEGL UNSPEC AB WITHOUT MENTION COMP
	ICD9	63790	UNS TYPE AB UNS CMPL/LEGL W/O COMP
	ICD9	63791	LEGL UNS AB INCPL W/O MENTION COMP
	ICD9	63792	LEGL UNS AB CMPL W/O MENTION COMP
	ICD9	638	FAILED ATTEMPTED ABORTION
	ICD9	6380	FAILD ATTMP AB COMPL GEN&PELV INF
	ICD9	6381	FAILATMPT AB COMP DELAY/XCESS HEMOR
	ICD9	6382	FAILD ATTMP AB COMPL DMGE PELV ORGN
	ICD9	6383	FAILED ATTEMP AB COMPL RENAL FAILUR
	ICD9	6384	FAILD ATTEMP AB COMPL METAB D/O
	ICD9	6385	FAILED ATTEMP AB COMPLICATED SHOCK
	ICD9	6386	FAILED ATTEMP AB COMPL EMBOLISM
	ICD9	6387	FAILED ATTEMP AB W/OTH SPEC COMPL
	ICD9	6388	FAILED ATTEMP AB W/UNSPEC COMP
	ICD9	6389	FAILED ATTEMP AB W/O MENTION COMPL
	ICD9	639	COMPS FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6390	GENIT&PELV INF FLW AB/ECTOP&MOLR PG
	ICD9	6391	DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG
	ICD9	6392	DMGE PELV ORGN FLW AB/ECTOP&MOLR PG
	ICD9	6393	RENL FAIL FOLLOW AB/ECTOP&MOLAR PG
	ICD9	6394	METAB D/O FOLLOW AB/ECTOP&MOLAR PG
	ICD9	6395	SHOCK FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6396	EMBO FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	6398	OTH SPEC COMP FLW AB/ECTOP&MOLAR PG
	ICD9	6399	UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG
	ICD9	640	HEMORRHAGE IN EARLY PREGNANCY
	ICD9	6400	THREATENED ABORTION
	ICD9	64000	THREATENED AB UNSPEC AS EPIS CARE
	ICD9	64001	THREATENED ABORTION, DELIVERED
	ICD9	64003	THREATENED ABORTION, ANTEPARTUM
	ICD9	6408	OTH SPEC HEMORRHAGE EARLY PREGNANCY
	ICD9	64080	OTH SPEC HEMOR ERLY PG UNS EOC
	ICD9	64081	OTH SPEC HEMORR EARLY PG DELIV
	ICD9	64083	OTH SPEC HEMORR EARLY PG ANTPRTM
	ICD9	6409	UNSPEC HEMORRHAGE EARLY PREGNANCY
	ICD9	64090	UNS HEMORR ERLY PG UNS AS EPIS CARE
	ICD9	64091	UNSPEC HEMORR EARLY PREGNANCY DELIV

	ICD9	64093	UNSPEC HEMORR EARLY PG ANTPRTM
	ICD9	641	ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA
	ICD9	6410	PLACENTA PREVIA WITHOUT HEMORRHAGE
	ICD9	64100	PLACNTA PREVIA W/O HEMOR UNS EOC
	ICD9	64101	PLACENTA PREVIA W/O HEMORR DELIV
	ICD9	64103	PLACENTA PREVIA W/O HEMORR ANTPRTM
	ICD9	6411	HEMORRHAGE FROM PLACENTA PREVIA
	ICD9	64110	HEMORR PLACNTA PREVIA UNS EPIS CARE
	ICD9	64111	HEMORR FROM PLACENTA PREVIA W/DELIV
	ICD9	64113	HEMORR FROM PLACENTA PREVIA ANTPRTM
	ICD9	6412	PREMATURE SEPARATION OF PLACENTA
	ICD9	64120	PRMAT SEP PLACNTA UNS AS EPIS CARE
	ICD9	64121	PRMAT SEPARATION PLACENTA W/DELIV
	ICD9	64123	PRMAT SEPARATION PLACENTA ANTPRTM
	ICD9	6413	ANTPRTM HEMORRW/COAGULAT DEFEC
	ICD9	64130	ANTPRTM HEM W/COAGLAT DEFEC UNS EOC
	ICD9	64131	ANTPRTM HEMORW/COAGULAT DEFEC DELIV
	ICD9	64133	ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM
	ICD9	6418	OTHER ANTEPARTUM HEMORRHAGE
	ICD9	64180	OTH ANTPRTM HEMORR UNS AS EPIS CARE
	ICD9	64181	OTH ANTPRTM HEMORRHAGE W/DELIVERY
	ICD9	64183	OTH ANTPRTM HEMORRHAGE ANTPRTM
	ICD9	6419	UNSPECIFIED ANTEPARTUM HEMORRHAGE
	ICD9	64190	UNS ANTPRTM HEMORR UNS AS EPIS CARE
	ICD9	64191	UNSPEC ANTPRTM HEMORRHAGE W/DELIV
	ICD9	64193	UNSPEC ANTPRTM HEMORRHAGE ANTPRTM
	ICD9	642	HTN COMP PG CHLDBRTH&THE PUERPERIUM
	ICD9	6420	ESSEN HYPERTEN COMP PREG
	ICD9	64200	ESSEN HYPERTEN PREG-UNSP
	ICD9	64201	BEN ESSENTIAL HYPERTENSION W/DELIV
	ICD9	64202	BEN ESSENTIAL HTN DELIV W/CURR PPC
	ICD9	64203	BEN ESSENTIAL HYPERTENSION ANTPRTM
	ICD9	64204	BEN ESSENTIAL HTN PREVIOUS PPC
	ICD9	6421	RENAL HYPERTEN OF PREG
	ICD9	64210	HTN SEC RENL DZ COMPL PG&PP UNS EOC
	ICD9	64211	HTN SEC RENAL DISEASE W/DELIV
	ICD9	64212	HTN SEC RENAL DZ DELIV W/CURRNT PPC
	ICD9	64213	HTN SEC RENAL DISEASE ANTPRTM
	ICD9	64214	HTN SEC RENAL DZ PREVIOUS PP COND
	ICD9	6422	OLD HYPERTEN PREG NEC
	ICD9	64220	OTH PRE-XST HTN COMPL PG&PP UNS EOC
	ICD9	64221	OTH PRE-EXISTING HTN W/DELIV
	ICD9	64222	OTH PRE-XST HTN DELIV W/CURRENT PPC
	ICD9	64223	OTH PRE-EXISTING HTN ANTPRTM
	ICD9	64224	OTH PRE-XST HTN PREVIOUS PP COND
	ICD9	6423	TRANSIENT HYPERTENSION OF PREGNANCY
	ICD9	64230	TRANSIENT HTN PG UNS AS EPIS CARE
	ICD9	64231	TRANSIENT HTN PREGNANCY W/DELIV
	ICD9	64232	TRANSIENT HTN PG DELIV W/CURRNT PPC
	ICD9	64233	TRANSIENT HTN PREGNANCY ANTPRTM
	ICD9	64234	TRANSIENT HTN PG PREVIOUS PP COND
	ICD9	6424	MILD OR UNSPECIFIED PRE-ECLAMPSIA
	ICD9	64240	MILD/UNS PRE-ECLAMP UNS EPIS CARE
	ICD9	64241	MILD/UNSPEC PRE-ECLAMPSIA W/DELIV
	ICD9	64242	MILD/UNS PRE-ECLAMP DEL W/CURR PPC
	ICD9	64243	MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM
	ICD9	64244	MILD/UNSPEC PRE-ECLAMP PREV PP COND
	ICD9	6425	SEVERE PRE-ECLAMPSIA

	ICD9	64250	SEV PRE-ECLAMP UNSPEC AS EPIS CARE
	ICD9	64251	SEVERE PRE-ECLAMPSIA, WITH DELIVERY
	ICD9	64252	SEV PRE-ECLAMP DELIV W/CURRNT PPC
	ICD9	64253	SEVERE PRE-ECLAMPSIA, ANTEPARTUM
	ICD9	64254	SEVERE PRE-ECLAMP PREVIOUS PP COND
	ICD9	6426	ECLAMPSIA
	ICD9	64260	ECLAMPSIA-UNSPECIFIED
	ICD9	64261	ECLAMPSIA, WITH DELIVERY
	ICD9	64262	ECLAMPSIA W/DELIVERY W/CURRENT PPC
	ICD9	64263	ECLAMPSIA, ANTEPARTUM
	ICD9	64264	ECLAMPSIA PREVIOUS POSTPARTUM COND
	ICD9	6427	PRE-ECLAMP/ECLAMP PRE-XST HTN
	ICD9	64270	PRE-ECLMP/ECLMP PRE-XST HTN-UNS EOC
	ICD9	64271	PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV
	ICD9	64272	PRE-ECLMP/ECLMP PRE-XST HTN-DEL-PPC
	ICD9	64273	PRE-ECLMP/ECLMP PRE-XST HTN ANTPRTM
	ICD9	64274	PRE-ECLAMP/ECLAMP PRE-XST HTN PP
	ICD9	6429	HYPERTENS COMPL PREG NOS
	ICD9	64290	HYPERTEN PREG NOS-UNSPEC
	ICD9	64291	UNSPECIFIED HYPERTENSION W/DELIVERY
	ICD9	64292	UNSPEC HTN W/DELIV W/CURRENT PPC
	ICD9	64293	UNSPECIFIED HYPERTENSION ANTEPARTUM
	ICD9	64294	UNSPEC HTN PREVIOUS POSTPARTUM COND
	ICD9	643	EXCESSIVE VOMITING IN PREGNANCY
	ICD9	6430	MILD HYPEREMESIS GRAVIDARUM
	ICD9	64300	MILD HYPEREMESIS GRAVDA UNS EOC
	ICD9	64301	MILD HYPEREMESIS GRAVIDARUM DELIV
	ICD9	64303	MILD HYPEREMESIS GRAVIDARUM ANTPRTM
	ICD9	6431	HYPEREMESIS GRAVIDA W/METAB DISTURB
	ICD9	64310	HYPEREMESIS W/METAB DSTUR UNS EOC
	ICD9	64311	HYPEREMESIS W/METAB DISTURBANCE DEL
	ICD9	64313	HYPEREMESIS W/METAB DISTURB ANTPRTM
	ICD9	6432	LATE VOMITING OF PREGNANCY
	ICD9	64320	LATE VOMITING PG UNS AS EPIS CARE
	ICD9	64321	LATE VOMITING PREGNANCY DELIVERED
	ICD9	64323	LATE VOMITING PREGNANCY ANTEPARTUM
	ICD9	6438	OTH VOMITING COMPLICATING PREGNANCY
	ICD9	64380	OTH VOMITING COMP PG UNS EPIS CARE
	ICD9	64381	OTH VOMITING COMP PREGNANCY DELIV
	ICD9	64383	OTH VOMITING COMP PREGNANCY ANTPRTM
	ICD9	6439	UNSPECIFIED VOMITING OF PREGNANCY
	ICD9	64390	UNS VOMITING PG UNS AS EPIS CARE
	ICD9	64391	UNSPEC VOMITING PREGNANCY DELIVERED
	ICD9	64393	UNSPEC VOMITING PREGNANCY ANTPRTM
	ICD9	644	EARLY OR THREATENED LABOR
	ICD9	6440	THREATENED PREMATURE LABOR
	ICD9	64400	THREATENED PRMAT LABR UNS EPIS CARE
	ICD9	64403	THREATENED PREMATURE LABOR ANTPRTM
	ICD9	6441	OTHER THREATENED LABOR
	ICD9	64410	OTH THREATENED LABR UNS EPIS CARE
	ICD9	64413	OTHER THREATENED LABOR, ANTEPARTUM
	ICD9	6442	EARLY ONSET OF DELIVERY
	ICD9	64420	ERLY ONSET DELIV UNS AS EPIS CARE
	ICD9	64421	EARLY ONSET DELIVERY-DEL
	ICD9	645	PROLONGED PREGNANCY
	ICD9	6451	POST TERM PREGNANCY
	ICD9	64510	POST TERM PG UNS EOC/NOT APPLIC
	ICD9	64511	POST TERM PG DEL W/WO ANTPRTM COND

	ICD9	64513	POST TERM PG ANTPRTM COND/COMP
	ICD9	6452	PROLONGED PREGNANCY
	ICD9	64520	PROLNG PG UNS EPIS CARE/NOT APPLIC
	ICD9	64521	PROLNG PG DELIV W/WO ANTPRTM COND
	ICD9	64523	PROLONG PG DELIV ANTPRTM COND/COMP
	ICD9	646	OTHER COMPLICATIONS PREGNANCY NEC
	ICD9	6460	PAPYRACEOUS FETUS
	ICD9	64600	PAPYRACEOUS FETUS UNS AS EPIS CARE
	ICD9	64601	PAPYRACEOUS FETUS-DELIV
	ICD9	64603	PAPYRACEOUS FETUS, ANTEPARTUM
	ICD9	6461	EDEMA/XCESS WT GAIN PG W/O HTN
	ICD9	64610	EDEMA/XCESS WT GAIN PG UNS EOC
	ICD9	64611	EDEMA IN PREG-DELIVERED
	ICD9	64612	EDEMA IN PREG-DEL W P/P
	ICD9	64613	EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM
	ICD9	64614	EDEMA/XCESS WT GAIN PREV PP COND
	ICD9	6462	UNSPEC RENAL DZ PG W/O MENTION HTN
	ICD9	64620	UNS RENL DZ PG UNS AS EPIS CARE
	ICD9	64621	UNSPEC RENAL DISEASE PG W/DELIV
	ICD9	64622	UNS RENL DZ PG DELIV W/CURRNT PPC
	ICD9	64623	UNSPEC ANTEPARTUM RENAL DISEASE
	ICD9	64624	UNSPEC RENAL DZ PREVIOUS PP COND
	ICD9	6463	PREGNANCY COMP HABITUAL ABORTER
	ICD9	64630	PG COMP HABITUAL ABORTER UNS EOC
	ICD9	64631	HABITUAL ABORTER-DELIVER
	ICD9	64633	HABITUAL ABORTER ANTPRTM COND/COMP
	ICD9	6464	PERIPHERAL NEURITIS IN PREGNANCY
	ICD9	64640	PERIPH NEURITIS PG UNS AS EPIS CARE
	ICD9	64641	PERIPH NEURITIS PREGNANCY W/DELIV
	ICD9	64642	PERIPH NEURITIS PG DELIV W/CURR PPC
	ICD9	64643	PERIPHERAL NEURITIS ANTEPARTUM
	ICD9	64644	PERIPH NEURITIS PREVIOUS PP COND
	ICD9	6465	ASYMPTOMATIC BACTERIURIA PREGNANCY
	ICD9	64650	ASX BACTERIURIA PG UNS AS EPIS CARE
	ICD9	64651	ASYMPTOMATIC BACTERIURIA PG W/DELIV
	ICD9	64652	ASX BACTERIURIA PG DELIV W/CURR PPC
	ICD9	64653	ASYMPTOMATIC BACTERIURIA ANTEPARTUM
	ICD9	64654	ASX BACTERIURIA PREVIOUS PP COND
	ICD9	6466	INFECTIONS GU TRACT PREGNANCY
	ICD9	64660	INFS GU TRACT PG UNS AS EPIS CARE
	ICD9	64661	INFS GU TRACT PREGNANCY W/DELIV
	ICD9	64662	INFS GU TRACT PG DELIV W/CURRNT PPC
	ICD9	64663	INFECTIONS GU TRACT ANTPRTM
	ICD9	64664	INFS GU TRACT PREVIOUS PP COND
	ICD9	6467	LIVER DISORDERS IN PREGNANCY
	ICD9	64670	LIVER D/O PG UNSPEC AS EPIS CARE M
	ICD9	64671	LIVER DISORDERS PREGNANCY W/DELIV
	ICD9	64673	LIVER DISORDERS ANTEPARTUM
	ICD9	6468	OTHER SPEC COMPLICATIONS PREGNANCY
	ICD9	64680	OTH SPEC COMP PG UNS AS EPIS CARE
	ICD9	64681	OTH SPEC COMP PREGNANCY W/DELIVERY
	ICD9	64682	OTH SPEC COMPS PG DELIV W/CURR PPC
	ICD9	64683	OTH SPECIFED COMPLICATION ANTPRTM
	ICD9	64684	OTH SPEC COMPS PREVIOUS PP COND
	ICD9	6469	UNSPECIFIED COMPLICATION PREGNANCY
	ICD9	64690	UNSPEC COMP PG UNSPEC AS EPIS CARE
	ICD9	64691	UNSPEC COMP PREGNANCY W/DELIVERY
	ICD9	64693	UNSPEC COMP PREGNANCY ANTPRTM

	ICD9	647	INFECTIVE DIS IN PREG
	ICD9	6470	SYPHILIS IN PREGNANCY
	ICD9	64700	SYPHILIS IN PREG-UNSPEC
	ICD9	64701	MTRN SYPHILIS COMP PG W/DELIV
	ICD9	64702	MTRN SYPH COMP PG DELIV W/CURR PPC
	ICD9	64703	MATERNAL SYPHILIS, ANTEPARTUM
	ICD9	64704	MTRN SYPHILIS PREVIOUS PP COND
	ICD9	6471	GONORRHEA IN PREGNANCY
	ICD9	64710	GONORRHEA IN PREG-UNSPEC
	ICD9	64711	MATERNAL GONORRHEA WITH DELIVERY
	ICD9	64712	MTRN GONORRHEA DELIV W/CURRENT PPC
	ICD9	64713	MATERNAL GONORRHEA, ANTEPARTUM
	ICD9	64714	MTRN GONORRHEA PREVIOUS PP COND
	ICD9	6472	OTHER VENEREAL DIS IN PREG
	ICD9	64720	OTHER VD IN PREG-UNSPEC
	ICD9	64721	OTH MATERNAL VENEREAL DZ W/DELIV
	ICD9	64722	OTH MTRN VNEREL DZ DELIV W/CURR PPC
	ICD9	64723	OTHER VD-ANTEPARTUM
	ICD9	64724	OTHER POSTPARTUM VENEREAL DISEASES
	ICD9	6473	TUBERCULOSIS IN PREG
	ICD9	64730	TB IN PREG-UNSPECIFIED
	ICD9	64731	MATERNAL TUBERCULOSIS WITH DELIVERY
	ICD9	64732	MTRN TB W/DELIV W/CURRENT PPC
	ICD9	64733	MATERNAL TUBERCULOSIS, ANTEPARTUM
	ICD9	64734	MTRN TUBERCULOSIS PREVIOUS PP COND
	ICD9	6474	MALARIA IN PREGNANCY
	ICD9	64740	MALARIA IN PREG-UNSPEC
	ICD9	64741	MATERNAL MALARIA WITH DELIVERY
	ICD9	64742	MTRN MALARIA W/DELIV W/CURRENT PPC
	ICD9	64743	MATERNAL MALARIA, ANTEPARTUM
	ICD9	64744	MTRN MALARIA PREVIOUS PP COND
	ICD9	6475	RUBELLA IN PREGNANCY
	ICD9	64750	MAT RUBELLA COMP PG BRTH/PP UNS EOC
	ICD9	64751	MATERNAL RUBELLA WITH DELIVERY
	ICD9	64752	MTRN RUBELLA W/DELIV W/CURRENT PPC
	ICD9	64753	MATERNAL RUBELLA, ANTEPARTUM
	ICD9	64754	MTRN RUBELLA PREVIOUS PP COND
	ICD9	6476	OTHER VIRAL DIS IN PREG
	ICD9	64760	OTH MAT VD COMPL PG BRTH/PP UNS EOC
	ICD9	64761	OTH MATERNAL VIRAL DISEASE W/DELIV
	ICD9	64762	OTH MTRN VIRL DZ DELIV W/CURRNT PPC
	ICD9	64763	OTH MATERNAL VIRAL DISEASE ANTPRTM
	ICD9	64764	OTH MTRN VIRAL DZ PREVIOUS PP COND
	ICD9	6478	OTH MAT INF&PARASIT DZ COMPL PG/PP
	ICD9	64780	OTH MAT INF-COMPL PG CB/PP-UNS EOC
	ICD9	64781	OTH MTRN INF&PARASITIC DZ DELIV
	ICD9	64782	OTH MAT INF&PARASIT DZ-DEL-PP COMPL
	ICD9	64783	OTH MTRN INF&PARASITIC DZ ANTPRTM
	ICD9	64784	OTH MAT INF&PARASIT DZ-PREV PP COND
	ICD9	6479	INFECTION IN PREG NOS
	ICD9	64790	UNS MAT INF COMPL PG CB/PP UNS EOC
	ICD9	64791	UNSPEC MATERNAL INF/INFEST W/DELIV
	ICD9	64792	UNS MTRN INF/INFEST DEL W/CURR PPC
	ICD9	64793	UNSPEC MATERNAL INF/INFEST ANTPRTM
	ICD9	64794	UNSPEC MTRN INF/INFEST PREV PP COND
	ICD9	648	OTH CURRENT MATERNL CCE-COMPL P C/P
	ICD9	6480	DIABETES MELLIT IN PREG
	ICD9	64800	MAT DM COMPL PG BRTH/PP UNS EOC

	ICD9	64801	MATERNAL DM WITH DELIVERY
	ICD9	64802	MATERNAL DM W/DELIV W/CURRENT PPC
	ICD9	64803	MATERNAL DM ANTEPARTUM
	ICD9	64804	MTRN DM PREVIOUS POSTPARTUM COND
	ICD9	6481	THYROID DYSFUNC IN PREG
	ICD9	64810	MAT THYROID DYSF-COMP PG/PP-UNS EOC
	ICD9	64811	MATERNAL THYROID DYSFUNCTION DEL
	ICD9	64812	MTRN THYROID DYSF DELIV W/CURR PPC
	ICD9	64813	MTRN THYROID DYSF ANTPRTM COND/COMP
	ICD9	64814	MTRN THYROID DYSF PREV PP COND/COMP
	ICD9	6482	ANEMIA IN PREGNANCY
	ICD9	64820	MAT ANEM-MOM COMPL PG CB/PP UNS EOC
	ICD9	64821	MATERNAL ANEMIA, WITH DELIVERY
	ICD9	64822	MTRN ANEMIA W/DELIV W/CURRENT PPC
	ICD9	64823	MATERNAL ANEMIA, ANTEPARTUM
	ICD9	64824	MTRN ANEMIA PREVIOUS PP COND
	ICD9	6483	DRUG DEPENDENCE IN PREG
	ICD9	64830	MAT RX DEPND COMPL PG CB/PP UNS EOC
	ICD9	64831	MATERNAL DRUG DEPENDENCE W/DELIVERY
	ICD9	64832	MTRN DRUG DEPEND DELIV W/CURRNT PPC
	ICD9	64833	MATERNAL DRUG DEPENDENCE ANTEPARTUM
	ICD9	64834	MTRN DRUG DEPEND PREVIOUS PP COND
	ICD9	6484	MENTAL DISORDERS IN PREG
	ICD9	64840	MAT MNTL D/O COMPL PG CB/PP UNS EOC
	ICD9	64841	MATERNAL MENTAL DISORDERS W/DELIV
	ICD9	64842	MTRN MENTAL D/O DELIV W/CURRENT PPC
	ICD9	64843	MATERNAL MENTAL DISORDERS ANTPRTM
	ICD9	64844	MTRN MENTAL D/O PREVIOUS PP COND
	ICD9	6485	MAT CONGEN CV D/O COMPL PG CB/PP
	ICD9	64850	MAT CONGN CV D/O COMP PG/PP UNS EOC
	ICD9	64851	MATERNAL CONGEN CV D/O W/DELIV
	ICD9	64852	MTRN CONGN CV D/O DELIV W/CURR PPC
	ICD9	64853	MATERNAL CONGEN CV D/O ANTPRTM
	ICD9	64854	MTRN CONGEN CV D/O PREVIOUS PP COND
	ICD9	6486	CARDIOVAS DIS NEC IN PG
	ICD9	64860	OTH MAT CV DZ COMP PG CB/PP UNS EOC
	ICD9	64861	OTH MATERNAL CV DISEASES W/DELIVERY
	ICD9	64862	OTH MTRN CV DZ DELIV W/CURRENT PPC
	ICD9	64863	OTH MATERNAL CV DISEASES ANTPRTM
	ICD9	64864	OTH MTRN CV DZ PREVIOUS PP COND
	ICD9	6487	BONE&JNT D/O MAT-COMPL PG CB/PP
	ICD9	64870	BONE&JNT D/O MAT-COMPL PG CB/PP UNS
	ICD9	64871	BN&JNT D/O MAT BACK PELV&LW LMB DEL
	ICD9	64872	BN&JNT D/O MAT W/DEL W/PP COMPL
	ICD9	64873	BN&JNT D/O MAT BACK&LW LMB ANTPRTM
	ICD9	64874	BN&JNT D/O MAT BACK PREV PP COND
	ICD9	6488	ABN MAT GLU TOLRNC COMPL PG BRTH/PP
	ICD9	64880	ABN MAT GLU TOLR COMP PG/PP UNS EOC
	ICD9	64881	ABNORMAL MTRN GLU TOLERANCE W/DELIV
	ICD9	64882	ABN MTRN GLU TOLERNC DEL W/CURR PPC
	ICD9	64883	ABNORMAL MTRN GLU TOLERANCE ANTPRTM
	ICD9	64884	ABN MTRN GLU TOLERNC PREV PP COND
	ICD9	6489	OTH CURRNT MAT COND COMPL PG CB/PP
	ICD9	64890	OTH CUR MAT CCE-COMPL PG/PP-UNS EOC
	ICD9	64891	OTH CURRENT MATERNAL CCE W/DELIVERY
	ICD9	64892	OTH CURRNT MAT CCE-W/DEL W/PP COMPL
	ICD9	64893	OTH CURRENT MATERNAL CCE ANTEPARTUM
	ICD9	64894	OTH CURRNT MATERNL CCE-PREV PP COND

	ICD9	649	OTH COND MOTHER COMP PG BIRTH/PP
	ICD9	6490	TOB USE D/O COMP PG BIRTH OR THE PP
	ICD9	64900	TOB USE D/O COMP PG CB/PP UNSPC EOC
	ICD9	64901	TOB USE D/O COMP PG BIRTH/PP DEL
	ICD9	64902	TOB USE COMP PG CB/PP DEL PP COMP
	ICD9	64903	TOB USE COMP PG CB/PP AP COND/COMP
	ICD9	64904	TOB USE D/O COMP PG CB/PP PPC/COMP
	ICD9	6491	OBES COMP PG CHILDBIRTH/PUERPERIUM
	ICD9	64910	OBES COMP PG BIRTH/PP UNSPEC EOC/NA
	ICD9	64911	OBESITY COMP PG CHILDBIRTH/PP DEL
	ICD9	64912	OBES COMP PG BIRTH/PP DEL W/PP COMP
	ICD9	64913	OBES COMP PG BIRTH/PP AP COND/COMP
	ICD9	64914	OBES COMP PG BIRTH/THE PP PPC/COMP
	ICD9	6492	BARIATRIC SURG STS COMP PG BIRTH/PP
	ICD9	64920	BARIATRC SURG COMP PG CB/PP UNS EOC
	ICD9	64921	BARIATRIC SURG COMP PG BIRTH/PP DEL
	ICD9	64922	BAR SURG COMP PG CB/PP DEL PP COMP
	ICD9	64923	BAR SURG COMP PG CB/PP AP COND/COMP
	ICD9	64924	BAR SURG COMP PG CB/PP PPC/COMP
	ICD9	6493	COAGULATION DEFEC COMP PG BIRTH/PP
	ICD9	64930	COAG DEFEC COMP PG CB/PP UNSPEC EOC
	ICD9	64931	COAGULAT DEFEC COMP PG BIRTH/PP DEL
	ICD9	64932	COAG DEF COMP PG CB/PP DEL PP COMP
	ICD9	64933	COAG DEF COMP PG CB/PP AP COND/COMP
	ICD9	64934	COAG DEFEC COMP PG CB/PP PPC/COMP
	ICD9	6494	EPILEPSY COMP PG BIRTH/PUERPERIUM
	ICD9	64940	EPIL COMP PG BIRTH/PP UNSPEC EOC/NA
	ICD9	64941	EPIL COMP PG CHILDBIRTH/THE PP DEL
	ICD9	64942	EPIL COMP PG BIRTH/PP DEL W/PP COMP
	ICD9	64943	EPIL COMP PG BIRTH/PP AP COND/COMP
	ICD9	64944	EPIL COMP PG BIRTH/PP PP COND/COMP
	ICD9	6495	SPOTTING COMPLICATING PREGNANCY
	ICD9	64950	SPOTTING COMP PG UNS EPIS CARE/NA
	ICD9	64951	SPOTTING COMPLICATING PREGNANCY DEL
	ICD9	64953	SPOTTING COMP PG ANTEPRTM COND/COMP
	ICD9	6496	UTERINE SIZE DATE DISCREPANCY
	ICD9	64960	UTERN SIZE DATE DISCREP UNSPEC EOC
	ICD9	64961	UTERINE SIZE DATE DISCREPANCY DEL
	ICD9	64962	UTERN SZ DATE DISCREP DEL W/PP COMP
	ICD9	64963	UTERN SZ DATE DISCREP AP COND/COMP
	ICD9	64964	UTERINE SZ DATE DISCREPANCY PP COMP
	ICD9	650	NORMAL DELIVERY
	ICD9	651	MULTIPLE GESTATION
	ICD9	6510	TWIN PREGNANCY
	ICD9	65100	TWIN PREGNANCY UNSPEC AS EPIS CARE
	ICD9	65101	TWIN PREGNANCY, DELIVERED
	ICD9	65103	TWIN PREGNANCY, ANTEPARTUM
	ICD9	6511	TRIPLET PREGNANCY
	ICD9	65110	TRIPLET PG UNSPEC AS EPIS CARE
	ICD9	65111	TRIPLET PREGNANCY, DELIVERED
	ICD9	65113	TRIPLET PREGNANCY, ANTEPARTUM
	ICD9	6512	QUADRUPLET PREGNANCY
	ICD9	65120	QUADRUPLET PG UNSPEC AS EPIS CARE
	ICD9	65121	QUADRUPLET PREGNANCY, DELIVERED
	ICD9	65123	QUADRUPLET PREGNANCY, ANTEPARTUM
	ICD9	6513	TWIN PG W/FETAL LOSS&RETN 1 FETUS
	ICD9	65130	TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC
	ICD9	65131	TWIN PG-FETAL LOSS&RETN 1 FETUS DEL

	ICD9	65133	TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM
	ICD9	6514	TRIPLET PG W/FETAL LOSS&RETN 1/MORE
	ICD9	65140	TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65141	TRIPLET PG W/FETL LOSS&RETN 1/> DEL
	ICD9	65143	TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM
	ICD9	6515	QUAD PG W/FETL LOSS&RETAIN 1/MOR
	ICD9	65150	QUAD PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65151	QUAD PG W/FETAL LOSS&RETN 1/> DEL
	ICD9	65153	QUAD PG-FETL LOSS&RETN 1/> ANTPRTM
	ICD9	6516	OTH MX PG W/FETAL LOSS&RETN 1/MORE
	ICD9	65160	OTH MX PG-FETL LOSS&RETN 1/>UNS EOC
	ICD9	65161	OTH MX PG-FETAL LOSS&RETAIN 1/>DEL
	ICD9	65163	OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM
	ICD9	6517	MX GEST FLW ELEC FETAL REDUCTION
	ICD9	65170	MX GEST FLW FETL RDUC UNS EPIS CARE
	ICD9	65171	MX GEST FETL RDUC DEL W/WO AP COND
	ICD9	65173	MX GEST FLW FETL RDUC AP COND/COMPL
	ICD9	6518	OTHER SPECIFIED MULTIPLE GESTATION
	ICD9	65180	OTH SPEC MX GEST UNS AS EPIS CARE
	ICD9	65181	OTH SPEC MULTIPLE GESTATION DELIV
	ICD9	65183	OTH SPEC MULTIPLE GESTATION ANTPRTM
	ICD9	6519	UNSPECIFIED MULTIPLE GESTATION
	ICD9	65190	UNSPEC MX GEST UNSPEC AS EPIS CARE
	ICD9	65191	UNSPEC MULTIPLE GESTATION DELIVERED
	ICD9	65193	UNSPEC MULTIPLE GESTATION ANTPRTM
	ICD9	652	MALPOSITION&MALPRESENTATION FETUS
	ICD9	6520	UNSTABLE LIE OF FETUS
	ICD9	65200	UNSTABLE LIE FETUS UNS AS EPIS CARE
	ICD9	65201	UNSTABLE LIE OF FETUS, DELIVERED
	ICD9	65203	UNSTABLE LIE OF FETUS, ANTEPARTUM
	ICD9	6521	BREECH/OTH MALPRESNT CONVRT CEPHALC
	ICD9	65210	BREECH/OTH CONVERT-CEPHAL-UNS EOC
	ICD9	65211	BREECH/OTH CONVERT CEPHAL DEL
	ICD9	65213	BREECH/OTH CONVERT-CEPHAL-ANTPRTM
	ICD9	6522	BREECH PRESENTATION W/O VERSION
	ICD9	65220	BREECH PRSATION W/O VERSION UNS EOC
	ICD9	65221	BREECH PRSATION W/O VERSION DELIV
	ICD9	65223	BREECH PRSATION W/O VERSION ANTPRTM
	ICD9	6523	TRNS/OBLIQUE PRESENTATION FETUS
	ICD9	65230	TRNS/OBL FETL PRSATION UNS EOC
	ICD9	65231	TRNS/OBL FETAL PRESENTATION DELIV
	ICD9	65233	TRNS/OBL FETAL PRESENTATION ANTPRTM
	ICD9	6524	FETAL FACE/BROW PRESENTATION FETUS
	ICD9	65240	FETL FCE/BROW PRSATION UNS EOC
	ICD9	65241	FETAL FACE/BROW PRESENTATION DELIV
	ICD9	65243	FETAL FCE/BROW PRESENTATION ANTPRTM
	ICD9	6525	HIGH FETAL HEAD AT TERM
	ICD9	65250	HI FETAL HEAD@TERM UNS AS EPIS CARE
	ICD9	65251	HIGH FETAL HEAD AT TERM, DELIVERED
	ICD9	65253	HIGH FETAL HEAD AT TERM, ANTEPARTUM
	ICD9	6526	MX GEST W/MALPRSATION 1 FETUS/MORE
	ICD9	65260	MX GEST W/MALPRSNT 1 FETUS/>UNS EOC
	ICD9	65261	MX GEST W/MALPRESNT 1 FETUS/MOR DEL
	ICD9	65263	MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM
	ICD9	6527	PROLAPSED ARM OF FETUS
	ICD9	65270	PROLAPSD ARM FETUS UNS AS EPIS CARE
	ICD9	65271	PROLAPSED ARM OF FETUS, DELIVERED
	ICD9	65273	PROLAPSD ARM FETUS ANTPRTM COMP

	ICD9	6528	OTH SPEC MALPSTN/MALPRSATION FETUS
	ICD9	65280	OTH MALPOS/MALPRESENT FETUS UNS EOC
	ICD9	65281	OTH MALPSTN/MALPRSATION FETUS DELIV
	ICD9	65283	OTH MALPOS/MALPRESENT FETUS ANTPRTM
	ICD9	6529	UNS MALPSTN/MALPRESENTATION FETUS
	ICD9	65290	UNS MALPOS/MALPRESENT FETUS UNS EOC
	ICD9	65291	UNS MALPSTN/MALPRSATION FETUS DELIV
	ICD9	65293	UNS MALPOS/MALPRESENT FETUS ANTPRTM
	ICD9	653	DISPROPORTION IN PREGNANCY L&D
	ICD9	6530	MAJ ABN BONY PELV NOT FURTHER PG
	ICD9	65300	MAJ ABN BONY PELVIS NFS PG UNS EOC
	ICD9	65301	MAJ ABN BONY PELV NOT FURTHER DELIV
	ICD9	65303	MAJ ABN BONY PELVIS NFS ANTPRTM
	ICD9	6531	GENERALLY CONTRACTED PELV PREGNANCY
	ICD9	65310	GENLY CONTRACTED PELV PG UNS EOC PG
	ICD9	65311	GENERALLY CONTRACTED PELV PG DELIV
	ICD9	65313	GENLY CONTRACTED PELV PG ANTPRTM
	ICD9	6532	INLET CONTRACTION PELVIS PREGNANCY
	ICD9	65320	INLET CONTRAC PELV PG UNS EOC PG
	ICD9	65321	INLET CONTRACTION PELV PG DELIV
	ICD9	65323	INLET CONTRACTION PELV PG ANTPRTM
	ICD9	6533	OUTLET CONTRACTION PELVIS PREGNANCY
	ICD9	65330	OUTLET CONTRAC PELV PG UNS EOC PG
	ICD9	65331	OUTLET CONTRACTION PELV PG DELIV
	ICD9	65333	OUTLET CONTRACTION PELV PG ANTPRTM
	ICD9	6534	FETOPELVIC DISPROPORTION
	ICD9	65340	FETOPELV DISPROPRTN UNS EPIS CARE
	ICD9	65341	FETOPELVIC DISPROPORTION, DELIVERED
	ICD9	65343	FETOPELVIC DISPROPORTION ANTEPARTUM
	ICD9	6535	UNUSUALLY LG FETUS CAUS DISPROPRTN
	ICD9	65350	UNUSUAL LG FETUS DISPROPRTN UNS EOC
	ICD9	65351	UNUSUAL LG FETUS DISPROPRTION-DEL
	ICD9	65353	UNUSUAL LG FETUS DISPROPRTN ANTPRTM
	ICD9	6536	HYDROCEPHALIC FETUS CAUS DISPROPRTN
	ICD9	65360	HYDROCEPHL FETUS DISPROPRTN UNS EOC
	ICD9	65361	HYDROCEPHAL FETUS DISPROPRTN DEL
	ICD9	65363	HYDROCEPHL FETUS DISPROPRTN ANTPRTM
	ICD9	6537	OTH FETAL ABNORM CAUSING DISPROPRTN
	ICD9	65370	OTH FETAL ABN DISPROPRTN UNS EOC
	ICD9	65371	OTH FETAL ABN CAUS DISPROPRTN DELIV
	ICD9	65373	OTH FETAL ABN DISPROPRTN ANTPRTM
	ICD9	6538	FETAL DISPROPORTION OF OTHER ORIGIN
	ICD9	65380	FETL DISPROPRTN OTH ORIGIN UNS EOC
	ICD9	65381	FETAL DISPROPRTN OTH ORIGIN DELIV
	ICD9	65383	FETAL DISPROPRTN OTH ORIGIN ANTPRTM
	ICD9	6539	UNSPECIFIED FETAL DISPROPORTION
	ICD9	65390	UNS FETAL DISPROPRTN UNS EPIS CARE
	ICD9	65391	UNSPEC FETAL DISPROPRTN DELIVERED
	ICD9	65393	UNSPEC FETAL DISPROPRTN ANTEPARTUM
	ICD9	654	ABN ORGN&TISS PELV COMPL PG CB/PP
	ICD9	6540	CONGEN ABN PG UTERS COMPL PG CB/PP
	ICD9	65400	CONGN ABNORM PG UTRUS UNS EPIS CARE
	ICD9	65401	CONGEN ABNORM PREGNANT UTERUS DELIV
	ICD9	65402	CONGN ABN PG UTRUS DELIV W/ PPC
	ICD9	65403	CONGEN ABNORM PG UTERUS ANTPRTM
	ICD9	65404	CONGENITAL ABNORM PREGNANT UTERUS
	ICD9	6541	TUMORS OF BODY OF PREGNANT UTERUS
	ICD9	65410	TUMRS BDY PG UTRUS UNS EPIS CARE PG

	ICD9	65411	TUMORS OF BODY OF UTERUS, DELIVERED
	ICD9	65412	TUMRS BDY UTRUS DELIV W/MENTION PPC
	ICD9	65413	TUMRS BODY UTERUS ANTPRTM COND/COMP
	ICD9	65414	TUMORS BODY UTERUS PP COND/COMP
	ICD9	6542	PREVIOUS C-SECTION NOS
	ICD9	65420	PREV C/S DELIV UNS EOC/NOT APPLIC
	ICD9	65421	PREV C/S DEL DEL W/WO ANTPRTM COND
	ICD9	65423	PREV C/S DELIV ANTPRTM COND/COMP
	ICD9	6543	RETROVERT&INCARCERAT GRAVID UTERUS
	ICD9	65430	RETROVRT GRAVID UTERUS UNS EOC
	ICD9	65431	RETROVRT&INCARCERAT GRAVD UTRUS DEL
	ICD9	65432	RETROVRT GRAVID UTERUS DEL-PP COMPL
	ICD9	65433	RETROVERT GRAVID UETRUS ANTEPARTUM
	ICD9	65434	RETROVRT&INCARCERAT GRAVID UTRUS PP
	ICD9	6544	OTH ABN SHAPE/POS GRAVID UTERUS
	ICD9	65440	OTH ABN SHAPE GRAVID UTERUS-UNS EOC
	ICD9	65441	OTH ABN SHAPE/POS GRAV UTERUS-DEL
	ICD9	65442	OTH ABN SHAPE GRAV UTRS DEL-PP COMP
	ICD9	65443	OTH ABN SHAP/POS GRAV UTRUS ANTPRTM
	ICD9	65444	OTH ABN SHAPE/POS GRAV UTERUS PP
	ICD9	6545	CERVIX INCOMPET IN PREG
	ICD9	65450	CERV INCOMPETNCE UNS EPIS CARE PG
	ICD9	65451	CERVICAL INCOMPETENCE, DELIVERED
	ICD9	65452	CERV INCOMPETNCE DELIV W/ PPC
	ICD9	65453	CERV INCOMPETENCE ANTPRTM COND/COMP
	ICD9	65454	CERV INCOMPETENCE PP COND/COMP
	ICD9	6546	OTH CONGN/ACQ ABN CERV COMPL PG/PP
	ICD9	65460	OTH CONGN/ACQ ABN CERV UNS EOC PG
	ICD9	65461	OTH CONGEN/ACQ ABNORM CERV W/DELIV
	ICD9	65462	OTH CONGN/ACQ ABN CERV DELIV W/ PPC
	ICD9	65463	OTH CONGN/ACQ ABN CERV ANTPRTM COMP
	ICD9	65464	OTH CONGN/ACQ ABN CERV PP COND/COMP
	ICD9	6547	ABNORMAL VAGINA IN PREG
	ICD9	65470	CONGN/ACQ ABN VAG UNS EPIS CARE PG
	ICD9	65471	CONGEN/ACQ ABNORM VAGINA W/DELIVERY
	ICD9	65472	CONGN/ACQ ABN VAG DELIV W/ PPC
	ICD9	65473	CONGN/ACQ ABN VAG ANTPRTM COND/COMP
	ICD9	65474	CONGN/ACQ ABNORM VAG PP COND/COMP
	ICD9	6548	CONGEN/ACQ ABN VULVA COMPL PG CB/PP
	ICD9	65480	CONGN/ACQ ABN VULVA UNS EOC PG
	ICD9	65481	CONGEN/ACQ ABNORM VULVA W/DELIVERY
	ICD9	65482	CONGN/ACQ ABN VULVA DELIV W/ PPC
	ICD9	65483	CONGN/ACQ ABN VULVA ANTPRTM COMP
	ICD9	65484	CONGN/ACQ ABNORM VULVA PP COND/COMP
	ICD9	6549	OTH&UNS ABN ORGN&PLV COMPL PG CB&PP
	ICD9	65490	OTH&UNS ABN ORGN PELV UNS EOC PG
	ICD9	65491	UNS ABN ORGN&SFT TISS PELV DELIV
	ICD9	65492	OTH&UNS ABN ORGN&PLV DEL W/PP COMPL
	ICD9	65493	OTH&UNS ABN ORGN&PELV ANTPRTM COMPL
	ICD9	65494	UNS ABN ORGN&SFT TISS PELV PP COMP
	ICD9	655	KNOWN/SPCT FETAL ABNORM MGMT MOTH
	ICD9	6550	CNS MALFORM FETUS AFFECT MGMT MOM
	ICD9	65500	CNS MALFORMATION FETUS UNS EOC PG
	ICD9	65501	CNTRL NERV SYS MALFORM FETUS DELIV
	ICD9	65503	CNTRL NRV SYS MALFORM FETUS ANTPRTM
	ICD9	6551	CHROMOSM ABNORM FETUS MGMT MOTH
	ICD9	65510	CHROMOSOM ABN FETUS UNS EOC PG
	ICD9	65511	CHROMOSM ABN FETUS MGMT MOTH DELIV

	ICD9	65513	CHROMOSM ABN-MGMT MOM FETUS ANTPRTM
	ICD9	6552	HEREDIT DZ POSS AFFCT FTUS MGMT MOM
	ICD9	65520	HEREDIT DZ AFFCT FETUS UNS EOC PG
	ICD9	65521	HEREDIT DZ POSS AFFCT FETUS DEL
	ICD9	65523	HEREDIT DZ FETUS ANTPRTM COND/COMPL
	ICD9	6553	SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM
	ICD9	65530	SPCT DMGE FTUS D/T MAT VIRS-UNS EOC
	ICD9	65531	SPCT DAMGE FETUS VIRL DZ MOM DEL
	ICD9	65533	SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM
	ICD9	6554	SPCT DMGE FETUS-OTH DZ MOM MGMT MOM
	ICD9	65540	SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC
	ICD9	65541	SPCT DAMGE FETUS OTH DZ MOM DEL
	ICD9	65543	SPCT DMGE FETUS-OTH MAT DZ ANTPRTM
	ICD9	6555	SPCT DAMGE FETUS FROM RX MGMT MOTH
	ICD9	65550	SPCT DMGE FETUS-RX MGMT MOM UNS EOC
	ICD9	65551	SPCT DAMGE FETUS RX MGMT MOTH DELIV
	ICD9	65553	SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM
	ICD9	6556	SPCT DAMGE FETUS FROM RAD MGMT MOTH
	ICD9	65560	SPCT DMGE FTUS RAD MGMT MOM UNS EOC
	ICD9	65561	SPCT DAMGE FETUS RAD MGMT MOTH DEL
	ICD9	65563	SPCT DAMGE FETUS RAD-ANTPRTM COMPL
	ICD9	6557	DECREASED FETAL MOVEMENTS
	ICD9	65570	DECR FETAL MOVMNTS UNS AS EPIS CARE
	ICD9	65571	DECR FETAL MOVMNTS MGMT MOTH DELIV
	ICD9	65573	DCRESD FETL MOVEMENT ANTPRTM COMPL
	ICD9	6558	OTH KNWN/SPCT FETL ABN NEC-MGMT MOM
	ICD9	65580	OTH KNWN/SPCT FETL ABN NEC-UNS EOC
	ICD9	65581	OTH KNWN/SPCT FETL ABN NEC DEL
	ICD9	65583	OTH KNWN FETL ABN-NEC-ANTPRTM COMPL
	ICD9	6559	UNSPEC FETAL ABNORM AFFCT MGMT MOTH
	ICD9	65590	UNS FETL ABN MGMT MOTH UNS EOC
	ICD9	65591	UNS FETAL ABNORM MGMT MOTH DELIV
	ICD9	65593	UNS FETL ABN MGMT MOTH ANTPRTM COMP
	ICD9	656	OTH FETAL&PLACNTL PROBS MGMT MOTH
	ICD9	656	OTH KNOWN FETL&PLCNTL PROB MGMT MOM
	ICD9	6560	FETAL-MTRN HEMORR AFFECT MGMT MOTH
	ICD9	65600	FETAL-MTRN HEMORR UNS EPIS CARE PG
	ICD9	65601	FETAL-MATERNAL HEMORRHAGE W/DELIV
	ICD9	65603	FETAL-MTRN HEMORR ANTPRTM COND/COMP
	ICD9	6561	RHESUS ISOIMMUN AFFCT MGMT MOTH
	ICD9	65610	RHESUS ISOIMMUN UNS AS EPIS CARE PG
	ICD9	65611	RHESUS ISOIMMUN MGMT MOTH DELIV
	ICD9	65613	RH ISOIMMUN-MGMT MOM ANTPRTM COND
	ICD9	6562	ISOIMMUN UNS BLD-GRP INCOMPAT MOM
	ICD9	65620	ISOIMUN UNS BLD INCOMPAT UNS EOC PG
	ICD9	65621	ISOIMUN UNS BLD-GRP INCMPAT MOM DEL
	ICD9	65623	ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM
	ICD9	6563	FETAL DISTRESS AFFECT MGMT MOTH
	ICD9	65630	FETL DISTRESS MGMT MOTH UNS EOC
	ICD9	65631	FETAL DISTRESS MGMT MOTH DELIV
	ICD9	65633	FETAL DISTRESS MGMT MOTH ANTPRTM
	ICD9	6564	INTRAUTERINE DEATH AFFECT MGMT MOTH
	ICD9	65640	INTRAUTERN DEATH MGMT MOTH UNS EOC
	ICD9	65641	INTRAUTERN DEATH MGMT MOTH DELIV
	ICD9	65643	INTRAUTERN DEATH MGMT MOTH ANTPRTM
	ICD9	6565	POOR FETAL GROWTH AFFECT MGMT MOTH
	ICD9	65650	POOR FETL GROWTH MGMT MOTH UNS EOC
	ICD9	65651	POOR FETAL GROWTH MGMT MOTH DELIV

	ICD9	65653	POOR FETL GROWTH ANTPRTM COND/COMPL
	ICD9	6566	EXCESS FETAL GROWTH AFFCT MGMT MOTH
	ICD9	65660	XCESS FETL GROWTH MGMT MOTH UNS EOC
	ICD9	65661	XCESS FETAL GROWTH MGMT MOTH DELIV
	ICD9	65663	XCESS FETL GROWTH MGMT MOTH ANTPRTM
	ICD9	6567	OTH PLACNTL CONDS AFFECT MGMT MOTH
	ICD9	65670	OTH PLACNTL COND MGMT MOTH UNS EOC
	ICD9	65671	OTH PLACNTL CONDS MGMT MOTH DELIV
	ICD9	65673	OTH PLACNTL CONDS MGMT MOTH ANTPRTM
	ICD9	6568	OTH FETL&PLACNTL PROBS MGMT MOTH
	ICD9	65680	OTH SPEC FETL&PLACNTL PROBS UNS EOC
	ICD9	65681	OTH SPEC FETAL&PLACNTL PROBS DEL
	ICD9	65683	OTH SPEC FETAL&PLACNTL PROB ANTPRTM
	ICD9	6569	UNS FETAL&PLACNTL PROB MGMT MOTH
	ICD9	65690	UNS FETL&PLACNTL PROB UNS EPIS CARE
	ICD9	65691	UNS FETL&PLACNTL PROB MGMT MOTH DEL
	ICD9	65693	UNS FETAL&PLACENTAL PROB ANTEPARTUM
	ICD9	657	POLYHYDRAMNIOS
	ICD9	6570	POLYHYDRAMNIOS
	ICD9	65700	POLYHYDRAMNIOS UNSPEC AS EPIS CARE
	ICD9	65701	POLYHYDRAMNIOS, WITH DELIVERY
	ICD9	65703	POLYHYDRAMNIOS ANTPRTM COMPLICATION
	ICD9	658	OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	6580	OLIGOHYDRAMNIOS
	ICD9	65800	OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE
	ICD9	65801	OLIGOHYDRAMNIOS, DELIVERED
	ICD9	65803	OLIGOHYDRAMNIOS, ANTEPARTUM
	ICD9	6581	PREMATURE RUPTURE MEMB PREGNANCY
	ICD9	65810	PRMAT RUP MEMB PG UNS AS EPIS CARE
	ICD9	65811	PREMATURE RUPTURE MEMB PG DELIV
	ICD9	65813	PREMATURE RUPTURE MEMB PG ANTPRTM
	ICD9	6582	DELAY DEL AFTER SPONT/UNS RUP MEMB
	ICD9	65820	DLAY DEL SPONT/UNS RUP MEMB UNS EOC
	ICD9	65821	DELAY DEL SPONT/UNS RUP MEMB DEL
	ICD9	65823	DLAY DEL SPONT/UNS RUP MEMB ANTPRTM
	ICD9	6583	DELAY DELIV AFTER ARTFICL RUP MEMB
	ICD9	65830	DELAY DEL ARTFICL RUP MEMB UNS EOC
	ICD9	65831	DELAY DEL ARTFICL RUPTURE MEMB DEL
	ICD9	65833	DELAY DEL ARTFICL RUP MEMB ANTPRTM
	ICD9	6584	INFECTION OF AMNIOTIC CAVITY
	ICD9	65840	INF AMNIOTIC CAV UNS AS EPIS CARE
	ICD9	65841	INFECTION AMNIOTIC CAVITY DELIVERED
	ICD9	65843	INFECTION AMNIOTIC CAVITY ANTPRTM
	ICD9	6588	OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	65880	OTH PROBW/AMNIOTIC CAV&MEMB UNS EOC
	ICD9	65881	OTH PROBW/AMNIOTIC CAV&MEMB DELIV
	ICD9	65883	OTH PROBW/AMNIOTIC CAV&MEMB ANTPRTM
	ICD9	6589	UNS PROB ASSOC W/AMNIOTIC CAV&MEMB
	ICD9	65890	UNS PROBW/AMNIOTIC CAV&MEMB UNS EOC
	ICD9	65891	UNS PROBW/AMNIOTIC CAV&MEMB DELIV
	ICD9	65893	UNS PROBW/AMNIOTIC CAV&MEMB ANTPRTM
	ICD9	659	OTH INDICAT CARE/INTRVN REL L&D NEC
	ICD9	6590	FAILED MECHANICAL INDUCTION LABOR
	ICD9	65900	FAILMECH INDUCT LABR UNS EPIS CARE
	ICD9	65901	FAILED MECH INDUCTION LABOR DELIV
	ICD9	65903	FAILED MECH INDUCTION LABOR ANTPRTM
	ICD9	6591	FAILMEDICAL/UNSPEC INDUCTION LABOR
	ICD9	65910	FAILMED/UNS INDUCT LABR UNS EOC

	ICD9	65911	FAILMED/UNSPEC INDUCT LABR DELIV
	ICD9	65913	FAILMED/UNSPEC INDUCT LABR ANTPRTM
	ICD9	6592	MTRN PYREXIA DURING LABOR UNSPEC
	ICD9	65920	UNS MTRN PYREXIA DUR LABR UNS EOC
	ICD9	65921	UNSPEC MTRN PYREXIA DUR LABOR DELIV
	ICD9	65923	UNSPEC MATERNAL PYREXIA ANTEPARTUM
	ICD9	6593	GENERALIZED INFECTION DURING LABOR
	ICD9	65930	GEN INF DUR LABR UNS AS EPIS CARE
	ICD9	65931	GEN INFECTION DURING LABOR DELIV
	ICD9	65933	GEN INFECTION DURING LABOR ANTPRTM
	ICD9	6594	GRAND MULTIPARITY W/CURRENT PG
	ICD9	65940	GRAND MXIPARITY W/CURR PG UNS EOC
	ICD9	65941	GRAND MULTIP DEL W/WO ANTPRTM COND
	ICD9	65943	GRAND MULTIPARITY W/CURR PG ANTPRTM
	ICD9	6595	ELDERLY PRIMIGRAVIDA
	ICD9	65950	ELDER PRIMIGRAVIDA UNS AS EPIS CARE
	ICD9	65951	ELDERLY PRIMIGRAVIDA, DELIVERED
	ICD9	65953	ELDERLY PRIMIGRAVIDA, ANTEPARTUM
	ICD9	6596	ELDERLY MULTIGRAVIDA
	ICD9	65960	ELDER MXIGRAVDA UNS EOC/NOT APPLIC
	ICD9	65961	ELDER MXIGRAVDA DEL W/ANTPRTM COND
	ICD9	65963	ELDER MXIGRAVDA W/ANTPRTM COND/COMP
	ICD9	6597	ABNORMALITY FETAL HEART RATE/RHYTHM
	ICD9	65970	ABN FETAL HEART RATE/RHYTHM UNS EOC
	ICD9	65971	ABN FETAL HEART RATE/RHYTHM DEL
	ICD9	65973	ABN FETAL HEART RATE ANTPRTM COMPL
	ICD9	6598	OTH INDICAT CARE/INTRVN REL L&D
	ICD9	65980	OTH INDCAT CARE REL L&D UNS EOC
	ICD9	65981	OTH INDICAT CARE/INTRVN REL L&D DEL
	ICD9	65983	OTH INDCAT CARE REL L&D ANTEPARTUM
	ICD9	6599	UNS INDICAT CARE/INTERVEN REL L&D
	ICD9	65990	UNS INDICAT CARE REL L&D UNS EOC
	ICD9	65991	UNS INDICAT CARE/INTRVN REL L&D DEL
	ICD9	65993	UNS INDICAT CARE REL L&D ANTPRTM
	ICD9	660	OBSTRUCTED LABOR
	ICD9	6600	OBST CAUS MALPSTN FETUS@ONSET LABR
	ICD9	66000	OBST CAUS MALPSTN FTUS@LABR UNS EOC
	ICD9	66001	OBST CAUS MALPOS FETUS@LABOR DEL
	ICD9	66003	OBST CAUS MALPOS FETUS@LABR ANTPRTM
	ICD9	6601	OBSTRUCTION BONY PELVIS DURING L&D
	ICD9	66010	OBST BONY PELV DUR L&D UNS EOC
	ICD9	66011	OBSTRUCTION BONY PELV DUR L&D DELIV
	ICD9	66013	OBST BONY PELV DUR L&D ANTPRTM
	ICD9	6602	OBST ABNORM PELV SOFT TISS DUR L&D
	ICD9	66020	OBST ABN PELV SFT TISS-L&D UNS EOC
	ICD9	66021	OBST ABN PELV SFT TISS-L&D DEL
	ICD9	66023	OBST ABN PELV SOFT TISS-L&D ANTPRTM
	ICD9	6603	DEEP TRANS ARREST-OCCIPITOPOSTR POS
	ICD9	66030	DEEP TRANS ARRST-OCCIPTPOST-UNS EOC
	ICD9	66031	DEEP TRANS ARRST-OCCIPITPOST-L&D
	ICD9	66033	DEEP TRANS ARRST-OCCIPTPOST ANTPRTM
	ICD9	6604	SHOULDER DYSTOCIA DURING L&D
	ICD9	66040	SHLDR DYSTOCIA DUR L&D UNS EOC
	ICD9	66041	SHLDR DYSTOCIA DUR LABR&DEL ER DEL
	ICD9	66043	SHLDR DYSTOCIA DURING L&D ANTPRTM
	ICD9	6605	LOCKED TWINS
	ICD9	66050	LOCKED TWINS DUR L&D UNS EOC PG
	ICD9	66051	LOCKED TWINS, DELIVERED

	ICD9	66053	LOCKED TWINS, ANTEPARTUM
	ICD9	6606	UNSPECIFIED FAILED TRIAL OF LABOR
	ICD9	66060	UNS FAILTRIAL LABR UNSIFED AS EPIS
	ICD9	66061	UNSPEC FAILED TRIAL LABOR DELIVERED
	ICD9	66063	UNSPEC FAILED TRIAL LABOR ANTPRTM
	ICD9	6607	UNSPEC FAILED FORCEPS/VAC EXT
	ICD9	66070	UNS FAILFORCEPS/VAC EXT UNS EOC
	ICD9	66071	UNSPEC FAILED FORCEPS/VAC EXT DELIV
	ICD9	66073	FAILFORCEPS/VAC EXT UNSPEC ANTPRTM
	ICD9	6608	OTHER CAUSES OF OBSTRUCTED LABOR
	ICD9	66080	OTH CAUS OBST LABR UNS AS EPIS CARE
	ICD9	66081	OTH CAUSES OBSTRUCTED LABOR DELIV
	ICD9	66083	OTH CAUSES OBSTRUCTED LABOR ANTPRTM
	ICD9	6609	UNSPECIFIED OBSTRUCTED LABOR
	ICD9	66090	UNS OBST LABR UNS AS EPIS CARE
	ICD9	66091	UNSPEC OBSTRUCTED LABOR W/DELIVERY
	ICD9	66093	UNSPEC OBSTRUCTED LABOR ANTEPARTUM
	ICD9	661	ABNORMALITY OF FORCES OF LABOR
	ICD9	6610	PRIMARY UTERINE INERTIA
	ICD9	66100	PRIM UTERN INERTIA UNS AS EPIS CARE
	ICD9	66101	PRIMARY UTERINE INERTIA W/DELIVERY
	ICD9	66103	PRIMARY UTERINE INERTIA, ANTEPARTUM
	ICD9	6611	SECONDARY UTERINE INERTIA
	ICD9	66110	SEC UTERN INERTIA UNS AS EPIS CARE
	ICD9	66111	SEC UTERINE INERTIA WITH DELIVERY
	ICD9	66113	SEC UTERINE INERTIA ANTEPARTUM
	ICD9	6612	OTHER&UNSPECIFIED UTERINE INERTIA
	ICD9	66120	OTH&UNS UTERN INERTIA UNS EPIS CARE
	ICD9	66121	OTH&UNSPEC UTERINE INERTIA W/DELIV
	ICD9	66123	OTH&UNSPEC UTERINE INERTIA ANTPRTM
	ICD9	6613	PRECIPITATE LABOR
	ICD9	66130	PRECIPITATE LABR UNS AS EPIS CARE
	ICD9	66131	PRECIPITATE LABOR, WITH DELIVERY
	ICD9	66133	PRECIPITATE LABOR, ANTEPARTUM
	ICD9	6614	HYPERTONIC/PROLONGED UTERN CONTRACT
	ICD9	66140	HYPRTON/PROLNG UTERN CNTRCT UNS EOC
	ICD9	66141	HYPERTON/PROLNG UTERN CONTRACT DEL
	ICD9	66143	HYPERTON/PROLNG UTRN CNTRCT ANTPRTM
	ICD9	6619	UNSPECIFIED ABNORMALITY OF LABOR
	ICD9	66190	UNS ABNORM LABR UNS AS EPIS CARE
	ICD9	66191	UNSPEC ABNORMALITY LABOR W/DELIVERY
	ICD9	66193	UNSPEC ABNORMALITY LABOR ANTEPARTUM
	ICD9	662	LONG LABOR
	ICD9	6620	PROLONGED FIRST STAGE OF LABOR
	ICD9	66200	PROLNG 1 STAGE LABR UNS EPIS CARE
	ICD9	66201	PROLONGED 1 STAGE LABOR DELIVERED
	ICD9	66203	PROLONGED 1 STAGE LABOR ANTEPARTUM
	ICD9	6621	UNSPECIFIED PROLONGED LABOR
	ICD9	66210	UNS PROLNG LABR UNS AS EPIS CARE
	ICD9	66211	UNSPEC PROLONGED LABOR DELIVERED
	ICD9	66213	UNSPEC PROLONGED LABOR ANTEPARTUM
	ICD9	6622	PROLONGED SECOND STAGE OF LABOR
	ICD9	66220	PROLNG 2 STAGE LABR UNS EPIS CARE
	ICD9	66221	PROLONGED 2 STAGE LABOR DELIVERED
	ICD9	66223	PROLONGED 2 STAGE LABOR ANTEPARTUM
	ICD9	6623	DELAYED DELIVERY 2 TWIN TRIPLET ETC
	ICD9	66230	DELAY DEL 2 TWIN TRIPLT ETC UNS EOC
	ICD9	66231	DELAY DELIV 2 TWIN TRIPLT ETC DELIV

	ICD9	66233	DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM
	ICD9	663	UMBILICAL CORD COMPS DURING L&D
	ICD9	6630	PROLAPSE OF CORD COMPLICATING L&D
	ICD9	66300	PROLAPS CORD COMP L&D UNS EPIS CARE
	ICD9	66301	PROLAPSE CORD COMP L&D DELIVERED
	ICD9	66303	PROLAPSE CORD COMP L&D ANTPRTM
	ICD9	6631	CORD AROUND NECK W/COMPRS COMP L&D
	ICD9	66310	CORD AROUND NECK-COMPRS UNS EOC
	ICD9	66311	CORD AROUND NECK-COMPRS DEL
	ICD9	66313	CORD AROUND NECK-COMPRS ANTPRTM
	ICD9	6632	UNS CRD ENTANGL W/COMPRS COMP L&D
	ICD9	66320	OTH& UNS CORD-COMPRESS UNS EOC
	ICD9	66321	OTH&UNS CORD-COMPPRS COMPL L&D DEL
	ICD9	66323	OTH&UNS CORD-COMPRS COMPL L&D ANTPR
	ICD9	6633	UNS CRD ENTANGL W/O COMPRS COMP L&D
	ICD9	66330	OTH&UNS CORD ENTANGLE UNS EOC
	ICD9	66331	OTH&UNS CORD ENTANGLE COMPL L&D DEL
	ICD9	66333	OTH&UNS CRD ENTANGL COMPL L&D ANTPR
	ICD9	6634	SHORT CORD COMPLICATING L&D
	ICD9	66340	SHRT CORD COMP L&D UNS AS EPIS CARE
	ICD9	66341	SHORT CORD COMP L&D DELIVERED
	ICD9	66343	SHORT CORD COMPLICATING L&D ANTPRTM
	ICD9	6635	VASA PREVIA COMPLICATING L&D
	ICD9	66350	VASA PREVIA COMP L&D UNS EPIS CARE
	ICD9	66351	VASA PREVIA COMP L&D DELIVERED
	ICD9	66353	VASA PREVIA COMP L&D ANTPRTM
	ICD9	6636	VASCULAR LESIONS CORD COMP L&D
	ICD9	66360	VASC LES CRD COMP L&D UNS EPIS CARE
	ICD9	66361	VASCULAR LES CORD COMP L&D DELIV
	ICD9	66363	VASCULAR LES CORD COMP L&D ANTPRTM
	ICD9	6638	OTH UMBILICAL CORD COMPS DURING L&D
	ICD9	66380	OTH UMB CRD COMPS DUR L&D UNS EOC
	ICD9	66381	OTH UMB CORD COMPS DURING L&D DELIV
	ICD9	66383	OTH UMB CORD COMPS DUR L&D ANTPRTM
	ICD9	6639	UNSPEC UMB CORD COMP DURING L&D
	ICD9	66390	UNS UMB CRD COMP DUR L&D UNS EOC
	ICD9	66391	UNSPEC UMB CORD COMP DUR L&D DELIV
	ICD9	66393	UNS UMB CORD COMP DUR L&D ANTPRTM
	ICD9	664	TRAUMA PERINEUM&VULVA DURING DELIV
	ICD9	6640	1-DEG PERINL LACERATION DUR DELIV
	ICD9	66400	1-DEG PERINL LAC UNS EPIS CARE PG
	ICD9	66401	1-DEG PERINEAL LACERATION W/DELIV
	ICD9	66404	1-DEG PERINL LACERATION POSTPARTUM
	ICD9	6641	2-DEG PERINL LACERATION DUR DELIV
	ICD9	66410	2-DEG PERINL LAC UNS EPIS CARE PG
	ICD9	66411	2-DEG PERINEAL LACERATION W/DELIV
	ICD9	66414	2-DEG PERINL LACERATION POSTPARTUM
	ICD9	6642	THIRD-DEG PERINL LAC DUR DELIV
	ICD9	66420	THIRD-DEG PERINL LAC UNS EOC PG
	ICD9	66421	THIRD-DEG PERINL LACERATION W/DELIV
	ICD9	66424	THIRD-DEG PERINL LACERATION PP
	ICD9	6643	FOURTH-DEG PERINL LAC DUR DELIV
	ICD9	66430	FOURTH-DEG PERINL LAC UNS EOC PG
	ICD9	66431	FOURTH-DEG PERINL LACERATION DELIV
	ICD9	66434	FOURTH-DEG PERINL LACERATION PP
	ICD9	6644	UNSPEC PERINL LACERATION DUR DELIV
	ICD9	66440	UNS PERINL LAC UNS AS EPIS CARE PG
	ICD9	66441	UNSPEC PERINEAL LACERATION W/DELIV

	ICD9	66444	UNSPEC PERINL LACERATION POSTPARTUM
	ICD9	6645	VULVAR&PERINEAL HEMAT DURING DELIV
	ICD9	66450	VULVAR&PERINL HEMAT UNS EOC PG
	ICD9	66451	VULVAR&PERINEAL HEMATOMA W/DELIVERY
	ICD9	66454	VULVAR&PERINEAL HEMATOMA POSTPARTUM
	ICD9	6646	AS TEAR COMP DEL NO ASSOC PERNL LAC
	ICD9	66460	ANAL SPHNCT TEAR CMP DEL UNS EOC/NA
	ICD9	66461	AS TEAR COMP DEL W OR W/O AP COND
	ICD9	66464	ANAL SPHINCT TEAR COMP DEL PP COND
	ICD9	6648	OTH TRAUMA PERIN&VULVA DUR DELIV
	ICD9	66480	OTH TRAUMA PERIN&VULVA UNS EOC PG
	ICD9	66481	OTH SPEC TRAUMA PERIN&VULVA W/DELIV
	ICD9	66484	OTH SPEC TRAUMA PERIN&VULVA PP
	ICD9	6649	UNSPEC TRAUMA PERIN&VULVA DUR DELIV
	ICD9	66490	UNS TRAUMA PERIN&VULVA UNS EOC PG
	ICD9	66491	UNSPEC TRAUMA PERIN&VULVA W/DELIV
	ICD9	66494	UNSPEC TRAUMA PERIN&VULVA PP
	ICD9	665	OTHER OBSTETRICAL TRAUMA
	ICD9	6650	RUPTURE UTERUS BEFORE ONSET LABOR
	ICD9	66500	RUP UTRUS BEFORE ONSET LABR UNS EOC
	ICD9	66501	RUP UTERUS BEFORE ONSET LABR DELIV
	ICD9	66503	RUP UTRUS BEFORE ONSET LABR ANTPRTM
	ICD9	6651	RUPTURE UTERUS DURING&AFTER LABOR
	ICD9	66510	RUP UTERUS DUR LABR UNSPEC AS EPIS
	ICD9	66511	RUPTURE UTERUS DURING LABOR W/DELIV
	ICD9	6652	OBSTETRICAL INVERSION OF UTERUS
	ICD9	66520	INVERSION UTRUS UNS AS EPIS CARE PG
	ICD9	66522	INVERSION UTERUS DELIVERED W/PPC
	ICD9	66524	INVERSION OF UTERUS, POSTPARTUM
	ICD9	6653	OBSTETRICAL LACERATION OF CERVIX
	ICD9	66530	LAC CERV UNSPEC AS EPIS CARE PG
	ICD9	66531	LACERATION OF CERVIX, WITH DELIVERY
	ICD9	66534	LACERATION OF CERVIX, POSTPARTUM
	ICD9	6654	HIGH VAG LACERATION DUR&AFTER LABOR
	ICD9	66540	HI VAG LAC UNSPEC AS EPIS CARE PG
	ICD9	66541	HIGH VAGINAL LACERATION W/DELIVERY
	ICD9	66544	HIGH VAGINAL LACERATION, POSTPARTUM
	ICD9	6655	OTH OB INJURY PELVIC ORGANS
	ICD9	66550	OTH INJR PELV ORGN UNS EPIS CARE PG
	ICD9	66551	OTH INJURY PELVIC ORGANS W/DELIVERY
	ICD9	66554	OTH INJURY PELVIC ORGANS POSTPARTUM
	ICD9	6656	OBSTETRICAL DAMGE PELVIC JNT&LIG
	ICD9	66560	DAMGE PELV JNT&LIG UNS EPIS CARE PG
	ICD9	66561	DAMGE PELVIC JNT&LIGAMENTS W/DELIV
	ICD9	66564	DAMGE PELVIC JNT&LIG POSTPARTUM
	ICD9	6657	OBSTETRICAL PELVIC HEMATOMA
	ICD9	66570	PELVIC HEMATOMA UNSPEC AS EPIS CARE
	ICD9	66571	PELVIC HEMATOMA, WITH DELIVERY
	ICD9	66572	PELVIC HEMATOMA DELIVERED W/PPC
	ICD9	66574	PELVIC HEMATOMA, POSTPARTUM
	ICD9	6658	OTHER SPECIFIED OBSTETRICAL TRAUMA
	ICD9	66580	OTH SPEC OB TRAUMA UNS AS EPIS CARE
	ICD9	66581	OTH SPEC OBSTETRICAL TRAUMA W/DELIV
	ICD9	66582	OTH SPEC OB TRAUMA DELIV W/PP
	ICD9	66583	OTH SPEC OBSTETRICAL TRAUMA ANTPRTM
	ICD9	66584	OTH SPEC OB TRAUMA POSTPARTUM
	ICD9	6659	UNSPECIFIED OBSTETRICAL TRAUMA
	ICD9	66590	UNS OB TRAUMA UNS AS EPIS CARE

	ICD9	66591	UNSPEC OBSTETRICAL TRAUMA W/DELIV
	ICD9	66592	UNSPEC OB TRAUMA DELIV W/PPC
	ICD9	66593	UNSPEC OBSTETRICAL TRAUMA ANTPRTM
	ICD9	66594	UNSPEC OB TRAUMA POSTPARTUM
	ICD9	666	POSTPARTUM HEMORRHAGE
	ICD9	6660	THIRD-STAGE POSTPARTUM HEMORRHAGE
	ICD9	66600	THIRD-STAGE PP HEMORR UNS EPIS CARE
	ICD9	66602	THIRD-STAGE PP HEMORR W/DELIV
	ICD9	66604	THIRD-STAGE PP HEMORR PP
	ICD9	6661	OTH IMMEDIATE POSTPARTUM HEMORRHAGE
	ICD9	66610	OTH IMMED PP HEMORR UNS EPIS CARE
	ICD9	66612	OTH IMMEDIATE PP HEMORR W/DELIV
	ICD9	66614	OTH IMMEDIATE PP HEMORR PP
	ICD9	6662	DELAYED&SEC POSTPARTUM HEMORRHAGE
	ICD9	66620	DELAY&SEC PP HEMORR UNS EPIS CARE
	ICD9	66622	DELAY&SEC POSTPARTUM HEMORR W/DELIV
	ICD9	66624	DELAY&SEC PP HEMORR PP
	ICD9	6663	POSTPARTUM COAGULATION DEFECTS
	ICD9	66630	PP COAGULAT DEFEC UNS AS EPIS CARE
	ICD9	66632	POSTPARTUM COAGULAT DEFEC W/DELIV
	ICD9	66634	PP COAGULAT DEFEC PP
	ICD9	667	RETAIN PLACENTA/MEMB WITHOUT HEMORR
	ICD9	6670	RETAINED PLACENTA WITHOUT HEMORR
	ICD9	66700	RETN PLACNTA W/O HEMOR UNS EOC
	ICD9	66702	RETN PLACNTA W/O HEMOR DELIV W/ PPC
	ICD9	66704	RETN PLACNTA W/O HEMOR PP COND/COMP
	ICD9	6671	RETN PRTNS PLACNTA/MEMB W/O HEMORR
	ICD9	66710	RETN PLACNTA/MEMB NO HEM UNS EOC
	ICD9	66712	RETN PLCNTA/MEMB NO HEM DEL W/COMPL
	ICD9	66714	RETN PLACNTA/MEMB NO HEM PP COMPL
	ICD9	668	COMPS ADMN ANESTHETIC/OTH SEDAT L&D
	ICD9	6680	PULM COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66800	PULM COMPL ADMN ANES L&D UNS EOC
	ICD9	66801	PULM COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66802	PULM COMPL ADMIN ANES DEL W/PPC
	ICD9	66803	PULM COMPL ADMN ANES L&D ANTPRTM
	ICD9	66804	PULM COMPL ADMIN ANES L&D PP
	ICD9	6681	CARD COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66810	CARD COMPL ADMN ANES L&D UNS EOC
	ICD9	66811	CARD COMPL ADMIN ANES L&D DEL
	ICD9	66812	CARD COMPL ADMIN ANES L&D-DEL W/PPC
	ICD9	66813	CARD COMPL ADMN ANES L&D ANTPARTUM
	ICD9	66814	CARD COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6682	CNA COMPL ADMIN ANES/SEDAT L&D
	ICD9	66820	CNA COMPL ADMN ANES L&D DEL UNS EOC
	ICD9	66821	CNA COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66822	CNA COMPL ADMIN ANES L&D DEL W/PPC
	ICD9	66823	CNA COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66824	CNA COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6688	OTH COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66880	OTH COMPL ADMN ANES L&D UNS EOC
	ICD9	66881	OTH COMPL ADMIN ANES/SEDAT L&D DEL
	ICD9	66882	OTH COMPL ADMN ANES/SEDAT-DEL W/PPC
	ICD9	66883	OTH COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66884	OTH COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	6689	UNS COMPL ADMIN ANES/OTH SEDAT L&D
	ICD9	66890	UNS COMPL ADMIN ANES L&D UNS EOC
	ICD9	66891	UNS COMPL ADMIN ANES/SEDAT L&D DEL

	ICD9	66892	UNS COMPL ADMN ANES/SEDAT DEL W/PPC
	ICD9	66893	UNS COMPL ADMIN ANES L&D ANTEPARTUM
	ICD9	66894	UNS COMPL ADMIN ANES/SEDAT L&D PP
	ICD9	669	OTHER COMPLICATIONS OF L&D NEC
	ICD9	6690	MATERNAL DISTRESS
	ICD9	66900	MTRN DISTRESS COMP L&D UNS EOC
	ICD9	66901	MTRN DISTRSS DEL W/WO ANTPRTM COND
	ICD9	66902	MTRN DISTRESS W/DELIV W/MENTION PPC
	ICD9	66903	MTRN DISTRESS COMP L&D ANTPRTM COMP
	ICD9	66904	MTRN DISTRESS COMP L&D PP COND/COMP
	ICD9	6691	SHOCK DURING OR FOLLOWING L&D
	ICD9	66910	SHOCK DUR/FOLLOW L&D UNS EPIS CARE
	ICD9	66911	SHOCK DURING/FOLLOW L&D W/DELIVERY
	ICD9	66912	SHOCK DUR/FLW L&D DELIV W/ PPC
	ICD9	66913	SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK
	ICD9	66914	SHOCK DURING/FOLLOW L&D PP SHOCK
	ICD9	6692	MATERNAL HYPOTENSION SYNDROME
	ICD9	66920	MTRN HYPOTENS SYND COMP L&D UNS EOC
	ICD9	66921	MATERNL HYPOTENSION SYNDROME W/DEL
	ICD9	66922	MTRN HYPOTENS SYND DELIV W/ PPC
	ICD9	66923	MATERNAL HYPOTENS SYNDROME ANTPRTM
	ICD9	66924	MTRN HYPOTENS SYNDROME POSTPARTUM
	ICD9	6693	ACUTE RENAL FAILURE FOLLOWING L&D
	ICD9	66930	ACUT RENL FAIL FLW L&D UNS EOC
	ICD9	66932	ACUT RENAL FAIL DELIV W/MENTION PPC
	ICD9	66934	ACUT RENL FAIL FLW L&D PP COND/COMP
	ICD9	6694	OTH COMPS OBSTETRICAL SURGERY&PROC
	ICD9	66940	OTH COMPS OB SURG&PROC UNS EOC
	ICD9	66941	OTH COMPL OB SURG&PROC W/DELIVERY
	ICD9	66942	OTH COMPS OB SURG&PROC DELIV W/ PPC
	ICD9	66943	OTH COMPS OB SURG&PROC ANTPRTM COMP
	ICD9	66944	OTH COMPS OB SURG&PROC PP COND/COMP
	ICD9	6695	FORCEPS/VAC EXT DELIV W/O INDICAT
	ICD9	66950	FORCP/VAC EXT DEL NO INDICT UNS EOC
	ICD9	66951	FORCEPS/VAC EXT DEL NO INDICAT DEL
	ICD9	6696	BREECH EXTRAC W/O MENTION INDICAT
	ICD9	66960	BREECH XTRAC W/O INDICAT UNS EOC
	ICD9	66961	BREECH XTRAC W/O MEN INDICAT DEL
	ICD9	6697	C-SECT DELIV W/O MENTION INDICAT
	ICD9	66970	C/S DELIV W/O INDICAT UNS EPIS CARE
	ICD9	66971	C/S DEL W/O MEN INDICAT DELIVERED
	ICD9	6698	OTHER COMPLICATIONS OF L&D
	ICD9	66980	OTH COMP L&D UNSPEC AS EPISODE CARE
	ICD9	66981	OTH COMP L&D DEL W/WO ANTPRTM COND
	ICD9	66982	OTH COMP L&D DELIV W/MENTION PPC
	ICD9	66983	OTH COMP L&D ANTPRTM COND/COMP
	ICD9	66984	OTH COMP L&D POSTPARTUM COND/COMP
	ICD9	6699	UNSPECIFIED COMPLICATION OF L&D
	ICD9	66990	UNSPEC COMP L&D UNSPEC AS EPIS CARE
	ICD9	66991	UNS COMP L&D DEL W/WO ANTPRTM COND
	ICD9	66992	UNSPEC COMP L&D DELIV W/MENTION PPC
	ICD9	66993	UNSPEC COMP L&D ANTPRTM COND/COMP
	ICD9	66994	UNSPEC COMP L&D PP COND/COMP
	ICD9	670	MAJOR PUERPERAL INFECTION
	ICD9	6700	MAJOR PUERPERAL INFECTION
	ICD9	67000	MAJ PUERPERAL INF UNS AS EPIS CARE
	ICD9	67002	MAJ PUERPERAL INF DELIV W/ PPC
	ICD9	67004	MAJOR PUERPERAL INF POSTPARTUM

	ICD9	671	VENOUS COMPS PG&THE PUERPERIUM
	ICD9	6710	VARICOSE VNS LEGS PG&THE PUERPERIUM
	ICD9	67100	VARICOS VNS LEGS COMP PG&PP UNS EOC
	ICD9	67101	VARICOSE VEINS LEGS W/DELIVERY
	ICD9	67102	VARICOSE VNS LEGS DELIV W/ PPC
	ICD9	67103	VARICOSE VEINS OF LEGS, ANTEPARTUM
	ICD9	67104	VARICOSE VEINS OF LEGS, POSTPARTUM
	ICD9	6711	VARICOS VNS VULVA&PERIN PG&PP
	ICD9	67110	VRICOS VNS VULV COMPL PG&PP UNS EOC
	ICD9	67111	VARICOSE VEINS VULVA&PERINEUM W/DEL
	ICD9	67112	VARICOS VNS VULVA&PERIN DELIV W/PPC
	ICD9	67113	VARICOSE VEINS VULVA&PERIN ANTPRTM
	ICD9	67114	VARICOSE VEINS VULVA&PERIN PP
	ICD9	6712	SUP THROMBOPHLEB PG&THE PUERPERIUM
	ICD9	67120	SUP THROMBOPHLEB COMP PG&PP UNS EOC
	ICD9	67121	SUPERFICIAL THROMBOPHLEBITIS W/DEL
	ICD9	67122	SUP THROMBOPHLEB DELIV W/ PPC
	ICD9	67123	SUP THROMBOPHLEBITIS ANTPRTM
	ICD9	67124	SUPERFICIAL THROMBOPHLEBITIS PP
	ICD9	6713	DEEP PHLEBOTHROMBOSIS ANTEPARTUM
	ICD9	67130	DP PHLEBOTHROMB ANTPRTM UNS EOC
	ICD9	67131	DEEP PHLEBOTHROMB ANTPRTM W/DELIV
	ICD9	67133	DP PHLEBOTHROMBOS ANTPRTM-COND/COMP
	ICD9	6714	DEEP PHLEBOTHROMBOSIS POSTPARTUM
	ICD9	67140	DP PHLEBOTHROMB PP UNS AS EPIS CARE
	ICD9	67142	DEEP PHLEBOTHROMBOSIS PP W/DELIV
	ICD9	67144	DP PHLEBOTHROMBOSIS PP-PP COND/COMP
	ICD9	6715	OTH PHLEBITIS&THROMB PG&PP
	ICD9	67150	OTH PHLEB&THRMB COMPL PG&PP UNS EOC
	ICD9	67151	OTH PHLEBITIS&THROMBOSIS W/DELIVERY
	ICD9	67152	OTH PHLEBITIS&THROMB DELIV W/ PPC
	ICD9	67153	OTH ANTEPARTUM PHLEBITIS&THROMBOSIS
	ICD9	67154	OTH POSTPARTUM PHLEBITIS&THROMBOSIS
	ICD9	6718	OTH VENOUS COMPS PG&THE PUERPERIUM
	ICD9	67180	OTH VENUS COMP PG&PP UNS EOC
	ICD9	67181	OTH VENOUS COMPLICATIONS W/DELIVERY
	ICD9	67182	OTH VENOUS COMP DELIV W/MENTION PPC
	ICD9	67183	OTH VENOUS COMPLICATION ANTEPARTUM
	ICD9	67184	OTH VENOUS COMPLICATION POSTPARTUM
	ICD9	6719	UNS VENOUS COMP PG&THE PUERPERIUM
	ICD9	67190	UNS VENUS COMP PG&PP UNS EOC
	ICD9	67191	UNS VENOUS COMPLICATIONS W/DELIVERY
	ICD9	67192	UNS VENOUS COMP DELIV W/MENTION PPC
	ICD9	67193	UNSPEC VENOUS COMPLICATION ANTPRTM
	ICD9	67194	UNSPEC VENOUS COMP POSTPARTUM
	ICD9	672	PYREXIA UNKN ORIG DUR THE PURPERIUM
	ICD9	6720	PYREXIA UNKN ORIG DUR THE PURPERIUM
	ICD9	67200	PUERPERL PYREXIA UNKN ORIGN UNS EOC
	ICD9	67202	PUERPERL PYREX UNKN ORIGN DEL W/PPC
	ICD9	67204	PUERPERAL PYREXIA UNKNOWN ORIGIN PP
	ICD9	673	OBSTETRICAL PULMONARY EMBOLISM
	ICD9	6730	OBSTETRICAL AIR EMBOLISM
	ICD9	67300	OB AIR EMBO UNSPEC AS EPIS CARE
	ICD9	67301	OB AIR EMBO DELIV W/WO ANTPRTM COND
	ICD9	67302	OB AIR EMBO W/DELIV W/MENTION PPC
	ICD9	67303	OB AIR EMBO ANTPRTM COND/COMP
	ICD9	67304	OB AIR EMBO POSTPARTUM COND/COMP
	ICD9	6731	AMNIOTIC FLUID EMBOLISM

	ICD9	67310	AMNIOTIC FL EMBO UNS AS EPIS CARE
	ICD9	67311	AMNIOTIC FLUID EMBOLISM W/DELIVERY
	ICD9	67312	AMNIOTIC FL EMBO DELIV W/ PPC
	ICD9	67313	AMNIOTIC FL EMBO ANTPRTM COND/COMP
	ICD9	67314	AMNIOTIC FL EMBO PP COND/COMP
	ICD9	6732	OBSTETRICAL BLOOD-CLOT EMBOLISM
	ICD9	67320	OB BLD-CLOT EMBO UNS AS EPIS CARE
	ICD9	67321	OB BLOOD-CLOT EMBOLISM W/DELIVERY
	ICD9	67322	OB BLD-CLOT EMBO W/MENTION PPC
	ICD9	67323	OBSTETRICAL BLD-CLOT EMBO ANTPRTM
	ICD9	67324	OB BLD-CLOT EMBO POSTPARTUM
	ICD9	6733	OBSTETRICAL PYEMIC&SEPTIC EMBOLISM
	ICD9	67330	OB PYEMIC&SEPTIC EMBO UNS EPIS CARE
	ICD9	67331	OB PYEMIC&SEPTIC EMBOLISM W/DEL
	ICD9	67332	OB PYEMIC&SEPTIC EMBO DEL W/PPC
	ICD9	67333	OB PYEMIC&SEPTIC EMBO ANTPRTM
	ICD9	67334	OB PYEMIC&SEPTIC EMBO POSTPARTUM
	ICD9	6738	OTH OBSTETRICAL PULMONARY EMBOLISM
	ICD9	67380	OTH OB PULM EMBO UNS AS EPIS CARE
	ICD9	67381	OTH OB PULMARY EMBOLISM W/DELIVERY
	ICD9	67382	OTH OB PULM EMBO DELIV W/ PPC
	ICD9	67383	OTH OB PULMONARY EMBO ANTPRTM
	ICD9	67384	OTH OB PULMONARY EMBO POSTPARTUM
	ICD9	674	OTH&UNSPEC COMPS PUERPERIUM NEC
	ICD9	6740	CEREBRVASC DISORDERS PUERPERIUM
	ICD9	67400	CERBVASC D/O OCCUR PG CB/PP UNS EOC
	ICD9	67401	CERBVASC D/O DEL W/WO ANTPRTM COND
	ICD9	67402	CEREBRVASC D/O DELIV W/MENTION PPC
	ICD9	67403	CEREBROVASCULAR DISORDER ANTEPARTUM
	ICD9	67404	CEREBROVASCULAR DISORDER POSTPARTUM
	ICD9	6741	DISRUPTION OF CESAREAN WOUND
	ICD9	67410	DISRUPT C/S WOUND UNS AS EPIS CARE
	ICD9	67412	DISRUPT C/S WND DELIV W/MENTION PPC
	ICD9	67414	DISRUPTION C-SECT WOUND POSTPARTUM
	ICD9	6742	DISRUPT OBSTETRICAL PERINEAL WOUND
	ICD9	67420	DISRUPT PERINL WND UNS EPIS CARE PG
	ICD9	67422	DISRUPT PERINL WOUND DEL W/PP COMPL
	ICD9	67424	DISRUPT PERINEAL WOUND POSTPARTUM
	ICD9	6743	OTH COMPS OB SURGICAL WOUNDS
	ICD9	67430	OTH COMP OB SURG WNDS UNS EPIS CARE
	ICD9	67432	OTH COMP OB SURG WNDS DELIV W/ PPC
	ICD9	67434	OTH COMP OB SURG WNDS PP COND/COMP
	ICD9	6744	PLACENTAL POLYP
	ICD9	67440	PLACENTAL POLYP UNSPEC AS EPIS CARE
	ICD9	67442	PLACNTL POLYP W/DELIV W/MENTION PPC
	ICD9	67444	PLACENTAL POLYP, POSTPARTUM
	ICD9	67450	PERIPARTUM CARDIOMYOPATHY UNS EOC
	ICD9	67451	PERIPARTUM CARDIOMYOPATHY DELIVERED
	ICD9	67452	PERIPARTM CARDIOMYPATH DEL PP COND
	ICD9	67453	PERIPARTM CARDIOMYPATH ANTPRTM COMP
	ICD9	67454	PERIPARTUM CARDIOMYOPATHY PP COMP
	ICD9	6748	OTHER COMPLICATIONS THE PUERPERIUM
	ICD9	67480	OTH COMP PUERPERIUM UNS EPIS CARE
	ICD9	67482	OTH COMP PUERPERIUM DELIV W/ PPC
	ICD9	67484	OTHER COMPLICATION OF PUERPERIUM
	ICD9	6749	UNSPEC COMPLICATIONS PUERPERIUM
	ICD9	67490	UNS COMPS PUERPERIUM UNS EPIS CARE
	ICD9	67492	UNS COMPS PUERPERIUM DELIV W/ PPC

	ICD9	67494	UNSPEC COMPLICATIONS PUERPERIUM
	ICD9	675	INF BRST&NIPPLE ASSOC W/CHILDBIRTH
	ICD9	6750	INFECTION NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67500	INF NIPPLEW/CHLDBRTH UNS EPIS CARE
	ICD9	67501	INFECT NIPPLE W/CHLDBRTH DELIVERED
	ICD9	67502	INF NIPPLEW/CHLDBRTH DELIV W/ PPC
	ICD9	67503	INFECTION OF NIPPLE, ANTEPARTUM
	ICD9	67504	INFECTION OF NIPPLE, POSTPARTUM
	ICD9	6751	ABSC BREAST ASSOCIATED W/CHILDBIRTH
	ICD9	67510	ABSC BRSTW/CHLDBRTH UNS EPIS CARE
	ICD9	67511	ABSCES BREAST W/CHLDBRTH DELIVERED
	ICD9	67512	ABSC BRSTW/CHLDBRTH DELIV W/ PPC
	ICD9	67513	ABSCESS OF BREAST, ANTEPARTUM
	ICD9	67514	ABSCESS OF BREAST, POSTPARTUM
	ICD9	6752	NONPURULENT MASTITISW/CHLDBRTH
	ICD9	67520	NONPURULENT MASTITIS UNS EOC
	ICD9	67521	NONPURULENT MASTITIS DELIVERED
	ICD9	67522	NONPURULENT MASTITIS DELIV W/ PPC
	ICD9	67523	NONPURULENT MASTITIS, ANTEPARTUM
	ICD9	67524	NONPURULENT MASTITIS, POSTPARTUM
	ICD9	6758	OTH SPEC INF BRST&NIPPLEW/CHLDBRTH
	ICD9	67580	OTH SPEC INF BRST&NPPL W/CB UNS EOC
	ICD9	67581	OTH SPEC BRST&NIPPLE INF W/CB-DEL
	ICD9	67582	OTH INF BRST&NIPPLE W/CB DEL W/PPC
	ICD9	67583	OTH SPEC INF BREAST&NIPPLE ANTPRTM
	ICD9	67584	OTH SPEC INF BREAST&NIPPLE PP
	ICD9	6759	UNS INF BRST&NIPPLEW/CHLDBRTH
	ICD9	67590	UNS INF BREAST UNS PRE/POSTNAT EOC
	ICD9	67591	UNS INFECT BREAST&NIPPLE DELIVERED
	ICD9	67592	UNS INF BRST&NIPPLE DELIV W/ PPC
	ICD9	67593	UNSPEC INF BREAST&NIPPLE ANTPRTM
	ICD9	67594	UNSPEC INF BREAST&NIPPLE POSTPARTUM
	ICD9	676	ENGORGE BRSTS UNS PRE/POSTNATAL EOC
	ICD9	6760	RETRACTED NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67600	RETRCT NIPPLE UNS PRE/POSTNATAL EOC
	ICD9	67601	RETRACTED NIPPLE DELIVERED
	ICD9	67602	RETRACTED NIPPLE DELIV W/ PPC
	ICD9	67603	RETRACTED NIPPLE ANTPRTM COND/COMP
	ICD9	67604	RETRACTED NIPPLE PP COND/COMP
	ICD9	6761	CRACKED NIPPLE ASSOC W/CHILDBIRTH
	ICD9	67610	CRACKED NIPPLE UNS PRE/POSTNATL EOC
	ICD9	67611	CRACKED NIPPLE-DELIVERED
	ICD9	67612	CRACKED NIPPLE DELIV W/MENTION PPC
	ICD9	67613	CRACKED NIPPLE ANTPRTM COND/COMP
	ICD9	67614	CRACKED NIPPLE POSTPARTUM COND/COMP
	ICD9	6762	ENGORGEMENT BRSTS ASSOC W/CHILDBRTH
	ICD9	67620	BREAST ENGORGE-UNSPEC
	ICD9	67621	ENGORGE BRSTS DEL W/WO ANTPRTM COND
	ICD9	67622	ENGORGEMENT BRSTS DELIV W/ PPC
	ICD9	67623	ENGORGEMENT OF BREAST, ANTEPARTUM
	ICD9	67624	ENGOREMENT OF BREAST, POSTPARTUM
	ICD9	6763	OTH&UNS D/O BRST ASSOC W/CHLDBRTH
	ICD9	67630	UNS D/O BRSTW/CHLDBRTH UNS EOC
	ICD9	67631	UNS D/O BREAST W/CB DELIVERED
	ICD9	67632	UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC
	ICD9	67633	UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP
	ICD9	67634	UNS D/O BRSTW/CHLDBRTH PP COND/COMP
	ICD9	6764	FAILURE OF LACTATION

	ICD9	67640	FAIL LACTATION UNSPEC AS EPIS CARE
	ICD9	67641	FAILED LACTATION W/DELIVERY
	ICD9	67642	FAIL LACTATION DELIV W/MENTION PPC
	ICD9	67643	FAILURE LACTATION ANTPRTM COND/COMP
	ICD9	67644	FAIL LACTATION POSTPARTUM COND/COMP
	ICD9	6765	SUPPRESSED LACTATION
	ICD9	67650	SUPPRESSED LACTATION UNS EPIS CARE
	ICD9	67651	SUPPRESSED LACTATION W/DELIVERY
	ICD9	67652	SUPPRESSED LACTATION DELIV W/ PPC
	ICD9	67653	SUPPRSSED LACTATION ANTPRTM COMP
	ICD9	67654	SUPPRESSED LACTATION PP COND/COMP
	ICD9	6766	GALACTORRHEA
	ICD9	67660	GALACTORRHEAW/CHLDBRTH UNS EOC
	ICD9	67661	GALACTORRHEA DEL W/WO ANTPRTM COND
	ICD9	67662	GALACTORRHEA W/DELIV W/MENTION PPC
	ICD9	67663	GALACTORRHEA ANTPRTM COND/COMP
	ICD9	67664	GALACTORRHEA POSTPARTUM COND/COMP
	ICD9	6768	OTHER DISORDERS OF LACTATION
	ICD9	67680	OTH D/O LACTATION UNS AS EPIS CARE
	ICD9	67681	OTH D/O LACTATION W/DELIVERY
	ICD9	67682	OTH D/O LACTATION DELIV W/ PPC
	ICD9	67683	OTH D/O LACTATION ANTPRTM COND/COMP
	ICD9	67684	OTH DISORDER LACTATION PP COND/COMP
	ICD9	6769	UNSPECIFIED DISORDER OF LACTATION
	ICD9	67690	UNS D/O LACTATION UNS AS EPIS CARE
	ICD9	67691	UNS D/O LACTATION DELIVERY
	ICD9	67692	UNS D/O LACTATION DELIV W/ PPC
	ICD9	67693	UNS D/O LACTATION ANTPRTM COND/COMP
	ICD9	67694	UNSPEC D/O LACTATION PP COND/COMP
	ICD9	677	LATE EFF COMP PREG-PUERP
	ICD9	7923	NONSPECIFIC ABNORM FIND AMNIOTIC FL
	ICD9	V22	NORMAL PREGNANCY
	ICD9	V220	SUPERVISION NORMAL FIRST PREGNANCY
	ICD9	V221	SUPERVISION OTHER NORMAL PREGNANCY
	ICD9	V222	PREGNANT STATE, INCIDENTAL
	ICD9	V23	SUPERVISION OF HIGH-RISK PREGNANCY
	ICD9	V230	PREGNANCY W/HISTORY OF INFERTILITY
	ICD9	V231	PG W/HX TROPHOBLASTIC DISEASE
	ICD9	V232	PREGNANCY WITH HISTORY OF ABORTION
	ICD9	V233	PREGNANCY WITH GRAND MULTIPARITY
	ICD9	V234	PREGNANCY W/OTH POOR OBSTETRIC HX
	ICD9	V2341	SUPERVISION PG W/HX PRE-TERM LABOR
	ICD9	V2349	SUP PG W/OTH POOR OBSTETRIC HX
	ICD9	V235	PG W/OTH POOR REPRODUCTIVE HX
	ICD9	V237	INSUFFICIENT PRENATAL CARE
	ICD9	V238	SUPERVISION OTH HIGH-RISK PREGNANCY
	ICD9	V238	OTHER HIGH-RISK PREGNANCY
	ICD9	V239	UNSPECIFIED HIGH-RISK PREGNANCY
	ICD9	V24	POSTPARTUM CARE AND EXAMINATION
	ICD9	V240	PP CARE&EXAM IMMED AFTER DELIV
	ICD9	V241	PP CARE&EXAMINATION LACTATING MOTH
	ICD9	V242	ROUTINE POSTPARTUM FOLLOW-UP
	ICD9	V27	OUTCOME OF DELIVERY
	ICD9	V270	OUTCOME OF DELIVERY SINGLE LIVEBORN
	ICD9	V271	OUTCOME DELIVERY SINGLE STILLBORN
	ICD9	V272	OUTCOME DELIV TWINS BOTH LIVEBORN
	ICD9	V273	OUTCOME DEL TWINS 1 LIVEB&1 STILLB
	ICD9	V274	OUTCOME DELIV TWINS BOTH STILLBORN

	ICD9 V275 OUTCOME DELIV OTH MX BRTH ALL LIVEB ICD9 V276 OUTCOME DEL OTH MX BRTH SOME LIVEB ICD9 V277 OUTCOME DEL OTH MX BRTH ALL STILLB ICD9 V279 OUTCOME OF DELIVERY, UNSPECIFIED ICD9 V617 OTHER UNWANTED PREGNANCY
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☐ **OR** Web page URL: **Interpretation of Score** (*Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** Diagnosis, procedure, pharmacy claims **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☐ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☐ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☒ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☒ Other, Describe: It is reasonable to allow physicians to submit definitive evidence that a particular service was provided to a patient. For example, a lab result from a testing facility would indicate that that lab test was performed. A notation in a patient chart that the test was ordered, in contrast, would not provide definitive evidence that the test was performed. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** 10 **Instructions:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no

	minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumptions that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required.
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☐ Can be measured at all levels ☒ Individual clinician (e.g., physician, nurse) ☒ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☒ Integrated delivery system ☒ Health plan ☒ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☐ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Numerator 131 Denominator 272 Proportion 48.2% **Citations for Evidence:** RHI testing experience
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:**

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	Citations for evidence:
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system*)**:** A **Summary of Evidence** (*provide guideline information below*)**:** American College of Chest Physicians (ACCP) **Citations for Evidence:** Hirsh J, Guyatt G, Ablers GW, et al. Executive Summary: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition): Antithrombotic and Thrombolytic Therapy. Chest 2008; 133; 71-109. Drug labeling information for Coumadin (warfarin). FDA Center for Drug Evaluation and Research. Bristol-Myers Squibb Company, Princeton, New Jersey. Revised August 2007.
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Hirsh J, Guyatt G, Ablers GW, et al. Executive Summary: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition): Antithrombotic and Thrombolytic Therapy. Chest 2008; 133; 71-109.

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Specific guideline recommendation: 5.1.1. For patients with PE secondary to a transient (reversible) risk factor, we recommend treatment with a VKA for 3 months over treatment for shorter periods (Grade 1A). 5.1.2. For patients with unprovoked PE, we recommend treatment with a VKA for at least 3 months (Grade 1A). **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF*)**:** A **Rationale for using this guideline over others:** This measure is based on the American College of Chest Physicians (ACCP) guidelines concerning antithrombotic and thrombolytic therapy. The ACCP is the leading resource for the improvement in cardiopulmonary health and critical care worldwide.
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** By identifying specific patients in whom care is not consistent with the clinical practice guideline underlying the measure, the measure will facilitate improvement in the care for those patients by highlighting the patient-specific QI opportunity for the patient's physician(s). In addition, the feedback physicians will receive on their overall performance on this measure will help focus their attention on the underlying care issue and improve their performance on that issue across all of their patients. If performance measurement is combined with some sort of financial incentive, such as in a pay for performance program, the QI impact may be increased.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** The validity of a physician quality score describes how accurately it estimates the true value. Reliability is the stability or consistency of an estimator from one data set to the next. Both are important in assessing the performance of the quality score. We have used the following measure as an indication of the reliability of each of our measures: 1 minus [(the variance of the posterior distribution of the physician quality score) divided by (the variance of the true physician quality score)], which is the reduction in the variance of a doctor's performance score (posterior distribution) obtained by using his or her performance data, expressed as a fraction of the total variance before any data is collected. **Testing Results:** The reliability of a physician quality score depends on the number of observations available for a given physician, how the physician performs relative to all other physician, and the overall variance in physician quality scores. As a result, reliability varies with the population of MDs in whom the measure is used. In our experience, reliability is in the range of 0.5 to >0.7.
26 (2c)	**Validity Testing** **Data/sample:** We have tested this measure on several patient populations, including, in total, more than

	30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member's physician or both. **Analytic Method:** We have employed several approaches to ensure the validity of this measure: 1) we've ensured that the technical specifications for this measure are valid reflections of the underlying clinical practice guideline; 2) we have obtained feedback on the validity of the measure from several physician panels that were assembled by either Care Focused Purchasing or the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative, or both, and 3) we have systematically collected feedback from physicians and health plan members to whom we have sent messages regarding this measure. **Testing Results:** This measure is considered to be valid by the physician panels that have reviewed it. (More information regarding the panels is provided elsewhere in this document.) In addition, the measure has been considered to be valid by the medical directors of 17 different health plans. In addition, the fact that thousands of physicians have received results based on this measure without indicating that they don't believe the measure is valid attests to its validity.
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** Removal of patients with contraindications to warfarin is done to prevent inappropriate inclusion of these patients in a measure that promotes use of warfarin. **Citations for Evidence:** N/A **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:** There is no need to risk adjust results from this measure. To the extent that the measure applies only to patients in a particular risk category, that has been taken into account in the specifications for the denominator or exclusions for this measure.
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** RHI testing experience **Methods to identify statistically significant and practically/meaningfully differences in performance:** We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns

Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required. We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008.

Results:

numerator	denominator	proportion
131	272	48.2%

31 (2h) **Identification of Disparities**

►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:**

►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:

USABILITY

32 (3) *Current Use In use* *If in use, how widely used State* ► *If "other," please describe:*

☒ *Used in a public reporting initiative, name of initiative: Group Insurance Commission of Massachusetts Clinical Practice Improvement Initiative*
Sample report attached ☐ *OR Web page URL: http://www.mass.gov/gic/annualreportb.htm*

33 (3a) **Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*)

Data/sample: We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans.

Methods: The results have been provided to the medical directors of the 18 health plans, all of whom have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. In addition, results have been presented to HR directors from >60 national employers.

Results: Both the health plan medical directors and the HR personnel from the employers have indicated that they understand the particular aspect of care that the measure addresses and how to interpret the result for a physician. We do not have data on the extent to which individual physicians understand the measure result, but we presume that, since health plan medical directors and non-medical personnel from employers understand the result, that physicians and lay people will also so long that adequate explanation is provided.

34 (3b, 3c) **Relation to other NQF-endorsed™ measures**

►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.*
Check all that apply

☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic
☐ Other measure(s) for same target population ☒ No similar or related measures

Name of similar or related NQF-endorsed™ measure(s):

Are the measure specifications harmonized with existing NQF-endorsed™ measures? (select one)

	►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** This measure can be used exclusively with enriched administrative data
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☐ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☐ *Other, Please describe:*
36 (4b)	*Electronic Sources All data elements* *►If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* *►Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* *►If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure: As with any type of clinical performance measure, and with any source of data used to operationalize the measure, there will be some instances in which the data used to compute the measure are incomplete or inaccurate. We try to minimize the impact of such errors or omissions through the way we have constructed the technical specifications for the measure. There is no data source for performance measurement that is completely accurate. Two studies have shown that physician performance tends to be better when assessed using claims data compared to via chart abstraction.* *Describe how could these potential problems be audited: Potential data errors of omission or commission could be audited through chart abstraction, or feedback from physicians and patients. However, as mentioned above, each of these alternative sources of information also are susceptible to error and thus are not true gold standards.* *Did you audit for these potential problems during testing? Yes If yes, provide results: Through feedback from physicians whose performance has been evaluated.*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: The technical specifications for all of our measures have been reviewed over time by numerous physicians and have been adjusted when feedback has indicated a way to improve the measure. Our experience suggests that the only practical and affordable approach for evaluation of the performance of individual MDs on a large scale is through use of claims data. We have found there to be benefit from determining whether a particular health plan has capitated arrangements with physicians or other types of providers (e.g. labs and radiology facilities) in a particular geographic area and, in those instances, to only include observations if encounter data are available. We routinely require at least 4 months of "claims runout" after the end of a measurement year in order to take account of claim lag.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.resolutionhealth.com*

41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Alan **MI:** **Last Name:** Lefkowitz **Credentials (MD, MPH, etc.):** **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** alefkowitz@resolutionhealth.com **Telephone:** 240-295-5834 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** Darren **MI:** M **Last Name:** Schulte **Credentials (MD, MPH, etc.):** MD, MPP **Organization:** Resolution Health **Street Address:** 10490 Little Patuxent Parkway **City:** Columbia **State:** MD **ZIP:** 21044 **Email:** dschulte@resolutionhealth.com **Telephone:** 650-773-3308 ext:
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: Over the past several years, two formal workgroups -- one organized by the Care Focused Purchasing initiative and one organized by the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative -- and several ad hoc experts have provided useful input to our measure development and refinement processes. In each case, we have provided the Work Group Members with details regarding each of our performance measures and members of the work group (not always all members) have provided feedback on the validity of the clinical practice guideline underlying the measure and suggestions regarding potential ways to improve the technical specifications for the measure. In some instances, we have eliminated measures based on feedback from the work groups. In other instances, work group members have proposed new measures. We try to get feedback from work group members and selected clinical experts on an annual basis. ►Provide a list of workgroup/panel members' names and organizations: **Care Focused Purchasing Clinical Advisory Panel** Bobbie Berg -BCBS -IL Dow Briggs - BCBS- AL Joe Calderella - Cigna Carl Cameron - Preferred Care Steven Goldberg – Humana Tom James – Humana Don Liss – Aetna Catherine MacLean – WellPoint Zak Ramadan–Jradi – Regence Fred Volkman – Avidyn Health Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health

	Massachusetts Group Insurance Commission Physician Advisory Panel Jim Glauber – Neighborhood Health Plan Lyn Laurenco - Neighborhood Health Plan Anton Dodek - Tufts Barbara Chase - Fallon Jonathan Scott Coblyn – Brigham and Women's Hospital Tom Ebert - Health New England Elaine Wilson - Harvard Pilgrim Health Care Jennifer St. Thomas – Tufts Jennifer Lavigne – Fallon Michael O'Shea - Baycare Health Neil Minkoff - Harvard Pilgrim Health Care Paul Mendis- Neighborhood Health Plan Bob Jordan - Neighborhood Health Plan Bob Sorrenti – Unicare Constance Williams – Unicare Laura Syron - Neighborhood Health Plan Susan Tiffany – Unicare Constance Hwang – Resolution Health Darren Schulte - Resolution Health Earl Steinberg – Resolution Health David Gregg – Mercer Russ Robinson - Mercer
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2006* *Month and Year of most recent revision: October 2008* *What is the frequency for review/update of this measure? Annual Review* *When is the next scheduled review/update for this measure? Summer 2009*
47	**Copyright statement/disclaimers:** Copyright © 2008 – Resolution Health, Inc. All rights reserved. The material submitted is confidential and proprietary. No use of this material is permitted other than in accordance with the Agreement with Measure Stewards between National Quality Forum and Resolution Health, Inc.
48	**Additional Information:** None
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*)**:** 11/20/2008

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%