



Clinical Episode Construction Specifications Appendix A - MS-DRG Mapping Specifications Model Years 1 and 2

**Center for Medicare & Medicaid Services (CMS)
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TABLE OF CONTENTS

| | | |
|----------|--|-----------|
| 1 | BPCI Advanced MS-DRG Mapping | 1 |
| 1.1 | FY 2013 – FY 2014 | 1 |
| 1.2 | FY 2014 – FY 2015 | 1 |
| 1.2.1 | MS-DRGs 216-221 to MS-DRGs 266-267 | 1 |
| 1.2.2 | MS-DRGs 483-484 to MS-DRG 483 | 2 |
| 1.2.3 | MS-DRGs 490-491 to MS-DRG 518-520..... | 2 |
| 1.3 | FY 2015 – FY 2016 | 2 |
| 1.3.1 | MS-DRGs 237-238 to MS-DRGs 268-272 | 3 |
| 1.3.2 | MS-DRGs 246-251 to MS-DRGs 273-274 | 4 |
| 1.4 | FY 2016 – FY 2017 | 4 |
| 1.4.1 | MS-DRG 230 to MS-DRG 229 | 4 |
| 1.5 | FY 2017 – FY 2018 | 5 |
| 1.5.1 | MS-DRGs 984-986 to MS-DRGs 987-989 | 5 |
| 1.5.2 | MS-DRGs 216-221 to 266-267 | 5 |
| 1.6 | FY 2018 – FY 2019 | 5 |
| 1.6.1 | MS-DRGs 393-395 to 686-688 | 5 |
| 1.6.2 | MS-DRG 606-607 to 686-688..... | 6 |
| 1.6.3 | MS-DRG 685 to 698-700 | 6 |
| 1.6.4 | MS-DRGs 765-766 to 783-788 | 6 |
| 1.6.5 | MS-DRGs 767/774/775 to 744-745, 796-798, and 805-807 | 7 |
| 1.6.6 | MS-DRGs 777-778/780-782 to 819/833 | 8 |
| 2 | Supplementary Codes | 10 |

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1 BPCI ADVANCED MS-DRG MAPPING

This appendix maps MS-DRG changes from year to year as documented in the CMS annual transmittals\IPPS Final Rules. When an MS-DRG changes from year to year, a mapping must be established in order to compare Clinical Episode spending between different time periods. A direct mapping ensures that costs compared between Clinical Episodes across different time periods have the same clinical content. All FY 2013-2019 MS-DRG changes from the transmittals\Final Rules are included. The appendix is divided into five sections to account for annual changes to the MS-DRG Grouper logic over the span of the model. As the model progresses, this document will be updated.

1.1 FY 2013 – FY 2014

There were no changes detailed in the FY2014 IPPS Final Rule, so no mapping is needed.

1.2 FY 2014 – FY 2015

The FY2015 IPPS Final Rule has the three following changes that require mappings.

1.2.1 *MS-DRGs 216-221 to MS-DRGs 266-267*

CMS created MS-DRGs 266 and 267 for endovascular cardiac valve replacements to remove Transcatheter Aortic Valve Replacements (TAVR) procedures from MS-DRG 216-221.¹ Map all cases as follows:

- MS-DRG 216 in FY2014 without TAVR to MS-DRG 216 in FY2015
- MS-DRG 217 in FY 2014 without TAVR to MS-DRG 217 in FY2015
- MS-DRG 218 in FY2014 without TAVR to MS-DRG 218 in FY2015
- MS-DRG 219 in FY2014 without TAVR to MS-DRG 219 in FY2015
- MS-DRG 220 in FY2014 without TAVR to MS-DRG 220 in FY2015
- MS-DRG 221 in FY2014 without TAVR to MS-DRG 221 in FY2015
- MS-DRGs 216 and 219 in FY2014 with TAVR to MS-DRG 266 in FY2015
- MS-DRGs 217, 218, 220 and 221 in FY2014 with TAVR to MS-DRG 267 in FY 2015

¹ To identify TAVR procedures, see Table 1 –TAVR Procedure Codes for MS-DRG 216-221.

1.2.2 MS-DRGs 483-484 to MS-DRG 483

CMS deleted 484 and revised 483 to create one base MS-DRG. The name of MS-DRG 483 was changed from Major Joint & Limb Reattachment Procedure of Upper Extremity with CC/MCC to Major Joint/Limb Reattachment Procedure of Upper Extremities. Map all cases as follows:

- MS-DRG 483 in FY2014 to MS-DRG 483 in FY2015
- MS-DRG 484 in FY2014 to MS-DRG 483 in FY2015

1.2.3 MS-DRGs 490-491 to MS-DRG 518-520

CMS deleted 490 and 491 and created three new MS-DRGs (518, 519 and 520) to account for a separate complication or comorbidity (CC) severity level. Use the following steps to implement this change:

- Map all cases of MS-DRG 490 in FY2014 to either MS-DRG 518 or 519 in FY2015. The following steps determine the MS-DRG mapping:
 - First, check if the procedure code on the inpatient stay is for a neurostimulator or disc device.² If the procedure code is for a neurostimulator³ or disc device, map the case of MS-DRG 490 in FY2014 to MS-DRG 518 in FY2015.
 - Next, check if the primary diagnosis code or any of the 24 secondary diagnosis codes are on the major complication or comorbidity (MCC) list.⁴ If there is at least one code on the MCC list that is not an excluded secondary diagnosis for that primary diagnosis⁵, then map MS-DRG 490 in FY2014 to MS-DRG 518 in FY2015
 - If MS-DRG 490 in FY2014 cannot be mapped through the procedure code or primary diagnosis code described above, map it to MS-DRG 519 in FY2015.
- Map all cases of MS-DRG 491 in FY2014 to MS-DRG 520 in FY2015.

1.3 FY 2015 – FY 2016

The FY2016 IPPS Final Rule has the two following changes that require mappings.

² To identify neurostimulator or disc device codes, see Table 2A – Disk Device Procedure Codes for MS-DRG 490 and Table 2B – Neurostimulator Procedure Codes for MS-DRG 490.

³ Neurostimulator codes must accompany procedure code 0393 in order for the MS-DRG to be mapped.

⁴ See Table 6I for ICD-9 MCC list: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2012-IPPS-Final-Rule-Home-Page-Items/CMS1250520.html>.

⁵ See Table 6K_P for the ICD-9 excluded CC list: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2012-IPPS-Final-Rule-Home-Page-Items/CMS1250520.html>.

1.3.1 MS-DRGs 237-238 to MS-DRGs 268-272⁶

CMS deleted MS-DRGs 237 and 238 (major cardiovascular procedures) and reassigned procedures previously assigned to these MS-DRGs to the new MS-DRGs 268-272. MS-DRGs 268-269 (aortic and heart assist procedures except pulsation balloon) capture more complex and invasive procedure codes. MS-DRGs 270-272 (other major cardiovascular procedures) capture less complex and less invasive procedure codes. Use the following steps to implement these changes.

- First, flag all inpatient stays with invasive and complex procedure codes.⁷ These inpatient stays all have CC or MCC.
 - For all flagged cases of MS-DRG 237 in FY2015, map all cases:
 - With MCC⁸ to MS-DRG 268 in FY2016
 - Without MCC to MS-DRG 269 in FY2016
- Next, for all flagged cases of MS-DRG 238;
 - Conduct a CC exclusion check:
 - Check if the primary diagnosis code on the inpatient stay is on the CC exclusion list⁹.
 - If the code is on the CC exclusion list, check the remaining 24 secondary diagnosis codes to confirm that at least one diagnosis code is not an excluded secondary diagnosis for that primary diagnosis.
 - Map cases that pass the CC exclusion check to MS-DRG 268 in FY2016
 - Map cases that do not pass the CC exclusion check to MS-DRG 269 in FY2016
- For all inpatient stays without invasive and complex procedure codes:
 - For MS-DRG 237 in FY2015 map all cases:
 - With MCC to MS-DRG 270 in FY2016.
 - With CC¹⁰ to MS-DRG 271 in FY2016.¹¹

⁶ Note that these MS-DRGs do not initiate BPCI Advanced Clinical Episodes.

⁷ To identify invasive and complex procedure codes, see Table 3 - Invasive and Complex Codes for MS-DRGs 237 – 238.

⁸ See footnote 4.

⁹ See footnote 5.

¹⁰ See Table 6J for ICD- 9 CC list: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2012-IPPS-Final-Rule-Home-Page-Items/CMS1250520.html>.

¹¹ See footnote 10

- Without CC or MCC in FY2015 to MS-DRG 272 in FY2016.
- For MS-DRG 238 in FY2015:
 - Conduct a CC exclusion check:
 - Check if the primary diagnosis code on the inpatient stay is on the CC exclusion list.
 - If the code is on the CC exclusion list, check the remaining 24 secondary diagnosis codes to confirm that at least one diagnosis code is not an excluded secondary diagnosis for that primary diagnosis.
 - Map cases that pass the CC exclusion check and have MCC to MS-DRG 270 in FY2016.
 - Map cases that pass the CC exclusion check and have CC to MS-DRG 271 in FY2016.
 - Map cases that do not pass the CC exclusion check to MS-DRG 272 in FY2016.

1.3.2 MS-DRGs 246-251 to MS-DRGs 273-274

CMS removed all procedures performed within the heart chambers using intracardiac techniques from MS-DRGs 246-251 (percutaneous cardiovascular procedures with/without coronary artery stent)¹². Percutaneous intracardiac procedures with MCC were assigned to the new MS-DRG 273, and these procedures without MCC were assigned to the new MS-DRG 274. Map all cases as follows:

- MS-DRGs 246, 248 and 250 in FY2015 with intracardiac procedure codes to MS-DRG 273 in FY2016
- MS-DRGs 247, 249 and 251 in FY2015 with intracardiac procedure codes to MS-DRG 274 in FY2016

1.4 FY 2016 – FY 2017

The FY2017 IPPS Final Rule has the following change that requires a mapping.

1.4.1 MS-DRG 230 to MS-DRG 229

CMS collapsed MS-DRGs 228, 229, and 230 (other cardiothoracic procedures) from three severity levels to two by deleting MS-DRG 230 and revising MS-DRG 229 to include both w/o CC and w/o MCC.

¹² To identify intracardiac techniques, see Table 4 - Intracardiac Techniques for MS-DRGs 246-251.

- Map all cases of MS-DRG 230 in FY2016 to MS-DRG 229 in FY2017

1.5 FY 2017 – FY 2018

The FY2018 IPPS Final Rule has the two following changes that require mappings.

1.5.1 MS-DRGs 984-986 to MS-DRGs 987-989

CMS determined separate MS-DRGs specifically for the prostatic operating room (OR) procedures were no longer necessary and mapped MS-DRG 984-986 to 987-989. Map all cases as follows:

- MS-DRG 984 in FY2017 to MS-DRG 987 in FY2018.
- MS-DRG 985 in FY2017 to MS-DRG 988 in FY2018.
- MS-DRG 986 in FY2017 to MS-DRG 989 in FY2018.

1.5.2 MS-DRGs 216-221 to 266-267

CMS reassigned four percutaneous mitral valve replacement procedures from MS-DRGs 216-221 to MS-DRG 266 and 267. Map all cases as follows:

- MS-DRGs 216 and 219, with procedure codes for mitral valve replacement in FY2017 to MS-DRG 266 in FY2018.¹³
- MS-DRGs 217, 218, 220, and 221 with procedure codes for mitral valve replacement in FY2017 to MS-DRG 267 in FY2018.

1.6 FY 2018 – FY 2019

The FY2019 IPPS Final Rule has the following changes that require mappings.

1.6.1 MS-DRGs 393-395 to 686-688

CMS reassigned two kidney neoplasm diagnosis codes¹⁴ from 393-395 to 686-688. Note that unlike 393-395, 686-688 are BPCI Advanced excluded MS-DRGs. Map all cases as follows:

- MS-DRG 393 with a kidney neoplasm diagnosis code in FY2018 to MS-DRG 686 in FY2019.
- MS-DRG 394 with a kidney neoplasm diagnosis code in FY2018 to MS-DRG 687 in FY2019.
- MS-DRG 395 with a kidney neoplasm diagnosis code in FY2018 to MS-DRG 688 in FY2019.

¹³ To identify mitral valve replacement codes, see Table 5 – Mitral Valve Procedure Codes for MS-DRG 216-221.

¹⁴ To identify kidney neoplasm diagnosis codes, see Table 6 – Kidney Neoplasm Diagnosis Codes for MS-DRGs 393-395.

1.6.2 MS-DRG 606-607 to 686-688

CMS reassigned genitourinary organs neoplasm diagnosis codes¹⁵ from 606-607 to 686-688. Note that unlike 606-607, 686-688 are BPCI Advanced excluded MS-DRGs. Map all cases as follows:

- MS-DRG 606 with a genitourinary organs neoplasm diagnosis code in FY2018 to MS-DRG 686 in FY2019.
- MS-DRG 607 with a genitourinary organs neoplasm diagnosis code and a secondary diagnosis code on the CC List¹⁶ in FY2018 to MS-DRG 687 in FY2019.
- MS-DRG 607 with a genitourinary organs neoplasm diagnosis code and no secondary diagnosis code on the CC List in FY2018 to MS-DRG 688 in FY2019.

1.6.3 MS-DRG 685 to 698-700

CMS deleted MS-DRG 685 and reassigned encounter dialysis diagnosis codes¹⁷ previously assigned to this MS-DRG to MS-DRGs 698, 699, and 700. Map all cases as follows:

- MS-DRG 685 with an encounter dialysis diagnosis code and a secondary diagnosis code on the MCC List¹⁸ in FY2018 to MS-DRG 698 in FY2019.
- MS-DRG 685 with an encounter dialysis diagnosis code and a secondary diagnosis code on the CC List¹⁹ in FY2018 to MS-DRG 699 in FY2019.
- MS-DRG 685 with no encounter dialysis diagnosis code and no secondary diagnosis code on the MCC List or on the CC List in FY2018 to MS-DRG 700 in FY2019.

1.6.4 MS-DRGs 765-766 to 783-788

CMS deleted MS-DRGs 765-766 and created MS-DRGs 783-788 that are subdivided by a 3-way severity split level that includes Cesarean section “with Sterilization” and “without Sterilization”. Map all cases as follows:

- MS-DRG 765 with a sterilization procedure code for MS-DRGs 765-766²⁰ and a secondary diagnosis code on the MCC List²¹ in FY2018 to MS-DRG 783 in FY2019.

¹⁵ To identify genitourinary organs neoplasm diagnosis codes, see Table 7 – Genitourinary Organs Neoplasm Diagnosis Codes for MS-DRGs 606-607.

¹⁶ See Footnote 10 for IDC-9 CC List. See Table 6J for ICD-10 CC List: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>.

¹⁷ To identify encounter dialysis diagnosis codes, see Table 8 – Encounter Dialysis Diagnosis Codes for MS-DRG 685.

¹⁸ See Footnote 4 for ICD-9 MCC List. See Table 6I for ICD-10 MCC List: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>.

¹⁹ See Footnote 16.

²⁰ To identify sterilization procedure codes for MS-DRGs 765-766, see Table 9A – Sterilization Procedure Codes for MS-DRGs 765-766.

²¹ See Footnote 18.

- MS-DRG 765 with a sterilization procedure code for MS-DRGs 765-766 and a secondary diagnosis code on the CC List²² in FY2018 to MS-DRG 784 in FY2019.
- MS-DRG 765 with a sterilization procedure code for MS-DRGs 765-766 and no secondary diagnosis code on the MCC List or on the CC List in FY2018 to MS-DRG 785 in FY2019.
- MS-DRG 765 with no sterilization procedure code for MS-DRGs 765-766 and a secondary diagnosis code on the MCC List in FY2018 to MS-DRG 786 in FY2019.
- MS-DRG 765 with no sterilization procedure code for MS-DRGs 765-766 and a secondary diagnosis code on the CC List in FY2018 to MS-DRG 787 in FY2019.
- MS-DRG 765 with no sterilization procedure code for MS-DRGs 765-766 and no secondary diagnosis code on the MCC List or the CC List in FY2018 to MS-DRG 788 in FY2019.
- MS-DRG 766 with a sterilization procedure code for MS-DRGs 765-766 and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 785 in FY2019.
- MS-DRG 766 with no sterilization procedure code for MS-DRGs 765-766 and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 788 in FY2019.

1.6.5 MS-DRGs 767/774/775 to 744-745, 796-798, and 805-807

CMS deleted MS-DRGs 767, 774, and 775 and created MS-DRGs 796-798 and 805-807 that are subdivided by a 3-way severity level split that includes vaginal delivery "with Sterilization/D&C" and "without Sterilization/D&C." Additionally, CMS reassigned extraction of endometrium procedure codes from MS-DRG 767 to MS-DRGs 744-745. Map all cases as follows:

- MS-DRG 767 with an extraction of endometrium procedure code²³ and a secondary diagnosis code on the MCC/CC List²⁴ in FY2018 to MS-DRG 744 in FY2019.
- MS-DRG 767 with an extraction of endometrium procedure code and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 745 in FY2019.
- MS-DRG 767 with a sterilization procedure code for MS-DRGs 767 and 774²⁵ and a secondary diagnosis code on the MCC List in FY2018 to MS-DRG 796 in FY2019.
- MS-DRG 767 with a sterilization procedure code for MS-DRGs 767 and 774 and a secondary diagnosis code on the CC List in FY2018 to MS-DRG 797 in FY2019.
- MS-DRG 767 with a sterilization procedure code for MS-DRGs 767 and 774 and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 798 in FY2019.

²² See Footnote 16

²³ To identify extraction of endometrium procedure codes, see Table 10 – Extraction of Endometrium Procedure Codes for MS-DRG 767.

²⁴ See Footnote 18 for MCC List. See Footnote 16 for CC List.

²⁵ To identify sterilization procedure codes for MS-DRGs 767 and 774, see Table 9B – Sterilization Procedure Codes for MS-DRGs 767 and 774.

- MS-DRG 767 with no sterilization procedure code for MS-DRGs 767 and 774, no extraction of endometrium procedure code, and a secondary diagnosis code on the MCC List in FY2018 to MS-DRG 805 in FY2019.
- MS-DRG 767 with no sterilization procedure code for MS-DRGs 767 and 774, no extraction of endometrium procedure code, and a secondary diagnosis code on the CC List in FY2018 to MS-DRG 806 in FY2019.
- MS-DRG 767 with no sterilization procedure code for MS-DRGs 767 and 774, no extraction of endometrium procedure code, and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 807 in FY2019.
- MS-DRG 774 with a sterilization procedure code for MS-DRGs 767 and 774 and a secondary diagnosis code on the MCC List in FY2018 to MS-DRG 796 in FY2019.
- MS-DRG 774 with a sterilization procedure code for MS-DRGs 767 and 774 and a secondary diagnosis code on the CC List in FY2018 to MS-DRG 797 in FY2019.
- MS-DRG 774 with a sterilization procedure code for MS-DRGs 767 and 774 and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 798 in FY2019.
- MS-DRG 774 with no sterilization procedure code for MS-DRGs 767 and 774 and a secondary diagnosis code on the MCC List in FY2018 to MS-DRG 805 in FY2019.
- MS-DRG 774 with no sterilization procedure code for MS-DRGs 767 and 774 and a secondary diagnosis code on the CC List in FY2018 to MS-DRG 806 in FY2019.
- MS-DRG 774 with no sterilization procedure code for MS-DRGs 767 and 774 and no secondary diagnosis code on the MCC/CC List in FY2018 to MS-DRG 807 in FY2019.
- MS-DRG 775 with a secondary diagnosis code on the MCC list in FY2018 to MS-DRG 805 in FY2019.
- MS-DRG 775 with a secondary diagnosis code on the CC list in FY2018 to MS-DRG 806 in FY2019.
- MS-DRG 775 with no secondary diagnosis code on the MCC/CC list in FY2018 to MS-DRG 807 in FY2019.

1.6.6 MS-DRGs 777-778/780-782 to 819/833

CMS deleted 777, 778, 780, 781, and 782 and reassigned BPCI Advanced Clinical Episodes to the new MS-DRGs 817-819 and 831-833 that are subdivided by a 3-way severity level split that includes other antepartum diagnoses "with O.R. procedure" and "without O.R. procedure." BPCI Advanced Clinical Episodes for these MS-DRGs will be mapped to either 819 or 833. Map all cases as follows:

- MS-DRG 777 in FY2018 to MS-DRG 819 in FY2019.
- MS-DRG 778 in FY2018 to MS-DRG 833 in FY2019.
- MS-DRG 780 in FY2018 to MS-DRG 833 in FY2019.
- MS-DRG 781 in FY2018 to MS-DRG 819 in FY2019.

- MS-DRG 782 in FY2018 to MS-DRG 833 in FY2019.

2 SUPPLEMENTARY CODES

This section contains the codes required to implement the mapping methodology discussed in Section 1. These codes include the ICD-9/10-CM and CPT codes used to identify TAVR, disc device, neurostimulator, intracardiac techniques, mitral valve replacement, invasive and complex procedures, kidney neoplasm, genitourinary organs neoplasm, encounter dialysis, sterilization and extraction of endometrium procedures.

Table 1 – TAVR Procedure Codes for MS-DRG 216-221

| ICD 9/10 | Code | Description |
|------------|-------|--|
| ICD-9 Code | 35.05 | Endovascular replacement of aortic valve |
| ICD-9 Code | 35.06 | Transapical replacement of aortic valve |

Table 2A – Disk Device Procedure Codes for MS-DRG 490

| ICD 9/10 | Code | Description |
|------------|------|---|
| ICD-9 Code | 8459 | Insertion of other spinal devices |
| ICD-9 Code | 8462 | Insertion of total spinal disc prosthesis, cervical |
| ICD-9 Code | 8465 | Insertion of total spinal disc prosthesis, lumbosacral |
| ICD-9 Code | 8480 | Insertion or replacement of interspinous process device(s) |
| ICD-9 Code | 8482 | Insertion or replacement of pedicle-based dynamic stabilization device(s) |
| ICD-9 Code | 8484 | Insertion or replacement of facet replacement device(s) |

Table 2B – Neurostimulator Procedure Codes for MS-DRG 490

| ICD 9/10 | Code | Description |
|------------|------|---|
| ICD-9 Code | 8694 | Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable |
| ICD-9 Code | 8695 | Insertion or replacement of multiple array neurostimulator pulse generator, not specified as rechargeable |
| ICD-9 Code | 8697 | Insertion or replacement of single array rechargeable neurostimulator pulse generator |
| ICD-9 Code | 8698 | Insertion or replacement of multiple array (two or more) rechargeable neurostimulator pulse generator |

Table 3 - Invasive and Complex Procedure Codes for MS-DRGs 237-238

| ICD 9/10 | Code | Description |
|------------|------|--|
| ICD-9 Code | 3741 | Implantation of prosthetic cardiac support device around the heart |
| ICD-9 Code | 3749 | Other repair of heart and pericardium |
| ICD-9 Code | 3755 | Removal of internal biventricular heart replacement system |
| ICD-9 Code | 3764 | Removal of external heart assist system(s) or device(s) |
| ICD-9 Code | 3804 | Incision of vessel, aorta |
| ICD-9 Code | 3814 | Endarterectomy, aorta |
| ICD-9 Code | 3834 | Resection of vessel with anastomosis, aorta |
| ICD-9 Code | 3844 | Resection of vessel with replacement, aorta, abdominal |
| ICD-9 Code | 3864 | Other excision of vessels, aorta, abdominal |

| ICD 9/10 | Code | Description |
|------------|------|---|
| ICD-9 Code | 3884 | Other surgical occlusion of vessels, aorta, abdominal |
| ICD-9 Code | 3924 | Aorta-renal bypass |
| ICD-9 Code | 3971 | Endovascular implantation of other graft in abdominal aorta |
| ICD-9 Code | 3978 | Endovascular implantation of branching or fenestrated graft(s) in aorta |

Table 4 –Intracardiac Techniques for MS-DRGs 246-251

| ICD 9/ 10 | Code | Description |
|------------|------|---|
| ICD-9 Code | 3552 | Repair of atrial septal defect with prosthesis, closed technique |
| ICD-9 Code | 3596 | Percutaneous balloon valvuloplasty |
| ICD-9 Code | 3597 | Percutaneous mitral valve repair with implant |
| ICD-9 Code | 3726 | Catheter based invasive electrophysiologic testing |
| ICD-9 Code | 3727 | Cardiac mapping |
| ICD-9 Code | 3734 | Excision or destruction of other lesion or tissue of heart, endovascular approach |
| ICD-9 Code | 3736 | Excision, destruction, or exclusion of left atrial appendage (LAA) |
| ICD-9 Code | 3790 | Insertion of left atrial appendage device |

Table 5 –Mitral Valve Codes for MS-DRGs 216-221

| ICD 9/10 | Code | Description |
|-------------|---------|---|
| ICD-9 Code | 3523 | Open and other replacement of mitral valve with tissue graft |
| ICD-9 Code | 3524 | Open and other replacement of mitral valve |
| ICD-10 Code | 02RG37Z | Replacement of mitral valve with autologous tissue substitute, percutaneous approach |
| ICD-10 Code | 02RG38Z | Replacement of mitral valve with zooplastic tissue, percutaneous approach |
| ICD-10 Code | 02RG3JZ | Replacement of mitral valve with synthetic substitute, percutaneous approach |
| ICD-10 Code | 02RG3KZ | Replacement of mitral valve with nonautologous tissue substitute, percutaneous approach |

Table 6 – Kidney Neoplasm Diagnosis Codes for MS-DRGs 393-395

| ICD 9/10 | Code | Description |
|-------------|-------|--------------------------------------|
| ICD-9 Code | 2143 | Lipoma of intra-abdominal organs |
| ICD-10 Code | D1771 | Benign lipomatous neoplasm of kidney |

Table 7 – Genitourinary Organs Neoplasm Diagnosis Codes for MS-DRGs 606-607

| ICD 9/10 | Code | Description |
|-------------|-------|---|
| ICD-9 Code | 2144 | Lipoma of spermatic cord |
| ICD-9 Code | 2148 | Lipoma of other specified sites |
| ICD-10 Code | D1772 | Benign lipomatous neoplasm of other genitourinary organ |

Table 8 – Encounter Dialysis Diagnosis Codes for MS-DRG 685

| ICD 9/10 | Code | Description |
|-------------|-------|--|
| ICD-9 Code | V560 | Encounter for extracorporeal dialysis |
| ICD-9 Code | V568 | Encounter for other dialysis |
| ICD-9 Code | V561 | Fitting and adjustment of extracorporeal dialysis catheter |
| ICD-9 Code | V562 | Fitting and adjustment of peritoneal dialysis catheter |
| ICD-9 Code | V5631 | Encounter for adequacy testing for hemodialysis |
| ICD-9 Code | V5632 | Encounter for adequacy testing for peritoneal dialysis |
| ICD-10 Code | Z4901 | Encounter for fitting and adjustment of extracorporeal dialysis catheter |
| ICD-10 Code | Z4902 | Encounter for fitting and adjustment of peritoneal dialysis catheter |
| ICD-10 Code | Z4931 | Encounter for adequacy testing for hemodialysis |
| ICD-10 Code | Z4932 | Encounter for adequacy testing for peritoneal dialysis |

Table 9A – Sterilization Procedure Codes for MS-DRGs 765-766

| ICD 9/10 | Code | Description |
|-------------|---------|--|
| ICD-9 Code | 6621 | Bilateral endoscopic ligation and crushing of fallopian tubes |
| ICD-9 Code | 6622 | Bilateral endoscopic ligation and division of fallopian tubes |
| ICD-9 Code | 6629 | Other bilateral endoscopic destruction or occlusion of fallopian tubes |
| ICD-9 Code | 6631 | Other bilateral ligation and crushing of fallopian tubes |
| ICD-9 Code | 6632 | Other bilateral ligation and division of fallopian tubes |
| ICD-9 Code | 6639 | Other bilateral destruction or occlusion of fallopian tubes |
| ICD-9 Code | 664 | Total unilateral salpingectomy |
| ICD-9 Code | 6651 | Removal of both fallopian tubes at same operative episode |
| ICD-9 Code | 6652 | Removal of remaining fallopian tube |
| ICD-9 Code | 6663 | Bilateral partial salpingectomy, not otherwise specified |
| ICD-9 Code | 6669 | Other partial salpingectomy |
| ICD-9 Code | 6692 | Unilateral destruction or occlusion of fallopian tube |
| ICD-9 Code | 6697 | Burying of fimbriae in uterine wall |
| ICD-10 Code | 0U570ZZ | Destruction of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0U573ZZ | Destruction of bilateral fallopian tubes, percutaneous approach |
| ICD-10 Code | 0U574ZZ | Destruction of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0U577ZZ | Destruction of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0U578ZZ | Destruction of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UB50ZZ | Excision of right fallopian tube, open approach |
| ICD-10 Code | 0UB53ZZ | Excision of right fallopian tube, percutaneous approach |
| ICD-10 Code | 0UB54ZZ | Excision of right fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UB57ZZ | Excision of right fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UB58ZZ | Excision of right fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UB60ZZ | Excision of left fallopian tube, open approach |
| ICD-10 Code | 0UB63ZZ | Excision of left fallopian tube, percutaneous approach |
| ICD-10 Code | 0UB64ZZ | Excision of left fallopian tube, percutaneous endoscopic approach |

| ICD 9/10 | Code | Description |
|-------------|---------|--|
| ICD-10 Code | 0UB67ZZ | Excision of left fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UB68ZZ | Excision of left fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UB70ZZ | Excision of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0UB73ZZ | Excision of bilateral fallopian tubes, percutaneous approach |
| ICD-10 Code | 0UB74ZZ | Excision of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0UB77ZZ | Excision of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0UB78ZZ | Excision of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL50CZ | Occlusion of right fallopian tube with extraluminal device, open approach |
| ICD-10 Code | 0UL50DZ | Occlusion of right fallopian tube with intraluminal device, open approach |
| ICD-10 Code | 0UL50ZZ | Occlusion of right fallopian tube, open approach |
| ICD-10 Code | 0UL53CZ | Occlusion of right fallopian tube with extraluminal device, percutaneous approach |
| ICD-10 Code | 0UL53DZ | Occlusion of right fallopian tube with intraluminal device, percutaneous approach |
| ICD-10 Code | 0UL53ZZ | Occlusion of right fallopian tube, percutaneous approach |
| ICD-10 Code | 0UL54CZ | Occlusion of right fallopian tube with extraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL54DZ | Occlusion of right fallopian tube with intraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL54ZZ | Occlusion of right fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UL57DZ | Occlusion of right fallopian tube with intraluminal device, via natural or artificial opening |
| ICD-10 Code | 0UL57ZZ | Occlusion of right fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UL58DZ | Occlusion of right fallopian tube with intraluminal device, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL58ZZ | Occlusion of right fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL60CZ | Occlusion of left fallopian tube with extraluminal device, open approach |
| ICD-10 Code | 0UL60DZ | Occlusion of left fallopian tube with intraluminal device, open approach |
| ICD-10 Code | 0UL60ZZ | Occlusion of left fallopian tube, open approach |
| ICD-10 Code | 0UL63CZ | Occlusion of left fallopian tube with extraluminal device, percutaneous approach |
| ICD-10 Code | 0UL63DZ | Occlusion of left fallopian tube with intraluminal device, percutaneous approach |
| ICD-10 Code | 0UL63ZZ | Occlusion of left fallopian tube, percutaneous approach |
| ICD-10 Code | 0UL64CZ | Occlusion of left fallopian tube with extraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL64DZ | Occlusion of left fallopian tube with intraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL64ZZ | Occlusion of left fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UL67DZ | Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening |
| ICD-10 Code | 0UL67ZZ | Occlusion of left fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UL68DZ | Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL68ZZ | Occlusion of left fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL70CZ | Occlusion of bilateral fallopian tubes with extraluminal device, open approach |
| ICD-10 Code | 0UL70DZ | Occlusion of bilateral fallopian tubes with intraluminal device, open approach |
| ICD-10 Code | 0UL70ZZ | Occlusion of bilateral fallopian tubes, open approach |

| ICD 9/10 | Code | Description |
|-------------|---------|---|
| ICD-10 Code | 0UL73CZ | Occlusion of bilateral fallopian tubes with extraluminal device, percutaneous approach |
| ICD-10 Code | 0UL73DZ | Occlusion of bilateral fallopian tubes with intraluminal device, percutaneous approach |
| ICD-10 Code | 0UL73ZZ | Occlusion of bilateral fallopian tubes, percutaneous approach |
| ICD-10 Code | 0UL74CZ | Occlusion of bilateral fallopian tubes with extraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL74DZ | Occlusion of bilateral fallopian tubes with intraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL74ZZ | Occlusion of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0UL77DZ | Occlusion of bilateral fallopian tubes with intraluminal device, via natural or artificial opening |
| ICD-10 Code | 0UL77ZZ | Occlusion of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0UL78DZ | Occlusion of bilateral fallopian tubes with intraluminal device, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL78ZZ | Occlusion of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT50ZZ | Resection of right fallopian tube, open approach |
| ICD-10 Code | 0UT54ZZ | Resection of right fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UT57ZZ | Resection of right fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UT58ZZ | Resection of right fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT5FZZ | Resection of right fallopian tube, via natural or artificial opening with percutaneous endoscopic assistance |
| ICD-10 Code | 0UT60ZZ | Resection of left fallopian tube, open approach |
| ICD-10 Code | 0UT64ZZ | Resection of left fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UT67ZZ | Resection of left fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UT68ZZ | Resection of left fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT6FZZ | Resection of left fallopian tube, via natural or artificial opening with percutaneous endoscopic assistance |
| ICD-10 Code | 0UT70ZZ | Resection of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0UT74ZZ | Resection of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0UT77ZZ | Resection of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0UT78ZZ | Resection of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT7FZZ | Resection of bilateral fallopian tubes, via natural or artificial opening with percutaneous endoscopic assistance |

Table 9B – Sterilization Procedure Codes for MS-DRGs 767 and 774

| ICD 9/10 | Code | Description |
|------------|------|--|
| ICD-9 Code | 6621 | Bilateral endoscopic ligation and crushing of fallopian tubes |
| ICD-9 Code | 6622 | Bilateral endoscopic ligation and division of fallopian tubes |
| ICD-9 Code | 6629 | Other bilateral endoscopic destruction or occlusion of fallopian tubes |
| ICD-9 Code | 6631 | Other bilateral ligation and crushing of fallopian tubes |
| ICD-9 Code | 6632 | Other bilateral ligation and division of fallopian tubes |
| ICD-9 Code | 6639 | Other bilateral destruction or occlusion of fallopian tubes |
| ICD-9 Code | 664 | Total unilateral salpingectomy |

| ICD 9/10 | Code | Description |
|-------------|---------|--|
| ICD-9 Code | 6651 | Removal of both fallopian tubes at same operative episode |
| ICD-9 Code | 6652 | Removal of remaining fallopian tube |
| ICD-9 Code | 6663 | Bilateral partial salpingectomy, not otherwise specified |
| ICD-9 Code | 6669 | Other partial salpingectomy |
| ICD-9 Code | 6692 | Unilateral destruction or occlusion of fallopian tube |
| ICD-9 Code | 6697 | Burying of fimbriae in uterine wall |
| ICD-9 Code | 6902 | Dilation and curettage following delivery or abortion |
| ICD-9 Code | 6909 | Other dilation and curettage |
| ICD-9 Code | 6952 | Aspiration curettage following delivery or abortion |
| ICD-10 Code | 0U570ZZ | Destruction of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0U573ZZ | Destruction of bilateral fallopian tubes, percutaneous approach |
| ICD-10 Code | 0U574ZZ | Destruction of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0U577ZZ | Destruction of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0U578ZZ | Destruction of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UB50ZZ | Excision of right fallopian tube, open approach |
| ICD-10 Code | 0UB53ZZ | Excision of right fallopian tube, percutaneous approach |
| ICD-10 Code | 0UB54ZZ | Excision of right fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UB57ZZ | Excision of right fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UB58ZZ | Excision of right fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UB60ZZ | Excision of left fallopian tube, open approach |
| ICD-10 Code | 0UB63ZZ | Excision of left fallopian tube, percutaneous approach |
| ICD-10 Code | 0UB64ZZ | Excision of left fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UB67ZZ | Excision of left fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UB68ZZ | Excision of left fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UB70ZZ | Excision of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0UB73ZZ | Excision of bilateral fallopian tubes, percutaneous approach |
| ICD-10 Code | 0UB74ZZ | Excision of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0UB77ZZ | Excision of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0UB78ZZ | Excision of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL50CZ | Occlusion of right fallopian tube with extraluminal device, open approach |
| ICD-10 Code | 0UL50DZ | Occlusion of right fallopian tube with intraluminal device, open approach |
| ICD-10 Code | 0UL50ZZ | Occlusion of right fallopian tube, open approach |
| ICD-10 Code | 0UL53CZ | Occlusion of right fallopian tube with extraluminal device, percutaneous approach |
| ICD-10 Code | 0UL53DZ | Occlusion of right fallopian tube with intraluminal device, percutaneous approach |
| ICD-10 Code | 0UL53ZZ | Occlusion of right fallopian tube, percutaneous approach |
| ICD-10 Code | 0UL54CZ | Occlusion of right fallopian tube with extraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL54DZ | Occlusion of right fallopian tube with intraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL54ZZ | Occlusion of right fallopian tube, percutaneous endoscopic approach |

| ICD 9/10 | Code | Description |
|-------------|---------|---|
| ICD-10 Code | 0UL57DZ | Occlusion of right fallopian tube with intraluminal device, via natural or artificial opening |
| ICD-10 Code | 0UL57ZZ | Occlusion of right fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UL58DZ | Occlusion of right fallopian tube with intraluminal device, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL58ZZ | Occlusion of right fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL60CZ | Occlusion of left fallopian tube with extraluminal device, open approach |
| ICD-10 Code | 0UL60DZ | Occlusion of left fallopian tube with intraluminal device, open approach |
| ICD-10 Code | 0UL60ZZ | Occlusion of left fallopian tube, open approach |
| ICD-10 Code | 0UL63CZ | Occlusion of left fallopian tube with extraluminal device, percutaneous approach |
| ICD-10 Code | 0UL63DZ | Occlusion of left fallopian tube with intraluminal device, percutaneous approach |
| ICD-10 Code | 0UL63ZZ | Occlusion of left fallopian tube, percutaneous approach |
| ICD-10 Code | 0UL64CZ | Occlusion of left fallopian tube with extraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL64DZ | Occlusion of left fallopian tube with intraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL64ZZ | Occlusion of left fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UL67DZ | Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening |
| ICD-10 Code | 0UL67ZZ | Occlusion of left fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UL68DZ | Occlusion of left fallopian tube with intraluminal device, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL68ZZ | Occlusion of left fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL70CZ | Occlusion of bilateral fallopian tubes with extraluminal device, open approach |
| ICD-10 Code | 0UL70DZ | Occlusion of bilateral fallopian tubes with intraluminal device, open approach |
| ICD-10 Code | 0UL70ZZ | Occlusion of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0UL73CZ | Occlusion of bilateral fallopian tubes with extraluminal device, percutaneous approach |
| ICD-10 Code | 0UL73DZ | Occlusion of bilateral fallopian tubes with intraluminal device, percutaneous approach |
| ICD-10 Code | 0UL73ZZ | Occlusion of bilateral fallopian tubes, percutaneous approach |
| ICD-10 Code | 0UL74CZ | Occlusion of bilateral fallopian tubes with extraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL74DZ | Occlusion of bilateral fallopian tubes with intraluminal device, percutaneous endoscopic approach |
| ICD-10 Code | 0UL74ZZ | Occlusion of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0UL77DZ | Occlusion of bilateral fallopian tubes with intraluminal device, via natural or artificial opening |
| ICD-10 Code | 0UL77ZZ | Occlusion of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0UL78DZ | Occlusion of bilateral fallopian tubes with intraluminal device, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UL78ZZ | Occlusion of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT50ZZ | Resection of right fallopian tube, open approach |
| ICD-10 Code | 0UT54ZZ | Resection of right fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UT57ZZ | Resection of right fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UT58ZZ | Resection of right fallopian tube, via natural or artificial opening endoscopic |

| ICD 9/10 | Code | Description |
|-------------|---------|---|
| ICD-10 Code | 0UT5FZZ | Resection of right fallopian tube, via natural or artificial opening with percutaneous endoscopic assistance |
| ICD-10 Code | 0UT60ZZ | Resection of left fallopian tube, open approach |
| ICD-10 Code | 0UT64ZZ | Resection of left fallopian tube, percutaneous endoscopic approach |
| ICD-10 Code | 0UT67ZZ | Resection of left fallopian tube, via natural or artificial opening |
| ICD-10 Code | 0UT68ZZ | Resection of left fallopian tube, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT6FZZ | Resection of left fallopian tube, via natural or artificial opening with percutaneous endoscopic assistance |
| ICD-10 Code | 0UT70ZZ | Resection of bilateral fallopian tubes, open approach |
| ICD-10 Code | 0UT74ZZ | Resection of bilateral fallopian tubes, percutaneous endoscopic approach |
| ICD-10 Code | 0UT77ZZ | Resection of bilateral fallopian tubes, via natural or artificial opening |
| ICD-10 Code | 0UT78ZZ | Resection of bilateral fallopian tubes, via natural or artificial opening endoscopic |
| ICD-10 Code | 0UT7FZZ | Resection of bilateral fallopian tubes, via natural or artificial opening with percutaneous endoscopic assistance |
| ICD-10 Code | 10D17Z9 | Manual extraction of products of conception, retained, via natural or artificial opening |
| ICD-10 Code | 10D18Z9 | Manual extraction of products of conception, retained, via natural or artificial opening endoscopic |
| ICD-10 Code | 10D07Z3 | Extraction of products of conception, low forceps, via natural or artificial opening |
| ICD-10 Code | 10D07Z4 | Extraction of products of conception, mid forceps, via natural or artificial opening |
| ICD-10 Code | 10D07Z5 | Extraction of products of conception, high forceps, via natural or artificial opening |
| ICD-10 Code | 10D07Z6 | Extraction of products of conception, vacuum, via natural or artificial opening |
| ICD-10 Code | 10D07Z7 | Extraction of products of conception, internal version, via natural or artificial opening |
| ICD-10 Code | 10D07Z8 | Extraction of products of conception, other, via natural or artificial opening |
| ICD-10 Code | 10E0XZZ | Delivery of products of conception, external approach |
| ICD-10 Code | 10D17ZZ | Extraction of products of conception, retained, via natural or artificial opening |
| ICD-10 Code | 10D18ZZ | Extraction of products of conception, retained, via natural or artificial opening endoscopic |

Table 10 – Extraction of Endometrium Procedure Codes for MS-DRG 767

| ICD 9/10 | Code | Description |
|-------------|---------|--|
| ICD-9 Code | 6909 | Other dilation and curettage |
| ICD-10 Code | 0UDB7ZX | Extraction of endometrium, via opening, diagn |
| ICD-10 Code | 0UDB7ZZ | Extraction of endometrium, via natural or artificial opening |
| ICD-10 Code | 0UDB8ZX | Extraction of endometrium, endo, diagn |
| ICD-10 Code | 0UDB8ZZ | Extraction of endometrium, endo |