

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4368</b>	<b>Date: August 15, 2019</b>
	<b>Change Request 11345</b>

**Transmittal 4353, dated August 2, 2019, is being rescinded and replaced by Transmittal 4368, dated, August 15, 2019 to replace the Health Insurance Prospective Payment System (HIPPS) Case Mix Group (CMG) Codes spreadsheet with a corrected version. All other information remains the same.**

**SUBJECT: Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2020**

**I. SUMMARY OF CHANGES:** A new IRF PRICER software package will be released prior to October 1, 2019, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2019, through September 30, 2020. Chapter 3 Section 140.2 of the Pub 100-04 Medicare Claims Processing Manual is being updated accordingly.

**EFFECTIVE DATE: October 1, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 7, 2019**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

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

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	3/ 140.2/ Payment Provisions Under IRF PPS

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 4368	Date: August 15, 2019	Change Request: 11345
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## I. GENERAL INFORMATION

**A. Background:** On August 7, 2001, CMS published in the **Federal Register** a final rule that established the PPS for IRFs, as authorized under §1886(j) of the Social Security Act (the Act). In that final rule, CMS set forth per discharge Federal rates for Federal fiscal year (FY) 2002. These IRF PPS payment rates became effective for cost reporting periods beginning on or after January 1, 2002. Annual updates to the IRF PPS rates are required by §1886(j)(3)(C) of the Act.

**B. Policy:** The FY 2020 IRF PPS Final Rule sets forth the prospective payment rates applicable for IRFs for FY 2020. A new IRF PRICER software package will be released prior to October 1, 2019, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2019 through September 30, 2020. The PRICER software package will also utilize the revised Case Mix Groups (CMGs) as discussed in the final rule. The IRF PPS pays for discharges occurring on or after October 1, 2005, using 87 CMGs and 5 special CMGs. The IRF PPS pays for discharges occurring on or after October 1, 2019, using 95 CMGs and 5 special CMGs. The new revised Pricer program shall be installed timely to ensure accurate payments for the IRF PPS claims with discharges occurring on or after October 1, 2019 through September 30, 2020.

### 1. PRICER Updates: For IRF PPS FY 2020 (October 1, 2019 – September 30, 2020)

- The standard Federal rate is: \$16,489
- The adjusted standard Federal rate is: \$16,167
- The fixed loss amount is: \$9,300
- The labor-related share is: 0.727
- The non-labor related share is: 0.273
- Urban national average CCR is: 0.405
- Rural national average CCR is: 0.500
- The Low Income Patient (LIP) Adjustment is: 0.3177
- The Teaching Adjustment is: 1.0163
- The Rural Adjustment is: 1.149

Section 1886(j)(7)(A)(i) of the Act requires application of a 2 percentage point reduction of the applicable market basket increase factor for IRFs that fail to comply with the quality data submission requirements. The mandated reduction will be applied in FY 2020 for IRFs that failed to comply with the data submission requirements during the data collection period January 1, 2018 through December 31, 2018. Thus, in compliance with 1886(j)(7)(A)(i) of the Act, CMS will apply a 2 percentage point reduction to the applicable FY 2020 market basket increase factor (2.5 percent) in calculating an adjusted FY 2020 standard

payment conversion factor to apply to payments for only those IRFs that failed to comply with the data submission requirements.

Application of the 2 percentage point reduction may result in an update that is less than 0.0 for a fiscal year and in payment rates for a fiscal year being less than such payment rates for the preceding fiscal year. Also, reporting-based reductions to the market basket increase factor will not be cumulative; they will only apply for the FY involved.

The adjusted FY 2020 standard payment conversion factor that will be used to compute IRF PPS payment rates for any IRF that failed to meet the quality reporting requirements for the period from January 1, 2018 through December 31, 2018 will be \$16,167.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11345.1	Contractors shall install and pay IRF claims with the FY 2020 IRF PPS Pricer for discharges on or after October 1, 2019.	X				X					
11345.2	Contractors shall accept CMGs for discharges on or after October 1, 2019 that are contained in the HIPPS code file attached to this CR.	X									
11345.3	As specified in Pub. 100-04, Medicare Claims Processing Manual, chapter 3, section 20.2.3.1, Medicare contractors shall maintain the accuracy of the data and update the PSF file as changes occur in data element values.	X									

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E M A C	C M E D I		
		A	B	H H H				
11345.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your	X						

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C M E D I
		A	B	H H H		
	website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Susanne Seagrave, susanne.seagrave@cms.hhs.gov , Anthony Hodge, anthony.hodge@cms.hhs.gov , Catherine Kraemer, catherine.kraemer@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 1**

# Medicare Claims Processing Manual

## Chapter 3 - Inpatient Hospital Billing

### 140.2 - Payment Provisions Under IRF PPS

*(Rev.4368, Issued: 08-15-19, Effective: 10-01-19, Implementation: 10-07-19)*

Section 1886 of the BBA provides the basis for establishing the Federal payment rates applied under PPS to IRFs. The PPS incorporates per discharge federal rates based on average IRF costs in a base year updated for inflation to the first effective period of the system.

IRF PPS providers are not subject to the 3-day payment window for pre-admission services, but are subject to the 1-day payment window for pre-admission services.

Beneficiary liability will operate the same as under the current Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) payment system. Even if Medicare payments are below cost of care for a patient under prospective payment, the patient cannot be billed for the difference in any case.

Below are the annual rate update Change Requests (CRs) for the applicable Fiscal Years

(FYs):

*FY 2020 – CR 11345*

FY 2019 – CR 10826

FY 2018 – CR 10125

FY 2017 – CR 9669

FY 2016 – CR 9236

FY 2015 – CR 8788

FY 2014 – CR 8326

FY 2013 – CR 7901

FY 2012 – CR 7510

FY 2011 – CR 7076

FY 2010 – CR 7029

FY 2010 – CR 6607

FY 2009 – CR 6166

FY 2008 – CR 5694

FY 2007 – CR 5273

FY 2006 – CR 4037

FY 2005 – CR 3378

FY 2004 – CR 2894

FY 2003 – CR 2250

Change Requests can be accessed through the following CMS Transmittals Website:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html>

## HIPPS\_co Description

A0101	Stroke M $\geq 72.50$ .,without comorbidities
B0101	Stroke M $\geq 72.50$ .,comorbidity in tier 1
C0101	Stroke M $\geq 72.50$ .,comorbidity in tier 2
D0101	Stroke M $\geq 72.50$ .,comorbidity in tier 3
A0102	Stroke M $\geq 63.50$ and M $< 72.50$ .,without comorbidities
B0102	Stroke M $\geq 63.50$ and M $< 72.50$ .,comorbidity in tier 1
C0102	Stroke M $\geq 63.50$ and M $< 72.50$ .,comorbidity in tier 2
D0102	Stroke M $\geq 63.50$ and M $< 72.50$ .,comorbidity in tier 3
A0103	Stroke M $\geq 50.50$ and M $< 63.50$ .,without comorbidities
B0103	Stroke M $\geq 50.50$ and M $< 63.50$ .,comorbidity in tier 1
C0103	Stroke M $\geq 50.50$ and M $< 63.50$ .,comorbidity in tier 2
D0103	Stroke M $\geq 50.50$ and M $< 63.50$ .,comorbidity in tier 3
A0104	Stroke M $\geq 41.50$ and M $< 50.50$ .,without comorbidities
B0104	Stroke M $\geq 41.50$ and M $< 50.50$ .,comorbidity in tier 1
C0104	Stroke M $\geq 41.50$ and M $< 50.50$ .,comorbidity in tier 2
D0104	Stroke M $\geq 41.50$ and M $< 50.50$ .,comorbidity in tier 3
A0105	Stroke M $< 41.50$ and A $\geq 84.50$ .,without comorbidities
B0105	Stroke M $< 41.50$ and A $\geq 84.50$ .,comorbidity in tier 1
C0105	Stroke M $< 41.50$ and A $\geq 84.50$ .,comorbidity in tier 2
D0105	Stroke M $< 41.50$ and A $\geq 84.50$ .,comorbidity in tier 3
A0106	Stroke M $< 41.50$ and A $< 84.50$ .,without comorbidities
B0106	Stroke M $< 41.50$ and A $< 84.50$ .,comorbidity in tier 1
C0106	Stroke M $< 41.50$ and A $< 84.50$ .,comorbidity in tier 2
D0106	Stroke M $< 41.50$ and A $< 84.50$ .,comorbidity in tier 3
A0201	Traumatic brain injury M $\geq 73.50$ .,without comorbidities
B0201	Traumatic brain injury M $\geq 73.50$ .,comorbidity in tier 1
C0201	Traumatic brain injury M $\geq 73.50$ .,comorbidity in tier 2
D0201	Traumatic brain injury M $\geq 73.50$ .,comorbidity in tier 3
A0202	Traumatic brain injury M $\geq 61.50$ and M $< 73.50$ .,without comorbidities
B0202	Traumatic brain injury M $\geq 61.50$ and M $< 73.50$ .,comorbidity in tier 1
C0202	Traumatic brain injury M $\geq 61.50$ and M $< 73.50$ .,comorbidity in tier 2
D0202	Traumatic brain injury M $\geq 61.50$ and M $< 73.50$ .,comorbidity in tier 3
A0203	Traumatic brain injury M $\geq 49.50$ and M $< 61.50$ .,without comorbidities
B0203	Traumatic brain injury M $\geq 49.50$ and M $< 61.50$ .,comorbidity in tier 1
C0203	Traumatic brain injury M $\geq 49.50$ and M $< 61.50$ .,comorbidity in tier 2
D0203	Traumatic brain injury M $\geq 49.50$ and M $< 61.50$ .,comorbidity in tier 3
A0204	Traumatic brain injury M $\geq 35.50$ and M $< 49.50$ .,without comorbidities
B0204	Traumatic brain injury M $\geq 35.50$ and M $< 49.50$ .,comorbidity in tier 1
C0204	Traumatic brain injury M $\geq 35.50$ and M $< 49.50$ .,comorbidity in tier 2
D0204	Traumatic brain injury M $\geq 35.50$ and M $< 49.50$ .,comorbidity in tier 3
A0205	Traumatic brain injury M $< 35.50$ .,without comorbidities
B0205	Traumatic brain injury M $< 35.50$ .,comorbidity in tier 1
C0205	Traumatic brain injury M $< 35.50$ .,comorbidity in tier 2
D0205	Traumatic brain injury M $< 35.50$ .,comorbidity in tier 3
A0301	Non-traumatic brain injury M $\geq 65.50$ .,without comorbidities
B0301	Non-traumatic brain injury M $\geq 65.50$ .,comorbidity in tier 1
C0301	Non-traumatic brain injury M $\geq 65.50$ .,comorbidity in tier 2
D0301	Non-traumatic brain injury M $\geq 65.50$ .,comorbidity in tier 3
A0302	Non-traumatic brain injury M $\geq 52.50$ and M $< 65.50$ .,without comorbidities
B0302	Non-traumatic brain injury M $\geq 52.50$ and M $< 65.50$ .,comorbidity in tier 1
C0302	Non-traumatic brain injury M $\geq 52.50$ and M $< 65.50$ .,comorbidity in tier 2
D0302	Non-traumatic brain injury M $\geq 52.50$ and M $< 65.50$ .,comorbidity in tier 3
A0303	Non-traumatic brain injury M $\geq 42.50$ and M $< 52.50$ .,without comorbidities
B0303	Non-traumatic brain injury M $\geq 42.50$ and M $< 52.50$ .,comorbidity in tier 1
C0303	Non-traumatic brain injury M $\geq 42.50$ and M $< 52.50$ .,comorbidity in tier 2



list

D0505 Non-traumatic spinal cord injury M <39.50.,comorbidity in tier 3  
A0601 Neurological M >=64.50.,without comorbidities  
B0601 Neurological M >=64.50.,comorbidity in tier 1  
C0601 Neurological M >=64.50.,comorbidity in tier 2  
D0601 Neurological M >=64.50.,comorbidity in tier 3  
A0602 Neurological M >=52.50 and M <64.50.,without comorbidities  
B0602 Neurological M >=52.50 and M <64.50.,comorbidity in tier 1  
C0602 Neurological M >=52.50 and M <64.50.,comorbidity in tier 2  
D0602 Neurological M >=52.50 and M <64.50.,comorbidity in tier 3  
A0603 Neurological M >=43.50 and M <52.50.,without comorbidities  
B0603 Neurological M >=43.50 and M <52.50.,comorbidity in tier 1  
C0603 Neurological M >=43.50 and M <52.50.,comorbidity in tier 2  
D0603 Neurological M >=43.50 and M <52.50.,comorbidity in tier 3  
A0604 Neurological M <43.50.,without comorbidities  
B0604 Neurological M <43.50.,comorbidity in tier 1  
C0604 Neurological M <43.50.,comorbidity in tier 2  
D0604 Neurological M <43.50.,comorbidity in tier 3  
A0701 Fracture of lower extremity M >=61.50.,without comorbidities  
B0701 Fracture of lower extremity M >=61.50.,comorbidity in tier 1  
C0701 Fracture of lower extremity M >=61.50.,comorbidity in tier 2  
D0701 Fracture of lower extremity M >=61.50.,comorbidity in tier 3  
A0702 Fracture of lower extremity M >=52.50 and M <61.50.,without comorbidities  
B0702 Fracture of lower extremity M >=52.50 and M <61.50.,comorbidity in tier 1  
C0702 Fracture of lower extremity M >=52.50 and M <61.50.,comorbidity in tier 2  
D0702 Fracture of lower extremity M >=52.50 and M <61.50.,comorbidity in tier 3  
A0703 Fracture of lower extremity M >=41.50 and M <52.50.,without comorbidities  
B0703 Fracture of lower extremity M >=41.50 and M <52.50.,comorbidity in tier 1  
C0703 Fracture of lower extremity M >=41.50 and M <52.50.,comorbidity in tier 2  
D0703 Fracture of lower extremity M >=41.50 and M <52.50.,comorbidity in tier 3  
A0704 Fracture of lower extremity M <41.50.,without comorbidities  
B0704 Fracture of lower extremity M <41.50.,comorbidity in tier 1  
C0704 Fracture of lower extremity M <41.50.,comorbidity in tier 2  
D0704 Fracture of lower extremity M <41.50.,comorbidity in tier 3  
A0801 Replacement of lower-extremity joint M >=63.50.,without comorbidities  
B0801 Replacement of lower-extremity joint M >=63.50.,comorbidity in tier 1  
C0801 Replacement of lower-extremity joint M >=63.50.,comorbidity in tier 2  
D0801 Replacement of lower-extremity joint M >=63.50.,comorbidity in tier 3  
A0802 Replacement of lower-extremity joint M >=57.50 and M <63.50.,without comorbidities  
B0802 Replacement of lower-extremity joint M >=57.50 and M <63.50.,comorbidity in tier 1  
C0802 Replacement of lower-extremity joint M >=57.50 and M <63.50.,comorbidity in tier 2  
D0802 Replacement of lower-extremity joint M >=57.50 and M <63.50.,comorbidity in tier 3  
A0803 Replacement of lower-extremity joint M >=51.50 and M <57.50.,without comorbidities  
B0803 Replacement of lower-extremity joint M >=51.50 and M <57.50.,comorbidity in tier 1  
C0803 Replacement of lower-extremity joint M >=51.50 and M <57.50.,comorbidity in tier 2  
D0803 Replacement of lower-extremity joint M >=51.50 and M <57.50.,comorbidity in tier 3  
A0804 Replacement of lower-extremity joint M >=42.50 and M <51.50.,without comorbidities  
B0804 Replacement of lower-extremity joint M >=42.50 and M <51.50.,comorbidity in tier 1  
C0804 Replacement of lower-extremity joint M >=42.50 and M <51.50.,comorbidity in tier 2  
D0804 Replacement of lower-extremity joint M >=42.50 and M <51.50.,comorbidity in tier 3  
A0805 Replacement of lower-extremity joint M <42.50.,without comorbidities  
B0805 Replacement of lower-extremity joint M <42.50.,comorbidity in tier 1  
C0805 Replacement of lower-extremity joint M <42.50.,comorbidity in tier 2  
D0805 Replacement of lower-extremity joint M <42.50.,comorbidity in tier 3  
A0901 Other orthopedic M >=63.50.,without comorbidities  
B0901 Other orthopedic M >=63.50.,comorbidity in tier 1  
C0901 Other orthopedic M >=63.50.,comorbidity in tier 2



list

D0901 Other orthopedic M  $\geq 63.50$ .,comorbidity in tier 3  
 A0902 Other orthopedic M  $\geq 51.50$  and M  $< 63.50$ .,without comorbidities  
 B0902 Other orthopedic M  $\geq 51.50$  and M  $< 63.50$ .,comorbidity in tier 1  
 C0902 Other orthopedic M  $\geq 51.50$  and M  $< 63.50$ .,comorbidity in tier 2  
 D0902 Other orthopedic M  $\geq 51.50$  and M  $< 63.50$ .,comorbidity in tier 3  
 A0903 Other orthopedic M  $\geq 44.50$  and M  $< 51.50$ .,without comorbidities  
 B0903 Other orthopedic M  $\geq 44.50$  and M  $< 51.50$ .,comorbidity in tier 1  
 C0903 Other orthopedic M  $\geq 44.50$  and M  $< 51.50$ .,comorbidity in tier 2  
 D0903 Other orthopedic M  $\geq 44.50$  and M  $< 51.50$ .,comorbidity in tier 3  
 A0904 Other orthopedic M  $< 44.5$ .,without comorbidities  
 B0904 Other orthopedic M  $< 44.5$ .,comorbidity in tier 1  
 C0904 Other orthopedic M  $< 44.5$ .,comorbidity in tier 2  
 D0904 Other orthopedic M  $< 44.5$ .,comorbidity in tier 3  
 A1001 Amputation lower extremity M  $\geq 64.50$ .,without comorbidities  
 B1001 Amputation lower extremity M  $\geq 64.50$ .,comorbidity in tier 1  
 C1001 Amputation lower extremity M  $\geq 64.50$ .,comorbidity in tier 2  
 D1001 Amputation lower extremity M  $\geq 64.50$ .,comorbidity in tier 3  
 A1002 Amputation lower extremity M  $\geq 55.50$  and M  $< 64.50$ .,without comorbidities  
 B1002 Amputation lower extremity M  $\geq 55.50$  and M  $< 64.50$ .,comorbidity in tier 1  
 C1002 Amputation lower extremity M  $\geq 55.50$  and M  $< 64.50$ .,comorbidity in tier 2  
 D1002 Amputation lower extremity M  $\geq 55.50$  and M  $< 64.50$ .,comorbidity in tier 3  
 A1003 Amputation lower extremity M  $\geq 47.50$  and M  $< 55.50$ .,without comorbidities  
 B1003 Amputation lower extremity M  $\geq 47.50$  and M  $< 55.50$ .,comorbidity in tier 1  
 C1003 Amputation lower extremity M  $\geq 47.50$  and M  $< 55.50$ .,comorbidity in tier 2  
 D1003 Amputation lower extremity M  $\geq 47.50$  and M  $< 55.50$ .,comorbidity in tier 3  
 A1004 Amputation lower extremity M  $< 47.50$ .,without comorbidities  
 B1004 Amputation lower extremity M  $< 47.50$ .,comorbidity in tier 1  
 C1004 Amputation lower extremity M  $< 47.50$ .,comorbidity in tier 2  
 D1004 Amputation lower extremity M  $< 47.50$ .,comorbidity in tier 3  
 A1101 Amputation non-lower extremity M  $\geq 58.50$ .,without comorbidities  
 B1101 Amputation non-lower extremity M  $\geq 58.50$ .,comorbidity in tier 1  
 C1101 Amputation non-lower extremity M  $\geq 58.50$ .,comorbidity in tier 2  
 D1101 Amputation non-lower extremity M  $\geq 58.50$ .,comorbidity in tier 3  
 A1102 Amputation non-lower extremity M  $\geq 52.50$  and M  $< 58.50$ .,without comorbidities  
 B1102 Amputation non-lower extremity M  $\geq 52.50$  and M  $< 58.50$ .,comorbidity in tier 1  
 C1102 Amputation non-lower extremity M  $\geq 52.50$  and M  $< 58.50$ .,comorbidity in tier 2  
 D1102 Amputation non-lower extremity M  $\geq 52.50$  and M  $< 58.50$ .,comorbidity in tier 3  
 A1103 Amputation non-lower extremity M  $< 52.50$ .,without comorbidities  
 B1103 Amputation non-lower extremity M  $< 52.50$ .,comorbidity in tier 1  
 C1103 Amputation non-lower extremity M  $< 52.50$ .,comorbidity in tier 2  
 D1103 Amputation non-lower extremity M  $< 52.50$ .,comorbidity in tier 3  
 A1201 Osteoarthritis M  $\geq 61.50$ .,without comorbidities  
 B1201 Osteoarthritis M  $\geq 61.50$ .,comorbidity in tier 1  
 C1201 Osteoarthritis M  $\geq 61.50$ .,comorbidity in tier 2  
 D1201 Osteoarthritis M  $\geq 61.50$ .,comorbidity in tier 3  
 A1202 Osteoarthritis M  $\geq 49.50$  and M  $< 61.50$ .,without comorbidities  
 B1202 Osteoarthritis M  $\geq 49.50$  and M  $< 61.50$ .,comorbidity in tier 1  
 C1202 Osteoarthritis M  $\geq 49.50$  and M  $< 61.50$ .,comorbidity in tier 2  
 D1202 Osteoarthritis M  $\geq 49.50$  and M  $< 61.50$ .,comorbidity in tier 3  
 A1203 Osteoarthritis M  $< 49.50$  and A  $\geq 74.50$ .,without comorbidities  
 B1203 Osteoarthritis M  $< 49.50$  and A  $\geq 74.50$ .,comorbidity in tier 1  
 C1203 Osteoarthritis M  $< 49.50$  and A  $\geq 74.50$ .,comorbidity in tier 2  
 D1203 Osteoarthritis M  $< 49.50$  and A  $\geq 74.50$ .,comorbidity in tier 3  
 A1204 Osteoarthritis M  $< 49.50$  and A  $< 74.50$ .,without comorbidities  
 B1204 Osteoarthritis M  $< 49.50$  and A  $< 74.50$ .,comorbidity in tier 1  
 C1204 Osteoarthritis M  $< 49.50$  and A  $< 74.50$ .,comorbidity in tier 2

list

D1204 Osteoarthritis M <49.50 and A <74.50.,comorbidity in tier 3  
A1301 Rheumatoid other arthritis M >=62.50.,without comorbidities  
B1301 Rheumatoid other arthritis M >=62.50.,comorbidity in tier 1  
C1301 Rheumatoid other arthritis M >=62.50.,comorbidity in tier 2  
D1301 Rheumatoid other arthritis M >=62.50.,comorbidity in tier 3  
A1302 Rheumatoid other arthritis M >=51.50 and M <62.50.,without comorbidities  
B1302 Rheumatoid other arthritis M >=51.50 and M <62.50.,comorbidity in tier 1  
C1302 Rheumatoid other arthritis M >=51.50 and M <62.50.,comorbidity in tier 2  
D1302 Rheumatoid other arthritis M >=51.50 and M <62.50.,comorbidity in tier 3  
A1303 Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50.,without comorbidities  
B1303 Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50.,comorbidity in tier 1  
C1303 Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50.,comorbidity in tier 2  
D1303 Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50.,comorbidity in tier 3  
A1304 Rheumatoid other arthritis M <44.50 and A >=64.50.,without comorbidities  
B1304 Rheumatoid other arthritis M <44.50 and A >=64.50.,comorbidity in tier 1  
C1304 Rheumatoid other arthritis M <44.50 and A >=64.50.,comorbidity in tier 2  
D1304 Rheumatoid other arthritis M <44.50 and A >=64.50.,comorbidity in tier 3  
A1305 Rheumatoid other arthritis M <51.50 and A <64.50.,without comorbidities  
B1305 Rheumatoid other arthritis M <51.50 and A <64.50.,comorbidity in tier 1  
C1305 Rheumatoid other arthritis M <51.50 and A <64.50.,comorbidity in tier 2  
D1305 Rheumatoid other arthritis M <51.50 and A <64.50.,comorbidity in tier 3  
A1401 Cardiac M >=68.50.,without comorbidities  
B1401 Cardiac M >=68.50.,comorbidity in tier 1  
C1401 Cardiac M >=68.50.,comorbidity in tier 2  
D1401 Cardiac M >=68.50.,comorbidity in tier 3  
A1402 Cardiac M >=55.50 and M <68.50.,without comorbidities  
B1402 Cardiac M >=55.50 and M <68.50.,comorbidity in tier 1  
C1402 Cardiac M >=55.50 and M <68.50.,comorbidity in tier 2  
D1402 Cardiac M >=55.50 and M <68.50.,comorbidity in tier 3  
A1403 Cardiac M >=45.50 and M <55.50.,without comorbidities  
B1403 Cardiac M >=45.50 and M <55.50.,comorbidity in tier 1  
C1403 Cardiac M >=45.50 and M <55.50.,comorbidity in tier 2  
D1403 Cardiac M >=45.50 and M <55.50.,comorbidity in tier 3  
A1404 Cardiac M <45.50.,without comorbidities  
B1404 Cardiac M <45.50.,comorbidity in tier 1  
C1404 Cardiac M <45.50.,comorbidity in tier 2  
D1404 Cardiac M <45.50.,comorbidity in tier 3  
A1501 Pulmonary M >=68.50.,without comorbidities  
B1501 Pulmonary M >=68.50.,comorbidity in tier 1  
C1501 Pulmonary M >=68.50.,comorbidity in tier 2  
D1501 Pulmonary M >=68.50.,comorbidity in tier 3  
A1502 Pulmonary M >=56.50 and M <68.50.,without comorbidities  
B1502 Pulmonary M >=56.50 and M <68.50.,comorbidity in tier 1  
C1502 Pulmonary M >=56.50 and M <68.50.,comorbidity in tier 2  
D1502 Pulmonary M >=56.50 and M <68.50.,comorbidity in tier 3  
A1503 Pulmonary M >=45.50 and M <56.50.,without comorbidities  
B1503 Pulmonary M >=45.50 and M <56.50.,comorbidity in tier 1  
C1503 Pulmonary M >=45.50 and M <56.50.,comorbidity in tier 2  
D1503 Pulmonary M >=45.50 and M <56.50.,comorbidity in tier 3  
A1504 Pulmonary M <45.50.,without comorbidities  
B1504 Pulmonary M <45.50.,comorbidity in tier 1  
C1504 Pulmonary M <45.50.,comorbidity in tier 2  
D1504 Pulmonary M <45.50.,comorbidity in tier 3  
A1601 Pain syndrome M >=65.50.,without comorbidities  
B1601 Pain syndrome M >=65.50.,comorbidity in tier 1  
C1601 Pain syndrome M >=65.50.,comorbidity in tier 2



list

D1806 Major multiple trauma with brain or spinal cord injury M <30.50.,comorbidity in tier 3  
A1901 Guillain-Barré M >=66.50.,without comorbidities  
B1901 Guillain-Barré M >=66.50.,comorbidity in tier 1  
C1901 Guillain-Barré M >=66.50.,comorbidity in tier 2  
D1901 Guillain-Barré M >=66.50.,comorbidity in tier 3  
A1902 Guillain-Barré M >=51.50 and M <66.50.,without comorbidities  
B1902 Guillain-Barré M >=51.50 and M <66.50.,comorbidity in tier 1  
C1902 Guillain-Barré M >=51.50 and M <66.50.,comorbidity in tier 2  
D1902 Guillain-Barré M >=51.50 and M <66.50.,comorbidity in tier 3  
A1903 Guillain-Barré M >=38.50 and M <51.50.,without comorbidities  
B1903 Guillain-Barré M >=38.50 and M <51.50.,comorbidity in tier 1  
C1903 Guillain-Barré M >=38.50 and M <51.50.,comorbidity in tier 2  
D1903 Guillain-Barré M >=38.50 and M <51.50.,comorbidity in tier 3  
A1904 Guillain-Barré M <38.50.,without comorbidities  
B1904 Guillain-Barré M <38.50.,comorbidity in tier 1  
C1904 Guillain-Barré M <38.50.,comorbidity in tier 2  
D1904 Guillain-Barré M <38.50.,comorbidity in tier 3  
A2001 Miscellaneous M >=66.50.,without comorbidities  
B2001 Miscellaneous M >=66.50.,comorbidity in tier 1  
C2001 Miscellaneous M >=66.50.,comorbidity in tier 2  
D2001 Miscellaneous M >=66.50.,comorbidity in tier 3  
A2002 Miscellaneous M >=55.50 and M <66.50.,without comorbidities  
B2002 Miscellaneous M >=55.50 and M <66.50.,comorbidity in tier 1  
C2002 Miscellaneous M >=55.50 and M <66.50.,comorbidity in tier 2  
D2002 Miscellaneous M >=55.50 and M <66.50.,comorbidity in tier 3  
A2003 Miscellaneous M >=46.50 and M <55.50.,without comorbidities  
B2003 Miscellaneous M >=46.50 and M <55.50.,comorbidity in tier 1  
C2003 Miscellaneous M >=46.50 and M <55.50.,comorbidity in tier 2  
D2003 Miscellaneous M >=46.50 and M <55.50.,comorbidity in tier 3  
A2004 Miscellaneous M <46.50 and A >=77.50.,without comorbidities  
B2004 Miscellaneous M <46.50 and A >=77.50.,comorbidity in tier 1  
C2004 Miscellaneous M <46.50 and A >=77.50.,comorbidity in tier 2  
D2004 Miscellaneous M <46.50 and A >=77.50.,comorbidity in tier 3  
A2005 Miscellaneous M <46.50 and A <77.50.,without comorbidities  
B2005 Miscellaneous M <46.50 and A <77.50.,comorbidity in tier 1  
C2005 Miscellaneous M <46.50 and A <77.50.,comorbidity in tier 2  
D2005 Miscellaneous M <46.50 and A <77.50.,comorbidity in tier 3  
A2101 Burns M >=52.50.,without comorbidities  
B2101 Burns M >=52.50.,comorbidity in tier 1  
C2101 Burns M >=52.50.,comorbidity in tier 2  
D2101 Burns M >=52.50.,comorbidity in tier 3  
A2102 Burns M <52.50.,without comorbidities  
B2102 Burns M <52.50.,comorbidity in tier 1  
C2102 Burns M <52.50.,comorbidity in tier 2  
D2102 Burns M <52.50.,comorbidity in tier 3  
A5001 Short-stay cases, length of stay is 3 days or fewer.  
A5101 Expired, orthopedic, length of stay is 13 days or fewer.  
A5102 Expired, orthopedic, length of stay is 14 days or more.  
A5103 Expired, not orthopedic, length of stay is 15 days or fewer.  
A5104 Expired, not orthopedic, length of stay is 16 days or more.