

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1610	Date: October 3, 2008
	Change Request 6189

Subject: Fiscal Year (FY) 2009 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS, and Inpatient Psychiatric Facility (IPF) PPS Changes

I. SUMMARY OF CHANGES: This Change Request (CR) outlines changes for IPPS hospitals for FY 2009. The policy changes for FY 2009 appeared in the Federal Register on August 19, 2008. The final IPPS rates will be available on the CMS Web site prior to October 1, 2008. All items covered in this instruction are effective for hospital discharges occurring on or after October 1, 2008, unless otherwise noted.

This CR also addresses changes to Medicare Severity Diagnosis Related Groups (MS-DRGs) and ICD-9-CM coding that affects LTCH PPS, and IPF PPS. The LTCH PPS rate changes occurred on July 1, 2008. Please refer to Transmittal 1547, CR 6114, published on July 2, 2008, for LTCH policy changes. The IPF PPS is affected only by the ICD-9-CM changes that affect the comorbidity adjustment effective October 1, 2008. IPF PPS rate changes occurred on July 1, 2008. Refer to Transmittal 1543, CR 6077, published on June 27, 2008 for IPF PPS policy changes.

New / Revised Material

Effective Date: Discharges on or after October 1, 2008

Implementation Date: October 6, 2008

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.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment – Recurring Update Notification

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SUBJECT: Fiscal Year (FY) 2009 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) PPS, and Inpatient Psychiatric Facility (IPF) PPS Changes

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) outlines changes for IPPS hospitals for FY 2009. The policy changes for FY 2009 appeared in the Federal Register on August 19, 2008. However, due to the timing of enactment of recent legislation, this final rule did not include the implementation of section 124 of Pub. L. 110-275, which extended the hospital reclassifications provisions of section 508 and certain special exceptions through September 30, 2009 (FY 2009). The final IPPS rates will be available on the CMS Web site prior to October 1, 2008. All items covered in this instruction are effective for hospital discharges occurring on or after October 1, 2008, unless otherwise noted.

This CR also addresses changes to Medicare Severity Diagnosis Related Groups (MS-DRGs) and ICD-9-CM coding that affects LTCH PPS, and IPF PPS. The LTCH PPS rate changes occurred on July 1, 2008. Please refer to Transmittal 1547, CR 6114, published on July 2, 2008, for LTCH policy changes. The IPF PPS is affected only by the ICD-9-CM changes that affect the comorbidity adjustment effective October 1, 2008. IPF PPS rate changes occurred on July 1, 2008. Refer to Transmittal 1543, CR 6077, published on June 27, 2008 for IPF PPS policy changes.

B. Policy:

ICD-9-CM Changes

The ICD-9-CM coding changes are effective October 1, 2008. The new ICD-9-CM codes are listed, along with their MS-DRG classifications in Tables and 6a and 6b of the August 1, 2008, Federal Register. The ICD-9-CM codes that have been replaced by expanded codes or other codes, or have been deleted are included in Tables 6c and 6d. The revised code titles are in Tables 6e and 6f.

The Grouper Contractor, 3M-HIS, introduced a new MS-DRG Grouper, Version 26.0, software package effective for discharges on or after October 1, 2008. The GROUPER 26.0 assigns each case into a MS-DRG on the basis of the diagnosis and procedure codes and demographic information (that is age, sex, and discharge status). The Medicare Code Editor (MCE) 25.0 which is also developed by 3M-HIS, uses the new ICD-9-CM codes to validate coding for discharges on or after October 1, 2008.

- **GROUPER 26.0** for discharges occurring on or after October 1, 2008. FISS calls the appropriate GROUPER based on discharge date. Medicare contractors should receive the GROUPER documentation on or about August 1, 2008.
- **Medicare Coding Editor (MCE) 25.0** for discharges occurring on or after October 1, 2008. The MCE selects the proper internal tables based on discharge date. Medicare contractors should receive the MCE documentation on or about August 1, 2008.

The Inpatient Prospective Payment System (IPPS) FY 09 Update

The following Pricer software programs were issued for FY 2009:

- **IPPS PRICER FY 08** for discharges occurring on or after October 1, 2007. The FY 08 IPPS Pricer incorporates a correction to Puerto-Rico rates. The operating and capital Puerto Rico specific rates for FY 2008 have been revised to remove the -0.6 percent documentation and coding adjustments. The revised FY 2008 Puerto Rico specific operating and capital IPPS rates, which were established in the FY 2009 IPPS final rule, effective October 1, 2007, through September 30, 2008, are provided below

FY 2008 Puerto-Rico Specific Operating Rates

WI > 1 = LS = \$1,471.10 NLS = \$901.64

WI < 1 = LS = \$1,392.80 NLS = \$979.94

The revised FY 2008 Puerto Rico capital rate is \$202.89.

- **IPPS PRICER FY 09** for discharges occurring on or after October 1, 2008. The FY 09 IPPS Pricer package includes all pricing files for FY 04 through FY 09 to process bills with discharge dates on or after October 1, 2003.

FY 2009 IPPS Rates

	1.036
Standardized Amount Update Factor	1.016 (for hospitals that do not submit quality data)
Hospital Specific Update Factor	1.036
	1.016 (for hospitals that do not submit quality data)
Common Fixed Loss Cost Outlier Threshold	\$20,045.00
Federal Capital Rate	\$424.17
Puerto Rico Capital Rate	\$198.77
Outlier Offset-Operating National	0.948996
Outlier Offset-Operating Puerto Rico	0.954304
IME Formula	$1.35 \times [(1 + \text{resident to bed ratio})^{.405} - 1]$
MDH/SCH Budget Neutrality Factor	0.998795

Operating

RATES W/ FULL MB & WI GT 1

	Labor Share	Non-Labor Share
National	3,574.50	1,553.91
PR National	3,574.50	1,553.91
PR Specific	1,507.82	924.15

RATES W/ FULL MB & WI LT 1

	Labor	Non-Labor
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	Share	Share
National	3,179.61	1,948.80
PR		
National	3,179.61	1,948.80
PR		
Specific	1,427.57	1,004.40

RATES W/ REDUCED MB & WI GT 1

	Labor Share	Non-Labor Share
National	3,505.49	1,523.91
PR		
National	3,574.50	1,553.91
PR		
Specific	1,507.83	924.15

RATES W/ REDUCED MB & WI LT 1

	Labor Share	Non-Labor Share
National	3,118.23	1,911.17
PR		
National	3,179.61	1,948.80
PR		
Specific	1,427.57	1,004.40

Cost-of-Living Adjustment (COLA) Factors: Alaska and Hawaii Hospitals

Area	COLA Factor
Alaska:	
City of Anchorage and 80-kilometer (50-mile) radius by road	1.24
City of Fairbanks and 80-kilometer (50-mile) radius by road	1.24
City of Juneau and 80-kilometer (50-mile) radius by road	1.24
Rest of Alaska	1.25
Hawaii:	
City and County of Honolulu	1.25
County of Hawaii	1.18
County of Kauai	1.25
County of Maui and County of Kalawao	1.25

Postacute Transfer Policy

The DRGs determined in the post acute care transfer policy have been modified due to changes made to the MS-DRG system. All post acute transfer MS-DRGs for FY 2009 are listed in Table 5 of the final IPPS rule. The special pay MS-DRGs can also be found below. Note: Special pay MS-DRGs are paid at 50 percent of the appropriate PPS rate for the first day of the stay plus 50 percent of the per diem rate. For each subsequent day

of the stay, payment is equivalent to 50 percent of the per diem rate, up to the maximum MS-DRG payment amount.

See Table 5 for a complete list of the post acute care transfer MS-DRGs effective for FY 2009.

New Technology Add-On Payment

Effective for discharges on or after October 1, 2008, the new technology add-on payment for FY 2009 will be triggered by the presence of ICD-9-CM procedure code 37.52 (Implantation of total heart replacement system), condition code 30, and diagnosis code reflecting clinical trial--V70.7 (Examination of participant in clinical trial). Note: Pricer will calculate a new technology based on ICD-9-CM procedure code 37.52 alone since the Medicare Code Editor will only allow a claim to pass through Grouper if the V code is used. If the criteria is met Medicare will make a maximum add-on payment of up to \$53,000 (that is, 50 percent of the estimated operating costs of the device) per case for cases that involve this technology. If the costs of the discharge (determined by applying cost-to-charge ratios as described in 42 CFR 412.84(h) exceed the full DRG payment, an additional amount equal to the lesser of 50 percent of the costs of the new medical service or technology or 50 percent of the amount by which the costs of the case exceed the standard DRG payment.

State Rural Floor Budget Neutrality Adjustment Factors

The inclusion of the new Pricer table (see attachment C), “State Rural Floor Budget Neutrality Adjustment Factors”, is due to new regulations for the wage index, at 42 CFR 412.64(e)(4), that were implemented in the FY 2009 IPPS final rule (73 FR 48570). “Specifically, CMS must make an adjustment to the wage index to ensure that aggregate payments after implementation of the rural floor under section 4410 of the Balanced Budget Act of 1997 (Pub. L. 105-33) and the imputed floor under § 412.64(h)(4) are made in a manner that ensures that aggregate payments to hospitals are not affected. Beginning October 1, 2008, such payments will transition from a nationwide adjustment, with a statewide adjustment fully in place by October 1, 2011.”

The table in ATTACHMENT C lists the blended overall rural floor budget neutral factors that are to be applied onto the wage index based on the providers geographic state location. The wage table loaded for the FY 2009 PRICER contains wage index values PRIOR to the application of the blended overall rural floor budget neutrality factors. PRICER is applying the budget neutrality factors from ATTACHMENT C to the wage index within the PRICER payment logic. The wage index tables printed in the FY 2009 Federal Register Final Rule Notice already have the blended overall rural floor budget neutrality factors applied. To confirm the wage index PRICER uses in calculating payments with the wage index printed in the Federal Register, you must take the wage index from PRICER and multiply it by the appropriate factor from ATTACHMENT C.

Hospital-Acquired Conditions (HACs) and Present on Admission (POA) Indicator Reporting

The Deficit Reduction Act of 2005 (DRA) requires a payment adjustment in Medicare Diagnosis Related Group (DRG) payment for certain hospital-acquired conditions. CMS has titled the program, “Hospital-Acquired Conditions and Present on Admission Indicator Reporting” (HAC & POA).

Hospital-Acquired Conditions

- (a) Are high cost or high volume or both,
- (b) Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and

(c) Could reasonably have been prevented through the application of evidence-based guidelines.

Section 5001(c) of the DRA required the Secretary to identify, by October 1, 2007, at least two conditions that:

For discharges occurring on or after October 1, 2008, IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization (i.e., was not present on admission). The case would be paid as though the secondary diagnosis were not present.

Version 26.0 of the Grouper will include logic to determine the appropriate MS-DRG based on the HAC and POA logic.

Affected Hospitals

The Hospital-Acquired Conditions payment provision applies only to IPPS hospitals. At this time, the following hospitals are **EXEMPT** from the HAC payment provision:

- Critical Access Hospitals (CAHs)
- Long-Term Care Hospitals (LTCHs)
- Maryland Waiver Hospitals
- Cancer Hospitals
- Children’s Inpatient Facilities
- Inpatient Rehabilitation Facilities (IRFs)
- Inpatient Psychiatric Facilities (IPFs)

**Final List of HACs (2008 & 2009 IPPS Final Rules) for
October 1, 2008 Implementation**

HAC	CC/MCC (ICD-9-CM Codes)
Foreign Object Retained After Surgery	998.4 (CC) 998.7 (CC)
Air Embolism	999.1 (MCC)
Blood Incompatibility	999.6 (CC)
Pressure Ulcer Stages III & IV	707.23 (MCC) 707.24 (MCC)
Falls and Trauma: - Fracture - Dislocation - Intracranial Injury - Crushing Injury - Burn - Electric Shock	Codes within these ranges on the CC/MCC list: 800-829 830-839 850-854 925-929 940-949 991-994

HAC	CC/MCC (ICD-9-CM Codes)
Catheter-Associated Urinary Tract Infection (UTI)	996.64 (CC) Also excludes the following from acting as a CC/MCC: 112.2 (CC) 590.10 (CC) 590.11 (MCC) 590.2 (MCC) 590.3 (CC) 590.80 (CC) 590.81 (CC) 595.0 (CC) 597.0 (CC) 599.0 (CC)
Vascular Catheter-Associated Infection	999.31 (CC)
Manifestations of Poor Glycemic Control	250.10-250.13 (MCC) 250.20-250.23 (MCC) 251.0 (CC) 249.10-249.11 (MCC) 249.20-249.21 (MCC)
Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)	519.2 (MCC) And one of the following procedure codes: 36.10–36.19
Surgical Site Infection Following Certain Orthopedic Procedures	996.67 (CC) 998.59 (CC) And one of the following procedure codes: 81.01-81.08 81.23 ,81.24 81.31-81.38 81.83 81.85
Surgical Site Infection Following Bariatric Surgery for Obesity	<i>Principal Diagnosis</i> – 278.01 998.59 (CC) And one of the following procedure codes: 44.38 44.39 44.95

HAC	CC/MCC (ICD-9-CM Codes)
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	415.11 (MCC) 415.19 (MCC) 453.40-453.42 (MCC) And one of the following procedure codes: 00.85-00.87 81.51-81.52 81.54

Visit the HAC POA web page at <http://www.cms.hhs.gov/HospitalAcqCond/> on the CMS Web site.

Provider Specific File (PSF)

The PSF required fields for all provider types which require a PSF can be found in the Medicare Claims Processing Manual, Pub. 100-04, Chapter 3, §20.2.3.1 and Addendum A. Update the Inpatient PSF for each hospital as needed, and update the following fields for IPPS hospitals effective October 1, 2008, or effective with cost reporting periods that begin on or after October 1, 2008, or upon receipt of an as-filed (tentatively) settled cost report.

- Residents/beds ratio;
- Hospital beds;
- Operating cost-to-charge ratio;
- Fiscal year beginning date;
- Pass through amounts (for non-PPS and new hospitals);
- SSI ratio;
- Medicaid ratio;
- Special Payment Indicator (if applicable);
- If a hospital has been reclassified for FY 2009, update the wage index CBSA;
- Old capital hold-harmless rate;
- New capital hold-harmless rate;
- Capital cost-to-charge ratio;
- New hospital indicator: Overlay the "Y" with a blank if the period is more than two years after the provider accepted its first patient;
- Capital indirect medical education ratio;

- Capital exception payment rate (as applicable);
- Effective date (this field is required at a minimum every October to maintain the functionality of the PSFs maintained by CMS);
- Temporary Relief Indicator for “low volume” hospital;
- Enter “1” in the Hospital Quality Indicator field if applicable; and
- Case Mix Index Adjusted Cost per Discharge.

Tables 8a and 8b of section VI of the addendum to the PPS final rule contain the FY 2009 Statewide average operating and capital cost-to-charge ratios, respectively, for urban and rural hospitals for calculation of cost outlier payments when the FI or A/B MAC is unable to compute a reasonable hospital-specific cost-to-charge ratio (CCR). The operating CCR ceiling is 1.196 and the capital ceiling is 0.145.

CBSA Designations

Attachment A shows the IPPS providers that will be receiving a "special" wage index for FY 2009 (i.e., receives an out-commuting adjustment under section 505 of the MMA). For any provider with a Special Wage Index from FY 2008, FIs and A/B MACs shall remove that special wage index, by entering zeros in the field unless they receive a new special wage index as listed in Attachment A.

Low Volume Hospitals

Fiscal Intermediaries (FIs) and A/B MACs shall enter a “Y” in position 74 (Temporary Relief Indicator) if the hospital is considered “low volume”. Hospitals considered low volume shall receive a 25 percent bonus to the operating final payment. To be considered “low volume” the hospital must have fewer than 200 discharges and be located at least 25 road miles from another hospital. The discharges are determined from the latest cost report. Hospitals shall notify their FI or A/B MAC if they believe they are a low volume hospital. The Low Volume hospital status should be re-determined at the start of the federal fiscal year. The most recent filing of a provider cost report can be used to make the determination. If the hospital is no longer low volume, the 'Y' indicator should be removed. If the hospital does meet the low volume criteria, a 'Y' should be inserted into the low volume indicator field.

Hospital Quality Initiative

The FIs and A/B MACs shall enter a “1” in file position 139 (Hospital Quality Indicator) for each hospital that meets the criteria for higher payments per MMA Quality standards. Leave blank if they don't meet the criteria. The hospitals that will receive the quality initiative bonus are listed at the following Web site: www.qualitynet.org. This Web site is expected to be updated in September 2009. Should a provider later be determined to have met the criteria after publication of this list, they will be added to the Web site, and FIs and A/B MACs must update the provider file as needed. Hospitals not receiving the 2.0% RHQDAPU annual payment update for FY 2009 s are listed in attachment B of this CR.

For new hospitals, FIs and A/B MACs shall enter a ‘1’ in the PSF and provide information to the Quality Improvement Organization (QIO) as soon as possible so that the QIO can enter the provider information into the Program Resource System and follow through with ensuring provider participation with the requirements for quality data reporting. This allows the QIOs the opportunity to contact new facilities earlier in the fiscal year to inform them of the Hospital Quality Initiative.

The FIs and A/B MACs must provide this information monthly to the QIO in the State in which the hospital has opened. It should include the following:

- State Code;
- Provider Name;
- Provider ID number;
- Medicare Accept Date;
- Contact Name (if available); and
- Telephone Number.

Capital IPPS Adjustment for Indirect Medical Education (IME)

As established in the FY 2008 IPPS final rule with comment period (72 FR 47401), in accordance with the regulations at §412.322(c), for discharges occurring during FY 2009, the capital IME adjustment factor equals one-half the current adjustment (that is the amount computed under §412.322(b)). This 50 percent reduction in the capital IME adjustment factor is reflected in the Pricer.

Capital PPS Payment for Providers Redesignated Under Section 1886(d)(8)(B) of the Act

42 CFR 412.64(b)(II)(D)(3) implements section 1886(d)(8)(B) of the Act, which redesignates certain rural counties (commonly referred to as “Lugar counties”) adjacent to one or more urban areas as urban for the purposes of payment under the IPPS. Accordingly, hospitals located in these “Lugar counties” (commonly referred to as “Lugar hospitals”) are deemed to be located in an urban area and receive the Federal payment amount for the urban area to which they are redesignated. To ensure these “Lugar hospitals” are paid correctly under the capital PPS, FIs and A/B Macs must enter the urban Core Based Statistical Area (CBSA) (for the urban area shown in chart 6 of the FY 2005 IPPS final rule (August 11, 2004; 69 FR 49057 – 49059)) in the standardized amount CBSA field on the PSF. (Note, this may be different from the urban CBSA in the wage index CBSA field on the PSF for “Lugar hospitals” that are reclassified for wage index purposes.) However, if a “Lugar hospital” declines its redesignation as urban in order to retain its rural status, FIs and A/B MACs must enter the rural CBSA (2-digit State code) in the standardized amount CBSA field on the PSF rather than the urban CBSA from the chart to ensure correct payment under the capital PPS.

Treatment of Certain Urban Hospitals Reclassified as Rural Hospitals Under §412.103 for purposes of Capital PPS payments

Hospitals reclassified as rural under §412.103 are not eligible for the capital DSH adjustment since these hospitals are considered rural under the capital PPS (see §412.320(a)(1)). The FIs and A/B MACs must enter the rural CBSA (2-digit State code) in the standardized amount CBSA field on the PSF rather than the urban CBSA corresponding to their actual location to ensure correct payment under the capital PPS. Similarly, the Geographic Adjustment Factor (GAF) for hospitals reclassified as rural under §412.103 is determined from the applicable statewide rural wage index.

Re-Basing of Sole Community Hospitals (SCHs)

Section 122 of the Medicare Improvements for Patients and Providers Act of 2008 (Pub. L. 110-275) provides an option to SCHs that would allow them to rebase their hospital specific rates using data from their FY 2006 cost report (cost reporting periods beginning on or after October 1, 2005, and on or before September 30, 2006)

if this results in a payment increase. FIs and A/B MACs must use FY 2006 cost report data to recalculate the hospital specific amount (HSP) for all SCHs. Before this FY 2006 HSP rate can be compared to the current HSP rate from the Provider Specific File (PSF), the HSP rate computed from the FY 2006 cost report data must be updated to FY 2007 dollars by applying a factor of 1.031306, which represents adjustments of 1.034 (the FY 2007 update factor) and 0.997395 (the FY 2007 budget neutrality factor). In those cases where no payment increase results from using the FY 2006 HSP rate, a provider would continue to be paid the higher of the FY 1982, FY 1987, or FY 1996 HSP rate. If the FY 2006 cost report data amount is used, this HSP amount must be updated to FY 2007 dollars, as described above, before entering this amount into the PSF. If the FY 2006 cost report data amount is used, it would be effective for the SCH's cost reporting periods beginning on or after January 1, 2009.

The Long-Term Care Hospital (LTCH) PPS Update

The LTCH Pricer has been updated with the Version 26.0 MS-LTC-DRG table and weights, effective for discharges occurring on or after October 1, 2008, and on or before September 30, 2009.

Provider Specific File (PSF)

Table 8C of section VI of the addendum to the PPS final rule contain the FY 2009 Statewide average LTCH total cost-to-charge ratios (CCRs) for urban and rural hospitals used for calculating short-stay and high cost outlier payments when the FI or A/B MAC is unable to compute a reasonable hospital-specific total CCR from the latest settled or tentatively settled cost report. The LTCH total CCR ceiling for FY 2009 is 1.242.

The Inpatient Psychiatric Facility (IPF) PPS Update

DRG Adjustment Update

The IPF PPS has DRG specific adjustments for MS-DRGs. CMS provides payment under the IPF PPS for claims with a principal diagnosis included in Chapter Five of the ICD-9-CM or the DSM-IV-TR. However, only those claims with diagnoses that group to a psychiatric MS-DRG will receive a DRG adjustment and all other applicable adjustments. Although the IPF will not receive a DRG adjustment for a principal diagnosis not found in one of our identified psychiatric DRGs, the IPF will still receive the Federal per diem base rate and all other applicable adjustments.

The IPF PPS uses the same GROUPER as the IPPS, including the same diagnostic code set and MS-DRG classification system, in order to maintain consistency. The updated codes are effective October 1 of each year. Although the code set is being updated, note that these are the same adjustment factors in place since implementation.

Based on changes to the ICD-9-CM coding system used under the IPPS, the following changes are being made to the principal diagnoses that are used to assign MS-DRGs under the IPF PPS. The following table lists the FY 2009 new ICD-9-CM diagnosis codes that group to one of the MS-DRGs for which the IPF PPS provides an adjustment. This table is only a listing of FY 2009 new codes, and does not reflect all of the currently valid and applicable ICD-9-CM codes classified in the MS-DRGs. When coded as a principal diagnosis, these codes receive the correlating DRG adjustment.

Diagnosis Code	Description	MS-DRG
046.11	Variant Creutzfeldt-Jakob disease	056, 057
046.19	Other and unspecified Creutzfeldt-Jakob disease	056, 057

046.71	Gerstmann-Sträussler-Scheinker syndrome	056, 057
046.72	Fatal familial insomnia	056, 057
046.79	Other and unspecified prion disease of central nervous system	056, 057

The following table lists the FY 2009 invalid ICD-9-CM diagnosis code that is no longer applicable for the DRG adjustment.

Diagnosis Code	Description	MS-DRG
046.1	Jakob-Creutzfeldt	056, 057

Since we do not plan to update the regression analysis until we analyze IPF PPS data, the MS-DRG adjustment factors, shown in the following table, are effective October 1, 2008, and will continue to be paid for RY 2009.

MS-DRG	MS-DRG Descriptions	Adjustment Factor
056	Degenerative nervous system disorders w MCC	1.05
057	Degenerative nervous system disorders w/o MCC	1.05
080	Nontraumatic stupor & coma w MCC	1.07
081	Nontraumatic stupor & coma w/o MCC	1.07
876	O.R. procedure w principal diagnoses of mental illness	1.22
880	Acute adjustment reaction & psychosocial dysfunction	1.05
881	Depressive neuroses	0.99
882	Neuroses except depressive	1.02
883	Disorders of personality & impulse control	1.02
884	Organic disturbances & mental retardation	1.03
885	Psychoses	1.00
886	Behavioral & developmental disorders	0.99
887	Other mental disorder diagnoses	0.92
894	Alcohol/drug abuse or dependence, left AMA	0.97
895	Alcohol/drug abuse or dependence w rehabilitation therapy	1.02
896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	0.88
897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	0.88

Comorbidity Adjustment Update

The IPF PPS has 17 comorbidity groupings, each containing ICD-9-CM codes for certain comorbid conditions. Each comorbidity grouping will receive a grouping-specific adjustment. Facilities receive only one comorbidity adjustment per comorbidity category, but may receive an adjustment for more than one comorbidity category.

The IPFs must enter the full ICD-9-CM codes for up to 8 additional diagnoses if they co-exist at the time of admission or develop subsequently.

Comorbidities are specific patient conditions that are secondary to the patient's primary diagnosis and require treatment during the stay. Diagnoses that relate to an earlier episode of care and have no bearing on the current hospital stay are excluded and should not be reported on IPF claims. Comorbid conditions must co-exist at the time of admission, develop subsequently, and affect the treatment received, the length of stay or both treatment and length of stay.

The IPF PPS utilizes the MS-Severity DRG coding system, in order to maintain consistency with the IPPS, which is effective October 1 of each year. Although the code set will be updated, the same adjustment factors are being maintained. We are currently using the FY 2009 GROUPER, Version 26.0 which is effective for discharges occurring on or after October 1, 2008.

The following three tables below list the FY 2009 new, revised and invalid ICD-9-CM diagnosis codes, respectively, which group to one of the 17 comorbidity categories for which the IPF PPS provides an adjustment. These tables are only a listing of FY 2009 changes and do not reflect all of the currently valid and applicable ICD-9-CM codes classified in the DRGs.

The table below lists the FY 2009 **new** ICD-9-CM diagnosis codes that impact the comorbidity adjustment under the IPF PPS. The table lists only the FY 2009 new codes, and does not reflect all of the currently valid ICD codes applicable for the IPF PPS comorbidity adjustment. The RY 09 IPF Pricer will be updated to include these codes in the comorbidity tables, effective for discharges on or after October 1, 2008.

Diagnosis Code	Description	Comorbidity Category
038.12	Methicillin resistant Staphylococcus aureus septicemia	Infectious Disease
046.11	Variant Creutzfeldt-Jakob disease	Infectious Disease
046.19	Other and unspecified Creutzfeldt-Jakob disease	Infectious Disease
046.71	Gerstmann-Sträussler-Scheinker syndrome	Infectious Disease
046.72	Fatal familial insomnia	Infectious Disease
046.79	Other and unspecified prion disease of central nervous system	Infectious Disease
051.01	Cowpox	Infectious Disease
051.02	Vaccinia not from vaccination	Infectious Disease
059.00	Orthopoxvirus infection, unspecified	Infectious Disease
059.01	Monkeypox	Infectious Disease
059.09	Other orthopoxvirus infections	Infectious Disease
059.10	Parapoxvirus infection, unspecified	Infectious Disease
059.11	Bovine stomatitis	Infectious Disease
059.12	Sealpox	Infectious Disease
059.19	Other parapoxvirus infections	Infectious Disease
059.20	Yatapoxvirus infection, unspecified	Infectious Disease
059.21	Tanapox	Infectious Disease
059.22	Yaba monkey tumor virus	Infectious Disease
059.8	Other poxvirus infections	Infectious Disease
059.9	Poxvirus infections, unspecified	Infectious Disease
199.2	Malignant neoplasm associated with transplant organ	Oncology Treatment

Diagnosis Code	Description	Comorbidity Category
203.02	Multiple myeloma, in relapse	Oncology Treatment
203.12	Plasma cell leukemia, in relapse	Oncology Treatment
203.82	Other immunoproliferative neoplasms, in relapse	Oncology Treatment
204.02	Acute lymphoid leukemia, in relapse	Oncology Treatment
204.12	Chronic lymphoid leukemia, in relapse	Oncology Treatment
204.22	Subacute lymphoid leukemia, in relapse	Oncology Treatment
204.82	Other lymphoid leukemia, in relapse	Oncology Treatment
204.92	Unspecified lymphoid leukemia, in relapse	Oncology Treatment
205.02	Acute myeloid leukemia, in relapse	Oncology Treatment
205.12	Chronic myeloid leukemia, in relapse	Oncology Treatment
205.22	Subacute myeloid leukemia, in relapse	Oncology Treatment
205.32	Myeloid sarcoma, in relapse	Oncology Treatment
205.82	Other myeloid leukemia, in relapse	Oncology Treatment
205.92	Unspecified myeloid leukemia, in relapse	Oncology Treatment
206.02	Acute monocytic leukemia, in relapse	Oncology Treatment
206.12	Chronic monocytic leukemia, in relapse	Oncology Treatment
206.22	Subacute monocytic leukemia, in relapse	Oncology Treatment
206.82	Other monocytic leukemia, in relapse	Oncology Treatment
206.92	Unspecified monocytic leukemia, in relapse	Oncology Treatment
207.02	Acute erythremia and erythroleukemia, in relapse	Oncology Treatment
207.12	Chronic erythremia, in relapse	Oncology Treatment
207.22	Megakaryocytic leukemia, in relapse	Oncology Treatment
207.82	Other specified leukemia, in relapse	Oncology Treatment
208.02	Acute leukemia of unspecified cell type, in relapse	Oncology Treatment
208.12	Chronic leukemia of unspecified cell type, in relapse	Oncology Treatment
208.22	Subacute leukemia of unspecified cell type, in relapse	Oncology Treatment
208.82	Other leukemia of unspecified cell type, in relapse	Oncology Treatment
208.92	Unspecified leukemia, in relapse	Oncology Treatment
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	Oncology Treatment
209.01	Malignant carcinoid tumor of the duodenum	Oncology Treatment

Diagnosis Code	Description	Comorbidity Category
209.02	Malignant carcinoid tumor of the jejunum	Oncology Treatment
209.03	Malignant carcinoid tumor of the ileum	Oncology Treatment
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	Oncology Treatment
209.11	Malignant carcinoid tumor of the appendix	Oncology Treatment
209.12	Malignant carcinoid tumor of the cecum	Oncology Treatment
209.13	Malignant carcinoid tumor of the ascending colon	Oncology Treatment
209.14	Malignant carcinoid tumor of the transverse colon	Oncology Treatment
209.15	Malignant carcinoid tumor of the descending colon	Oncology Treatment
209.16	Malignant carcinoid tumor of the sigmoid colon	Oncology Treatment
209.17	Malignant carcinoid tumor of the rectum	Oncology Treatment
209.20	Malignant carcinoid tumor of unknown primary site	Oncology Treatment
209.21	Malignant carcinoid tumor of the bronchus and lung	Oncology Treatment
209.22	Malignant carcinoid tumor of the thymus	Oncology Treatment
209.23	Malignant carcinoid tumor of the stomach	Oncology Treatment
209.24	Malignant carcinoid tumor of the kidney	Oncology Treatment
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	Oncology Treatment
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	Oncology Treatment
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	Oncology Treatment
209.29	Malignant carcinoid tumor of other sites	Oncology Treatment
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	Oncology Treatment
209.40	Benign carcinoid tumor of the small intestine, unspecified portion	Oncology Treatment
209.41	Benign carcinoid tumor of the duodenum	Oncology Treatment
209.42	Benign carcinoid tumor of the jejunum	Oncology Treatment
209.43	Benign carcinoid tumor of the ileum	Oncology Treatment
209.50	Benign carcinoid tumor of the large intestine, unspecified portion	Oncology Treatment
209.51	Benign carcinoid tumor of the	Oncology Treatment

Diagnosis Code	Description	Comorbidity Category
	appendix	
209.52	Benign carcinoid tumor of the cecum	Oncology Treatment
209.53	Benign carcinoid tumor of the ascending colon	Oncology Treatment
209.54	Benign carcinoid tumor of the transverse colon	Oncology Treatment
209.55	Benign carcinoid tumor of the descending colon	Oncology Treatment
209.56	Benign carcinoid tumor of the sigmoid colon	Oncology Treatment
209.57	Benign carcinoid tumor of the rectum	Oncology Treatment
209.60	Benign carcinoid tumor of unknown primary site	Oncology Treatment
209.61	Benign carcinoid tumor of the bronchus and lung	Oncology Treatment
209.62	Benign carcinoid tumor of the thymus	Oncology Treatment
209.63	Benign carcinoid tumor of the stomach	Oncology Treatment
209.64	Benign carcinoid tumor of the kidney	Oncology Treatment
209.65	Benign carcinoid tumor of foregut, not otherwise specified	Oncology Treatment
209.66	Benign carcinoid tumor of midgut, not otherwise specified	Oncology Treatment
209.67	Benign carcinoid tumor of hindgut, not otherwise specified	Oncology Treatment
209.69	Benign carcinoid tumor of other sites	Oncology Treatment
238.77	Post-transplant lymphoproliferative disorder (PTLD)	Oncology Treatment
V45.11	Renal dialysis status	Chronic Renal Failure
V45.12	Noncompliance with renal dialysis	Chronic Renal Failure

The table below lists the FY 2009 **revised** ICD-9-CM diagnosis codes that impact the comorbidity adjustment under the IPF PPS. The table only lists the FY 2009 revised codes and does not reflect all of the currently valid ICD codes applicable for the IPF PPS comorbidity adjustment.

Diagnosis Code	Description	Comorbidity Category
038.11	Methicillin susceptible Staphylococcus aureus septicemia	Infectious Disease
203.00	Multiple myeloma, without mention of having achieved remission	Oncology Treatment
203.10	Plasma cell leukemia, without mention of having achieved remission	Oncology Treatment
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	Oncology Treatment

Diagnosis Code	Description	Comorbidity Category
204.00	Acute lymphoid leukemia, without mention of having achieved remission	Oncology Treatment
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	Oncology Treatment
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	Oncology Treatment
204.80	Other lymphoid leukemia, without mention of having achieved remission	Oncology Treatment
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	Oncology Treatment
205.00	Acute myeloid leukemia, without mention of having achieved remission	Oncology Treatment
205.10	Chronic myeloid leukemia, without mention of having achieved remission	Oncology Treatment
205.20	Subacute myeloid leukemia, without mention of having achieved remission	Oncology Treatment
205.30	Myeloid sarcoma, without mention of having achieved remission	Oncology Treatment
205.80	Other myeloid leukemia, without mention of having achieved remission	Oncology Treatment
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	Oncology Treatment
206.00	Acute monocytic leukemia, without mention of having achieved remission	Oncology Treatment
206.10	Chronic monocytic leukemia, without mention of having achieved remission	Oncology Treatment
206.20	Subacute monocytic leukemia, without mention of having achieved remission	Oncology Treatment
206.80	Other monocytic leukemia, without mention of having achieved remission	Oncology Treatment
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	Oncology Treatment
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	Oncology Treatment
207.10	Chronic erythremia, without mention of having achieved remission	Oncology Treatment
207.20	Megakaryocytic leukemia, without mention of having achieved remission	Oncology Treatment
207.80	Other specified leukemia, without mention of having achieved remission	Oncology Treatment
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	Oncology Treatment
208.10	Chronic leukemia of unspecified cell type, without mention of having	Oncology Treatment

Diagnosis Code	Description	Comorbidity Category
	achieved remission	
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	Oncology Treatment
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	Oncology Treatment
208.90	Unspecified leukemia, without mention of having achieved remission	Oncology Treatment

The table below lists the **invalid** ICD-9-CM codes no longer applicable for the comorbidity adjustment. The RY 09 IPF Pricer will be updated to remove these codes in the comorbidity tables, effective for discharges on or after October 1, 2008.

Diagnosis Code	Description	Comorbidity Category
046.1	Jakob-Creutzfeldt disease	Infectious Disease
051.0	Cowpox	Infectious Disease
V45.1	Renal dialysis status	Chronic Renal Failure

The seventeen comorbidity categories for which we are providing an adjustment, their respective codes, including the new FY 2009 ICD codes, and their respective adjustment factors, are listed below in the following table.

Description of Comorbidity	ICD-9CM Code	Adjustment Factor
Developmental Disabilities	317, 3180, 3181, 3182, and 319	1.04
Coagulation Factor Deficits	2860 through 2864	1.13
Tracheostomy	51900 – through 51909 and V440	1.06
Renal Failure, Acute	5845 through 5849, 63630, 63631, 63632, 63730, 63731, 63732, 6383, 6393, 66932, 66934, 9585	1.11
Renal Failure, Chronic	40301, 40311, 40391, 40402, 40412, 40413, 40492, 40493, 5853, 5854, 5855, 5856, 5859, 586, V4511, V4512, V560, V561, and V562	1.11
Oncology Treatment	1400 through 2399 with a radiation therapy code 92.21-92.29 or chemotherapy code 99.25	1.07
Uncontrolled Diabetes-Mellitus with or without complications	25002, 25003, 25012, 25013, 25022, 25023, 25032, 25033, 25042, 25043, 25052, 25053, 25062, 25063, 25072, 25073, 25082, 25083, 25092, and 25093	1.05
Severe Protein Calorie Malnutrition	260 through 262	1.13
Eating and Conduct Disorders	3071, 30750, 31203, 31233, and 31234	1.12
Infectious Disease	01000 through 04110, 042, 04500 through 05319, 05440 through 05449, 0550 through 0770, 0782 through 07889, and 07950 through 07959	1.07
Drug and/or Alcohol Induced Mental Disorders	2910, 2920, 29212, 2922, 30300, and 30400	1.03
Cardiac Conditions	3910, 3911, 3912, 40201, 40403, 4160, 4210, 4211, and 4219	1.11
Gangrene	44024 and 7854	1.10

Description of Comorbidity	ICD-9CM Code	Adjustment Factor
Chronic Obstructive Pulmonary Disease	49121, 4941, 5100, 51883, 51884, V4611 and V4612, V4613 and V4614	1.12
Artificial Openings - Digestive and Urinary	56960 through 56969, 9975, and V441 through V446	1.08
Severe Musculoskeletal and Connective Tissue Diseases	6960, 7100, 73000 through 73009, 73010 through 73019, and 73020 through 73029	1.09
Poisoning	96500 through 96509, 9654, 9670 through 9699, 9770, 9800 through 9809, 9830 through 9839, 986, 9890 through 9897	1.11

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
M A C	M A C				F I S S	M C S	V M S	C W F			
6189.1	FISS shall install and pay claims with the FY 2009 IPPS Pricer for discharges on or after October 1, 2008.						X				
6189.2	FISS shall install and pay claims with the LTCH Pricer for discharges on or after October 1, 2008.						X				
6189.3	FISS shall install and pay claims with the IPF Pricer for discharges on or after October 1, 2008.						X				
6189.4	FISS shall install and edit claims with the MCE version 25.0 and GROUPER version 26.0 software with the implementation of the October quarterly release.						X				
6189.5	CWF shall update edit 7272 with the postacute care DRGs listed in table 5 for discharges on or after October 1, 2008 (includes special pay).									X	
6189.6	Contractors shall inform the QIO of any new hospital that has opened for hospital quality purposes.	X		X							
6189.7	Contractors shall update relevant portions of the provider specific file in accordance with this CR.	X		X							
6189.8	Contractors shall reprocess all IPPS Puerto Rico claims, with discharges on or after October 1, 2007 through September 30, 2008, using the corrected Pricer FY 08.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)							
		A / B	D M E	F I	C A R R I E R	R H	Shared-System Maintainers		
M A C	M A C				F I S S	M C S	V M S	C W F	

								F I S S	M C S	V M S	C W F
6189.9	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X		X							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

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

V. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter at Valeri.Ritter@cms.hhs.gov or Joe Bryson at Joseph.Bryson@cms.hhs.gov

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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

Attachment A

Provider Number	Value to enter in Special Pay Indicator	Value to enter in Special Wage Index
010008	1	0.7792
010015	1	0.7664
010021	1	0.7670
010027	1	0.7644
010032	1	0.7943
010038	1	0.8025
010040	1	0.8022
010045	1	0.7840
010046	1	0.8022
010047	1	0.7745
010049	1	0.7644
010078	1	0.8025
010091	1	0.7664
010109	1	0.8023
010110	1	0.7833
010125	1	0.8094
010128	1	0.7664
010129	1	0.7752
010138	1	0.7684
010146	1	0.8025
010150	2	0.8464
020008	2	1.2554
030067	1	0.9122
040047	1	0.7762
040067	1	0.7652
040081	1	0.8002
050002	1	1.5640
050007	1	1.5211
050009	1	1.4125
050013	1	1.4125
050043	1	1.5640
050069	1	1.1985
050070	1	1.5211
050075	1	1.5640
050084	1	1.2104
050089	1	1.1983
050090	1	1.5282
050099	1	1.1983
050113	1	1.5211
050122	1	1.2104
050129	1	1.1983
050136	1	1.5282
050140	1	1.1983
050167	1	1.2104
050168	1	1.1985

050173	1	1.1985
050174	1	1.5282
050193	1	1.1985
050194	1	1.5954
050195	1	1.5640
050211	1	1.5640
050224	1	1.1985
050226	1	1.1985
050230	1	1.1985
050242	1	1.5954
050245	1	1.1983
050264	1	1.5640
050272	1	1.1983
050279	1	1.1983
050283	1	1.5640
050289	1	1.5211
050291	1	1.5282
050298	1	1.1983
050300	1	1.1983
050305	1	1.5640
050313	1	1.2104
050320	1	1.5640
050325	1	1.2005
050327	1	1.1983
050336	1	1.2104
050348	1	1.1985
050366	1	1.1987
050385	1	1.5282
050426	1	1.1985
050444	1	1.2288
050488	1	1.5640
050512	1	1.5640
050517	1	1.1983
050526	1	1.1985
050543	1	1.1985
050547	1	1.5282
050548	1	1.1985
050549	2	1.4681
050551	1	1.1985
050567	1	1.1985
050570	1	1.1985
050580	1	1.1985
050584	1	1.1983
050586	1	1.1983
050589	1	1.1985
050603	1	1.1985
050609	1	1.1985
050667	1	1.4125
050678	1	1.1985
050690	1	1.5282

050693	1	1.1985
050714	1	1.5954
050720	1	1.1985
050744	1	1.1985
050745	1	1.1985
050746	1	1.1985
050747	1	1.1985
050748	1	1.2104
050754	1	1.5211
050758	1	1.1983
060010	1	0.9722
060030	1	0.9722
060075	2	1.1062
060119	1	0.9722
070001	2	1.2600
070005	2	1.2600
070006	2	1.3003
070010	1	1.2869
070016	2	1.2600
070017	2	1.2600
070018	2	1.3003
070019	2	1.2600
070022	2	1.2600
070028	1	1.2869
070031	2	1.2600
070033	1	1.2869
070034	2	1.3003
070039	2	1.2600
090003	1	1.0684
090005	1	1.0684
090006	1	1.0684
090008	1	1.0684
100290	1	0.8954
110100	1	0.8604
110101	1	0.7881
110142	1	0.7999
110190	1	0.8055
110205	1	0.8321
130024	1	0.8243
130066	1	0.9470
140001	1	0.8767
140026	1	0.8713
140116	1	1.0289
140161	1	0.8566
140176	1	1.0289
140234	1	0.8713
150022	1	0.8623
150034	2	1.0274
150072	1	0.8570
160013	1	0.9133

160030	1	0.9412
160032	1	0.9189
160040	2	0.8954
160064	2	1.0364
160067	2	0.8954
160080	1	0.9020
160110	2	0.8954
170150	1	0.8221
180064	1	0.8213
180070	1	0.8139
180079	1	0.8158
190034	1	0.7845
190044	1	0.7917
190050	1	0.7700
190053	1	0.7757
190054	1	0.7741
190078	1	0.7843
190099	1	0.7845
190116	1	0.7741
190133	1	0.7758
190140	1	0.7691
190145	1	0.7746
190190	1	0.7731
190218	2	0.8519
190246	1	0.7731
190277	1	0.8043
200032	1	0.8943
220002	1	1.1359
220011	1	1.1359
220046	2	1.1366
220049	1	1.1359
220063	1	1.1359
220070	1	1.1359
220082	1	1.1359
220084	1	1.1359
220098	1	1.1359
220101	1	1.1359
220105	1	1.1359
220171	1	1.1359
220175	1	1.1359
230003	2	1.0355
230004	2	1.0355
230005	1	0.9336
230013	2	1.0769
230015	1	0.9158
230019	2	1.0769
230020	2	1.0163
230024	2	1.0163
230029	2	1.0769
230036	2	1.0769

230038	2	1.0355
230053	2	1.0163
230059	2	1.0355
230066	2	1.0355
230071	2	1.0769
230072	2	1.0355
230075	1	1.0048
230089	2	1.0163
230093	1	0.8921
230097	2	1.0355
230104	2	1.0163
230106	2	1.0355
230119	2	1.0163
230130	2	1.0769
230135	2	1.0163
230146	2	1.0163
230151	2	1.0769
230165	2	1.0163
230174	2	1.0355
230176	2	1.0163
230207	2	1.0769
230217	1	1.0048
230223	2	1.0769
230236	2	1.0355
230254	2	1.0769
230269	2	1.0769
230270	2	1.0163
230273	2	1.0163
230277	2	1.0769
240018	1	0.9891
240044	1	0.9711
240117	1	0.9613
240211	1	0.9898
250002	2	0.8418
250078	2	0.8217
250122	2	0.8418
250128	1	0.8071
250162	1	0.8879
260059	1	0.8492
260064	1	0.8504
260097	1	0.8715
260116	1	0.8502
260163	1	0.8502
270002	2	0.8738
270012	2	0.8738
270023	2	0.9011
270032	2	0.9011
270057	2	0.9011
280077	1	0.8808
280123	1	0.8851

310021	2	1.2762
310028	2	1.2762
310050	2	1.2762
310051	2	1.2762
310060	2	1.2762
310115	2	1.2762
310120	2	1.2762
320011	1	0.9171
320018	1	0.8858
320085	1	0.8858
330010	1	0.8330
330023	2	1.3003
330027	1	1.2809
330033	1	0.8486
330047	1	0.8330
330049	2	1.2791
330067	2	1.3003
330106	2	1.4928
330126	2	1.2791
330132	1	0.8394
330135	2	1.2791
330144	1	0.8319
330151	1	0.8319
330167	1	1.2809
330175	1	0.8523
330181	1	1.2809
330182	1	1.2809
330198	1	1.2809
330205	2	1.2791
330225	1	1.2809
330259	1	1.2809
330264	2	1.2686
330276	1	0.8299
330331	1	1.2809
330332	1	1.2809
330372	1	1.2809
340002	2	0.9431
340020	1	0.8756
340024	1	0.8777
340037	1	0.8762
340038	1	0.8853
340104	1	0.8762
340133	1	0.8860
340151	1	0.8652
350002	2	0.8229
350003	2	0.8229
350006	2	0.8229
350015	2	0.8229
350017	2	0.8229
350019	2	0.7944

350030	2	0.8229
360002	1	0.8711
360040	1	0.8957
360044	1	0.8697
360070	1	0.8824
360071	1	0.8605
360084	1	0.8824
360100	1	0.8824
360131	1	0.8824
360151	1	0.8824
360156	1	0.8689
370023	1	0.8030
370065	1	0.8036
370072	1	0.8198
370083	1	0.7991
370100	1	0.8040
370156	1	0.8061
370169	1	0.8103
370214	1	0.8061
380090	2	1.2797
390001	2	0.9642
390003	2	0.9642
390008	1	0.8393
390045	2	0.9642
390052	1	0.8380
390056	1	0.8369
390072	2	0.9642
390095	2	0.9642
390117	1	0.8335
390119	2	0.9642
390122	1	0.8386
390125	1	0.8355
390137	2	0.9642
390146	1	0.8355
390150	1	0.8364
390169	2	0.9642
390185	2	0.9797
390192	2	0.9642
390201	1	0.9503
390236	1	0.8336
390237	2	0.9642
390270	2	0.9797
390316	1	0.9492
420002	1	0.9535
420019	1	0.8746
420027	1	0.9805
420043	1	0.8745
420053	1	0.8623
420054	1	0.8590
420082	1	0.9569

430005	2	0.9467
430008	2	0.9373
430013	2	0.9373
430015	2	0.9344
430048	2	0.9344
430060	2	0.9344
430064	2	0.9344
430094	1	0.8525
440007	1	0.8162
440012	1	0.7952
440016	1	0.8087
440017	1	0.7952
440031	1	0.7962
440033	1	0.7970
440047	1	0.8281
440050	1	0.7952
440051	1	0.8025
440057	1	0.7964
440070	1	0.8052
440081	1	0.7995
440084	1	0.7968
440109	1	0.8013
440115	1	0.8281
440137	1	0.8681
440174	1	0.8255
440176	1	0.7952
440180	1	0.7970
440181	1	0.8308
440182	1	0.8087
450032	1	0.8378
450059	1	0.8992
450072	2	0.9890
450090	1	0.8774
450144	1	0.8683
450163	1	0.8178
450192	1	0.8395
450194	1	0.8337
450210	1	0.8275
450236	1	0.8513
450270	1	0.8395
450370	1	0.8359
450438	1	0.8359
450451	1	0.8660
450460	1	0.8177
450497	1	0.8499
450539	1	0.8191
450573	1	0.8250
450591	2	0.9890
450615	1	0.8157
450641	1	0.8499

450698	1	0.8251
450755	1	0.8400
450838	1	0.8250
450884	1	0.8716
450888	1	0.9674
460017	1	0.8746
470003	2	1.1366
490001	2	0.8651
490084	1	0.8219
490110	1	0.8277
500019	1	1.0273
500041	1	1.1431
510012	1	0.7744
520035	1	0.9477
520044	1	0.9477
520057	1	0.9594
520095	1	0.9594
530008	2	0.9271
530010	2	0.9271
530015	2	1.0353
670015	1	0.9674
670023	1	0.9674

Attachment B

Provider ID	Provider Name
030073	TUBA CITY REGIONAL HEALTH CARE CORPORATION
030074	SELLS INDIAN HEALTH SERVICE HOSPITAL
030077	SAN CARLOS HOSPITAL
030113	WHITERIVER PHS INDIAN HOSPITAL
050018	PACIFIC ALLIANCE MEDICAL CENTER
050091	COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK
050257	GOOD SAMARITAN HOSPITAL
050320	ALAMEDA COUNTY MEDICAL CENTER
050325	TUOLUMNE GENERAL MEDICAL FACILITY
050377	CHOWCHILLA DISTRICT MEM HOSPITAL
050378	PACIFICA HOSPITAL OF THE VALLEY
050430	MODOC MEDICAL CENTER
050456	SOUTH BAY COMMUNITY HOSPITAL, L P
050545	LANTERMAN DEVELOPMENTAL CENTER
050546	PORTERVILLE DEVELOPMENTAL CENTER
050548	FAIRVIEW DEVELOPMENTAL CENTER
050578	MARTIN LUTHER KING, JR - HARBOR HOSPITAL
050662	AGNEWS STATE HOSPITAL
050668	LAGUNA HONDA HOSPITAL & REHABILITATION CENTER
050698	SAN DIEGO HOSPICE & PALLIATIVE CARE ACUTE CARE CEN
050708	FRESNO SURGICAL HOSPITAL
050758	MONTCLAIR HOSPITAL MEDICAL CENTER
070038	CONNECTICUT HOSPICE INC.
090008	UNITED MEDICAL CENTER
100108	TRINITY COMMUNITY HOSPITAL
100134	ED FRASER MEMORIAL HOSPITAL
100279	GULF COAST HOSPITAL
100298	FLORIDA STATE HOSPITAL UNIT 31 MED
120004	WAHIAWA GENERAL HOSPITAL
140033	VISTA MEDICAL CENTER WEST
140094	ST MARY & ELIZABETH MED CTR-CLAREMONT CAMPUS
140205	SWEDISH AMERICAN MEDICAL CENTER BELVIDERE
150164	MONROE HOSPITAL
170150	SOUTH CENTRAL KS REGIONAL MED CENTER
190037	SOUTH CAMERON MEMORIAL HOSPITAL
190151	RICHARDSON MEDICAL CENTER
190267	FAIRWAY MEDICAL CENTER
220153	SOLDIERS HOME OF HOLYOKE
220154	SOLDIERS HOME IN MASSACHUSETTS
220172	UNIVERSITY HEALTH SERVICES
230135	HENRY FORD COTTAGE HOSPITAL
230144	FOREST HEALTH MEDICAL CENTER
250023	PEARL RIVER COUNTY HOSPITAL
250051	KILMICHAEL HOSPITAL
250060	JEFFERSON COUNTY HOSPITAL
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL
250125	GULF COAST MEDICAL CENTER

250127	CHOCTAW HEALTH CENTER
250151	ALLIANCE HEALTH CENTER
250152	MISSISSIPPI METHODIST REHAB CTR
280119	P H S INDIAN HOSPITAL
280127	LINCOLN SURGICAL HOSPITAL
290002	SOUTH LYON MEDICAL CENTER
290020	PRIMECARE NEVADA, INC., DBA NYE REGIONAL MEDICAL CENTER
290027	GROVER C DILS MEDICAL CENTER
290042	HARMON MEDICAL AND REHABILITATION HOSPITAL
290053	ST ROSE DOMINICAN HOSPITAL-SAN MARTIN
320030	ARTESIA GENERAL HOSPITAL
330029	SHEEHAN MEMORIAL HOSPITAL
330094	COLUMBIA MEMORIAL HOSPITAL
330406	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER
330407	EDDY COHOES REHABILITATION CENTER
340104	CRAWLEY MEMORIAL HOSPITAL
340137	BROUGHTON HOSPITAL-MEDICAL UNIT
340138	CENTRAL REGIONAL HOSPITAL
340168	WILMINGTON TREATMENT CENTER
350064	US PUBLIC HEALTH SERVICE INDIAN HOSPITAL
360187	SPRINGFIELD REGIONAL MEDICAL CENTER
360247	WOODS AT PARKSIDE,THE
360258	BARIX CLINICS OF OHIO, LLC
360274	MEDICAL CENTER AT ELIZABETH PLACE
360276	HMHP ST ELIZABETH BOARDMAN HEALTH CENTER
370169	COMMUNITY HOSPITAL LAKEVIEW
370171	W W HASTINGS INDIAN HOSPITAL
370199	LAKESIDE WOMEN'S HOSPITAL
370214	LINDSAY MUNICIPAL HOSPITAL
370220	ORTHOPEDIC HOSPITAL
390112	WINDBER HOSPITAL
390176	COMMONWEALTH MEDICAL CENTER
390312	CANCER TREATMENT CENTERS OF AMERICA
390317	DSI OF BUCKS COUNTY
430081	PINE RIDGE IHS HOSPITAL
430093	SAME DAY SURGERY CENTER LLC
440223	BAPTIST WOMENS TREATMENT CTR MURFREESBORO
440224	BAPTIST WOMEN'S TREATMENT CENTER
450162	HIGHLAND COMMUNITY HOSPITAL
450270	LAKE WHITNEY MEDICAL CENTER
450330	OAKBEND MEDICAL CENTER
450379	R.H.D. MEMORIAL MEDICAL CENTER
450446	RIVERSIDE GENERAL HOSPITAL
450683	RENAISSANCE HOSPITAL TERRELL
450758	HEALTHSOUTH DALLAS REHAB HOSPITAL
450839	SHELBY REGIONAL MEDICAL CENTER
460018	KANE COUNTY HOSPITAL
460035	BEAVER VALLEY HOSPITAL
490104	HIRAM W DAVIS MEDICAL CENTER
490105	SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE

490108	CENTRAL VIRGINIA TRAINING CENTER
490129	CAPITAL HOSPICE - HALQUIST MEMORIAL INPATIENT CENTER
490134	PIEDMONT GERIATRIC HOSPITAL
490135	CATAWBA HOSPITAL
500143	PROV ST PETER CHEMICAL DEPENDENCY CENTER
520203	SELECT SPECIALTY HOSPITAL - MADISON
670007	BEAUMONT BONE & JOINT INSTITUTE
670010	DENTON REHABILITATION HOSPITAL L.P.
670017	HEALTHSOUTH REHABILITATION HOSPITAL
670018	DOCTORS DIAGNOSTIC HOSPITAL
670021	INNOVA HOSPITAL SAN ANTONIO
670027	APEX HOSPITAL - TMC

Attachment C

ST		ST	ST
CD	FACTOR	CD	NAME
==	=====	==	=====
01	0.99680	01	ALABAMA
02	0.99513	02	ALASKA
03	0.99680	03	ARIZONA
04	0.99680	04	ARKANSAS
05	0.99311	05	CALIFORNIA
06	0.99615	06	COLORADO
07	0.99000	07	CONNECTICUT
08	0.99680	08	DELAWARE
09	0.99680	09	DISTRICT OF CO
10	0.99636	10	FLORIDA
11	0.99680	11	GEORGIA
12	0.99680	12	HAWAII
13	0.99680	13	IDAHO
14	0.99679	14	ILLINOIS
15	0.99666	15	INDIANA
16	0.99435	16	IOWA
17	0.99680	17	KANSAS
18	0.99678	18	KENTUCKY
19	0.99670	19	LOUISIANA
20	0.99680	20	MAINE
21	1.00000	21	MARYLAND
22	0.99680	22	MASSACHUSETTS

23	0.99680	23	MICHIGAN
24	0.99680	24	MINNESOTA
25	0.99680	25	MISSISSIPPI
26	0.99680	26	MISSOURI
27	0.99680	27	MONTANA
28	0.99680	28	NEBRASKA
29	0.99680	29	NEVADA
30	0.99236	30	NEW HAMPSHIRE
31	0.99455	31	NEW JERSEY
32	0.99657	32	NEW MEXICO
33	0.99680	33	NEW YORK
34	0.99677	34	NORTH CAROLINA
35	0.99680	35	NORTH DAKOTA
36	0.99663	36	OHIO
37	0.99679	37	OKLAHOMA
38	0.99539	38	OREGON
39	0.99679	39	PENNSYLVANIA
40	0.99680	40	PUERTO RICO
41	0.99680	41	RHODE ISLAND
42	0.99637	42	SOUTH CAROLINA
43	0.99680	43	SOUTH DAKOTA
44	0.99627	44	TENNESSEE
45	0.99677	45	TEXAS
46	0.99680	46	UTAH
47	0.99680	47	VERMONT
48	1.00000	48	VIRGIN ISLANDS

49	0.99679	49	VIRGINIA
50	0.99639	50	WASHINGTON
51	0.99637	51	WEST VIRGINIA
52	0.99657	52	WISCONSIN
53	0.99680	53	WYOMING
55	0.99311	55	CALIFORNIA
56	1.00000	56	CANADA
59	1.00000	59	MEXICO
64	1.00000	64	AMERICAN SAMOA
65	1.00000	65	GUAM
66	1.00000	66	MARIANAS ISLANDS
67	0.99677	67	TEXAS
68	0.99636	68	FLORIDA
69	0.99636	69	FLORIDA
70	0.99680	70	KANSAS
71	0.99670	71	LOUISIANA
72	0.99663	72	OHIO
73	0.99679	73	PENNSYLVANIA
74	0.99677	74	TEXAS
75	0.99311	75	CALIFORNIA
76	0.99435	76	IOWA
77	0.99680	77	MINNESOTA
78	0.99679	78	ILLINOIS
80	1.00000	80	MARYLAND