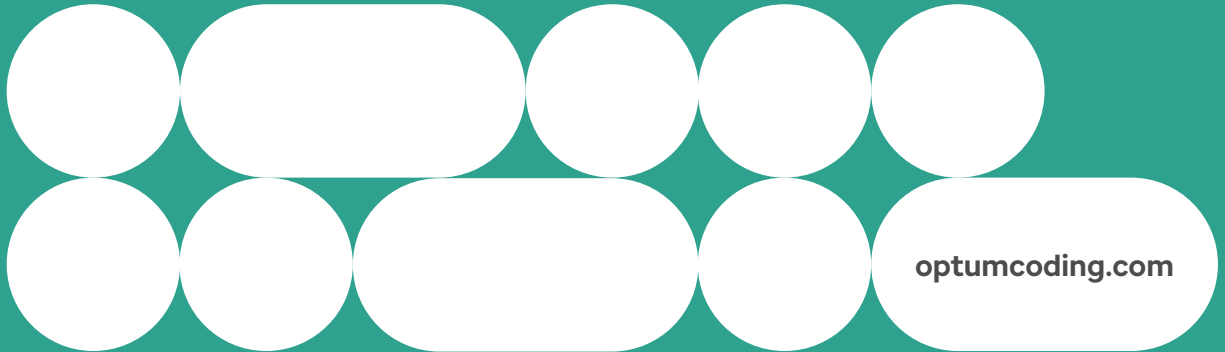


DRG Expert

A comprehensive guide to the DRG classification system using ICD-10-CM and ICD-10-PCS code sets

2027



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Introduction to MS-DRGs

The Medicare severity diagnosis-related group (MS-DRG) system organizes ICD-10 diagnosis and procedure codes into a complex, comprehensive system based on a few simple principles.

Understanding how the system works enables providers to recover the appropriate payment for inpatient services rendered in an acute care hospital facility, which is consistent with the intent of the federal government in devising the system. The *DRG Expert* helps providers understand ICD-10 MS-DRGs, thus ensuring appropriate payment.

Optum maintains a website to accompany *DRG Expert*. Optum will post MS-DRG changes effective April 1, special reports, Centers for Medicare and Medicaid Services (CMS) information, and updated data files on this website so that the information is available before the next book update. This website address is:

<https://www.optumcoding.com/Product/Updates/>

This website is available only to customers who purchase the *DRG Expert*, using the following password: **TBD**

Source of Information

Information in the book is the data posted by the Centers for Medicare and Medicaid Services (CMS) at:

<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-in-patient-pps/fy-2026-ipp-pps-final-rule-home-page>.

This version of Optum's *DRG Expert* reflects the ICD-10-CM/PCS MS-DRG version 44.0.

Basic Characteristics of MS-DRG Classification

An MS-DRG is one of 772 groups (version 43.0) that classify patients into clinically cohesive groups that demonstrate similar consumption of hospital resources and length-of-stay patterns. In 1983, Congress mandated a national inpatient prospective payment system (IPPS) for all Medicare inpatients. The following types of hospitals are excluded from the inpatient prospective payment system (IPPS):

- Psychiatric hospitals and units
- Rehabilitation hospitals and units
- Children's hospitals
- Long-term care hospitals
- Cancer hospitals
- Critical Access Hospitals

This IPPS uses MS-DRGs to determine hospital reimbursement. CMS administers the IPPS and issues all rules and changes with regard to MS-DRGs.

In addition to calculating reimbursement, MS-DRGs have two major functions. The first is to help evaluate the quality of care. Not only are clinical pathways designed around MS-DRGs, but benchmarking and outcomes analysis can be launched using the MS-DRG clinical framework, and quality reviews can be performed to assess coding practices and physician documentation. Ongoing education of physicians, coders, clinical documentation specialists, nurses, and utilization review personnel can be guided by the results of MS-DRG analysis.

Second, MS-DRGs assist in evaluating utilization of services. Each MS-DRG represents the average resources needed to treat patients grouped to that MS-DRG relative to the national average of resources used to treat all Medicare patients. The MS-DRG assigned to each hospital inpatient stay also relates to the hospital case mix (i.e., the types of patients the hospital treats). A hospital's Medicare population case complexity is measured by calculation of the case-mix index, which is an average of all MS-DRG relative weights for the facility during a given period of time. The higher the case-mix index, the more complex the patient population and the higher the required level of resources utilized. Since severity is such an essential component of MS-DRG assignment and case-mix index calculation, documentation and code assignment to the highest degree of accuracy and specificity are of the utmost importance.

Medicare computes the case-mix adjustment for each fiscal year for all hospitals based upon the case-mix data received. This CMI is then used to adjust the hospital base rate, which is a factor in computing the total hospital payment under IPPS.

The formula for computing the hospital payment for each MS-DRG is as follows:

$$\text{Relative Weight} \times \text{Hospital Base Rate} = \text{Hospital Payment}$$

The hospital case-mix complexity includes the following patient attributes:

- Severity of illness—the level of loss of function or mortality associated with disease
- Prognosis—defined as probable outcome of illness
- Treatment difficulty—patient management problems
- Need for intervention—severity of illness that would result due to lack of immediate or continuing care
- Resource intensity—volume and types of services required for patient management

The MS-DRG system was developed to relate case mix to resource utilization. Reimbursement is adjusted to reflect the resource utilization and does not take into consideration severity of illness, prognosis, treatment difficulty, or need for intervention.

Case mix and complexity can be analyzed and monitored in relation to cost and utilization of services. In addition, high-volume conditions and services can be identified and monitored, and MS-DRG trend analysis can aid in forecasting future staff and facility requirements. One important operating parameter is the CMI, which measures the cost of a hospital's Medicare patient mix in relation to the cost of all Medicare patients. A low case mix may indicate unnecessary revenue loss.

MS-DRG Assignment Process

MS-DRGs are assigned using the principal diagnosis; secondary diagnoses, which include CCs and MCCs; surgical or other invasive procedures; sex of the patient; and discharge status. One MS-DRG is assigned to each inpatient stay. Diagnoses and procedures are designated by ICD-10-CM and PCS codes. The following describes the typical decision process used to assign an MS-DRG to a case.

A case is assigned to one of 25 major diagnostic categories (MDC), which are mutually exclusive groups based on principal diagnosis. MS-DRG assignment is based upon the following considerations:

- Principal and secondary diagnosis and procedure codes
- Sex of the patient
- Discharge status
- Presence or absence of MCCs and/or presence or absence of CCs
- Birth weight for neonates

Each MDC is organized into one of two sections—surgical or medical. The surgical section classifies all surgical conditions based upon operating room procedures. The medical section classifies all diagnostic conditions based upon diagnosis codes. The majority of MDCs are organized by major body system and/or are associated with a particular medical specialty.

There are two groups of MS-DRGs that are not assigned to MDCs. First, there is the group that may be associated with all MDCs. This group includes MS-DRGs created specifically to report admissions into a facility that have been assigned invalid principal diagnoses (MS-DRG 998), have O.R. procedures unrelated to a principal diagnosis (MS-DRGs 981–983 and 987–989), or are ungroupable principal diagnoses (MS-DRG 999). Although the scope is too broad for clinical analysis, the DRGs encompass clinically coherent cases.

Another group not assigned to MDCs is called Pre-MDC MS-DRGs, which consist of cases that are grouped by surgical procedure rather than principal diagnosis. The Pre-MDC MS-DRG group includes bone marrow and organ transplant cases as well as tracheostomy cases.

Further sorting of medical classifications is performed by principal diagnosis type and/or surgical classifications by type of surgery. Finally, the case is analyzed for the presence of MCCs and/or CCs as indicated by ICD-10-CM diagnosis codes, and an MS-DRG is assigned.

Each year, effective October 1, new MS-DRGs are added and/or current MS-DRGs are deleted or revised for the next fiscal year. In addition, MS-DRG assignments are adjusted based on relative weight (RW), arithmetic mean length of stay (AMLOS), and geometric mean length of stay (GMLOS). On April 1, new ICD-10 codes may also be incorporated into the DRG classification.

The information contained in this manual reflects the DRG classification system effective October 1, 2026, Grouper version 44.0. For changes that impact the DRG classification system effective April 1, 2027, please visit our website at:

<https://www.optumcoding.com/Product/Updates/>

Grouper Version	Effective Time Period
MS 43.0	10/01/2025 – 03/31/2026
MS 42.1	04/01/2025 – 09/30/2025
MS 42.0	10/01/2024 – 03/31/2025
MS 41.1	04/01/2024 – 09/30/2024
MS 41.0	10/01/2023 – 03/31/2024
MS 40.1	04/01/2023 – 09/30/2023
MS 40.0	10/01/2022 – 03/31/2023
MS 39.1	04/01/2022 – 09/30/2022
MS 39.0	10/01/2021 – 03/31/2022
MS 38.1	01/01/2021 – 09/30/2021
MS 38.0 R1	10/01/2020 – 12/31/2020
MS 37.2	08/01/2020 – 09/30/2020
MS 37.1 R1	04/01/2020 – 09/30/2020
MS 37.0 R1	10/01/2019 – 03/31/2020
MS 36.0	10/01/2018 – 09/30/2019
MS 35.0	10/01/2017 – 09/30/2018
MS 34.0	10/01/2016 – 09/30/2017
MS 33.0	10/01/2015 – 09/30/2016
MS 32.0	10/01/2014 – 09/30/2015
MS 31.0	10/01/2013 – 09/30/2014
MS 30.0	10/01/2012 – 09/30/2013
MS 29.0	10/01/2011 – 09/30/2012
MS 28.0	10/01/2010 – 09/30/2011
MS 27.0	10/01/2009 – 09/30/2010
MS 26.0	10/01/2008 – 09/30/2009
MS 25.0	10/01/2007 – 09/30/2008

Keys to a Financially Successful MS-DRG Program

CMS assigns each MS-DRG a relative weight based upon charge data for all Medicare inpatient hospital discharges. Each hospital has a customized base rate that adjusts payment commensurate with the hospital's cost of providing services. The type of hospital and the wage index for the geographic area determines the hospital base rate. MS-DRG relative weights and hospital base rates are adjusted yearly (effective October 1 through September 30) to reflect changes in health care resource consumption as well as economic factors. Payment is determined by multiplying the MS-DRG relative weight by the hospital base rate. The MS-DRG with the highest relative weight is the highest-paying MS-DRG. Regardless of actual costs incurred, the hospital receives only the calculated payment.

The MS-DRG payment system is based on averages. Payment is determined by the resource needs of the average Medicare patient for a given set of diseases or disorders. These resources include the length of stay and the number and intensity of services provided. Therefore, the more efficiently a provider delivers care, the greater the operating margin will be.

The keys to a financially successful program are:

- Decreased length of stay
- Decreased resource utilization (tests and procedures)
- Increased intensity of case-management services resulting in optimal length of stay for the patient and facility
- Increased preadmission testing
- Improved medical record documentation

The Physician's Role

Proper MS-DRG assignment requires a complete and thorough accounting of the following:

- Principal diagnosis
- Procedures
- Complications
- Comorbidities (all relevant pre-existing conditions)
- Signs and symptoms when diagnoses are not established
- Discharge status

Because MS-DRG assignment is based on documentation in the medical record, the record should:

- Be comprehensive and complete
- Include all diagnoses, procedures, complications, and comorbidities, as well as abnormal test results documented by the physician. It should also include any suspected conditions and what was done to investigate or evaluate them.
- Be timely

All dictation, signatures, etc., should be completed in the medical record as patient care is provided and must be:

- Legible
- Well documented

The information should be documented properly. With complete information in the medical record, coders can effectively analyze, code, and report the required information. This ensures that proper payment is received. For example, if the physician documents that a patient with a skull fracture was in a coma for less than one hour, MS-DRGs 085–087 may be assigned. If the physician documents that the coma lasted for more than one hour, MS-DRGs 082–084 may be assigned, with a resulting payment difference.

Physicians must be actively involved in the query process. They should respond to queries in a timely fashion and document their responses, as established by the process, to ensure they meet regulatory requirements and are maintained in some form in the permanent medical record.

Discharge Status Code Assignment

Required by the Centers for Medicare and Medicaid Services (CMS) and developed and maintained by the National Uniform Billing Committee (NUBC), the discharge status code is a two-digit code entered on the UB-04 claim that identifies where a patient is going at the conclusion of an inpatient hospital encounter.

Assigning the correct discharge status code is just as important as any other code reported and filed on a claim, and the same processes should be applied for assigning these codes. When two or more discharge status codes may apply, the code reported should be for the highest level of care known. Omitting a code or submitting a claim with an incorrect code is a claim billing error that may result in claim overpayments or underpayments, total recoupment of the original payment, or rejection of the claim entirely. If an inaccurate discharge status code is assigned or the patient does not receive the treatment as planned after discharge, the result may be an unjustified increase or reduction in the transferring hospital's Medicare payment. This is because certain discharge status codes are affected by Medicare's acute care transfer and post-acute care transfer (PACT) provisions. Correct assignment of discharge status codes can avoid these claim billing errors.

In general, a discharge occurs when a Medicare beneficiary does one of two things:

- Leaves a Medicare IPPS acute care hospital after receiving complete acute care treatment
- Dies in the hospital

Medicare makes full MS-DRG payments to IPPS hospitals when the patient is discharged to home or certain types of health care institutions, such as an intermediate care facility (ICF).

Acute Care Transfer

An acute care transfer occurs when a Medicare beneficiary in an IPPS hospital (with any MS-DRG) is:

- Transferred to another acute care IPPS hospital or unit for related care
- Leaves against medical advice
- Transferred to a hospital that would ordinarily be paid under prospective payment, but is excluded because of participation in a state or area wide cost control program
- Transferred to a hospital or hospital unit that has not been officially determined as being excluded from PPS such as:
 - an acute care hospital that would otherwise be eligible to be paid under the IPPS but does not have an agreement to participate in the Medicare program
 - a critical access hospital

Tabular Notations

Color Bars

A red color bar indicates a surgical DRG.

DRG 010 Pancreas Transplant

A blue color bar indicates a medical DRG.

DRG 014 Allogeneic Bone Marrow Transplant

A green color bar indicates an MCC.

DRG 031 Ventricular Shunt Procedures with MCC

A purple color bar indicates a CC.

DRG 032 Ventricular Shunt Procedures with CC

A yellow color bar indicates a procedure proxy, whereby the inclusion of a specific procedure code acts as a proxy for the MCC or CC for the case. If the procedure code is assigned, the MCC or CC code typically required would not be necessary for grouping.

DRG 005 Liver Transplant with MCC or Intestinal Transplant

Symbols

- This symbol indicates a new MS-DRG
- ▲ This symbol indicates a revised MS-DRG
- * An asterisk following a numeric code indicates that the ICD-10 code is incomplete and represents a sequence or range of codes. Refer to the ICD-10-CM or ICD-10-PCS code book(s) for the specific codes included in the code range.
- IT This symbol indicates an MS-DRG selected as a qualified discharge that may be paid as a transfer case.

DRG 101 Seizures without MCC
GMLOS 2.7 AMLOS 3.5 RW 0.9096 IT

- SP This symbol indicates an MS-DRG that is subject to the special payment methodology.

DRG 482 Hip and Femur Procedures Except Major Joint without CC/MCC
GMLOS 3.2 AMLOS 3.6 RW 1.5884 SP

Bold text, such as **OR**, **AND**, **AND EITHER**, or **WITH**, alerts the user to those complex MS-DRGs that have additional diagnosis or procedure qualifications.

DRG 010 Pancreas Transplant
GMLOS 9.5 AMLOS 10.4 RW 4.8136

Principal or Secondary Diagnosis

E08* Diabetes mellitus d/t underlying condition
E09* Drug or chemical induced diabetes mellitus
E10* Type 1 diabetes mellitus
E11* Type 2 diabetes mellitus
E13* Other specified diabetes mellitus
E89.1 Postprocedural hypoinsulinemia

AND

Operating Room Procedures
0FYG* Transplantation Pancreas

Using DRG Expert

If the MDC to which the case groups is known but the specific MS-DRG is not known, use the "MS-DRG Listing by Major Diagnostic Category" beginning on the following page to locate potential MS-DRG selections within that MDC. Find the MDC, determine whether the case is surgical or medical, scan the MS-DRG and title list, and then turn to the referenced page for further information.

MDC 2 Diseases And Disorders Of The Eye

SURGICAL

DRG 113	Orbital Procedures with CC/MCC	62
DRG 114	Orbital Procedures without CC/MCC	62
DRG 115	Extraocular Procedures Except Orbit	62
DRG 116	Intraocular Procedures with CC/MCC	64
DRG 117	Intraocular Procedures without CC/MCC	65

MEDICAL

DRG 121	Acute Major Eye Infections with CC/MCC	65
DRG 122	Acute Major Eye Infections without CC/MCC	66
DRG 123	Neurological Eye Disorders	66
DRG 124	Other Disorders of the Eye with MCC or Thrombolytic Agent	67
DRG 125	Other Disorders of the Eye without MCC	72

The "MS-DRG Listing by Major Diagnostic Category" can also be used when the MS-DRG is already known. Search the listing to locate the MS-DRG and associated reference page. The user can also go directly to the main tabular section to search for the MS-DRG. Except for DRG 998, which falls in MDC 14, all MS-DRGs are listed in numerical order within the main tabular section.

Whether by following the reference page number or searching the main tabular section directly, once the MS-DRG is located, the complete list of ICD-10-CM or ICD-10-PCS codes that group to the MS-DRG, as well as reimbursement data for the MS-DRG, can be reviewed.

If the MS-DRG is not known, follow the steps below to determine MS-DRG assignment:

1. Determine whether the case had an operating room procedure. If so, refer to either the alphabetic or numeric procedure index. Use the alphabetic index if you are looking for a general type of procedure (e.g., resection, transfer, division); use the numeric index if you are looking for a specific code (e.g., 0DTJ4ZZ, 01SG0ZZ).

Note: Certain ICD-10-PCS procedures are considered nonoperating room procedures and do not affect MS-DRG assignment. Those procedures do not appear in this book.

2. If the case lacks an operating room procedure, refer to the either the alphabetic or numeric diagnosis index. Use the alphabetic index when looking for a condition or main term (e.g., fracture, cystic fibrosis). A body site and/or qualifier may also be used to further narrow down a reference page (e.g., fracture other part of neck, cystic fibrosis with pulmonary manifestations). Use the numeric index if you are looking for a specific code (e.g., B20, S12.8XXA).

Note: For steps 1 and 2 above it may be necessary to scan the list for codes with an asterisk(*). The asterisk indicates a sequence or range of codes, and all codes within that sequence or range group to the MS-DRG. Refer to an ICD-10-CM or ICD-10-PCS code book to see the specific codes.

3. More than one reference page may be listed next to a code or term in the index. This is because a diagnosis or procedure code can be assigned to more than one MS-DRG. Be careful to examine all possible potential MS-DRG assignments, especially MS-DRG descriptions, by reviewing all reference pages listed. Also, review MS-DRGs that precede or follow a referenced MS-DRG and determine how their narrative descriptions differ. It is possible another MS-DRG with a higher relative weight could be assigned.

Note: Sometimes an MS-DRG entry does not have a full list of procedure and/or diagnosis codes, but instead refers to another MS-DRG. Because MS-DRGs are often grouped into families, the only difference in the MS-DRG titles is the presence of an MCC, CC, or a procedure proxy. The full list of codes is displayed following the first MS-DRG in the family, typically the MS-DRG with the highest severity (e.g., requires the presence of an CC/MCC or procedure proxy).

4. Examine the medical record closely for the following considerations:
 - Principal diagnosis
 - Secondary diagnoses, which include complication/comorbidities (MCC or CC)
 - Surgical or other invasive procedures
 - Sex of the patient
 - Discharge status
 - Birth weight for neonates
5. Documentation must support selection of the final MS-DRG.

MS-DRG Listing by Major Diagnostic Category

Pre MDC

SURGICAL

DRG 001	Heart Transplant or Implant of Heart Assist System with MCC	31
DRG 002	Heart Transplant or Implant of Heart Assist System without MCC	31
DRG 003	ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedures	31
DRG 004	Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck without Major O.R. Procedures	31
DRG 005	Liver Transplant with MCC or Intestinal Transplant	31
DRG 006	Liver Transplant without MCC	31
DRG 007	Lung Transplant	31
DRG 008	Simultaneous Pancreas and Kidney Transplant	31
DRG 009	Bone Marrow Transplant	32
DRG 010	Pancreas Transplant	32
DRG 011	Tracheostomy for Face, Mouth, and Neck Diagnoses or Laryngectomy with MCC	32
DRG 012	Tracheostomy for Face, Mouth, and Neck Diagnoses or Laryngectomy with CC	35
DRG 013	Tracheostomy for Face, Mouth, and Neck Diagnoses or Laryngectomy without CC/MCC	35
DRG 019	Simultaneous Pancreas and Kidney Transplant with Hemodialysis	35
MEDICAL		
DRG 014	Allogeneic Bone Marrow Transplant	35
DRG 015	Autologous Bone Marrow Transplant	36
DRG 016	Autologous Bone Marrow Transplant with CC/MCC	36
DRG 017	Autologous Bone Marrow Transplant without CC/MCC	36
DRG 018	Chimeric Antigen Receptor (CAR) T-cell and Other Immunotherapies	36

MDC 1 Diseases And Disorders Of The Nervous System

SURGICAL

DRG 020	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage with MCC	37
DRG 021	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage with CC	39
DRG 022	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage without CC/MCC	39
DRG 023	Craniotomy with Major Device Implant or Acute Complex CNS Principal Diagnosis with MCC or Antineoplastic Implant or Epilepsy with Neurostimulator	39
DRG 024	Craniotomy with Major Device Implant or Acute Complex CNS Principal Diagnosis without MCC	46
DRG 025	Craniotomy and Endovascular Intracranial Procedures with MCC	47
DRG 026	Craniotomy and Endovascular Intracranial Procedures with CC	54
DRG 027	Craniotomy and Endovascular Intracranial Procedures without CC/MCC	54
DRG 028	Spinal Procedures with MCC	54
DRG 029	Spinal Procedures with CC or Spinal Neurostimulator	60
DRG 030	Spinal Procedures without CC/MCC	60
DRG 031	Ventricular Shunt Procedures with MCC	60
DRG 032	Ventricular Shunt Procedures with CC	61
DRG 033	Ventricular Shunt Procedures without CC/MCC	61
DRG 034	Carotid Artery Stent Procedures with MCC	61
DRG 035	Carotid Artery Stent Procedures with CC	62
DRG 036	Carotid Artery Stent Procedures without CC/MCC	62
DRG 037	Extracranial Procedures with MCC	62
DRG 038	Extracranial Procedures with CC	67
DRG 039	Extracranial Procedures without CC/MCC	67
DRG 040	Peripheral, Cranial Nerve and Other Nervous System Procedures with MCC	67
DRG 041	Peripheral, Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	80
DRG 042	Peripheral, Cranial Nerve and Other Nervous System Procedures without CC/MCC	80

MEDICAL

DRG 052	Spinal Disorders and Injuries with CC/MCC	80
DRG 053	Spinal Disorders and Injuries without CC/MCC	81
DRG 054	Nervous System Neoplasms with MCC	81
DRG 055	Nervous System Neoplasms without MCC	81
DRG 056	Degenerative Nervous System Disorders with MCC	81
DRG 057	Degenerative Nervous System Disorders without MCC	82
DRG 058	Multiple Sclerosis and Cerebellar Ataxia with MCC	82

DRG 059	Multiple Sclerosis and Cerebellar Ataxia with CC	82
DRG 060	Multiple Sclerosis and Cerebellar Ataxia without CC/MCC	82
DRG 061	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with MCC	82
DRG 062	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with CC	83
DRG 063	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent without CC/MCC	83
DRG 064	Intracranial Hemorrhage or Cerebral Infarction with MCC	83
DRG 065	Intracranial Hemorrhage or Cerebral Infarction with CC or tPA in 24 Hours	83
DRG 066	Intracranial Hemorrhage or Cerebral Infarction without CC/MCC	83
DRG 067	Precerebral Occlusion without Infarction with MCC	83
DRG 068	Precerebral Occlusion without Infarction without MCC	83
DRG 069	Transient Ischemia without Thrombolytic	83
DRG 070	Other Cerebrovascular Disorders with MCC	84
DRG 071	Other Cerebrovascular Disorders with CC	84
DRG 072	Other Cerebrovascular Disorders without CC/MCC	84
DRG 073	Cranial and Peripheral Nerve Disorders with MCC	84
DRG 074	Cranial and Peripheral Nerve Disorders without MCC	85
DRG 075	Viral Meningitis with CC/MCC	85
DRG 076	Viral Meningitis without CC/MCC	85
DRG 077	Hypertensive Encephalopathy with MCC	85
DRG 078	Hypertensive Encephalopathy with CC	85
DRG 079	Hypertensive Encephalopathy without CC/MCC	85
DRG 080	Nontraumatic Stupor and Coma with MCC	85
DRG 081	Nontraumatic Stupor and Coma without MCC	86
DRG 082	Traumatic Stupor and Coma >1 Hour with MCC	86
DRG 083	Traumatic Stupor and Coma >1 Hour with CC	89
DRG 084	Traumatic Stupor and Coma >1 Hour without CC/MCC	89
DRG 085	Traumatic Stupor and Coma <1 Hour with MCC	89
DRG 086	Traumatic Stupor and Coma <1 Hour with CC	90
DRG 087	Traumatic Stupor and Coma <1 Hour without CC/MCC	90
DRG 088	Concussion with MCC	90
DRG 089	Concussion with CC	90
DRG 090	Concussion without CC/MCC	90
DRG 091	Other Disorders of Nervous System with MCC	90
DRG 092	Other Disorders of Nervous System with CC	93
DRG 093	Other Disorders of Nervous System without CC/MCC	93
DRG 094	Bacterial and Tuberculous Infections of Nervous System with MCC	93
DRG 095	Bacterial and Tuberculous Infections of Nervous System with CC	93
DRG 096	Bacterial and Tuberculous Infections of Nervous System without CC/MCC	93
DRG 097	Nonbacterial Infection of Nervous System Except Viral Meningitis with MCC	93
DRG 098	Nonbacterial Infection of Nervous System Except Viral Meningitis with CC	94
DRG 099	Nonbacterial Infection of Nervous System Except Viral Meningitis without CC/MCC	94
DRG 100	Seizures with MCC	94
DRG 101	Seizures without MCC	94
DRG 102	Headaches with MCC	94
DRG 103	Headaches without MCC	94

MDC 2 Diseases And Disorders Of The Eye

SURGICAL

DRG 113	Orbital Procedures with CC/MCC	95
DRG 114	Orbital Procedures without CC/MCC	95
DRG 115	Extraocular Procedures Except Orbit	95
DRG 116	Intraocular Procedures with CC/MCC	97
DRG 117	Intraocular Procedures without CC/MCC	98

MEDICAL

DRG 121	Acute Major Eye Infections with CC/MCC	98
DRG 122	Acute Major Eye Infections without CC/MCC	99
DRG 123	Neurological Eye Disorders	99
DRG 124	Other Disorders of the Eye with MCC or Thrombolytic Agent	100
DRG 125	Other Disorders of the Eye without MCC	105

MDC 3 Diseases And Disorders Of The Ear, Nose, Mouth And Throat

SURGICAL

DRG 129	Major Head and Neck Procedures with CC/MCC or Major Device	106
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Definitions of the MS-DRGs

Pre MDC

SURGICAL

DRG 001 Heart Transplant or Implant of Heart Assist System with MCC GMLOS 25.8 AMLOS 36.2 RW 28.0239

Heart Transplant Operating Room Procedure

02YA0Z0 Transplantation Heart, Allogeneic, Open Appr

02YA0Z1 Transplantation Heart, Syngeneic, Open Appr

02YA0Z2 Transplantation Heart, Zooplasic, Open Appr

OR

Heart Transplant Procedure Combination

02RK0JZ Replacement R Ventricle w Synth Sub, Open Appr

AND

02RL0JZ Replacement L Ventricle w Synth Sub, Open Appr

OR

Implant of Heart Assist System Operating Room Procedure

02HA0QZ Insertion Implant Heart Assistance in Heart, Open Appr

02HA0RZ Insertion Ext Heart Assistance in Heart, Open Appr

02HA3QZ Insertion Implant Heart Assistance in Heart, Perc Appr

02HA4QZ Insertion Implant Heart Assistance in Heart, Perc Endo

02RA0LZ Replacement Heart w Biolog Synth Autoreg Electrohyd, Open

02RA0MZ Replacement Heart w Synth Pneumat, Open Appr

OR

Implant of Heart Assist System Procedure Combination

02HA0RS Insertion Bivent Ext Heart Assistance in Heart, Open Appr

02HA0RZ Insertion Ext Heart Assistance in Heart, Open Appr

02HA3RS Insertion Bivent Ext Heart Assistance in Heart, Perc Appr

02HA4RS Insertion Bivent Ext Heart Assistance in Heart, Perc Endo

02HA4RZ Insertion Ext Heart Assistance in Heart, Perc Endo Appr

02WA0QZ Revision Implant Heart Assistance in Heart, Open Appr

02WA0RZ Revision Ext Heart Assistance in Heart, Open Appr

02WA3QZ Revision Implant Heart Assistance in Heart, Perc Appr

02WA3RZ Revision Ext Heart Assistance in Heart, Perc Appr

02WA4QZ Revision Implant Heart Assistance in Heart, Perc Endo Appr

02WA4RZ Revision Ext Heart Assistance in Heart, Perc Endo Appr

AND

02PA0RZ Removal Ext Heart Assistance from Heart, Open Appr

02PA3RZ Removal Ext Heart Assistance from Heart, Perc Appr

02PA4RZ Removal Ext Heart Assistance from Heart, Perc Endo Appr

02PW3RZ Removal Ext Heart Assistance from Thoracic Aorta Desc, Perc

OR

02WW3RZ Revision Ext Heart Assistance in Thoracic Aorta Desc, Perc Appr

AND

02PA0RZ Removal Ext Heart Assistance from Heart, Open Appr

02PA3RZ Removal Ext Heart Assistance from Heart, Perc Appr

02PA4RZ Removal Ext Heart Assistance from Heart, Perc Endo Appr

OR

02HA0RZ Insertion Ext Heart Assistance in Heart, Open Appr

AND

X2HX0F9 Insertion Heart Assist Cnduit in Asc Aortic, Open, New Tech 9

OR

02HA3RZ Insertion Ext Heart Assistance in Heart, Perc Appr

AND

X2HL0F9 Insertion Heart Assist Cnduit in R Axillary Art, Open, New Tech 9

X2HM0F9 Insertion Heart Assist Cnduit in L Axillary Art, Open, New Tech 9

DRG 002 Heart Transplant or Implant of Heart Assist System without MCC GMLOS 8.5 AMLOS 14.0 RW 11.3318

Select operating room procedure OR procedure combination listed under DRG 001

DRG 003 ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedures

GMLOS 22.9 AMLOS 33.0 RW 21.2252

ECMO Operating or Nonoperating Room Procedure

5A1522F Extracorporeal Oxygenation, Membrane, Central

5A1522G Extracorporeal Oxygenation, Perph VA ECMO

5A1522H Extracorporeal Oxygenation, Membrane, Peripheral Venovenous

OR

Tracheostomy Operating or Nonoperating Room Procedure

0B110F4 Bypass Trachea to Cutaneous w Trachea Dev, Open Appr

0B110Z4 Bypass Trachea to Cutaneous, Open Appr

0B113F4 Bypass Trachea to Cutaneous w Trachea Dev, Perc Appr

0B113Z4 Bypass Trachea to Cutaneous, Perc Appr

0B114F4 Bypass Trachea to Cutaneous w Trachea Dev, Perc Endo Appr

0B114Z4 Bypass Trachea to Cutaneous, Perc Endo Appr

AND EITHER

Any principal diagnosis EXCEPT mouth, larynx and pharynx disorders listed under DRG 011

OR

Mechanical Ventilation Nonoperating Room Procedure

5A1955Z Respiratory Ventilation, Greater than 96 Consecutive Hours

AND

Any O.R. procedure not listed in DRGs 987-989

DRG 004 Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck without Major O.R. Procedures

GMLOS 22.4 AMLOS 28.0 RW 13.8514

Select tracheostomy operating or nonoperating room procedure listed under DRG 003

AND EITHER

Any principal diagnosis EXCEPT mouth, larynx and pharynx disorders listed under DRG 011

OR

Select mechanical ventilation nonoperating room procedure listed under DRG 003

DRG 005 Liver Transplant with MCC or Intestinal Transplant

GMLOS 14.0 AMLOS 19.1 RW 10.3105

Liver Transplant Operating Room Procedure

0FY00Z0 Transplantation Liver, Allogeneic, Open Appr

0FY00Z1 Transplantation Liver, Syngeneic, Open Appr

0FY00Z2 Transplantation Liver, Zooplasic, Open Appr

OR

Intestinal Transplant Operating Room Procedure

0DY80Z0 Transplantation Small Intest, Allogeneic, Open Appr

0DY80Z1 Transplantation Small Intest, Syngeneic, Open Appr

0DY80Z2 Transplantation Small Intest, Zooplasic, Open Appr

0DYE0Z0 Transplantation Large Intest, Allogeneic, Open Appr

0DYE0Z1 Transplantation Large Intest, Syngeneic, Open Appr

0DYE0Z2 Transplantation Large Intest, Zooplasic, Open Appr

DRG 006 Liver Transplant without MCC

GMLOS 7.1 AMLOS 7.8 RW 4.6370

Operating Room Procedure

0FY00Z0 Transplantation Liver, Allogeneic, Open Appr

0FY00Z1 Transplantation Liver, Syngeneic, Open Appr

0FY00Z2 Transplantation Liver, Zooplasic, Open Appr

DRG 007 Lung Transplant

GMLOS 19.7 AMLOS 23.5 RW 12.9502

Operating Room Procedure

0BYC0Z0 Transplantation R Upper Lung Lobe, Allogeneic, Open Appr

0BYC0Z1 Transplantation R Upper Lung Lobe, Syngeneic, Open Appr

0BYC0Z2 Transplantation R Upper Lung Lobe, Zooplasic, Open Appr

0BYD0Z0 Transplantation R Middle Lung Lobe, Allogeneic, Open Appr

0BYD0Z1 Transplantation R Middle Lung Lobe, Syngeneic, Open Appr

0BYD0Z2 Transplantation R Middle Lung Lobe, Zooplasic, Open Appr

0BYF0Z0 Transplantation R Low Lung Lobe, Allogeneic, Open Appr

0BYF0Z1 Transplantation R Low Lung Lobe, Syngeneic, Open Appr

0BYF0Z2 Transplantation R Low Lung Lobe, Zooplasic, Open Appr

0BYG0Z0 Transplantation L Upper Lung Lobe, Allogeneic, Open Appr

0BYG0Z1 Transplantation L Upper Lung Lobe, Syngeneic, Open Appr

0BYG0Z2 Transplantation L Upper Lung Lobe, Zooplasic, Open Appr

0BYH0Z0 Transplantation Lung Lingula, Allogeneic, Open Appr

0BYH0Z1 Transplantation Lung Lingula, Syngeneic, Open Appr

0BYH0Z2 Transplantation Lung Lingula, Zooplasic, Open Appr

0BYJ0Z0 Transplantation L Low Lung Lobe, Allogeneic, Open Appr

0BYJ0Z1 Transplantation L Low Lung Lobe, Syngeneic, Open Appr

0BYJ0Z2 Transplantation L Low Lung Lobe, Zooplasic, Open Appr

0BYK0Z0 Transplantation R Lung, Allogeneic, Open Appr

0BYK0Z1 Transplantation R Lung, Syngeneic, Open Appr

0BYK0Z2 Transplantation R Lung, Zooplasic, Open Appr

0BYL0Z0 Transplantation L Lung, Allogeneic, Open Appr

0BYL0Z1 Transplantation L Lung, Syngeneic, Open Appr

0BYL0Z2 Transplantation L Lung, Zooplasic, Open Appr

0BYM0Z0 Transplantation Bilateral Lungs, Allogeneic, Open Appr

0BYM0Z1 Transplantation Bilateral Lungs, Syngeneic, Open Appr

0BYM0Z2 Transplantation Bilateral Lungs, Zooplasic, Open Appr

DRG 008 Simultaneous Pancreas and Kidney Transplant

GMLOS 8.5 AMLOS 10.0 RW 5.6046

Principal or Secondary Diagnosis

E08.0* Diabetes d/t underlying condition w hyperosmolarity

E08.1* Diabetes mellitus d/t underlying condition w ketoacidosis

E08.2* Diabetes d/t underlying condition w kidney comp

E08.3* Diabetes d/t underlying condition w ophthalmic comp

E08.4* Diabetes d/t underlying condition w neurological comp

E08.5* Diabetes d/t underlying condition w circulatory comp

E08.6* Diabetes d/t underlying condition w other comp

E08.8 Diabetes d/t underlying condition w unsp comp

E09.0* Drug or chemical induced diabetes mellitus w hyperosmolarity

E09.1* Drug or chemical induced diabetes mellitus w ketoacidosis

E09.2* Drug or chemical diabetes mellitus w kidney comp

E09.3* Drug or chemical diabetes mellitus w ophthalmic comp

E09.4* Drug or chemical diabetes mellitus w neurological comp

E09.5* Drug or chemical diabetes mellitus w circulatory comp

E09.6* Drug or chemical diabetes mellitus w other comp

E09.8 Drug or chemical diabetes mellitus w unsp comp

MDC 24: Multiple Significant Trauma

SURGICAL

DRG 955 Craniotomy for Multiple Significant Trauma GMLOS 8.7 AMLOS 12.8 RW 6.7311

Select combinations of MDC 24 diagnoses of significant trauma listed under DRG 963

AND

Operating Room Procedures

001607A Bypass Cerebral Ventricle to Subgaleal w Autol Tiss Sub, Open Appr
001607B Bypass Cerebral Ventricle to Cerebral Cistern w Autol Tiss Sub, Open
00160JA Bypass Cerebral Ventricle to Subgaleal w Synth Sub, Open Appr
00160JB Bypass Cerebral Ventricle to Cerebral Cistern w Synth Sub, Open
00160KA Bypass Cerebral Ventricle to Subgaleal w Nonautol Tiss Sub, Open
00160KB Bypass Cerebral Ventricle to Cerebral Cistern w Nonautol Tiss Sub, Open
00160ZB Bypass Cerebral Ventricle to Cerebral Cistern, Open Appr
001637A Bypass Cerebral Ventricle to Subgaleal w Autol Tiss Sub, Perc Appr
001637B Bypass Cerebral Ventricle to Cerebral Cistern w Autol Tiss Sub, Perc
00163JA Bypass Cerebral Ventricle to Subgaleal w Synth Sub, Perc Appr
00163JB Bypass Cerebral Ventricle to Cerebral Cistern w Synth Sub, Perc
00163KA Bypass Cerebral Ventricle to Subgaleal w Nonautol Tiss Sub, Perc
00163KB Bypass Cerebral Ventricle to Cerebral Cistern w Nonautol Tiss Sub, Perc
00163ZB Bypass Cerebral Ventricle to Cerebral Cistern, Perc Appr
001647A Bypass Cerebral Ventricle to Subgaleal w Autol Tiss Sub, Perc Endo
001647B Bypass Cerebral Ventricle to Cerebral Cistern w Autol Tiss Sub, Perc Endo
00164JA Bypass Cerebral Ventricle to Subgaleal w Synth Sub, Perc Endo
00164JB Bypass Cerebral Ventricle to Cerebral Cistern w Synth Sub, Perc Endo
00164KA Bypass Cerebral Ventricle to Subgaleal w Nonautol Tiss Sub, Perc Endo
00164KB Bypass Cerebral Ventricle to Cerebral Cistern w Nonautol Tiss Sub, Perc Endo
00164ZB Bypass Cerebral Ventricle to Cerebral Cistern, Perc Endo Appr
0050* Destruction Brain
0051* Destruction Cerebral Meninges
0052* Destruction Dura Mater
0056* Destruction Cerebral Ventricle
0057* Destruction Cerebral Hemisphere
0058* Destruction Basal Ganglia
0059* Destruction Thalamus
005A* Destruction Hypothalamus
005B* Destruction Pons
005C* Destruction Cerebellum
005D* Destruction Medulla Oblongata
00760ZZ Dilation Cerebral Ventricle, Open Appr
00763ZZ Dilation Cerebral Ventricle, Perc Appr
00764ZZ Dilation Cerebral Ventricle, Perc Endo Appr
0080* Division Brain
0087* Division Cerebral Hemisphere
0088* Division Basal Ganglia
00900ZZ Drainage Brain w Drainage Dev, Open Appr
00900ZZ Drainage Brain, Open Appr
009030Z Drainage Brain w Drainage Dev, Perc Appr
00903ZZ Drainage Brain, Perc Appr
009040Z Drainage Brain w Drainage Dev, Perc Endo Appr
00904ZZ Drainage Brain, Perc Endo Appr
009100Z Drainage Cerebral Meninges w Drainage Dev, Open Appr
00910ZZ Drainage Cerebral Meninges, Open Appr
009200Z Drainage Dura Mater w Drainage Dev, Open Appr
00920ZZ Drainage Dura Mater, Open Appr
009300Z Drainage Intracranial Epidural Spc w Drainage Dev, Open Appr
00930ZZ Drainage Intracranial Epidural Spc, Open Appr
009330Z Drainage Intracranial Epidural Spc w Drainage Dev, Perc Appr
00933ZZ Drainage Intracranial Epidural Spc, Perc Appr
009340Z Drainage Intracranial Epidural Spc w Drainage Dev, Perc Endo Appr
00934ZZ Drainage Intracranial Epidural Spc, Perc Endo Appr
009400Z Drainage Intracranial Subdural Spc w Drainage Dev, Open Appr
00940ZZ Drainage Intracranial Subdural Spc, Open Appr
009500Z Drainage Intracranial Subrac Spc w Drainage Dev, Open Appr
00950ZZ Drainage Intracranial Subarachnoid Spc, Open Appr
009600Z Drainage Cerebral Ventricle w Drainage Dev, Open Appr
00960ZZ Drainage Cerebral Ventricle, Open Appr
009630Z Drainage Cerebral Ventricle w Drainage Dev, Perc Appr
009640Z Drainage Cerebral Ventricle w Drainage Dev, Perc Endo Appr
009700Z Drainage Cerebral Hemisphere w Drainage Dev, Open Appr
00970ZZ Drainage Cerebral Hemisphere, Open Appr
009730Z Drainage Cerebral Hemisphere w Drainage Dev, Perc Appr
00973ZZ Drainage Cerebral Hemisphere, Perc Appr
009740Z Drainage Cerebral Hemisphere w Drainage Dev, Perc Endo Appr
00974ZZ Drainage Cerebral Hemisphere, Perc Endo Appr
009800Z Drainage Basal Ganglia w Drainage Dev, Open Appr
00980ZZ Drainage Basal Ganglia, Open Appr
009830Z Drainage Basal Ganglia w Drainage Dev, Perc Appr
00983ZZ Drainage Basal Ganglia, Perc Appr
009840Z Drainage Basal Ganglia w Drainage Dev, Perc Endo Appr
00984ZZ Drainage Basal Ganglia, Perc Endo Appr
009900Z Drainage Thalamus w Drainage Dev, Open Appr
00990ZZ Drainage Thalamus, Open Appr
009930Z Drainage Thalamus w Drainage Dev, Perc Appr
00993ZZ Drainage Thalamus, Perc Appr
009940Z Drainage Thalamus w Drainage Dev, Perc Endo Appr

00994ZZ Drainage Thalamus, Perc Endo Appr
009A00Z Drainage Hypothalamus w Drainage Dev, Open Appr
009A0ZZ Drainage Hypothalamus, Open Appr
009A30Z Drainage Hypothalamus w Drainage Dev, Perc Appr
009A3ZZ Drainage Hypothalamus, Perc Appr
009A40Z Drainage Hypothalamus w Drainage Dev, Perc Endo Appr
009A4ZZ Drainage Hypothalamus, Perc Endo Appr
009B00Z Drainage Pons w Drainage Dev, Open Appr
009B0ZZ Drainage Pons, Open Appr
009B30Z Drainage Pons w Drainage Dev, Perc Appr
009B3ZZ Drainage Pons, Perc Appr
009B40Z Drainage Pons w Drainage Dev, Perc Endo Appr
009B4ZZ Drainage Pons, Perc Endo Appr
009C00Z Drainage Cerebellum w Drainage Dev, Open Appr
009C0ZZ Drainage Cerebellum, Open Appr
009C30Z Drainage Cerebellum w Drainage Dev, Perc Appr
009C3ZZ Drainage Cerebellum, Perc Appr
009C40Z Drainage Cerebellum w Drainage Dev, Perc Endo Appr
009C4ZZ Drainage Cerebellum, Perc Endo Appr
009D00Z Drainage Medulla Oblongata w Drainage Dev, Open Appr
009D0ZZ Drainage Medulla Oblongata, Open Appr
009D30Z Drainage Medulla Oblongata w Drainage Dev, Perc Appr
009D3ZZ Drainage Medulla Oblongata, Perc Appr
009D40Z Drainage Medulla Oblong w Drainage Dev, Perc Endo Appr
009D4ZZ Drainage Medulla Oblongata, Perc Endo Appr
00B00ZZ Excision Brain, Open Appr
00B03ZZ Excision Brain, Perc Appr
00B04ZZ Excision Brain, Perc Endo Appr
00B10ZZ Excision Cerebral Meninges, Open Appr
00B13ZZ Excision Cerebral Meninges, Perc Appr
00B14ZZ Excision Cerebral Meninges, Perc Endo Appr
00B20ZZ Excision Dura Mater, Open Appr
00B23ZZ Excision Dura Mater, Perc Appr
00B24ZZ Excision Dura Mater, Perc Endo Appr
00B60ZZ Excision Cerebral Ventricle, Open Appr
00B63ZZ Excision Cerebral Ventricle, Perc Appr
00B64ZZ Excision Cerebral Ventricle, Perc Endo Appr
00B70ZZ Excision Cerebral Hemisphere, Open Appr
00B73ZZ Excision Cerebral Hemisphere, Perc Appr
00B74ZZ Excision Cerebral Hemisphere, Perc Endo Appr
00B80ZZ Excision Basal Ganglia, Open Appr
00B83ZZ Excision Basal Ganglia, Perc Appr
00B84ZZ Excision Basal Ganglia, Perc Endo Appr
00B90ZZ Excision Thalamus, Open Appr
00B93ZZ Excision Thalamus, Perc Appr
00B94ZZ Excision Thalamus, Perc Endo Appr
00BA0ZZ Excision Hypothalamus, Open Appr
00BA3ZZ Excision Hypothalamus, Perc Appr
00BA4ZZ Excision Hypothalamus, Perc Endo Appr
00BB0ZZ Excision Pons, Open Appr
00BB3ZZ Excision Pons, Perc Appr
00BB4ZZ Excision Pons, Perc Endo Appr
00BC0ZZ Excision Cerebellum, Open Appr
00BC3ZZ Excision Cerebellum, Perc Appr
00BC4ZZ Excision Cerebellum, Perc Endo Appr
00BD0ZZ Excision Medulla Oblongata, Open Appr
00BD3ZZ Excision Medulla Oblongata, Perc Appr
00BD4ZZ Excision Medulla Oblongata, Perc Endo Appr
00C0* Extirpation Brain
00C1* Extirpation Cerebral Meninges
00C2* Extirpation Dura Mater
00C4* Extirpation Subdural Spc, Intracranial
00C5* Extirpation Subarachnoid Spc, Intracranial
00C6* Extirpation Cerebral Ventricle
00C7* Extirpation Cerebral Hemisphere
00C8* Extirpation Basal Ganglia
00C9* Extirpation Thalamus
00CA* Extirpation Hypothalamus
00CB* Extirpation Pons
00CC* Extirpation Cerebellum
00CD* Extirpation Medulla Oblongata
00D00ZZ Extraction Brain, Open Appr
00D03ZZ Extraction Brain, Perc Appr
00D04ZZ Extraction Brain, Perc Endo Appr
00D1* Extraction Cerebral Meninges
00D2* Extraction Dura Mater
00D70ZZ Extraction Cerebral Hemisphere, Open Appr
00D73ZZ Extraction Cerebral Hemisphere, Perc Appr
00D74ZZ Extraction Cerebral Hemisphere, Perc Endo Appr
00DC0ZZ Extraction Cerebellum, Open Appr
00DC3ZZ Extraction Cerebellum, Perc Appr
00DC4ZZ Extraction Cerebellum, Perc Endo Appr
00F30ZZ Fragmentation in Intracranial Epidural Spc, Open Appr
00F33ZZ Fragmentation in Intracranial Epidural Spc, Perc Appr
00F34ZZ Fragmentation in Intracranial Epidural Spc, Perc Endo Appr
00F40ZZ Fragmentation in Intracranial Subdural Spc, Open Appr
00F43ZZ Fragmentation in Intracranial Subdural Spc, Perc Appr
00F44ZZ Fragmentation in Intracranial Subdural Spc, Perc Endo Appr

MS-DRG Surgical Hierarchy Table

The surgical hierarchy reflects the relative resources requirement of the various surgical procedures of each major diagnostic category (MDC). The hierarchy is based upon variables such as principal diagnosis, surgical class, complications, and comorbidities.

Arranging the surgical MS-DRGs in this manner allows for the assignment of patients with multiple procedures related to the principal diagnosis to a surgical MS-DRG that best reflects the resources used in the care of that patient. Since patients can be assigned to only one surgical class for each inpatient stay, patients with multiple procedures related to the principal diagnosis are assigned to the MS-DRG associated with the most resource-intensive surgical class.

Pre MDC

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0212089	154, 165	0273366	166, 212, 213, 214, 215, 216	0473355	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	00164K8	61, 633, 868	005D*	39, 634, 675, 863	008W*	253, 675
0212093	154, 165	0273376	166, 212, 213, 214, 215, 216	0476341	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	00164KA	39, 47, 633, 863	005D0ZZ	47	008W0ZZ	55, 634, 869
0212098	155, 165	0273386	166, 212, 213, 214, 215, 216	0476342	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	00164KB	39, 47, 633, 863	005D3ZZ	47	008W3ZZ	55, 634, 869
0212099	155, 165	0273396	166, 212, 213, 214, 215, 216	0476343	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	00164ZB	39, 47, 633, 863	005D4ZZ	47	008W4ZZ	55, 634, 869
0212344	159	0273446	166, 212, 213, 214, 215, 216	0477341	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	001U072	54, 633	005T*	634	008X*	253, 675
0212444	159	0273456	166, 212, 213, 214, 215, 216	0477342	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	001U074	54, 633	005T0ZZ	55, 340	008X0ZZ	55, 634, 869
0212483	165	0273466	166, 212, 213, 214, 215, 216	0477343	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	001U076	54, 633	005T3ZZ	55, 340	008X3ZZ	55, 634, 869
0212488	165	0273476	166, 212, 213, 214, 215, 216	0477344	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	001U077	54, 633	005T4ZZ	55, 340	008X4ZZ	55, 634, 869
0212489	165	0273486	166, 212, 213, 214, 215, 216	0478341	65, 143, 234, 255, 327, 472, 540, 563, 692, 888	001U079					