



October 1, 2007

Dear Colleague:

NCQA is pleased to provide you with the *HEDIS^{®1} 2008, Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for HEDIS 2008 Volume 2. The only measures not frozen are those that require the use of pharmacy data. These measures will be final on November 15, 2007, when the NDC lists are posted.

This memo includes the following information.

- Random Number (RAND) table for HEDIS 2008
- Corrections, policy changes and clarifications to *HEDIS 2008, Volume 2: Technical Specifications*
- The following addendums:
 - *Table FSP-A: Codes to Identify Selected Procedures*
 - MS-DRG Crosswalk

Review these items and incorporate them into your implementation processes. HEDIS Compliance Auditors will consider these documents to be part of the specifications.

Separate updates for HEDIS 2008, Volume 3 and Volume 5 will be released later this year. Specifications for these volumes will be frozen at that time.

If you have additional questions about information included in this *Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) system at www.ncqa.org/PCS or by phone (888-275-7585).

We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy

Enclosure

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Random Number (RAND) Table for Measures Using the Hybrid Method

Measure	RAND
Childhood Immunization Status	.62*
Lead Screening in Children	.25*
Cervical Cancer Screening	.99
Colorectal Cancer Screening	.48
Cholesterol Management for Patients With Cardiovascular Conditions	.04
Controlling High Blood Pressure	.23
Comprehensive Diabetes Care	.57
Prenatal and Postpartum Care <i>and</i> Frequency of Ongoing Prenatal Care	.29**
Well-Child Visits in the First 15 Months of Life	.66
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	.48
Adolescent Well-Care Visits	.10
Weeks of Pregnancy at Time of Enrollment in the MCO	.33

* If using different samples for *Childhood Immunization Status* and *Lead Screening in Children*, use different Random Numbers. If using the *Childhood Immunization Status* sample for both measures, use the *Childhood Immunization Status* Random Number.

** The Random Numbers for *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures are the same. These measures are collected on the same denominator.

Specification Updates

This document contains corrections, policy changes and clarifications to *HEDIS 2008 Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure or guideline and heading/subtitle for each item. NCQA’s operational definitions for corrections/policy changes and clarifications are as follows:

- *Correction/Policy Change*: A correction made to an error in the 2008 specifications or notification of a revised requirement
- *Clarification*: Additional information that clarifies an existing 2008 measure or guideline.

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
5	What’s New in Volume 2	First-year measure evaluation	All HEDIS 2007 first-year measures will be publicly reported for HEDIS 2008.		✓
13	General Guideline 4	Legal Entity	Add the following text at the beginning of the first sentence in the second paragraph: “For HMO and POS organizations only,”		✓
13	General Guideline 4	Practitioner and provider network	Add the following text as a new third paragraph. Organizations that wish to submit a request to report a PPO product combined with the HMO/POS product must have HMO/POS and PPO practitioner and provider networks that are at least 80 percent the same. If more than 20 percent of practitioners and providers do not participate in networks for both the HMO/POS and PPO products, NCQA requires separate HEDIS reporting for the PPO and HMO/POS.		✓
21	General Guideline 25	Self-Insured Members	Add the following text to the end of the first bullet. ASO members can only be excluded due to “no touch” contractual agreements with identified purchasers. A no-touch contractual agreement is a contract or other written agreement between the organization (i.e., HMO or PPO) and the ASO purchaser specifically stating that the organization cannot contact these members under any circumstances.		✓
26	General Guideline 39	Data Collection Methods—Changes to 2008–2010 data collection	Add the following text as a new second paragraph. NCQA accepts all PPO-reported measures using the administrative specification, regardless of whether the measures are used for PPO scoring in accreditation. PPO plans cannot report <i>Controlling High Blood Pressure</i> as this measure is hybrid-only and does not have an administrative specification.		✓

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
29	General Guideline 41	Supplemental Paper Data—Member-reported data	<p>Replace:</p> <p>The <i>only</i> member-reported information that the organization may use is information obtained by a provider or provider’s office in the following circumstances.</p> <p>With:</p> <p>The <i>only</i> member-reported information that the organization may use is information obtained by a provider, provider’s office or clinician in the following circumstances.</p> <p>Add the following text to the end of the section.</p> <p><i>Note: Electronic results from DM systems should be treated as electronic supplemental data.</i></p>		✓
29	General Guideline 41	Supplemental Paper Data—Member survey data	<p>Add the following sentence.</p> <p><i>Note: Organizations and providers may continue to use existing supplemental databases collected from patient surveys before HEDIS 2008 and approved by a certified auditor.</i></p>		✓
47	General Guidelines for Calculations and Sampling	Table 2: Sample Size Information for Hybrid Measures	<p>Add the following footnote.</p> <ul style="list-style-type: none"> • If reducing the sample size based on the prior year’s product line-specific rate for <i>Cholesterol Management for Patients With Cardiovascular Conditions</i>, the lowest rate from the two indicators must be used. • If reducing the sample size based on the prior year’s product line-specific rate for <i>Comprehensive Diabetes Care</i>, the organization should first take the inverse of the HbA1c rate (100 minus the HbA1c rate) and then reduce using the lowest rate among all the reported CDC indicators. 		✓
52	General Guidelines for Calculations and Sampling	Example 1—Step 7	<p>Replace the second bullet with the following.</p> <ul style="list-style-type: none"> • The 18th sorted member is chosen <i>first</i> 		✓
66	Childhood Immunization Status	Table CIS-B	<p>Add an asterisk after ICD-9-CM Diagnosis code 323.51 in the DTaP row, and add the following below the table.</p> <p>*Use ICD-9-CM Diagnosis code 323.5 (with no fifth digit) to identify DTaP prior to October 1, 2006; the date of service <i>must be</i> before October 1, 2006.</p>		✓
74	Cervical Cancer Screening	Table CCS-A	<p>Add LOINC code 47527-7.</p>		✓
81	Chlamydia Screening in Women	Summary of Changes to HEDIS 2008	<p>Delete “76814” from the third bullet.</p>		✓
82	Chlamydia Screening in Women	Table CHL-B	<p>Add LOINC codes 43304-5, 43404-3.</p>		✓

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
83	Chlamydia Screening in Women	Table CHL-C	Add LOINC codes 43304-5, 43404-3.		✓
94	Appropriate Treatment for Children With Upper Respiratory Infection	Table URI-C	Add ICD-9-CM Diagnosis code 131 to the <i>Inflammatory diseases (female reproductive organs)</i> row.		✓
103	Pharmacotherapy Management of COPD Exacerbation	Description	Replace “December 1” with “November 30.”		✓
103	Pharmacotherapy Management of COPD Exacerbation	Definitions—Episode Date	Replace “any diagnosis” with “a principal diagnosis.”		✓
103	Pharmacotherapy Management of COPD Exacerbation	Eligible Population—Step 1	Add the following text to the end of the paragraph. Use <i>acute inpatient</i> codes in Table ASM-B in conjunction with a COPD principal diagnosis code (Table PCE-A) to identify qualifying acute inpatient visits.		✓
114	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-D	Add LOINC code 49132-4.		✓
119	Controlling High Blood Pressure	Exclusions (<i>optional</i>)—first bullet	Replace “prior to December 31” with “on or prior to December 31.”		
129	Comprehensive Diabetes Care	Administrative Specification—HbA1c good control (<7%)	Replace the last sentence (in first paragraph) with the following. The member is not numerator compliant if the automated result for the most recent HbA1c test is ≥7% or is missing a result, or if an HbA1c test was not done during the measurement year.		
130	Comprehensive Diabetes Care	Table CDC-H	Add LOINC code 49132-4.		✓
130	Comprehensive Diabetes Care	Table CDC-J	Add LOINC codes 1757-4, 34535-5, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1.		✓
136	Comprehensive Diabetes Care	Blood pressure control—Identifying the medical record	Replace the text with the following. The organization should use the medical record from which it abstracts data for the other CDC indicators. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the member’s diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from which the member receives care.		✓
143	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Table ART-C	Add J codes J1438 and J1745 to the Immunomodulators row. Add J code J9260 to the Anti-rheumatics row.		✓

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
144	Osteoporosis Management in Women Who Had a Fracture	Eligible Population—Anchor date	Replace “December 31 of the measurement year” with “IESD.”		✓
145	Osteoporosis Management in Women Who Had a Fracture	Table OMW-A	Replace ICD-9-CM Procedure codes. <ul style="list-style-type: none"> • 79.00 with 79.01 • 79.10 with 79.11 • 79.20 with 79.21 • 79.30 with 79.31 • 79.60 with 79.61 Delete ICD-9-CM Procedure codes 79.09, 79.19, 79.29, 79.39, 79.69.		✓
154	Antidepressant Medication Management	Eligible Population—Step 7	Replace “(Table MPT-A)” with “(Tables MPT-A, MPT-B).”		✓
157	Antidepressant Medication Management	Note	Add the following text. <ul style="list-style-type: none"> • <i>Organizations may have different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing with separate claims for each date of service; others may be comparable to inpatient billing, with an admit date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the time frame required for the rate (e.g., within 84 days [12 weeks] after the IESD).</i> 		✓
160	Follow-Up Care for Children Prescribed ADHD Medication	Eligible Population—Step 4	Replace “(Table MPT-A)” with “(Tables MPT-A, MPT-B).”		✓
162	Follow-Up Care for Children Prescribed ADHD Medication	Eligible Population—Step 4	Replace “(Table MPT-A)” with “(Tables MPT-A, MPT-B).”		✓
163	Follow-Up Care for Children Prescribed ADHD Medication	Note	Add the following text. <ul style="list-style-type: none"> • <i>Organizations may have different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing with separate claims for each date of service; others may be comparable to inpatient billing, with an admit date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the time frame required for the rate (e.g., within 30 days after the IPSD or from 31–300 days after the IPSD).</i> 		✓

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
165	Follow-Up After Hospitalization for Mental Illness	Eligible Population—Mental health readmission or direct transfer and non-mental health readmission or direct transfer	Replace all references to Table MPT-A with “Tables MPT-A and MPT-B.”		✓
166	Follow-Up After Hospitalization for Mental Illness	Numerators: 30-day follow-up	Add the following text. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.		✓
166	Follow-Up After Hospitalization for Mental Illness	Add a new <i>Note</i> section immediately prior to the <i>Data Elements for Reporting</i> section	<ul style="list-style-type: none"> <i>Organizations may have different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing with separate claims for each date of service; others may be comparable to inpatient billing, with an admit date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the time frame required for the rate (e.g., within 30 days after discharge or within 7 days after discharge).</i> 		✓
169	Annual Monitoring for Patients on Persistent Medications	Rate 1—Additional eligible population criteria	Replace all references to Table CDC-K with “Table CDC-L.”		✓
171	Annual Monitoring for Patients on Persistent Medications	Exclusion (<i>optional</i>)	Replace the last sentence with the following text. Count any visit with an inpatient facility code or use DRGs or UB Type of Bill codes from Tables IPU-A, FUH-B, MPT-A, MPT-B, IAD-A, IAD-B to identify acute and nonacute inpatient care.		✓
208	Prenatal and Postpartum Care	Summary of Changes to HEDIS 2008	Delete “76814” from the third bullet.		✓
242	Frequency of Ongoing Prenatal Care	Table FPC-A	In the footnote, replace “would not be in compliance” with “would not be eligible.”		✓
256	Frequency of Selected Procedures	Table FSP-A	Refer to the Addendum at the end of this memo.		✓
272	Inpatient Utilization—General Hospital/Acute Care	Calculations—Total inpatient acute care	Replace the second sentence with the following. The total should be the sum of the three categories (Medicine, Surgery and Maternity) plus any CMS-DRGs or MS-DRGs defined as “principal diagnosis invalid as discharge diagnosis or ungroupable.”		✓
272	Inpatient Utilization—General Hospital/Acute Care	Calculations—Medicine	Replace “DRGs 385–391” with “CMS-DRGs 385–391 (MS-DRGs 789-795).”		✓
291	Antibiotic Utilization	Summary of Changes	This measure will be publicly reported for HEDIS 2008.	✓	

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
325	Relative Resource Use for People With Diabetes	Summary of Changes	The Relative Resource Use measures will no longer collect services for observation room stays.	✓	
326	Relative Resource Use for People With Diabetes	Exclusions (<i>optional</i>)	Replace Table CDC-M references with Table CDC-O.		✓
327	Relative Resource Use for People With Diabetes	Table RDI-E	Replace outpatient UB Revenue code range 052–0523 with “0520–0523.”		✓
335	Relative Resource Use for People With Asthma	Summary of Changes	The Relative Resource Use measures will no longer collect services for observation room stays.	✓	
336	Relative Resource Use for People With Asthma	Exclusions (<i>optional</i>)	Replace Table ASM-D reference with Table ASM—E.		✓
342	Relative Resource Use for People With Acute Low Back Pain	Summary of Changes	The Relative Resource Use measures will no longer collect services for observation room stays.	✓	
342	Relative Resource Use for People With Acute Low Back Pain	Definitions—IESD	Replace IESD definition text with the following. Index Episode Start Date. The earliest date of service for any outpatient or ED encounter (Table LBP-B) during the Intake Period with a primary diagnosis of low back pain (Table LBP-A).		✓
348	Relative Resource Use for People With Cardiovascular Conditions	Summary of Changes	The Relative Resource Use measures will no longer collect services for observation room stays.	✓	
356	Relative Resource Use for People With Uncomplicated Hypertension	Summary of Changes	The Relative Resource Use measures will no longer collect services for observation room stays.	✓	
363	Relative Resource Use for People With COPD	Summary of Changes	The Relative Resource Use measures will no longer collect services for observation room stays.	✓	

Addendum: Table FSP-A: Codes to Identify Selected Procedures

- Purchasers of the Volume 2 printed publication will need to add the following table to the measure specification.
- Purchasers of the Volume 2 e-pub should ascertain whether the table rows were included or omitted.
 - If the information was omitted, add the table information to the measure specification.
 - If the table information was included, add the codes below that are presented in **bold/underline** format; these codes were omitted from all e-pubs.

Description	CPT	HCPCS	ICD-9-CM Procedure	DRG
Myringotomy or myringotomy with adenoidectomy	69433, 69436		20.01	
Tonsillectomy or tonsillectomy with adenoidectomy	42820, 42821, 42825, 42826, 42860		28.2-28.4	
Nonobstetric dilation and curettage	58120		69.09	
Hysterectomy (abdominal)	51925, 58150, 58152, 58180, 58200, 58210, 58240, <u>58541-58544</u> , <u>58548</u> , 58951, 58951, 58953, 58954, 58956, 59135, 59525		68.3, 68.4, 68.6, 68.8, 68.9	
Hysterectomy (vaginal)	58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550, 58552-58554		68.5, 68.7	
Cholecystectomy (open)	47600, 47605, 47610, 47612, 47620		51.21, 51.22	
Cholecystectomy (closed/laparoscopic)	47562-47564		51.23, 51.24	
Back surgery	22220, 22222, 22224, 22226, 22533, 22532, 22534, 22548-22585, 22590, 22595-22614, 22630, 22632, 22830, <u>22857</u> , <u>22862</u> , <u>22865</u> , 63001-63017, 63020, 63030, 63035, 63040, 63042-63044, 63045-63048, 63050, 63051, 63055-63057, 63064, 63066, 63075-63078, 63081, 63082, 63085-63088, 63090, 63091, 63101-63103	S2348, S2350	03.02, 03.09, 80.50-80.52, 80.59, 81.0, 81.3, 81.6, 84.6	496-498, 519, 520, 546

Addendum: MS-DRG Crosswalk

Per Federal Register Vol. 72, No. 162/ Wednesday, August 22, 2007/Rules and Regulations, the Centers for Medicare and Medicaid Services (CMS) adopted a Medicare Severity DRG (MS-DRG) classification for the Inpatient Prospective Payment System (IPPS). The MS-DRGs will be phased in beginning October 1, 2007. Because for some organizations the codes may be implemented mid-measurement year (2007 for HEDIS 2008 reporting), NCQA provides instructions and codes below for HEDIS reporting using MS-DRGs.

The table below provides the CMS-DRGs currently included in the HEDIS 2008 measure tables and the new MS-DRGs for use in reporting. Because the code set change is effective mid-measurement year, organizations must consider the following when reporting using DRGs:

- Organizations that use DRGs submitted by a facility must use the DRG from the DRG set (CMS-DRG or MS-DRG) that was in use on the submitted claim. For example, the code 121 could identify two different procedures:
 - A code of 121 from a facility using CMS-DRGs indicates Circulatory Disorders With Acute Myocardial Infarction and Major Complications, Discharged Alive
 - A code of 121 from a facility using MS-DRGs indicates Acute Major Eye Infections With CC/MCC

Different facilities may switch from using CMS-DRGs to MS-DRGs at different times; therefore, an organization must be able to identify what type of DRG was used by the facility for each submitted claim.

- Organizations that calculate their own DRGs may elect to use a single grouper to run the HEDIS data after the end of the measurement year. This will produce a historical conversion of ICD-9-CM codes into the appropriate DRG. If the organization uses a CMS-DRG grouper, it must report HEDIS using the CMS-DRG codes. If the organization uses an MS-DRG grouper, it must report HEDIS using the MS-DRG codes.

Measure	Page	Table Name	Description	CMS-DRG	MS-DRG
Cholesterol Management for Patients With Cardiovascular Conditions	113	CMC-A: Codes to Identify AMI, PTCA and CABG	AMI (inpatient only)	121, 122, 516	280-282
			CABG (inpatient only)	106, 107, 109, 547-550	231-236
			PTCA	516, 517, 526, 527, 555-558	246-251
	113	CMC-B: Codes to Identify IVD	IVD	140, 559	061-063, 311
Controlling High Blood Pressure	119	CBP-C: Codes to Identify Exclusions	Evidence of ESRD	317	685
Persistence of Beta-Blocker Treatment After a Heart Attack	121	PBH-A: Codes to Identify AMI	AMI	121, 122, 516, 526	280-282
Comprehensive Diabetes Care	128	CDC-B: Codes to Identify Diabetes	Diabetes	294, 295	637, 638, 639
	132	CDC-K: Codes to Identify Evidence of Nephropathy	Evidence of treatment for nephropathy	316, 317	682-685
Osteoporosis Management in Women Who Had a Fracture	145	OMW-A: Codes to Identify Fractures	NA	235, 236	533-536
Antidepressant Medication Management	154	AMM-A: Codes to Identify Major Depression	Major depression	426**	881**
			Prior depressive episodes	426**	881**
		AMM-B: Codes to Identify Substance Abuse	NA	433, 521-523	894-897
Follow-Up After Hospitalization for Mental Illness	165	FUH-A: Codes to Identify Mental Health Diagnosis	NA	426, 430	881, 885
	165	FUH-B: Codes to Identify Nonacute Care	Rehabilitation	462	945, 946
Potentially Harmful Drug-Disease Interactions in the Elderly	176	DDE-H: Codes to Identify Chronic Renal Failure	Chronic renal failure	317	685
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	205	IET-E: Codes to Identify Inpatient Visits	NA	433, 521-523	894-897
Prenatal and Postpartum Care	210	PPC-B: Codes to Identify Deliveries and Verify Live Births	Step A: Identify deliveries	370-375	765-768, 774, 775

Measure	Page	Table Name	Description	CMS-DRG	MS-DRG
Frequency of Selected Procedures	256	FSP-A: Codes to Identify Selected Procedures	Back surgery	496-498, 519, 520, 546	453-460
			Angioplasty (PTCA)	516-517, 526, 527, 555-558	246-251
			Cardiac catheterization	104, 124, 125, 535, 536	216-218, 222-225, 286, 287
			CABG	106, 107, 109, 547-550	231-236
			Prostatectomy	306, 307	665-667
			Mastectomy	<i>Unilateral:</i> 257, 258	None (no MS-DRGs are specific to total mastectomy)
			Lumpectomy	259, 260, 262	584, 585
Inpatient Utilization—General Hospital/Acute Care	272	IPU-A: Codes to Identify Total Inpatient Discharges	NA	1-423, 439-455, 461, 463-471, 473, 475-520, 524-579	001-013, 020-042, 052-103, 113-117, 121-125, 129-139, 146-159, 163-168, 175-208, 215-264, 280-316, 326-358, 368-395, 405-425, 432-446, 453-517, 533-566, 573-585, 592-607, 614-630, 637-645, 652-675, 682-700, 707-718, 722-730, 734-750, 754-761, 765-770, 774-782, 789-795, 799-804, 808-816, 820-830, 834-849, 853-858, 862-872, 901-909, 913-923, 927-929, 933-935, 939-941, 947-951, 955-959, 963-965, 969-970, 974-977, 981-989, 998, 999
	273	IPU-B: Codes to Identify Medicine, Surgery and Maternity Inpatient Discharges	Medicine	9-35, 43-48, 64-74, 78-102, 121-145, 172-190, 202-208, 235-256, 271-284, 294-301, 316-333, 346-352, 366-369, 385-391, 395-399, 403-405, 409-414, 416-423, 444-455, 463-467, 473, 475, 487, 489, 490, 492, 505, 508-511, 524, 559-566, 571, 572, 574-576	052-103, 121-125, 146-159, 175-208, 280-316, 368-395, 432-446, 533-566, 592-607, 637-645, 682-700, 722-730, 754-761, 789-795, 808-816, 834-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977
			Surgery	1-8, 36-42, 49-63, 75-77, 103-109, 110-120, 146-171, 191-201, 209-234, 257-270, 285-293, 302-315, 334-345, 353-365, 392-394, 400-402, 406-408, 415, 439-443, 461, 468, 471, 476-486, 488, 491, 493-504, 506, 507, 512-520, 525-558, 567-570, 573, 577-579	001-013, 020-042, 113-117, 129-139, 163-168, 215-264, 326-358, 405-425, 453-517, 573-585, 614-630, 652-675, 707-718, 734-750, 799-804, 820-830, 853-858, 901-909, 927-929, 939-941, 955-959, 969-970, 981-989
			Maternity	370-384	765-770, 774-782
Inpatient Utilization—Nonacute Care	279	NON-A: Codes to Identify Nonacute Care	Rehabilitation	462	945, 946

Measure	Page	Table Name	Description	CMS-DRG	MS-DRG
Identification of Alcohol and Other Drug Services	282	IAD-B: Codes to Identify Inpatient Services	NA	433, 521-523	894-897
Mental Health Utilization	287	MPT-B: Codes to Identify Inpatient Services	NA	424-432, except discharges with ICD-9-CM principal diagnosis of 317-319	876, 880-887; exclude discharges with ICD-9-CM principal diagnosis of 317-319
Relative Resource Use for People With Diabetes	327	RDI-B: Codes to Identify ESRD	ESRD (including renal dialysis)	317	685
	331	RDI-H: Codes to Identify Inpatient Facility Discharges	NA	1-384, 392-432, 433, 439-455, 461, 463-471, 473, 475-540, 541-579	001-013, 020-042, 052-103, 113-117, 121-125, 129-139, 146-159, 163-168, 175-208, 215-264, 280-316, 326-358, 368-395, 405-425, 432-446, 453-517, 533-566, 573-585, 592-607, 614-630, 637-645, 652-675, 682-700, 707-718, 722-730, 734-750, 754-761, 765-770, 774-782, 799-804, 808-816, 820-830, 834-849, 853-858, 862-872, 876, 880-887, 894-897, 901-909, 913-923, 927-929, 933-935, 939-941, 947-951, 955-959, 963-965, 969-970, 974-977, 981-989, 998, 999
			Rehabilitation	462	945, 946
Relative Resource Use for People With Cardiovascular Conditions	349	RCA-A: Codes to Identify Clinical Category	AMI	121, 122, 516	280-282
Weeks of Pregnancy at Time of Enrollment	394	WOP-A: Codes to Identify Premature Births	NA	386, 387, 388	790-792